

# 31ST GENERAL REPORT OF THE CPT

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



1 January - 31 December **2021**

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

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for the Prevention of Torture  
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Treatment or Punishment  
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**French edition:**

*31<sup>e</sup> rapport général du Comité européen pour la prévention  
de la torture et des peines ou traitements inhumains  
ou dégradants (CPT)*

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” 2021 was a year in which the Covid-19 pandemic continued to exert its effects throughout member States of the Council of Europe. Nonetheless, the CPT continued its in-person monitoring work in places of detention, with a view to preventing torture and other forms of ill-treatment of persons deprived of their liberty.

# Foreword

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**2** 021 was a year in which the Covid-19 pandemic continued to exert its effects throughout member States of the Council of Europe. Nonetheless, the CPT continued its in-person monitoring work in places of detention, with a view to preventing torture and other forms of ill-treatment of persons deprived of their liberty.

The work of the CPT is only made possible on account of the commitment of members of the Committee, Secretariat colleagues, experts and interpreters who assist the Committee during visits. In 2021, the Committee welcomed eleven new members, while eleven other members, many of whom were longstanding, left the Committee upon expiry of their term of office. At the time of writing, seats are vacant in respect of six member States. This number of vacant seats inevitably impacts on the work of the Committee, and I take this opportunity to ask member States to endeavour to present to the Parliamentary Assembly of the Council of Europe their list of candidates in good time for consideration by the Assembly and thereafter by the Committee of Ministers before the mandate of current members expires. While, at the moment, there is a reasonable skill mix within the membership of the Committee, the CPT would benefit from the inclusion of a wider range of professional backgrounds, such as management of and working in social care homes, prisons, and immigration detention settings, as well as health care and forensic psychiatry.

In addition to vacancies within its membership, the operational capacity of the CPT is currently negatively impacted by the significant number of vacancies within the Secretariat and which is an integral part of and vital resource to the Committee's work.

In the substantive section of this 31st General Report, the Committee focuses on the challenge to the dignity, health and well-being of those who are compelled to live in overcrowded prison conditions. Lack of personal living space, increased risk of staff-prisoner and inter-prisoner violence, reduced opportunities for time out of cell (including access to work, education and outdoor exercise) all negatively impact on the day-to-day lives of persons living in prison and increase the risk of inhuman and degrading treatment. Member States of the Council of Europe should be alert to and take appropriate action in response to the problems and risks associated with overcrowded prisons, both for those who live there but also those who work therein and who are responsible for the secure and safe custody of those in their charge.

I hope that you will find the overview of the CPT's work in this General Report both informative and interesting. Your comments as to how the Committee might enhance the presentation of its future general reports are, of course, most welcome.



” In July 2021, the CPT announced its programme of periodic visits for 2022. The following eight countries were chosen: Croatia, Estonia, Italy, Netherlands, Poland, Portugal, San Marino and Ukraine.



# Activities during the period 1 January to 31 December 2021

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## Visits

1. In the course of 2021, the CPT organised 15 visits (totalling 167 days), including nine periodic visits<sup>1</sup> and six ad hoc visits. Details regarding these visits (such as dates and establishments visited) are provided in Appendix 6.

### Periodic visits

2. Periodic visits were carried out to **Austria, Bulgaria, Lithuania, the Russian Federation, Serbia, Sweden, Switzerland, Turkey and the United Kingdom**. The main objective of these visits was to examine the treatment and conditions of detention of detained persons in various types of establishment and to review the measures taken by the relevant authorities to implement recommendations made by the Committee after previous visits to the countries concerned. In this connection, particular attention was paid to persons detained by the police, foreign nationals detained under aliens' legislation (Austria, Lithuania, Switzerland), specific categories of inmates in prisons (e.g. female prisoners in the Russian Federation, Turkey, United Kingdom), civil and patients with a mental disorder (Austria, Bulgaria, Lithuania, Serbia, Sweden, Switzerland, United Kingdom) and residents in social welfare institutions (Bulgaria, Serbia). In various countries, CPT delegations also looked into the management of the Covid-19 pandemic in the establishments visited.

3. In July 2021, the CPT announced its programme of periodic visits for 2022. The following eight countries were chosen: **Croatia, Estonia, Italy, Netherlands, Poland, Portugal, San Marino and Ukraine**.

### Ad hoc visits

4. The CPT carried out ad hoc visits to **Albania, Belgium, Bosnia and Herzegovina, Georgia, Greece and Romania**.

5. The main objective of the visit to **Albania** in November was to review the progress made as regards the implementation of the CPT's long-standing recommendation that all forensic psychiatric patients be transferred to a proper forensic psychiatric facility. The delegation also held consultations with the Minister of Justice, the Minister of Health and Social Protection, the Deputy Minister of Justice and the

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<sup>1</sup> For organisational reasons, the planned periodic visit to Latvia was postponed to 2022. The periodic visits to Serbia and Sweden were those which were postponed from 2020 to 2021.



Deputy Minister of Health and Social Protection, as well as with senior officials from the Ministry of Justice, the Ministry of Health and Social Protection and the Ministry of Foreign Affairs.

6. The visit to **Belgium** in November focused on various prison-related issues, such as material conditions, overcrowding, regime activities, health-care services (including the situation in psychiatric annexes), staff – especially in the context of prison staff strikes and the implementation of legal provisions on a guaranteed minimum service – and the management of the Covid-19 pandemic.

7. The primary focus of the visit to **Bosnia and Herzegovina (BiH)** in September was to examine the treatment of persons deprived of their liberty by law enforcement agencies at the State, Entity and Cantonal levels. The treatment and conditions of detention of remand prisoners held in several prison establishments were also examined. Further, the delegation looked into the effectiveness of investigations into allegations of police ill-treatment which had been conducted by prosecutorial authorities and police oversight mechanisms in the Federation of BiH and notably the Sarajevo Canton.

8. The objective of the visit to **Georgia** in May was to examine the situation of sentenced prisoners in semi-open penitentiary establishments (so-called “zonas”). At the end of the visit, the delegation held consultations with the Minister of Justice, the Deputy Minister of Justice and the Director General of the Special Penitentiary Service.

9. The main objective of the visit to **Greece** in November/December was to examine the treatment of prisoners and to review the progress made by the authorities in implementing the Committee’s recommendations made over the past 10 years, in particularly regarding overcrowding and poor conditions of detention, inter-prisoner violence, severe understaffing, and the provision of health care.

10. The objective of the visit to **Romania** in May was to examine the treatment of persons held in police and prison establishments and to evaluate the measures taken by the Romanian authorities to improve the situation since the Committee’s February 2018 visit. To this end, seven police arrest detention centres and four prisons were visited, with a particular focus on prisoners held in the maximum security, closed and pre-trial regimes, as well as on inmates with mental disorders. In addition, the delegation looked into the effectiveness of investigations into allegations of ill-treatment by law enforcement officials and prison staff.

## Public statement

11. On 4 November 2021, the Committee issued a public statement concerning **Bulgaria** under Article 10, paragraph 2, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter “the Convention”); due to the persistent lack of implementation of long-standing recommendations of the CPT concerning the situation of persons placed in social care institutions and psychiatric hospitals in Bulgaria. The Committee’s aim in making this public statement is to motivate and assist the Bulgarian authorities, and in particular the Ministry of Health and the Ministry of Labour and Social Policy, to take decisive

action in line with the fundamental values to which Bulgaria, as a member state of the Council of Europe and the European Union, has subscribed.

12. The full text of the statement is reproduced in Appendix 7. This was the second time the CPT issued a public statement concerning Bulgaria, the previous statement having been made in 2015 regarding the treatment of persons in police custody and the situation in various prisons (ill-treatment by staff, poor material conditions, overcrowding, etc.).

### High-level talks with national authorities

13. It is standard practice for CPT delegations to hold talks with the national authorities, at both the outset and the end of a visit. The end-of-visit talks usually involve the participation of Ministers and are the occasion for the delegation to present its preliminary observations.

14. The CPT has also continued to intensify its ongoing dialogue with certain states by means of high-level talks outside the framework of visits. Such talks were held in **Croatia** on 18 October 2021 with Davor Božinović, Deputy Prime Minister and Minister of the Interior, in order to discuss the problem of the ill-treatment of migrants deprived of their liberty by the Croatian police, as highlighted by the CPT in its report on the August 2020 visit to Croatia. While there was mutual recognition that there had to be a co-ordinated European approach to managing the entry of large numbers of migrants into Europe, the CPT's President reiterated the necessity for the Croatian authorities to take concerted action to ensure that migrants intercepted by police units in the country are not subjected to ill-treatment contrary to Article 3 of the European Convention on Human Rights (ECHR).

### Ongoing dialogue with national authorities

15. On 27 May, the President of the CPT sent a letter to the national authorities of all member States requesting them to provide information regarding their Covid-19 vaccination policy vis-à-vis persons held in prisons and other places of detention, as well as staff working in such establishments. In their replies, many authorities indicated that detained persons and staff working in detention places were considered to be at particular risk and were therefore classified as one of the priority groups for vaccinations. The CPT welcomes the detailed and constructive replies and the proactive approach followed by the relevant authorities to prevent the spread of the Covid-19 virus in various places of detention. The Committee trusts that all authorities concerned will pursue their efforts to ensure that detained persons and staff benefit also in the future from effective vaccination programmes (including booster vaccinations).

### Plenary meetings and activities of subgroups

16. The CPT held three plenary meetings (in March, June/July and October), in the course of which a total of 14 visit reports were adopted. Due to restrictions related to the Covid-19 pandemic, the March plenary meeting was held for the second time

entirely via videoconference, while the other two meetings were held in a hybrid format with most members of the Committee attending in person and others participating via videoconference.

17. In addition to continuing its discussion of ongoing intergovernmental activities of the Council of Europe on matters within the CPT's mandate and of its own internal working methods, the CPT held an exchange of views during the June/July meeting with representatives of the Association for the Prevention of Torture (APT) on the recently-launched Principles on Effective Interviewing for Investigations and Information Gathering which had been drafted by a group of international experts under the leadership of the former United Nations Special Rapporteur on Torture, Prof. Juan Méndez. Furthermore, an exchange of views took place during the October meeting with the Council of Europe's Commissioner for Human Rights Dunja Mijatović on two topics of common interest, namely the situation of LGBTI persons deprived of their liberty and immigration detention/pushbacks.

18. The two standing subgroups of the CPT, the Working Group on Health and the Working Group on the CPT's Jurisprudence, met either before or during the week of the plenary meetings. The Working Group on Health examines substantive issues of a medical nature related to the CPT's mandate and organises training sessions on the specific tasks that medical members of visiting delegations are required to perform. The task of the Working Group on the CPT's Jurisprudence is to advise the CPT on developments in the Committee's standards as reflected in visit reports and to identify areas where there is room for development of those standards.

## Contacts with other bodies

19. In 2021, the CPT continued to promote contact with other bodies **within and outside the Council of Europe**.

20. The President of the CPT participated in a High-Level Meeting on the Council of Europe Recommendation on the development and strengthening of effective, pluralist and independent national human rights institutions (NHRIs) on 26 April; presented the 30<sup>th</sup> General Report to the Ministers' Deputies during an exchange of views on 5 May; gave a presentation during the 26<sup>th</sup> Council of Europe Conference of Directors of Prison and Probation Services (CDPPS) on 20-21 September and attended the 9<sup>th</sup> annual meeting of the Secretary General with the Presidents and Secretaries of the Monitoring and Advisory Bodies of the Council of Europe on 25 October. He also participated in an exchange of views with the European Commission against Racism and Intolerance (ECRI) on 8 December.

21. Other Council of Europe activities in which representatives of the CPT participated were: a webinar on "Measures against trade in goods used for the death penalty, torture and other cruel, inhuman or degrading treatment or punishment co-organised by the German Chairmanship of the Committee of Ministers of the Council of Europe, the Council of Europe Steering Committee for Human Rights (CDDH), Amnesty International and the Omega Research Foundation (17 May); a Conference on "The Role of NPMs in the Effective Implementation of European Court of Human Rights Judgments and CPT Recommendations" and on "Police Ill-treatment

and Effective Investigations into Alleged Ill-treatment” (online, 20-21 September); an International Conference on “Strengthening Kosovo<sup>2</sup>” Institutions in the Fight against Torture, Ill-treatment and Other Degrading Treatment” (online, 11 October).

22. Representatives of the CPT’s Secretariat participated in the 11<sup>th</sup> Plenary Meeting of the Council for Penological Co-operation on 22-23 November, as well as in several meetings of the Drafting Committee on Migrant Women (GEC-MIG) to prepare a draft Recommendation on migrant, refugee and asylum-seeking women and girls. The Secretariat maintained regular contacts *inter alia* with the Commissioner for Human Rights and the Special Representative of the Secretary General on Migration and Refugees.

23. Regarding contacts with interlocutors outside the Council of Europe, representatives of the CPT held on several occasions consultations with the United Nations Sub-Committee on Prevention of Torture (SPT) and Offices of the United Nations High-Commissioner for Refugees (UNHCR). In addition, it further enhanced its co-operation with various European Union institutions. For instance, a meeting took place between the President of the CPT, the Executive Secretary of the CPT and Fabrice Leggeri, Executive Director of the European Border and Coast Guard Agency (FRONTEX) as well as the recently-appointed FRONTEX Fundamental Rights Officer, Jonas Grimheden.

Representatives of the CPT also participated in several training sessions and meetings in the context of the EU-funded project “Forced-Return Monitoring III project” (in March, April, June, October and November).

24. Further, the President and other representatives of the CPT met Monique Pariat, Director-General, and other senior officials of the Directorate-General for Migration and Home Affairs (DG-Home) of the European Commission, on 17 September in Brussels.

25. Contacts with other external bodies included, *inter alia*, the participation of CPT representatives in the following events: an online hearing organised by the French General Inspectorate of Justice and the General Inspectorate for Social Affairs on “Suicide risk prevention in prisons” on 17 February; an expert consultation on Independent National Monitoring Mechanisms organised by the United Nations Human Rights Regional Office for Europe (OHCHR) and the UNHCR Representation for EU Affairs on 23 February; a webinar on “Border police monitoring in the OSCE Region: upholding a human-rights approach to migration” organised by the OSCE Office for Democratic Institutions and Human Rights (ODIHR) on 13 April; the first meeting of the South-East Europe Network focusing on the NPM visits during the coronavirus pandemic on 20 July; the International Conference on “Forced-return monitoring” organised by the Portuguese Inspectorate-General of Home Affairs (IGAI) on 27 September and a workshop organised by ODIHR, in co-operation with the Omega Research Foundation, on the “Prevention and eradication of torture” on 20 October.

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2 \* All references to Kosovo, whether to its territory, institutions or population, in this document shall be understood in full compliance with United Nations Security Council Resolution 1244, without prejudice to the status of Kosovo.



” The CPT concluded that inter-prisoner violence, intimidation and extortion remained a problem in most of the prisons visited and it was clearly related to the persistent influence of the informal prisoner hierarchy.

# Publications

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## Introduction

26. Sixteen CPT visit reports were published in 2021. As of 31 December 2021, 436 of the 471 reports transmitted to Governments have been published. A State-by-State table showing the situation as regards publication of CPT visit reports is set out in Appendix 5.

## Selected publications

27. This section takes a closer look at some of the visit reports and related government responses published in 2021.

### **Report on the December 2019 periodic visit to Armenia and response of the Armenian authorities**

*(treatment of persons in police custody; the material conditions, regime and health-care service in prisons; situation of patients/residents in psychiatric/social welfare establishments)*

28. The main objective of the visit in December 2019 was to review the measures taken by the Armenian authorities in response to the recommendations made by the CPT after previous visits. In this connection, particular attention was paid to the treatment and safeguards afforded to persons detained by the police as well as to the material conditions, regime and health-care services in prisons. The delegation also examined the treatment, living conditions and legal safeguards offered to involuntary patients/residents in psychiatric/social care institutions.

29. The CPT noted that the great majority of the persons interviewed by the delegation, who were or had recently been in police custody, stated that they had been treated by the police in a correct manner. Furthermore, the delegation did not receive any credible allegations of recent physical ill-treatment by staff in the six penitentiary establishments visited.

30. However, the CPT concluded that inter-prisoner violence, intimidation and extortion remained a problem in most of the prisons visited and it was clearly related to the persistent influence of the informal prisoner hierarchy. The CPT called upon the Armenian authorities to step up their efforts to combat inter-prisoner violence and intimidation.

31. The CPT welcomed the plans of the Armenian authorities to close down, by the end of 2022, several old prisons (Goris, Hrazdan, Nubarashen, Yerevan-Kentron, as well as the Central Prison Hospital) where material conditions varied from very

poor to just about acceptable and to replace them with new prisons (or units) built from scratch according to international standards.

32. Further, the CPT noted positively the on-going reform of the prison health-care services and the establishment of a Penitentiary Medicine Centre, a public non-profit organisation for health-care provision in prisons; however, it was concerned that a number of inmates still complained about access to specialised care.

33. The CPT was also concerned by inadequate staffing levels, in the three psychiatric hospitals visited; the situation in Syunik Marz was especially worrying, threatening the entire viability of Syunik Dispensary and the regional out-patient service. Furthermore, multi-disciplinary clinical staff were either entirely lacking or insufficient in number to meet the many psycho-social treatment and rehabilitation needs of the patients.

34. Similar to the findings of the previous visits, the CPT noted with deep concern that a number of legally competent patients who had signed consent to hospitalisation forms and were still deemed voluntary, were nevertheless not truly consenting to their hospitalisation, stating that they wanted to leave but were often not allowed to even take outdoor exercise, let alone leave the hospital premises, thus being de facto deprived of their liberty. At Armash Health Centre, the delegation was told that applying to court for authorisation for involuntary hospitalisation “would be a hassle” and that “it was mandatory to sign a consent form for voluntary hospitalisation”.

35. The CPT was impressed with the efforts made to provide individual care for the residents of Dzorak Social Care Centre for Persons with Psychiatric Disorders and a range of multi-disciplinary structured psycho-social occupational and recreational activities; this was especially commendable considering the challenges faced by the low numbers of staff.

36. The CPT encouraged the Armenian authorities to pursue their efforts towards the development of community social care accommodation and day care so as to shorten or avoid institutional stays and improve experiences and outcomes for service users, allowing their proper re-integration into the community.

37. In their response, the Armenian authorities provided information on the steps being taken to address the issues raised by the CPT. In particular, they referred to the upcoming adoption of the new Criminal Code, Criminal Procedure Code and Penitentiary Code which should address a number of shortcomings and further strengthen the protection of human rights. They reiterated their plans to replace a number of old prisons by new, modern, ones. Reference was also made to the new legislation criminalising belonging to a criminal subculture and a number of measures to be taken to fight the phenomenon in prisons. In addition, information was provided on the adoption of a new Law on Psychiatric Assistance and Care which would bring changes to the procedures of the involuntary hospitalisation and involuntary treatment.

*Report and response published in May 2021  
(CPT/Inf(2021)10 and CPT/Inf(2021)11)*

## Report on the August 2020 ad hoc visit to Croatia

*(treatment of migrants deprived of their liberty by the police; procedures applied to migrants in the context of their removal from Croatia)*

38. The CPT carried out a rapid reaction visit to Croatia, to examine the treatment and safeguards afforded to migrants deprived of their liberty by the Croatian police. The delegation also looked into the procedures applied to migrants in the context of their removal from Croatia, as well as the effectiveness of oversight and accountability mechanisms in cases of alleged police misconduct during such operations. A visit to the Ježevo Reception Centre for Foreigners was also carried out.

39. The delegation also visited several temporary reception centres and informal migrant settlements in north-west BiH where it interviewed and medically examined many migrants who claimed they had recently been apprehended by Croatian law enforcement officials within the territory of Croatia and forcibly returned to Bosnia and Herzegovina.

40. The CPT urged the Croatian authorities to take determined action to stop migrants being ill-treated by police officers and to ensure that cases of alleged ill-treatment were investigated effectively.

41. The report highlighted that, for the first time since the CPT started visiting Croatia in 1998, there were manifest difficulties of co-operation. The delegation was provided with incomplete information about places where migrants may be deprived of their liberty and it was obstructed by police officers in accessing documentation necessary for the delegation to carry out the Committee's mandate.

42. In addition to visiting police stations in Croatia, the delegation also carried out many interviews across the Croatian border in the Una-Sana Canton of BiH, where it received numerous credible and concordant allegations of physical ill-treatment of migrants by Croatian police officers (notably members of the intervention police). The alleged ill-treatment consisted of slaps, kicks, blows with truncheons and other hard objects (e.g. butts/barrels of firearms, wooden sticks or tree branches) to various parts of the body. The alleged ill-treatment had been purportedly inflicted either at the time of the migrants' "interception" and de facto deprivation of liberty inside Croatian territory (ranging from several to fifty kilometres or more from the border) and/or at the moment of their push-back across the border with BiH.

43. In a significant number of cases, the persons interviewed displayed recent injuries on their bodies which were assessed by the delegation's forensic medical doctors as being compatible with their allegations of having been ill-treated by Croatian police officers (by way of example, reference is made to the characteristic "tram-line" haematomas to the back of the body, highly consistent with infliction of blows from a truncheon or stick).

44. The report also documented several accounts of migrants being subjected to other forms of severe ill-treatment by Croatian police officers such as migrants being forced to march through the forest to the border barefoot and being thrown into the Korana river which separates Croatia from BiH with their hands still zip-locked. Some migrants also alleged being pushed back into BiH wearing only their underwear and,



in some cases, even naked. A number of persons also stated that when they had been apprehended and were lying face down on the ground certain Croatian police officers had discharged their weapons into the ground close to them.

45. In acknowledging the significant challenges faced by the Croatian authorities in dealing with the large numbers of migrants entering the country, the CPT stressed the need for a concerted European approach. Nevertheless, despite these challenges, Croatia must meet its human rights obligations and treat migrants who enter the country through the border in a humane and dignified manner.

46. The findings of the delegation also showed clearly that there were no effective accountability mechanisms in place to identify the perpetrators of alleged acts of ill-treatment. There was an absence of specific guidelines from the Croatian Police Directorate on documenting diversion operations and no independent police complaints body to undertake effective investigations into such alleged acts.

47. As regards the establishment of an “independent border monitoring mechanism” by the Croatian authorities, the CPT set out its minimum criteria for such mechanism to be effective and independent.

48. In conclusion, nonetheless the CPT wished to pursue a constructive dialogue and meaningful co-operation with the Croatian authorities, grounded on a mature acknowledgment, including at the highest political levels, of the gravity of the practice of ill-treatment of migrants by Croatian police officers and a commitment for such ill-treatment to cease.

*Report published in December 2021<sup>3</sup>  
(CPT/Inf(2021)29)*

## **Reports on the December 2019 periodic visit and July 2020 ad hoc visit to France and responses of the French authorities**

*(situation of persons deprived of their liberty in police, penitentiary and psychiatric establishments; impact of the Covid-19 pandemic in various detention facilities in Strasbourg)*

49. The **December 2019** visit aimed at assessing the situation of persons deprived of their liberty in police, penitentiary and psychiatric establishments. The delegation examined the conditions of detention in three overcrowded remand prisons and assessed the regime offered to specific categories of sentenced prisoners, including those placed in units for “radicalised” inmates, as well as to female prisoners. In addition, the treatment of involuntary patients in psychiatric establishments was examined in detail, including as regards seclusion and means of restraint.

50. In the visit report, the CPT expressed serious concern about material conditions of detention in police establishments, prison overcrowding, the conditions in which detained persons were transferred to and treated in hospitals, as well as the lack of psychiatric places for persons in care without consent.

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<sup>3</sup> The report was made public pursuant to Rule 39, paragraph 3, of the CPT’s Rules of Procedure.

51. As regards the police, while the majority of persons interviewed did not allege any physical ill-treatment, several detained persons claimed that they had been deliberately beaten during their apprehension or on police premises. Allegations of insults, including of a racist or homophobic nature, were also reported, as well as threats made with a weapon. The CPT recommended that law enforcement officials be reminded that every use of force should be strictly necessary and proportionate and that measures be taken to prevent impunity.

52. Since 1991, the CPT has noted that prisons have been overcrowded, with occupancy levels exceeding 200% in some establishments. At the time of the visit, almost 1,500 prisoners were reportedly sleeping on mattresses on the floor in the entire prison system. The CPT called on the French authorities to take urgent measures to ensure that each detainee has a bed and at least 4 m<sup>2</sup> of living space in a collective cell, to adopt a comprehensive strategy to reduce the prison population and to prevent inter-prisoner violence.

53. In terms of material conditions and activities, the CPT noted a significant difference between the establishments visited. In the disciplinary and segregation units, the cells often lacked natural light and the exercise yards were too small and without adequate equipment.

54. The Committee continued to be concerned about the placement of prisoners in solitary confinement for prolonged periods, sometimes even for several years on end, and it considered that it was unacceptable that persons suffering from severe mental disorders remained in prison due to the lack of adequate care facilities. The treatment of persons held in specially adapted hospital units was a definite step forward, but there were still not enough places in these facilities. Furthermore, the Committee once again criticised the manner in which detained persons were transferred to and treated in hospitals: almost systematic use of handcuffs and frequent presence of escort staff during consultations.

55. As regards psychiatry, the CPT visited Cadillac Hospital where the vast majority of patients with whom the delegation spoke indicated that they were treated correctly by the health care staff, despite a perceived lack of time and availability. A small number of patients did however complain of having been subjected to abusive language, as well as excessive use of force, most often during restraints or placements in seclusion rooms.

56. Material conditions in the establishment were extremely disparate depending on the unit, with the most dilapidated offering little or no privacy for patients, particularly for resting or washing. The closed general psychiatric wards suffered from a lack of beds and regular overcrowding. The CPT called on the authorities to ensure decent living conditions in all units, as well as an adequate number of beds in general psychiatry.

57. Lastly, the CPT remained concerned about the frequency and duration of placements of patients in seclusion rooms and the insufficiency of the monitoring of patients subject to seclusion or mechanical restraint.

58. During the **July 2020 ad hoc visit**, the CPT visited several detention facilities in the Strasbourg area (prison, court, hospital, Geispolsheim Administrative Detention

Centre, Strasbourg Police Headquarters, Haguenau Police Station, gendarmerie brigades), in order to assess the impact of the health measures taken in the context of the Covid-19 pandemic.

59. In the visit report, the CPT concluded that overall appropriate steps had been taken to protect staff and persons deprived of their liberty but there was still room for improvement in terms of the care provided to the latter.

*Reports and responses published in June 2021  
(CPT/Inf(2021)14 and CPT/Inf(2021)15; CPT/Inf(2021)16 and CPT/Inf(2021)17)*

## **Report on the ad hoc visit to Malta in September 2020 and response of the Maltese authorities**

*(immigration detention)*

60. In September 2020, the CPT carried out a six-day rapid reaction visit to Malta to examine the treatment and conditions of detention of migrants deprived of their liberty, including families with young children and unaccompanied and separated minors. The CPT delegation visited various detention and reception centres as well as two police stations.

61. In the report, the CPT urged the Maltese authorities to change their approach towards immigration detention and to ensure that migrants deprived of their liberty were treated with both dignity and humanity. The CPT also acknowledged the significant challenges posed to the Maltese authorities by the arrival of increasing numbers of migrants, exacerbated by the Covid-19 pandemic. Nonetheless, it stressed that this situation did not absolve Malta from its human rights obligations and the duty of care owed to all migrants deprived of their liberty by the Maltese authorities.

62. Overall, the CPT found an immigration system that was struggling to cope: a system that purely “contained” migrants who had essentially been forgotten, within poor conditions of detention and regimes which verged on institutional mass neglect by the authorities. Indeed, the living conditions, regimes, lack of due process safeguards, treatment of vulnerable groups and some specific Covid-19 measures were found to be so problematic that they may well amount to inhuman and degrading treatment contrary to Article 3 of the ECHR.

63. The carceral design of detention centres such as Hermes Block and the Warehouses at Safi Detention Centre remained totally inappropriate: large rooms crammed with beds, no privacy, and communication with staff via locked doors. Migrants were generally locked in their accommodation units with little to no access to daily outdoor exercise and no purposeful activities. Other deficiencies included a lack of maintenance of the buildings (especially the sanitary facilities), insufficient personal hygiene products and cleaning materials and an inability to obtain a change of clothes. Moreover, there was also a systematic lack of information provided to detained persons about their situation, compounded by minimal contact with the outside world or even staff.

64. Vulnerable migrants in particular were not getting the care and support they required. Not only were young children and their parents as well as unaccompanied/

separated minors being detained, but they were held in very poor conditions, together with unrelated adult men. Clear protection policies and protocols for looking after vulnerable migrants needed to be put in place.

65. The CPT underlined that there was an urgent need for Malta to revisit its immigration detention policy, towards one better steered by its duty of care to treat all persons deprived of their liberty with dignity.

66. The CPT stressed that the problem of migration into Malta was not new and would almost certainly continue given the push factors that existed in those countries from which the vast majority of migrants came. Therefore, it urged the Maltese authorities to put in place an immigration detention system which abides by European values and norms, with the support of the European Union and other member States.

67. In their response, the Maltese authorities provided detailed information on the steps being taken to improve the conditions of detention for detained migrants and outlined the measures taken and currently underway to reduce the pressure on the immigration detention system, including notably the significant reduction in the number of migrants being detained and instead transferred into open centres and the many refurbishment works underway to improve conditions.

*Report and response published in March 2021  
(CPT/Inf(2021)1 and CPT/Inf(2021)2)*

## **Report on the September 2020 periodic visit to Spain and response of the Spanish authorities**

*(treatment and conditions of detention in several prisons and penitentiary psychiatric hospitals, as well as in a detention centre for juveniles; treatment and safeguards offered to persons detained by the police)*

68. In the report, the CPT urged the Spanish authorities to take determined action to prevent ill-treatment in prison and to ensure that cases of alleged ill-treatment are investigated effectively. It also proposed a series of measures to improve the treatment of prisoners, notably vulnerable prisoners, and of patients held in the two psychiatric penitentiary hospitals. Action should also be taken to tackle ill-treatment by police officers.

69. In the course of the visit, most persons met stated that they had been treated correctly by law enforcement officials. However, the delegation did receive a significant number of allegations of ill-treatment which mainly concerned the Policía Nacional. The ill-treatment consisted of slaps, punches and kicks to the body and/or head as well as, on occasion, the use of batons or other objects. It was purportedly inflicted as a means to force persons to provide information or to confess to particular crimes or to punish them for the alleged crime committed. The Committee stressed the importance of proper oversight and training of law enforcement officers.

70. In the adult male prisons visited, the delegation received a large number of consistent and credible allegations of recent physical ill-treatment by prison officers which consisted primarily of slaps to the head and body, punches, kicks and blows with batons. In a number of cases, the alleged ill-treatment was supported

by injuries documented by the delegation or noted in the person's medical record. The delegation also received several credible allegations of persons having the soles of their feet subjected to repeated baton blows; a torture method known as *falaka (bastinado)*. The ill-treatment appears to be a disproportionate and punitive reaction to recalcitrant behaviour by prisoners. Tackling such behaviour required more rigorous oversight by management, enhanced training of staff in the use of control and restraint and de-escalation techniques, the accurate documentation of all injuries and the immediate reporting of every allegation of ill-treatment to the competent prosecutorial authorities.

71. As regards the long-standing issue of mechanical fixation of a person to a bed, the report noted the considerable progress made across all prisons in Spain in reducing both the number and duration of applications of the measure. Nevertheless, the CPT considered that the goal should remain the abolition of this measure in prison as it is open to abuse. In the meantime, even stricter safeguards should be applied such as reducing its duration still further, improving the supervision of the measure, ending the fixation of mentally ill persons and of persons who self-harm. The practice of forcibly medicating fixated prisoners should also be terminated. The CPT also made a number of recommendations on prisoner activities, health care and discipline.

72. As regards female prisoners, the report called for a gender-specific approach taking into account the needs of women. Further, it stated that more needed to be done to develop the range of non-gender stereo-typed activities on offer to women and to adopt a policy on preventing and reducing acts of self-harm of women and to ensure that such acts are always dealt with from a therapeutic standpoint.

73. The CPT was critical of the treatment and conditions offered to patients in the two Prison Psychiatric Hospitals (PPH) of Alicante and Seville. It considered that they should enjoy full institutional and functional separation from the prison service and be placed under the responsibility of the national health-care system. In parallel, there should be a paradigm shift in the treatment of forensic patients based upon the principles of individualised treatment and a move away from the current emphasis on pharmacotherapy. The CPT also found that the carceral design and austere setting of the PPHs is not conducive to a truly therapeutic approach.

74. At both hospitals, a few allegations of physical ill-treatment consisting of blows with rubber batons and of painful and improper mechanical fixation were received. In addition, the CPT was critical of the practice of prolonged periods of seclusion imposed on patients, lasting up to four months, without appropriate legal safeguards or adequate judicial review. Recommendations were also made to strengthen the legal safeguards surrounding the placement, discharge and involuntary treatment of patients with a mental disorder at both PPHs.

75. At the Juvenile Detention Centre "La Marchenilla" in Algeciras, the CPT gained a positive impression of the caring attitude of staff and of the individual therapeutic and rehabilitation plans proposed for each resident. That said, several juveniles complained about the rough behaviour of the security staff in physically restraining them. The CPT also found that juveniles continued to be subjected to prolonged periods of mechanical fixation and to be forcibly injected with medication while

fixated. The CPT again called upon the Spanish authorities to abolish the mechanical fixation of juveniles at the national level.

76. In their response to the CPT's report, the Spanish authorities engaged in a constructive and substantive dialogue. Information was provided on the action taken in prison to tackle ill-treatment by staff in prisons and to bolster internal oversight as well as on the steps taken to reduce the number of persons placed in closed-regime modules and to limit the resort to the measure of mechanical fixation. In addition, the response provided information on the adoption of a gender perspective in prisons. The Spanish authorities also concurred with the CPT that the PPHs should be transferred under the responsibility of the national health-authorities in order to provide for a more appropriate therapeutic environment. Finally, as regards the Juvenile Detention Centre, action was being taken to implement the various recommendations, notably as concerns the steps taken to reduce and abolish the practice of fixation of children in the *Centros de Menores* throughout Spain.

*Report and response published in November 2021  
(CPT/Inf(2021)27 and CPT/Inf(2021)28)*

## **Report on the periodic visit to Sweden in January 2021**

*(safeguards against ill-treatment of persons in police custody; material conditions, regime and health care service in prisons and immigration detention facilities; treatment, conditions and legal safeguards offered to patients with a mental disorder and residents of homes for young persons)*

77. The CPT was pleased to report that the conclusion reached by the Committee after the 2015 visit – namely that persons deprived of their liberty by the Swedish police run little risk of being physically ill-treated – remained fully valid. However, as regards the fundamental legal safeguards against ill-treatment by the police, namely the right of detained persons to inform a close relative or another third party of their situation (notification of custody), to have access to a lawyer, and to have access to a doctor, the CPT was concerned to observe remaining shortcomings regarding their implementation. As on previous visits, the delegation found conditions of detention in all the police establishments visited to be on the whole adequate for the maximum periods of police custody (respectively, 96 and eight hours).

78. The delegation visited, for the first time, two closed migration detention centres run by the Swedish Migration Agency, in Åstorp and Ljungbyhed. The delegation did not receive any allegations of ill-treatment by staff; most of the foreign nationals interviewed indicated that the overall atmosphere in both centres was relaxed. Material conditions in the two detention centres visited were of a high standard, including well-furnished and equipped day/recreational areas. The CPT recommended to further develop the offer of activities for foreign nationals who spend prolonged periods in detention centres. As regards health care, the CPT called upon the Swedish authorities to take measures to significantly improve the provision of health care to foreign nationals detained at Åstorp and Ljungbyhed Detention Centres (and, as applicable, in other detention centres), including ensuring adequate access to psychiatric care and psychological assistance.

79. In the course of the visit, the delegation visited, for the first time, the remand prisons in Helsingborg, Trelleborg and Ystad, where it paid particular attention to the issue of restrictions. The delegation received virtually no recent and/or credible allegations of deliberate physical ill-treatment of prisoners by staff in any of the prisons visited.

80. The CPT regretted to note that there was still no substantive improvement on the entire approach to restrictions for remand prisoners in Sweden and once again called upon the Swedish authorities to take decisive steps to ensure that restrictions on remand prisoners are only imposed in exceptional circumstances which were strictly limited to the actual requirements of the case and lasted no longer than was absolutely necessary. The regime for prisoners subjected to restrictions remained very impoverished. The regime for remand prisoners not subjected to restrictions was somewhat better, the main difference being that they had more work opportunities. The CPT once again called upon the Swedish authorities to radically improve the offer of activities for remand prisoners.

81. The CPT noted problems with securing an adequate access to medical consultations (both by general practitioners and by specialists, including psychiatrists and dentists) in the prisons visited and was also concerned that, despite the CPT's long-standing recommendations on this subject, medical screening on arrival was still often delayed by up to 72 hours.

82. The delegation visited the North Stockholm Psychiatric Clinic, the Regional Forensic Psychiatric Clinic in Karsudden, and the Regional Forensic Psychiatric Clinic in Sala. It received no allegations of any form of ill-treatment by staff in the psychiatric hospitals visited. On the contrary, most of the patients interviewed spoke positively of the staff, especially ward-based staff. Living conditions in the hospitals visited were generally of a very good or excellent standard and provided a positive therapeutic environment. Staffing levels on the wards were sufficient to provide the necessary treatment and care. The treatment available was based on an individualised approach, involving the drawing up of a written treatment plan for each patient (with the participation of the patient concerned) and its regular review. The recourse to means of restraint (including seclusion) did not appear excessive in the hospitals visited and was well documented. As regards safeguards in the context of involuntary hospitalisation, the Committee reiterated its serious misgivings that, in Sweden, involuntary hospitalisation of a psychiatric patient continued to be construed as automatically authorising treatment without the consent of the patient concerned.

83. Further, the delegation visited the Sundbo Home for Young Persons in Fagersta and the Bärby Home for Young Persons in Uppsala. The majority of the young persons interviewed by the delegation spoke positively about the staff. However, the delegation received one allegation of physical ill-treatment in Sundbo Home, where a staff member had allegedly punched a young person in the face and kicked him in the ribs. Material conditions varied between the different units of the homes but were generally of a good standard and offered a positive environment, despite the specific secure arrangements. Staffing levels at both Homes appeared to be satisfactory to provide the care required; furthermore, the delegation gained a

generally positive impression of the daily regime offered to young persons. Based on the interviews with young persons, the staff, and the examination of records, the delegation gained the impression that the use of seclusion and separate care was not excessive in either of the homes visited.

*Report published in September 2021  
(CPT/Inf (2021) 20)*





” Overcrowding can turn a prison into a human warehouse and undermine any efforts to give practical meaning to the prohibition of torture and other forms of ill-treatment. The resultant lack of personal space and privacy puts all prisoners at risk, especially the most vulnerable.

# Combating prison overcrowding

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84. As one prisoner interviewed during a CPT visit put it: “*We are treated like sardines, crammed into a tiny cell, doing nothing.*”

85. In some of the most overcrowded prison cells visited by the Committee in recent years there was less than 2 m<sup>2</sup> of living space per person. The situation was further exacerbated by the fact that prisoners were often locked up for some 23 hours a day in a state of forced idleness. Overcrowding to such an extent is a breeding ground for tensions and violence between staff and prisoners and among prisoners themselves. As the CPT pointed out in its 26<sup>th</sup> General Report in 2017,<sup>4</sup> overcrowding appears to be particularly problematic in remand detention facilities.

86. Overcrowding can turn a prison into a human warehouse and undermine any efforts to give practical meaning to the prohibition of torture and other forms of ill-treatment. The resultant lack of personal space and privacy puts all prisoners at risk, especially the most vulnerable.

87. The CPT has decided to revisit the issue of prison overcrowding, since, although it has eased somewhat over the past few years,<sup>5</sup> it is still the bane of many prison systems in Council of Europe member States. Already in its second General Report thirty years ago,<sup>6</sup> the CPT stressed that overcrowding was an issue of direct relevance to its mandate and one that had led it more than once to conclude that the adverse effects of overcrowding had resulted in conditions which could be considered to be inhuman and degrading.

88. In the course of its many prison visits over the past 30 years, the CPT has indeed noted that some Council of Europe member States had made tangible progress in tackling overcrowding, in line with the Committee’s recommendations. Changes in remand and sentencing policy, including the implementation of a range of alternatives to imprisonment, have often made it possible to reverse the general upwards trend in the prison population. In these countries, the Committee has often found a reduction in staff-prisoner and inter-prisoner violence, improved safety and care for vulnerable prisoners, more in-cell privacy, improved access to out-of-cell activities and, also of importance, prison staff having better working conditions.

89. However, it has to be recognised that, notwithstanding the Committee’s reiterated recommendations and despite judgments (including pilot judgments)<sup>7</sup> of the European Court of Human Rights, the phenomenon of overcrowding, far from

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4 <https://rm.coe.int/168070d0c8>

5 See SPACE 1, 2020. Table 16 Prison capacity and prison density on 31 January 2020, page 73.

6 Cf. CPT/Inf (92) 3, § 46.

7 *Torreggiani and Others v. Italy* (no. 43517/09, 8 January 2013); *Varga and Others v. Hungary* (nos. 14097/12, 45135/12, 73712/12, 34001/13, 44055/13, and 64586/13, 10 March 2015); *J.M.B. and Others v. France* (no. 9671/15, 30 January 2020).

being eliminated, remains an everyday reality in many prison systems, especially in establishments accommodating remand prisoners.

90. The Committee's visits demonstrate that the phenomenon of overcrowding should be examined discerningly: a country may not have an overcrowding problem in the entire prison system, but it is not unusual for the Committee to find that particular prisons, parts of a prison or even an individual cell or dormitory are overcrowded.

91. Prison overcrowding is to prison services what smoking is to public health services. We know that prison overcrowding may seriously harm prisoners and those around them. Prison overcrowding is not primarily a reflection of rising crime levels. By contrast, it is mainly the result of stricter penal policies with increased criminalisation, more frequent and longer use of remand detention, lengthier prison sentences and limited recourse to non-custodial alternatives to deprivation of liberty.

## **Impact of the Covid-19 pandemic on prison populations**

92. The Covid-19 pandemic has created extraordinary challenges for the authorities of all member States of the Council of Europe. It has generated a public health crisis, which has added a new dimension to the issue of prison conditions and, in particular, the issue of overcrowding. Across the Council of Europe region, the pandemic has exposed and accelerated the detrimental effects of prison overcrowding in a number of member States.

93. In order to provide guidance to member States on how best to address the sanitary crisis while ensuring humane treatment of persons deprived of their liberty, the CPT adopted a "Statement of principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus disease (Covid-19) pandemic" (issued in March 2020). Therein, the CPT outlines the basic principles that States should respect in any effort to prevent or combat Covid-19. While acknowledging the clear imperative to take firm action to combat Covid-19, the CPT reminds all actors of the absolute nature of the prohibition of torture and inhuman or degrading treatment. The Statement also addresses the fact that prison overcrowding may exacerbate the harmful effects of Covid-19 and, as a result, encourages member States to make increased use of non-custodial measures: "As close personal contact encourages the spread of the virus, concerted efforts should be made by all relevant authorities to resort to alternatives to deprivation of liberty. Such an approach is imperative, in particular, in situations of overcrowding. Further, authorities should make greater use of alternatives to pre-trial detention, commutation of sentences, early release and probation [...]"<sup>8</sup>

94. Several member States have only taken action to reduce chronic prison overcrowding in crisis mode, despite the CPT's long-standing recommendations to take effective measures to tackle this phenomenon. In the early months of the pandemic, the number of persons held in prison in a range of Council of Europe member States diminished significantly as a result of policy decisions to increase the use of early conditional release, temporary release and other non-custodial measures to reduce

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8 <https://rm.coe.int/16809cfa4b>

the prison population. As prisons are known to be epicentres of infectious diseases, the rationale was that prison overcrowding constituted a significant risk factor in spreading the disease because overcrowded custodial settings generally offer limited space with poorer conditions for physical distancing, often with unsanitary facilities and poorer access to health care.

95. The CPT welcomes the steps taken in many member States to conditionally or temporarily release low-risk prisoners and reduce the use of pre-trial detention. It has also become apparent that some of the arguments previously put forward by authorities that they were unable to decongest prisons were not always fully sincere. The Committee wishes to stress that – in the interests of preventing ill-treatment – the above-mentioned policies should be an integral part of any sound criminal justice system.

96. However, as the pandemic progressed, and over recent months, there has been a resurgence in prisoner numbers in some member States which can only mean having shortly to contend with endemic overcrowding once again. Indeed, the CPT's findings contained in recently-published visit reports indicate a return to a growth trajectory with the end of widespread Covid-19 lockdown measures.

## **Consequences for prisoner health and wellbeing**

97. Overcrowding in particular increases the risk of transmission of a number of airborne infections such as tuberculosis and other respiratory diseases.

98. The impact of overcrowding on public health, mental health and wellbeing, and the number of instances of self-harm cannot be underestimated.

99. If a prison is overcrowded it acts as an incubator of diseases that released prisoners take with them outside, adversely impacting the health of the population as a whole.

## **Establishing thresholds**

100. The way forward must start with a detailed overview of the situation of occupancy levels. To this end, it is crucial to use a common measuring rod when it comes to the minimum amount of living space that should be offered to each prisoner and to determine with precision the actual level of overcrowding in each prison cell, in each prison and in the prison system as a whole. The CPT has been instrumental in drawing the line between the “acceptable” or “desirable” standards on the one hand and the “unacceptable” or “undesirable” standards on the other hand. Since the 1990s, the Committee has considered that every person should be offered at least 4 m<sup>2</sup> of living space in multiple-occupancy cells and at least 6 m<sup>2</sup> in single cells (excluding the sanitary annexes).<sup>9</sup>

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9 See document “Living space per prisoner in prison establishments: CPT standards” (CPT/Inf(2015)44) in which the CPT also indicated a desirable standard for multiple occupancy cells, in particular in the context of the construction of new prisons, namely of designing such cells to be used by up to four inmates maximum by adding 4 m<sup>2</sup> per additional inmate to the minimum living space of 6m<sup>2</sup> of living space for a single-occupancy cell, excluding the sanitary annexe.

101. The minimum amount of living space per prisoner should be monitored in the light of the CPT standards and the Court's case-law<sup>10</sup> and, and the official capacities of all prison establishments revised accordingly.

102. The Committee considers that, for every prison, there should be an absolute **upper limit for the number of prisoners** ("*numerus clausus*"), in order to guarantee the minimum standard in terms of living space, namely 6m<sup>2</sup> per person in single cells and 4m<sup>2</sup> per person in multiple-occupancy cells (excluding the sanitary annexe). Thus, whenever a prison has reached that limit, appropriate steps must be taken by the relevant authorities to ensure that a person, who has been newly remanded in custody or sentenced to imprisonment, is offered acceptable conditions of detention (including in terms of living space).

## Putting an end to overcrowding

103. It is necessary to question once again the reasons for the persistence of overcrowding. Alternatives to imprisonment exist in most Council of Europe member States, but they are far from being effective as there is often a modest recourse to non-custodial measures, particularly at the pre-trial stage. Although there is an increasing development of probation measures,<sup>11</sup> they do not bring about a lasting reduction in the number of persons in prison.

104. The CPT further notes that in certain European countries substantial sums are being spent on **building new prisons and/or adopting policies to expand the capacity of the prison estate**. The CPT is firmly of the view that constructing new prisons and/or permitting prison population inflation will not provide a lasting solution to the problem of overcrowding.

105. Responses such as **pardons or amnesties** can help to deal with a critical situation, but they cannot constitute a sustainable response.

106. The ability of **non-custodial measures** to satisfy the duty of protection to be provided by a criminal justice system seems vastly underrated. Encouragement of creative solutions for execution of sentences in the community is an important and necessary step. However, the development of community service, for example, or the use of effective electronic monitoring systems,<sup>12</sup> coupled with supervisors (probation officers) and rehabilitation programmes remain insufficient.

107. The CPT wishes to recall that prison overcrowding is neither just a problem for prison governors and prison administrations to solve, nor one that Governments can tackle alone. Instead, the CPT's experience has shown that combating prison overcrowding requires a **systemic approach** and concerted action by all relevant

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10 In its Grand Chamber judgment in the case of *Muršić v. Croatia* (no.7334/13, 20 October 2016), the European Court of Human Rights has taken the CPT's standards into account and considered that the non-observance of the 4 m<sup>2</sup> yardstick may raise an issue under Article 3 of the European Convention on Human Rights, with a strong presumption of violation where there is less than 3 m<sup>2</sup> of living space per person.

11 Source: SPACE II

12 Recommendation CM/Rec(2014)4, of the Committee of Ministers to member States on electronic monitoring

stakeholders. As stated in the Council of Europe's White Paper on prison overcrowding: "There should be constant dialogue and common understanding and action involving policy makers, legislators, judges, prosecutors and prison and probation managers in each member State". It is also important to effectively implement the precepts set out in Committee of Ministers Recommendation No. R (99) 22 on prison overcrowding and prison population inflation.



” Upon the expiry of the previous Bureau’s two-year term of office, a new Bureau was elected in March 2021. Alan Mitchell was elected President of the Committee, Hans Wolff was elected 1st Vice-President and Therese Rytter was re-elected 2nd Vice-President.



# Organisational matters

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## CPT membership

108. On 31 December 2021, the CPT comprised **41** members. The seats in respect of Bosnia and Herzegovina, Georgia, the Republic of Moldova, Monaco, Spain and Sweden were vacant.

109. In the course of 2021, the composition of the CPT changed significantly as a result of the election of eleven new members: Mari Amos (Estonia), Marios Anastasi (Cyprus), Sanja Bezbradica Jelavić (Croatia), Marius Caruana (Malta), Nikola Kovačević (Serbia), Sebastian Ładoś (Poland), Judith Öhri (Liechtenstein), Asbjørn Rachlew (Norway), Karin Rowhani-Wimmer (Austria), Gunda Wössner (Germany), and Dmytro Yagunov (Ukraine).

110. Twelve members were re-elected: Vincent Delbos (France), Gergely Fliegauf (Hungary), Nico Hirsch (Luxembourg), Alexander Minchev (Bulgaria), Alan Mitchell (United Kingdom), Ömer Müslümanoğlu (Turkey), Slava Novak (Slovenia), Olga Noyanova (Russian Federation), Therese Rytter (Denmark), Chila van der Bas (Netherlands), Hans Wolff (Switzerland) and Elisabetta Zamparutti (Italy).

111. On 19 December 2021, the terms of office of eleven members expired: Djordje Alempijević, Régis Bergonzi, Juan-Carlos da Silva Ochoa, Mykola Gnatovskyy, Pelle Granström, Georg Høyer, Julia Kozma, Vitalie Nagacevschi, Davor Strinović, Tinatin Uplisashvili and Marika Väli. The CPT wishes to warmly thank all the aforementioned members for their contribution to the Committee's work.

112. A list of CPT members as at 31 December 2021 is set out in Appendix 3.

113. The next biennial renewal of the CPT's membership is due to take place at the end of 2023, the terms of office of 23 members of the Committee expiring on 19 December of that year.

114. The CPT trusts that all the national delegations concerned in the Parliamentary Assembly will put forward lists of candidates in good time, so as to enable the Bureau of the Assembly to transmit them to the Committee of Ministers by the end of June 2023 at the latest. If the election procedure for all the seats can be completed before the end of 2023, this will greatly facilitate the planning of the CPT's activities for the following year. There remains on the whole a reasonable spread of professional expertise within the CPT's membership. That said, the Committee would still benefit from having more members with professional experience in the fields of immigration detention, prison management, prison health care, forensic psychiatry and social care homes.



## **Bureau of the CPT**

115. Upon the expiry of the previous Bureau's two-year term of office, a new Bureau was elected in March 2021. Alan Mitchell was elected President of the Committee, Hans Wolff was elected 1st Vice-President and Therese Rytter was re-elected 2nd Vice-President.

## **Secretariat of the CPT**

116. It was with great sorrow that the Committee learned of the death of Patrick Müller on 14 October 2021. Patrick Müller had joined the CPT Secretariat in 1996, working in the field of information management and documentation and acting as the focal point for CPT contacts with the media. He also participated in CPT visits, contributing to the Committee's monitoring work in the field. The CPT will always remember him for his professionalism, team spirit and dedication to the CPT's cause.

117. The year 2021 saw further changes to the Secretariat of the CPT with the absence of two staff members on extended leave, the departure of two colleagues who had taken up duties in other parts of the Council of Europe and the retirement of one colleague (Yvonne Hartland). In addition, the post of a staff member seconded to another department of the Council of Europe in September 2020 is still vacant.

118. The Committee would like to express its gratitude to Yvonne Hartland for her contribution to the CPT's work over many years, as well as to the two other staff members (Julien Attuil-Kayser and Catherine Théréau) who have taken up new functions in other parts of the Council of Europe.

119. A list of all Secretariat members as at 31 December 2021 is set out in Appendix 4.





”The work of the CPT is designed to be an integrated part of the Council of Europe system for the protection of human rights, placing a proactive non-judicial mechanism alongside the existing reactive judicial mechanism of the European Court of Human Rights.



# Appendices

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## 1. The CPT's mandate and modus operandi

The CPT was set up under the 1987 Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment. According to Article 1 of the Convention, “[t]he Committee shall, by means of visits, examine the treatment of persons deprived of their liberty with a view to strengthening, if necessary, the protection of such persons from torture and from inhuman or degrading treatment or punishment.”

The work of the CPT is designed to be an integrated part of the Council of Europe system for the protection of human rights, placing a proactive non-judicial mechanism alongside the existing reactive judicial mechanism of the European Court of Human Rights.

The CPT implements its essentially preventive function through two kinds of visits – periodic and ad hoc. Periodic visits are carried out to all States Parties to the Convention on a regular basis. Ad hoc visits are organised when they appear to the Committee “to be required in the circumstances”.

When carrying out a visit, the CPT enjoys extensive powers under the Convention: access to the territory of the State concerned and the right to travel without restriction; unlimited access to any place where persons are deprived of their liberty, including the right to move inside such places without restriction and access to full information on places where persons deprived of their liberty are being held, as well as to other information available to the State which is necessary for the Committee to carry out its task.

The Committee is also entitled to interview in private persons deprived of their liberty and to communicate freely with anyone whom it believes can supply relevant information.

Each State Party to the Convention must permit visits to any place within its jurisdiction “where persons are deprived of their liberty by a public authority”. The CPT’s mandate thus extends beyond prisons and police establishments to encompass, for example, psychiatric hospitals, social welfare institutions, military detention facilities, immigration detention centres, and establishments in which juveniles may be deprived of their liberty by judicial or administrative order.

Two fundamental principles govern relations between the CPT and States Parties to the Convention – cooperation and confidentiality. In this respect, it should be emphasised that the role of the Committee is not to condemn States, but rather to assist them to prevent the ill-treatment of persons deprived of their liberty.

After each visit, the CPT draws up a report which sets out its findings and includes, if necessary, recommendations and other advice, on the basis of which a dialogue is developed with the national authorities. The Committee’s visit report is, in principle, confidential; however, most of the reports are eventually published at the request of the Government concerned.

## 2. The CPT's field of operations

(as at 31 December 2021)

All member States of the Council of Europe are States Parties to the Convention establishing the Committee.<sup>13</sup> Since 1 March 2002, the Committee of Ministers of the Council of Europe has been empowered to invite any non-member State of the Council of Europe to accede to the Convention. To date, no such invitation has been made.

Member States of the Council of Europe	Date of signature	Date of ratification	Date of entry into force
Albania	02/10/1996	02/10/1996	01/02/1997
Andorra	10/09/1996	06/01/1997	01/05/1997
Armenia	11/05/2001	18/06/2002	01/10/2002
Austria	26/11/1987	06/01/1989	01/05/1989
Azerbaijan	21/12/2001	15/04/2002	01/08/2002
Belgium	26/11/1987	23/07/1991	01/11/1991
Bosnia and Herzegovina	12/07/2002	12/07/2002	01/11/2002
Bulgaria	30/09/1993	03/05/1994	01/09/1994
Croatia	06/11/1996	11/10/1997	01/02/1998
Cyprus	26/11/1987	03/04/1989	01/08/1989
Czech Republic	23/12/1992	07/09/1995	01/01/1996
Denmark	26/11/1987	02/05/1989	01/09/1989
Estonia	28/06/1996	06/11/1996	01/03/1997
Finland	16/11/1989	20/12/1990	01/04/1991
France	26/11/1987	09/01/1989	01/05/1989
Georgia	16/02/2000	20/06/2000	01/10/2000
Germany	26/11/1987	21/02/1990	01/06/1990
Greece	26/11/1987	02/08/1991	01/12/1991
Hungary	09/02/1993	04/11/1993	01/03/1994
Iceland	26/11/1987	19/06/1990	01/10/1990
Ireland	14/03/1988	14/03/1988	01/02/1989
Italy	26/11/1987	29/12/1988	01/04/1989
Latvia	11/09/1997	10/02/1998	01/06/1998
Liechtenstein	26/11/1987	12/09/1991	01/01/1992
Lithuania	14/09/1995	26/11/1998	01/03/1999
Luxembourg	26/11/1987	06/09/1988	01/02/1989
Malta	26/11/1987	07/03/1988	01/02/1989
Republic of Moldova	02/05/1996	02/10/1997	01/02/1998
Monaco	30/11/2005	30/11/2005	01/03/2006
Montenegro			06/06/2006 <sup>14</sup>
Netherlands	26/11/1987	12/10/1988	01/02/1989

<sup>13</sup> The Convention was opened for signature by the member States of the Council of Europe on 26 November 1987.

<sup>14</sup> On 14 June 2006, the Committee of Ministers of the Council of Europe agreed that the Republic of Montenegro was a Party to the Convention with effect from 6 June 2006, the date of the Republic's declaration of succession to the Council of Europe Conventions of which Serbia and Montenegro was a signatory or party.

Member States of the Council of Europe	Date of signature	Date of ratification	Date of entry into force
North Macedonia	14/06/1996	06/06/1997	01/10/1997
Norway	26/11/1987	21/04/1989	01/08/1989
Poland	11/07/1994	10/10/1994	01/02/1995
Portugal	26/11/1987	29/03/1990	01/07/1990
Romania	04/11/1993	04/10/1994	01/02/1995
Russian Federation	28/02/1996	05/05/1998	01/09/1998
San Marino	16/11/1989	31/01/1990	01/05/1990
Serbia	03/03/2004	03/03/2004	01/07/2004
Slovak Republic	23/12/1992	11/05/1994	01/09/1994
Slovenia	04/11/1993	02/02/1994	01/06/1994
Spain	26/11/1987	02/05/1989	01/09/1989
Sweden	26/11/1987	21/06/1988	01/02/1989
Switzerland	26/11/1987	07/10/1988	01/02/1989
Turkey	11/01/1988	26/02/1988	01/02/1989
Ukraine	02/05/1996	05/05/1997	01/09/1997
United Kingdom	26/11/1987	24/06/1988	01/02/1989

## Monitoring of the situation of persons convicted by international tribunals or special courts and serving their sentence in a State Party to the Convention

### Germany

Three visits carried out in 2010, 2013 and 2020 in pursuance of an Exchange of Letters dated 7 and 24 November 2000 between the International Criminal Tribunal for the former Yugoslavia (ICTY) and the CPT, and an Enforcement Agreement concluded in 2008 between the ICTY and the Government of the Federal Republic of Germany.

### Portugal

One visit carried out in 2013 in pursuance of the above-mentioned Exchange of Letters between the ICTY and the CPT, and the Agreement between the United Nations and the Portuguese Government on the Enforcement of Sentences of the ICTY dated 19 December 2007.

### United Kingdom

Four visits carried out in 2005, 2007, 2010 and 2019 in pursuance of the above-mentioned Exchange of Letters between the ICTY and the CPT, and the Agreement between the United Nations and the Government of the United Kingdom of Great Britain and Northern Ireland on the Enforcement of Sentences of the ICTY dated 11 March 2004.

Two visits carried out in 2014 and 2018 in pursuance of an Exchange of Letters between the Residual Special Court for Sierra Leone (RSCSL) and the CPT dated

20 January and 5 February 2014, and an Agreement between the RSCSL and the United Kingdom Government dated 10 July 2007.

One visit carried out in 2019 in pursuance of an Exchange of Letters between the International Criminal Court (ICC) and the CPT dated 2 and 9 November 2017, and the Enforcement Agreement between the Government of the United Kingdom of Great Britain and Northern Ireland and the ICC on the enforcement of sentences imposed by the ICC, adopted on 8 November 2007.

## Special monitoring arrangements

### Kosovo\*

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One visit carried out in 2007 on the basis of an agreement signed in 2004 between the Council of Europe and the United Nations Interim Administration Mission in Kosovo (UNMIK) and an exchange of letters concluded in 2006 between the Secretaries General of the Council of Europe and the North Atlantic Treaty Organization (NATO). Two separate reports were transmitted to UNMIK and NATO. The report to UNMIK has been published (together with the response provided by UNMIK).

Three visits carried out in 2010, 2015 and 2020 on the basis of the above-mentioned agreement between the Council of Europe and UNMIK. The reports on the aforementioned visits have been published (together with the responses provided by UNMIK).

### 3. CPT members

in order of precedence (as at 31 December 2021)

Name:	Elected in respect of:	Term of office expires:
Alan MITCHELL, President	United Kingdom	19/12/2025
Hans WOLFF, 1st Vice-President	Switzerland	19/12/2025
Therese Maria RYTTER, 2nd Vice-President	Denmark	19/12/2025
Jari PIRJOLA	Finland	19/12/2023
Vytautas RAŠKAUSKAS	Lithuania	19/12/2023
Gergely FLIEGAUF	Hungary	19/12/2025
Nico HIRSCH	Luxembourg	19/12/2025
Alexander MINCHEV	Bulgaria	19/12/2025
Ömer MÜSLÜMANOĞLU	Turkey	19/12/2025
Mark KELLY	Ireland	19/12/2023
Philippe MARY	Belgium	19/12/2023
Marie LUKASOVÁ	Czech Republic	19/12/2023
Dagmar BREZNOŠČÁKOVÁ	Slovak Republic	19/12/2023
Ceyhun QARACAYEV	Azerbaijan	19/12/2023
Răzvan Horațiu RADU	Romania	19/12/2023
Vânia COSTA RAMOS	Portugal	19/12/2023
Elisabetta ZAMPARUTTI	Italy	19/12/2023
Olga NOYANOVA	Russian Federation	19/12/2023
Slava NOVAK	Slovenia	19/12/2025
Vincent DELBOS	France	19/12/2025
Chila VAN DER BAS	Netherlands	19/12/2025
Arman TATOYAN	Armenia	19/12/2023
Elsa Bára TRAUSTADÓTTIR	Iceland	19/12/2023
Ifigeneia KAMTSIDOU	Greece	19/12/2023
Gordan KALAJDJEV	North Macedonia	19/12/2023
Aleksandar TOMCUK	Montenegro	19/12/2023
Solvita OLSENA	Latvia	19/12/2023
Kristina PARDALOS	San Marino	19/12/2023
Vanessa DURICH MOULET	Andorra	19/12/2023
Helena PAPA	Albania	19/12/2023
Gunda WÖSSNER	Germany	19/12/2025
Judith ÖHRI	Liechtenstein	19/12/2025
Marius CARUANA	Malta	19/12/2023
Sebastian ŁADOŚ	Poland	19/12/2023
Marios ANASTASI	Cyprus	19/12/2023
Asbjørn RACHLEW	Norway	19/12/2025
Sanja BEZBRADICA JELAVIĆ	Croatia	19/12/2025
Karin ROWHANI-WIMMER	Austria	19/12/2025
Mari AMOS	Estonia	19/12/2025
Dmytro YAGUNOV	Ukraine	19/12/2025
Nikola KOVAČEVIĆ	Serbia	19/12/2025

On 31 December 2021, the seats in respect of the following States were vacant: Bosnia and Herzegovina, Georgia, Republic of Moldova, Monaco, Spain, Sweden.



## 4. CPT Secretariat

(as at 31 December 2021)

CPT Secretariat
Régis BRILLAT, Executive Secretary Secretariat: Catherine GHERIBI, Personal Assistant Antonella NASTASIE, Assistant to the Committee
Transversal Support Division
Michael NEURAUTER, Deputy Executive Secretary, Head of Division ..., Research, information strategies and media contacts Claire ASKIN, Archives, publications and documentary research (on leave) Morven TRAIN, Administrative and budgetary questions

### Divisions responsible for visits

Division 1		
..., Head of Division	Albania	Liechtenstein
Petr HNATIK	Andorra	Luxembourg
Aurélie PASQUIER	Belgium	Republic of Moldova
..., Administrator	Czech Republic	Monaco
..., Administrative Assistant	Estonia	Netherlands
	France	Norway
Secretariat: Oana MOLDOVEAN	Hungary	Slovak Republic
	Kosovo*	Slovenia
	Latvia	

Division 2		
Borys WODZ, Head of Division	Armenia	Iceland
Elvin ALIYEV	Austria	Lithuania
Almut SCHRÖDER	Azerbaijan	Poland
Dalia ŽUKAUSKIENĖ	Bulgaria	Russian Federation
	Denmark	Sweden
Secretariat: Natia MAMISTVALOVA	Finland	Turkey
	Georgia	Ukraine
	Germany	

### Division 3

Hugh CHETWYND, Head of Division	Bosnia and Herzegovina	Portugal
Natacha DE ROECK	Croatia Cyprus	Romania
Francesca GORDON (on leave)	Greece	San Marino
Cristian LODA	Ireland Italy	Serbia
Sebastian RIETZ	Malta	Spain
Françoise ZAHN, Administrative Assistant	Montenegro	Switzerland
Secretariat: ...	North Macedonia	United Kingdom

## 5. CPT visits, reports and publications

(as at 31 December 2021)

### Visits carried out in pursuance of Article 7 of the Convention

States	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Albania *	6	8	13	13	0
Andorra	4	0	4	4	0
Armenia	5	5	10	10	0
Austria *	7	0	6	6	0
Azerbaijan	5	7	12	11	1
Belgium	7	4	10 a	10 a	0
Bosnia and Herzegovina	5	4	8	8	1
Bulgaria *	8	6	13	13	0
Croatia	5	1	6	6	0
Cyprus	7	0	7	7	0
Czech Republic *	6	2	8	8	0
Denmark *	6	1	7	7	0
Estonia	5	1	6	6	0
Finland *	6	0	6	6	0
France	7	8	15	15	0
Georgia	6	3	9	8	1
Germany	7	3	10	9	1
Greece	7	11	17	17	0
Hungary	6	4	10	10	0
Iceland	5	0	5	5	0
Ireland	7	0	7	7	0
Italy	7	7	14	14	0
Latvia	5	3	8	8	0
Liechtenstein	4	0	4	4	0
Lithuania	6	2	7	7	0
Luxembourg *	4	1	5	5	0
Malta	5	4	9	9	0
Republic of Moldova *	7	9	16	13	3 b
Monaco *	3	0	3	3	0
Montenegro	4	0	4	4	0
Netherlands	6	5	13 c	13 c	0
North Macedonia	6	8	14	14	0
Norway *	5	1	6	6	0
Poland	6	1	7	7	0
Portugal	7	4	11	11	0
Romania	6	6	11 d	10 d	1
Russian Federation	8	22	26 e	4	22
San Marino	4	0	4	4	0
Serbia	5 f	1	6	5	1g

States	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Slovak Republic	6	0	6	6	0
Slovenia	5	0	5	5	0
Spain	8	10	18	18	0
Sweden *	6	1	7	7	0
Switzerland	7	1	8	7	1
Turkey	8	24	30 h	27	3
Ukraine *	7	9	16	16	0
United Kingdom	9	15	25 i	24 i	1

\* States which have authorised publication of all future visit reports of the CPT (“automatic publication procedure”).

- (a) Including one report on the visit to Tilburg Prison (Netherlands) in 2011.
- (b) Two reports concerning visits to the Transnistrian region and one report concerning a visit to Prison No. 8 in Bender.
- (c) Including a separate report on the visit to Tilburg Prison in the context of the periodic visit in 2011. Also including two separate reports covering the 1994 visit to the Netherlands Antilles and to Aruba.
- (d) These 11 reports cover 12 visits carried out.
- (e) These 26 reports cover 29 visits carried out.
- (f) Including one visit organised in September 2004 to Serbia and Montenegro.
- (g) Report published in 2022.
- (h) These 30 reports cover 32 visits carried out.
- (i) Including two separate reports covering the 2010 visit to Jersey and Guernsey.

## 6. Countries and places of deprivation of liberty visited by CPT delegations

(January – December 2021)

### Periodic visits

#### Austria

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23 November – 3 December 2021

##### *Police establishments*

- ▶ Amstetten District Police Headquarters (Mozartstrasse 31)
- ▶ Innsbruck Regional Police Headquarters (Innrain 34)
- ▶ Kematzen/Ybbs Police Station (1. Strasse 41b)
- ▶ Leoben Police Station (Josef-Heissel-Strasse 14)
- ▶ Vienna-Leopoldsgasse Police Station
- ▶ Vienna-Hernalser Gürtel Police Detention Centre (*Polizeianhaltezentrum* - PAZ)

##### *Prison establishments*

- ▶ Göllersdorf Prison (specialised prison for *Massnahmenvollzug*)
- ▶ Innsbruck Prison
- ▶ Leoben Prison
- ▶ Stein Prison (Units for *Massnahmenvollzug*)
- ▶ Vienna-Josefstadt Prison

##### *Psychiatric establishments*

- ▶ Regional Hospital Mauer (targeted visit focusing on forensic psychiatry, involuntary treatment and the use of means of restraint).

#### Bulgaria

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1-13 October 2021

##### *Establishments under the Ministry of the Interior*

- ▶ Ardino District Police Directorate
- ▶ Dimitrovgrad District Police Directorate
- ▶ Haskovo District Police Directorate
- ▶ Kardzhali District Police Directorate
- ▶ Lovech District Police Directorate
- ▶ Pazardjik District Police Directorate
- ▶ 3rd District Police Directorate, Plovdiv
- ▶ 6th District Police Directorate, Plovdiv

- ▶ 2nd District Police Directorate, Sofia
- ▶ 3rd District Police Directorate, Sofia
- ▶ 4th District Police Directorate, Sofia
- ▶ 5th District Police Directorate, Sofia
- ▶ 6th District Police Directorate, Sofia
- ▶ 7th District Police Directorate, Sofia
- ▶ 8th District Police Directorate, Sofia
- ▶ 9th District Police Directorate, Sofia
- ▶ Troyan District Police Directorate

#### ***Establishments under the Ministry of Justice***

- ▶ Kremikovtsi Prison Hostel
- ▶ Plovdiv Prison
- ▶ Sofia Prison
- ▶ Investigation detention facilities at:
  - Plovdiv
  - 42 Blvd. G.M. Dimitrov, Sofia

#### ***Establishments under the Ministry of Health***

- ▶ Kardzhali State Psychiatric Hospital
- ▶ Karlukovo State Psychiatric Hospital
- ▶ Lovech State Psychiatric Hospital

#### ***Establishments under the Ministry of Labour and Social Policy***

- ▶ Home for persons with learning disabilities in Banya
- ▶ Home for persons with psychiatric disorders in Gara Lakatnik
- ▶ Home for persons with psychiatric disorders in Petkovo

## **Lithuania**

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*10-20 December 2021*

#### ***Police establishments***

- ▶ Alytus County Police Headquarters
- ▶ Kaunas County Police Headquarters
- ▶ Marijampolė County Police Headquarters
- ▶ Vilnius County Police Headquarters

#### ***Detention centres for foreigners***

- ▶ Kybartai Foreigners Registration Centre
- ▶ Medininkai Foreigners Registration Centre
- ▶ Pabrade Foreigners Registration Centre

### ***Prison establishments***

- ▶ Alytus Correction Home
- ▶ Marijampolė Correction Home
- ▶ Pravieniškės Correction Home

### ***Psychiatric establishments***

- ▶ Republican Vilnius Psychiatric Hospital

## **Russian Federation**

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20 September – 4 October 2021

### ***Police establishments***

- ▶ Temporary Detention Facility (IVS) of the Bryansk City Internal Affairs Department
- ▶ IVS of the Khabarovsk City Internal Affairs Department
- ▶ IVS of the Krasnodar City Internal Affairs Department
- ▶ IVS of the Yuzhno-Sakhalinsk City Internal Affairs Department
- ▶ IVS of the Zubova-Polyana City Internal Affairs Department
- ▶ Special Reception Centre for Persons under Administrative Arrest (No. 2), Bryansk
- ▶ Special Reception Centre for Persons under Administrative Arrest, Khabarovsk
- ▶ Criminal Investigation Division of the Bryansk City Internal Affairs Department
- ▶ Police Station No. 5, Khabarovsk
- ▶ Police Station “Gidrostroy”, Karasunskiy District Division of Internal Affairs, Krasnodar
- ▶ Special Holding Facility for Detained Persons (SPSZL), Krasnodar
- ▶ SPSZL, Yuzhno-Sakhalinsk

### ***Penitentiary establishments***

- ▶ Pre-trial establishment (SIZO) No. 1 (“Matrosskaya Tishina”), Moscow
- ▶ SIZO No. 1 in Krasnodar
- ▶ Strict-regime Correctional Colony No. 4 in Kamenka (Bryansk Region)
- ▶ Correctional Colony for women No.14 in Partsa (Republic of Mordovia)
- ▶ Correctional Colony for women No. 2 in Yavas (Republic of Mordovia)

In addition, the delegation went to SIZO No. 1 in Bryansk and SIZO No. 1 in Khabarovsk in order to interview prisoners who had recently been in the custody of law enforcement agencies.

### ***Psychiatric establishments***

- ▶ Khabarovsk Regional Psychiatric Hospital
- ▶ Yuzhno-Sakhalinsk Regional Psychiatric Hospital

## Serbia

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9-19 March 2021

### ***Establishments under the authority of the Ministry of the Interior***

- ▶ Metropolitan Police Headquarters, 29 November Street, Belgrade
- ▶ Savski Venac Police Station, Belgrade
- ▶ Voždovac Police Station, Belgrade
- ▶ Zvezdara Police Station, Belgrade
- ▶ Požarevac Police Administration
- ▶ Niš Medijana Police Station

### ***Establishments under the authority of the Ministry of Justice***

- ▶ Belgrade District Prison including the Special Prison Hospital and the separate Special Pre-trial Detention in Ustanička Street
- ▶ Pančevo Penal Correctional Institution
- ▶ Požarevac Zabela Penal Correctional Institution

### ***Establishments under the responsibility of the Ministry of Health***

- ▶ Laza Lazarević Psychiatric Clinic, Belgrade and Padinska Skela sites
- ▶ Slavoljub Bakalović Special Psychiatric Hospital in Vršac

### ***Establishments under the responsibility of the Ministry of Labour, Employment, Veterans and Social Affairs***

- ▶ Home for mentally impaired adults in Kulina
- ▶ Home for Children and Youth "Duško Radović" in Niš

## Sweden

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18 – 29 January 2021

### ***Police establishments***

- ▶ Norrmalm Police Department, Stockholm
- ▶ Södermalm Police Department, Stockholm
- ▶ Solna Police Department, Stockholm
- ▶ Avesta Police Department
- ▶ Malmö Police Department
- ▶ Ystad Police Department

### ***Prisons***

- ▶ Helsingborg Remand Prison
- ▶ Trelleborg Remand Prison
- ▶ Ystad Remand Prison



### ***Migration Agency establishments***

- ▶ Migration Agency Detention Centre, Åstorp
- ▶ Migration Agency Detention Centre, Ljungbyhed

### ***Psychiatric establishments***

- ▶ Regional Forensic Psychiatric Clinic, Karsudden
- ▶ Regional Forensic Psychiatric Clinic, Sala
- ▶ North Stockholm Psychiatric Clinic

### ***Homes for young persons***

- ▶ Bärby Home for Young Persons, Uppsala
- ▶ Sundbo Home for Young Persons, Fagersta

## **Switzerland**

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22 March – 1 April 2021

### ***Canton of Aargau***

- ▶ Forensic Psychiatric Clinic, Königsfelden, Windisch

### ***Canton of Bern***

- ▶ Bern Police Station (Waisenhausplatz 32), Bern
- ▶ Thorberg Prison, Krauchthal (targeted visit)

### ***Republic and Canton of Geneva***

- ▶ Police Headquarters (boulevard Carl-Vogt 17-19), Geneva
- ▶ Pâquis Police Station (rue de Berne 6), Geneva
- ▶ Champ-Dollon Prison, Puplinge
- ▶ Curabilis closed facility, Puplinge
- ▶ “La Clairière”, Educational Detention and Observation Centre for Minors, Vernier

### ***Canton of Neuchâtel***

- ▶ Federal Centre for Asylum-seekers, Boudry, Perreux (targeted visit)

### ***Canton of Solothurn***

- ▶ Regional Police Station (Werkhofstrasse 33), Solothurn
- ▶ Remand Prison, Solothurn (targeted visit)
- ▶ Solothurn Prison, Deitingen (targeted visit)

### ***Canton of Vaud***

- ▶ Cantonal Police Headquarters, Centre de la Blécherette, Lausanne
- ▶ Municipal Police Headquarters, rue Saint-Martin, Lausanne
- ▶ Bois-Mermet Prison, Lausanne
- ▶ « Aux Lechaires » Juvenile Detention Facility, Palézieux

## **Canton of Zurich**

- ▶ Cantonal Police Detention Unit (Kantonales Polizeigefängnis) (Kasernenstrasse 29 and 49 and Zeughausstrasse 11), Zurich
- ▶ Zurich Sobering-up and Calming-down Centre
- ▶ Aussersiehl Regional Police Station, (Regionalwache) (Militärstrasse 105), Zurich
- ▶ Industrie Regional Police Station (Regionalwache) (Fabrikstrasse 1), Zurich
- ▶ Airport Police Station and transit zone (Kantonaler Polizeiposten Flughafen), Kloten
- ▶ Limmattal Prison (targeted visit)
- ▶ Airport Prison - Administrative Detention Centre for Foreigners, Kloten (targeted visit)
- ▶ Centre for minors and young adults (Massnahmenzentrum) Uitikon, Uitikon-Waldegg.

## **Turkey**

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*11-25 January 2021*

### **Law enforcement establishments**

- ▶ Ankara Police Headquarters
  - Financial Crimes Department
  - Homicide Department
  - Narcotics Department
  - Public Order Department
  - Theft Department
- ▶ Ankara Police Anti-Terror Department
- ▶ Diyarbakır Police Headquarters Anti-Terror Department
- ▶ Istanbul Police Headquarters
  - Anti-Terror Department
  - Common Detention Facility
- ▶ Istanbul Ataşehir District Police Directorate
  - Juvenile Department
  - Public Order Department
- ▶ Istanbul Bağcılar District Police Station
- ▶ Istanbul Bağcılar Yüzyıl Public Order Police Station
- ▶ Istanbul 75. Yıl Yenibosna District Police Station
- ▶ Istanbul Ümraniye Dudullu District Police Station
  - Juvenile Department
  - Public Order Department
- ▶ Istanbul Gayrettepe Police Directorate
  - Homicide Department
  - Public Order Department

- Robbery Department
- Theft Department
- ▶ Istanbul Maltepe Küçükyalı District Police Station
- ▶ Kayseri Police Headquarters
  - Narcotics Department
  - Smuggling and Organised Crime Department
- ▶ Kayseri Kocasinan District Gendarmerie Commandership

### **Prisons**

- ▶ Diyarbakır High-Security Prison No. 1
- ▶ Diyarbakır T-type Prison No. 3
- ▶ Istanbul Bakırköy Women’s Prison
- ▶ Istanbul Maltepe L-type Prison No. 1
- ▶ Istanbul Maltepe L-type Prison No. 2\*
- ▶ Istanbul Maltepe Juvenile Prison
- ▶ Istanbul Metris T-type Prison No. 1
- ▶ Kayseri T-type Prison No. 1
- ▶ Kayseri Women’s Prison

\* targeted visit to examine the conditions of detention of juveniles

## **United Kingdom**

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8 – 21 June 2021

### **Police establishments**

- ▶ Durham City Police Station
- ▶ Forth Banks Police Station, Newcastle-upon-Tyne
- ▶ Hammersmith Police Station, London
- ▶ Shepcote Lane Police Station, Sheffield
- ▶ Wood Green Police Station, London

### **Prison establishments**

- ▶ HMP and YOI Bronzefield
- ▶ HMP Wormwood Scrubs
- ▶ HMP Durham
- ▶ HMP Woodhill

### **Psychiatric establishments**

- ▶ Priory Hospital Enfield, London
- ▶ Bamburgh Clinic, St Nicholas Hospital, Newcastle-upon Tyne
- ▶ Alnwood Unit, St Nicholas Hospital, Newcastle-upon-Tyne
- ▶ Cygnet Hospital, Sheffield
- ▶ St Andrew’s Healthcare, Northampton.

## Ad hoc visits

### Albania

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23-26 November 2021

#### *Prison establishments*

- ▶ Zaharia Special Facility for Ill Inmates in Kruja (male patients)
- ▶ Prison Hospital in Tirana (female patients)
- ▶ Lezhe Prison

### Belgium

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2-9 November 2021

#### *Prison establishments*

- ▶ Antwerp Prison
- ▶ Lantin Prison
- ▶ St-Gilles Prison
- ▶ Ypres Prison

### Bosnia and Herzegovina

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17-27 September 2021

#### *Law enforcement establishments*

- ▶ Detention Unit of the Federal Ministry of the Interior, Sarajevo
- ▶ Bihać Police Station (Una-Sana Canton)
- ▶ Mostar Centar Police Station (Herzegovina-Neretva Canton)
- ▶ Centar Police Station (Sarajevo Canton)
- ▶ Ilidža Police Station (Sarajevo Canton)
- ▶ Novo Sarajevo Police Station (Sarajevo Canton)
- ▶ Novigrad Police Station (Sarajevo Canton)
- ▶ Zenica Police Station (Zenica-Doboj Canton)

#### *Prison establishments*

- ▶ State Prison of Bosnia and Herzegovina (pre-trial detention unit)

FBiH (pre-trial detention units)

- ▶ Bihać Prison
- ▶ Mostar Prison
- ▶ Sarajevo Remand Prison
- ▶ Zenica Prison

## Georgia

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17-24 May 2021

### **Prison establishments**

- ▶ Prison No. 14, Geguti
- ▶ Prison No. 15, Ksani
- ▶ Prison No. 17, Rustav
- ▶ Prison No. 2, Kutaisi
- ▶ VivaMedi Clinic, Tbilisi

## Greece

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22 November – 1 December 2021

### **Prison establishments**

- ▶ Korydallos Men's Prison
- ▶ Korydallos Prison Health Centre
- ▶ Nigrita Prison
- ▶ Chios Prison
- ▶ Corfu and Kos Prisons
- ▶ Athens Transfer Centre for Prisoners
- ▶ Korydallos Prison Psychiatric Hospital.

## Romania

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10-21 May 2021

### **Police establishments**

- ▶ Central detention facility No. 1 at Bucharest Municipal Police Headquarters
- ▶ Detention facility No. 2 at Bucharest Regional Transport Police
- ▶ County Detention facility, Cămpina
- ▶ County Detention facility, Craiova
- ▶ County Detention facility, Giurgiu
- ▶ County Detention facility, Galați
- ▶ County Detention facility, Târgoviște

### **Penitentiary establishments**

- ▶ Craiova Prison
- ▶ Galați Prison
- ▶ Giurgiu Prison
- ▶ Mărgineni Prison

## 7. Public Statement concerning Bulgaria

*This public statement is made under Article 10, paragraph 2, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.*

(made on 4 November 2021)

### Introduction

1. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has carried out 14 visits to Bulgaria since 1995. In the course of those visits, delegations of the Committee have visited 10 out of 12 state psychiatric hospitals (some more than once), and 16 social care institutions for persons with psychiatric disorders and learning disabilities.

2. For more than 25 years now, the CPT has consistently expressed its deep concern regarding a number of issues concerning the treatment, conditions and legal safeguards offered to patients with psychiatric disorders and residents of social care institutions.

In its reports, the Committee has many times drawn the Bulgarian authorities' attention to the fact that the principle of co-operation between State Parties and the CPT, as set out in Article 3 of the Convention establishing the Committee, requires that decisive action be taken to improve the situation in the light of the CPT's recommendations.

Unfortunately, in the course of the Committee's most recent visits to Bulgaria in 2017, 2020, and 2021, the CPT's delegations have witnessed a continuing lack of such action, with the vast majority of the recommendations that were made previously remaining unimplemented, or only partially implemented.<sup>15</sup>

3. In the report on its 2017 visit, the CPT raised a number of major shortcomings in respect of the treatment of persons placed in psychiatric hospitals and social care homes and reiterated its recommendations given to the Bulgarian authorities throughout the years. However, the response from the Bulgarian Ministry of Health and Ministry of Labour and Social Policy had not satisfied the Committee that the situation in psychiatric hospitals and social care institutions was being addressed with the urgency and comprehensiveness it required. Many serious concerns raised by the Committee were dismissed or not given appropriate consideration and action. Thus, in January 2019 the Committee held high-level talks with the Bulgarian authorities in order to reiterate the CPT's concerns and to urge the Ministry of Health and the Ministry of Labour and Social Policy to take the necessary and immediate measures to improve the situation.

4. In August 2020 the Committee carried out an ad hoc visit to Bulgaria focusing on the treatment of persons in psychiatric hospitals and social care institutions. The findings of the 2020 ad hoc visit further demonstrated a persistent failure by the Bulgarian authorities to address many fundamental shortcomings in the treatment and living conditions of patients with psychiatric disorders and social care residents,

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<sup>15</sup> These visit reports and the corresponding government responses are available on the CPT's website: <https://www.coe.int/en/web/cpt/bulgaria>

including, inter alia, physical ill-treatment, environments that do not provide for dignity and privacy nor allow individualised care, low numbers of staff who lack the requisite skills to provide the breadth of care and treatment required, and illegal and informal isolation and restraint of social care residents.

In November 2020, following the visit, the CPT decided to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention establishing the Committee,<sup>16</sup> in respect of the persistent lack of implementation of long-standing recommendations of the CPT concerning the situation of persons placed in psychiatric hospitals and social care institutions in Bulgaria.

5. The response of the Bulgarian authorities to the report on the CPT's 2020 visit and to the letter by which the Committee had informed the authorities of the opening of the procedure set out in Article 10, paragraph 2, of the Convention did not alleviate the CPT's concerns. Indeed, many of the concerns raised in the CPT's report concerning physical ill-treatment of patients with psychiatric disorders and social care residents by staff as well as inappropriate (or even illegal in social care institutions) use of restraint<sup>17</sup> were downplayed or not addressed holistically in a way that would ensure improvements for users across services. The response repeatedly referred to plans to close some social care institutions, strategies for de-institutionalisation and intentions to improve the standards of care, whilst explaining that the actual lack of action was due to budgetary constraints and shortage of specialists (doctors, nurses, psychologists, and other associated health professionals), issues that would not seemingly be resolved within acceptable timescales.

The 2021 periodic visit was therefore an opportunity for the Committee to assess the progress in the implementation of its long-standing recommendations regarding the treatment and living conditions of persons placed in psychiatric hospitals and social care institutions.

Regrettably, the findings made during this visit (and summarised below, in paragraphs 6 to 17) demonstrate that little or no effective progress has been achieved in the implementation of key recommendations repeatedly made by the CPT.

For these reasons, the Committee has decided to make a public statement, pursuant to Article 10, paragraph 2, of the Convention; it took this decision at its 106th plenary meeting in October 2021.

## Social care institutions

6. The phenomenon of physical ill-treatment of residents by staff in Bulgarian social care homes is a matter of long-standing concern for the Committee. During the

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16 "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

17 In one of the hospitals visited in 2020, the CPT delegation found that, despite the availability of properly designed padded restraint belts, patients on acute wards were nearly exclusively restrained with metal chains with padlocks. In the report, the Committee expressed its view that such practice was totally unacceptable and could be considered inhuman and degrading.

2021 visit, the CPT's delegation once again received allegations of orderlies slapping residents, as well as a guard hitting residents, including, occasionally, with a stick.

Indeed, throughout the years, the Committee's delegations have recorded many complaints of residents being threatened and/or hit with sticks and have found such objects as described by residents in the staff offices of the vast majority of social care institutions visited in Bulgaria. Such findings appear to reflect a wider deeply rooted tradition in the Bulgarian social care institutions of attempting to maintain discipline and achieve residents' obedience by often deploying strict regimes and coercive measures and frequently reminding them of possible punishment. This is clearly unacceptable in a social care environment. Unfortunately, the Committee must conclude that the Bulgarian authorities have not taken the necessary measures to eradicate this totally unacceptable practice, despite repeated and detailed recommendations on the matter.

7. Another long-standing concern of the Committee is the often rather bleak living conditions in Bulgarian social care institutions, and the hygiene conditions in particular. The CPT has repeatedly criticised appalling level of hygiene in some social care homes visited by its delegations, and during the 2021 visit, once again, the Committee's delegation found that hygiene conditions in one of the homes did not befit a care institution and could only be described as inhuman and degrading. Indeed, the residents in one of the blocks at Banya social care home for persons with learning disabilities were lying without dignity in dirty dormitories, on rusted beds, upon dirty foam mattresses, some directly on plastic covers with no sheets or pillows. Without staff to comfort them, they were talking to themselves or shouting, surrounded by an all-pervading nauseating stench of urine, with large numbers of flies crawling on them, their beds, and all nearby surfaces.<sup>18</sup>

8. Regarding the persistent deplorable shortage of care staff in Bulgarian social care institutions, the Committee can only reiterate its conclusion made after previous visits, namely that social care residents in Bulgaria have de facto been abandoned by the State, which has manifestly totally failed to provide those vulnerable persons with the human contact, comfort, care, and assistance they require, as well as the dignity they deserve. It is equally regrettable that staff (and the management) of these establishments have been left to struggle from day to day with totally insufficient human resources, without adequate funding and without any attention or support from the Bulgarian authorities.

Furthermore, the out-dated practice where institutional social care is often limited to providing persons with learning disabilities and psychiatric disorders with food three times a day and a roof over their head, with almost no occupational and recreational activities, is grossly insufficient and clearly needs to be urgently revised.

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18 The Committee recalls a similar finding during the 2017 periodic visit. In Radovets social care home for persons with psychiatric disorders, the unit accommodating the most disabled residents contained only two large dormitories and no sanitary facilities. Residents there were found lying on their beds, completely covered in flies, with the floor flooded with urine and littered with faeces. This place was known to the residents of the home as the "pissy room".



9. Regarding the use of seclusion and mechanical restraint, although such measures remain illegal in social care institutions under Bulgarian law, as found by the CPT during its visits in 2017 and 2020, such restrictive practices were once again found to be occurring in two of the three homes visited. Being not regulated by the national legislation, these restraint measures were illegal and informal, had no medical oversight nor recording, and no surrounding legal safeguards. Despite repeated Committee's recommendations, the Bulgarian authorities have not taken action to introduce alternative methods to manage agitated residents (those being within the current law, acceptable clinical practice, and international guidelines).

10. Finally, the Committee wishes to address the de-institutionalisation reform in social care in Bulgaria. Having observed its progress during the last few years, the Committee, unfortunately, is of an opinion that the construction of "family-type" accommodation, often in the grounds of the same remote social care homes, which are then to be occupied by the same residents and supervised by the same staff, is at best trans-institutionalisation rather than any meaningful attempt at true de-institutionalisation. As emphasised by the CPT repeatedly, for persons without family support, social care accommodation in the community should consist of more personal, small group home living units, in areas where all the relevant facilities are close at hand. Such accommodation should be appropriately intensively staffed with well trained personnel who can entirely fulfil the care needs of their clients in a decent environment. The current relabelling social care homes as "family-type homes" is at variance with the true re-integration of service users into the community with a concomitant improvement in their wellbeing and quality of life.

## Psychiatric hospitals

11. In the course of the 2021 visit, the CPT delegation once again received a number of consistent and credible allegations of the physical ill-treatment of patients by staff, including pushing, slapping, and occasionally hitting or kicking a patient. This demonstrates a continuing lack of determination of the Bulgarian authorities to act to prevent any form of ill-treatment, and to convey a clear and unambiguous message to the staff of psychiatric hospitals that the ill-treatment of patients will not be tolerated and will be subject of appropriate sanctions.

12. The CPT notes some ongoing renovations in the psychiatric hospitals; however, it must conclude that patients' accommodation in small multiple-occupancy dormitories remains generally bare, lacks personalisation and privacy, allows for few personal belongings, and offers no personal lockable space; some areas are also considerably dilapidated and require further general material improvement. Despite repeated recommendations of the Committee, living conditions in psychiatric hospitals in Bulgaria continue to not be conducive to the treatment and welfare of patients; in psychiatric terms, they do not provide the sort of positive therapeutic environment needed to accelerate improvements in the health of patients.

13. As regards staffing, yet again, the numbers of ward-based staff, i.e. nurses and orderlies, found by the CPT's delegation during the 2021 visit, were grossly insufficient to adequately provide the necessary treatment for patients and to ensure a safe environment on the wards. Apart from creating a stressful working atmosphere

for staff, such staffing deficiencies also increase the risk of harm to patients, including via ill-treatment and neglectful treatment, as well as an overuse of strict, oppressive regimes and also excess resort to measures of both mechanical and chemical restraint.

Multi-disciplinary clinical staff, including psychologists, social workers and occupational therapists, also remain totally insufficient in number to meet the many psycho-social treatment and rehabilitation needs of patients, which greatly hampers their effective therapeutic improvement.

14. Indeed, no progress was observed as regards the range of treatment opportunities available to patients which still mainly consisted of pharmacotherapy within a regime of containment. The 2021 visit once again confirmed the impression that patients with psychiatric disorders in Bulgaria are not provided with a range of modern psychiatric treatments, which is in itself neglectful and harmful. Many patients are not fully aware of their diagnosis and/or their medications and their side effects, nor engaged with staff in their treatment. The precepts of patient centred care – enhancing patient autonomy by providing them with better and transparent information, engaging patients more effectively and collaboratively in consultations, empowering patients to participate more actively in their treatment and properly considering their viewpoints – are simply not applied.

Furthermore, as in the past, the CPT's delegation found many patients who had no, or only very limited, access to daily outdoor exercise for weeks, or even months.

15. Moreover, the CPT is gravely concerned about the lack of progress regarding the use of seclusion and mechanical restraint. Despite years of recommendations made by the Committee, the use of means of restraint does not conform with international guidelines and is often recorded fraudulently or not at all. During the 2021 visit, the CPT delegation once again received allegations regarding the use of restraint measures that could easily be considered as inhuman and degrading. Indeed, some patients were still giving consistent and credible accounts of being placed alone, without staff present, in 4 or 5-point belt fixation to beds in seclusion rooms for days, in incontinence pads throughout, into which they had to urinate and defecate. Some patients also reported that their hands were fixed above their head, causing pain, swelling and loss of sensation in their upper limbs, which could be described as ill-treatment.

16. Additionally, similar to the findings of previous visits, during the 2021 visit, the delegation interviewed many patients who had initially signed consent to hospitalisation forms and were still deemed voluntary, but who were nevertheless not truly consenting to their hospitalisation, stating that they wanted to leave but were not allowed to do so, and had no way to effectively appeal their de facto detention. Contrary to all the principles of voluntary hospitalisation, a number of these formally voluntary patients did not have access to outdoor exercise for weeks on end, had been forcibly restrained in belts (sometimes for days on end), and were not permitted to self-discharge. The CPT has been criticising such a deplorable affront to patients' rights for years; unfortunately, the situation has not changed.

17. Finally, as found during previous visits, significant numbers of patients had been identified by the Directors in all the psychiatric hospitals visited as no longer requiring

in-patient treatment. However, due to the continuing lack of effective community based mental health support services, patients were remaining in inappropriate institutional environments, seemingly endlessly, with greatly adverse effects upon their wellbeing. The lack of mental health care and support for patients in the community in Bulgaria is causing widespread suffering to those held without hope in hospitals and promoting premature admission for others. This primitive situation adds further to the impression that Bulgaria remains decades behind expectations regarding a modern states' provision of mental healthcare and continues to demonstrate a lack of regard and priority for the mental health of its citizens.

## Concluding remarks

18. In its previous reports, the Committee has taken due note of the repeated assurances given by the Bulgarian authorities that action would be taken to improve the treatment of persons in psychiatric hospitals and social care institutions. However, the findings of the 2021 visit have once again demonstrated the grave long-standing problems that have not been addressed systemically. This situation highlights a persistent failure by the Bulgarian authorities to address most of the fundamental shortcomings and to implement the specific recommendations repeatedly made by the Committee for many years. The CPT is of the view that action in this respect is long overdue and that the approach to the whole issue of mental health care and institutional social care in Bulgaria should radically change.

19. The Committee fully acknowledges the political and economic challenges that the Bulgarian authorities are facing. However, after being neglected for decades, mental health care and institutional social care must finally be given the priority they deserve. Urgent action is needed in all areas – legislation, infrastructure, human resources and training, and the development of bio-psycho-social treatments in line with modern practices across Europe. And it must include fundamentals – fighting the stigma around mental health, changing the paternalistic, controlling attitude towards patients with psychiatric disorders and social care residents, involving them in their treatment and care, and making genuine efforts to integrate persons with psychiatric disorders and learning disabilities into communities instead of shamefully hiding them in remote locations as has been done for so long. The continuing ill-treatment and neglect of such vulnerable service users in Bulgaria cannot continue and must be eradicated without delay.

The Committee's aim in making this public statement is to motivate and assist the Bulgarian authorities, and in particular the Ministries of Health and Labour and Social Policy, to take decisive action in line with the fundamental values to which Bulgaria, as a member state of the Council of Europe and the European Union, has subscribed. In this context, the CPT's long-standing recommendations should be seen as a tool that helps the Bulgarian authorities to identify shortcomings and make the necessary changes. In furtherance of its mandate, the Committee is fully committed to continuing its dialogue with the Bulgarian authorities to this end.

The CPT carries out visits to places of detention, in order to assess how persons deprived of their liberty are treated. These places include prisons, juvenile detention centres, police stations, holding centres for immigration detainees, psychiatric hospitals, social care homes, etc.

After each visit, the CPT sends a detailed report to the State concerned. This report includes the CPT's findings, and its recommendations, comments and requests for information. The CPT also requests a detailed response to the issues raised in its report. These reports and responses form part of the ongoing dialogue with the States concerned.

The CPT is required to draw up every year a general report on its activities, which is published. This 31st General Report, as well as previous general reports and other information about the work of the CPT, may be obtained from the Committee's Secretariat or from its website (<http://www.cpt.coe.int/>).

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