



CPT/Inf (2012) 11

Report

**to the Albanian Government
on the visit to Albania
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 10 to 21 May 2010

The Albanian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2012) 12.

Strasbourg, 20 March 2012

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Copy of the letter transmitting the CPT's report

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

Strasbourg, 14 December 2010

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Government of Albania drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Albania from 10 to 21 May 2010. The report was adopted by the CPT at its 73rd meeting, held from 8 to 12 November 2010.

The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Albanian authorities to provide **within six months** a response giving a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Albanian authorities to provide, in their response, reactions to the comments formulated in this report as well as replies to the requests for information made.

The Committee would ask, in the event of the response being forwarded in Albanian, that it be accompanied by an English or French translation. It would also be most helpful if the Albanian authorities could provide a copy of the response in a computer-readable form.

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

Yours sincerely,

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

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Albania from 10 to 21 May 2010. The visit formed part of the CPT’s programme of periodic visits for 2010, and was the ninth visit to Albania to be carried out by the Committee¹.

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

- Mario FELICE (Head of delegation)
- Marija DEFINIS-GOJANOVIĆ
- Eugenijus GEFENAS
- Lətif HÜSEYNOV
- James McMANUS
- Arman VARDANYAN.

They were supported by Fabrice KELLENS (Deputy Executive Secretary) and Elvin ALIYEV of the CPT’s Secretariat and assisted by:

- Catherine PAULET, psychiatrist, Head of the Regional Medico-Psychological Service at Baumettes Prison, Marseilles, France (expert)
- Adelina ALBRAHIMI (interpreter)
- Teuta BARBULLUSHI (interpreter)
- Mirela FURXHI (interpreter)
- Albana LILAJ QAZIMI (interpreter)
- Rudina XHILLARI (interpreter).

¹ The CPT has previously carried out three periodic visits (in 1997, 2000, and 2005) and five ad hoc visits (in 1998, 2001, 2003, 2006, and 2008) to Albania. The reports on these visits and the responses of the Albanian authorities are available on the CPT’s website: <http://www.cpt.coe.int/en/states/alb.htm>

B. Establishments visited

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

Establishments under the Ministry of the Interior

- Police Directorate General, Tirana
- Police Station No. 3, Tirana
- Burrel Police Station
- Durres Police Station
- Elbasan Police Station
- Fushe Kruja Police Station
- Kukes Police Station
- Pogradec Police Station
- Shkodra Police Station

Establishments under the Ministry of Justice

- Prison No. 313, Tirana
- Prison Hospital, Tirana
- Burrel Prison
- Fushe Kruja Prison
- Korca Prison
- Durres Pre-Trial Detention Centre
- Kukes Pre-Trial Detention Centre
- Kavaja Juvenile Reintegration Centre

Establishments under the Ministry of Health

- Shkodra Psychiatric Hospital (including two "supported homes" for disabled patients)
- "Drita Supported Home" for disabled patients, Elbasan.

C. Consultations held by the delegation and co-operation

4. In the course of the visit, the CPT's delegation had fruitful consultations with Lulzim BASHA, Minister of the Interior, Bujar NISHANI, Minister of Justice, Petrit VASILI, Minister of Health, Albert GAJO, Deputy Minister of Health, Spiro KSERA, Minister of Labour, Social Affairs and Equal Opportunities, and Gazmend DIBRA, Director General of Prisons, as well as with other senior officials of the relevant ministries. It also met representatives of the Office of the People's Advocate, the OSCE Presence in Albania, the European Assistance Mission to the Albanian Justice System (EURALIUS) and non-governmental organisations active in areas of concern to the CPT.

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

5. The CPT wishes to express its appreciation for the assistance provided before and during the visit by its liaison officer, Ms Irida LAÇI, from the Ministry of Foreign Affairs.

6. The degree of co-operation received by the CPT's delegation, at all levels, was very good. Steps had been taken to ensure the delegation's immediate access to all the places visited (including ones not notified in advance). Further, the delegation was able to speak in private with persons deprived of their liberty and, despite the reluctance occasionally displayed by staff at some of the establishments visited², obtained all of the information it required to carry out its task.

7. Prior to the visit, the CPT was provided with detailed information on places where persons may be deprived of their liberty. However, the official list of places of deprivation of liberty from the Ministry of the Interior appeared to be incomplete. For example, the police stations at Burrel and Fushe Kruja, which were found to possess custody or temporary holding cells, were missing from the list. It should be recalled in this connection that, under Article 8, paragraph 2 (b), of the Convention, States Parties are required to provide to the Committee "full information on the places where persons deprived of their liberty are being held". **The CPT trusts that in the future it will be provided with comprehensive lists of all types of places where persons may be deprived of their liberty by the police.**

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

8. During the end-of-visit talks with the Albanian authorities on 21 May 2010, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention concerning the poor quality of the health-care services provided to prisoners at Burrel Prison and requested the authorities to carry out a thorough review of those services.

The above-mentioned immediate observation was subsequently confirmed in a letter of 17 June 2010 from the Executive Secretary of the CPT, in which the Albanian authorities were requested to provide, within two months, detailed information on the measures taken in response.

By letters of 17 August and 4 October 2010, the Albanian authorities provided comments on various issues raised by the delegation at the end of the visit, including the above-mentioned immediate observation. This information has been taken into account in the relevant sections of the present report.

² For example, at Durres Pre-Trial Detention Centre.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

9. The detention of persons suspected of criminal offences is governed by the Code of Criminal Procedure (CCP), in force since August 1995 (with subsequent amendments).

A criminal suspect may be held by the police on their own authority for up to 24 hours. Within that period, the case must be referred to the relevant prosecutor who shall bring it to the attention of the competent judge within 48 hours from the moment of apprehension (unless the prosecutor orders the immediate release of the person concerned)³. The judge then has a further 48 hours to hold a hearing in order to decide whether the person concerned is to be remanded in custody, made subject to another preventive measure (e.g. bail, house arrest, etc.) or released⁴. Persons remanded in custody should be transferred to a pre-trial detention centre or remand prison.

10. Reference should also be made to Section 295 of the CCP, which allows the police to hold, for up to twelve hours, any person refusing to give their identity or suspected of using a false identity. Further, according to the 2007 Law on the State Police, a person may be taken to a police station, for a period not exceeding ten hours, in the following cases: for the supervision of a minor for the purposes of education or of escorting him/her to a competent organ, or when a person is the carrier of a contagious disease, mentally incompetent and dangerous to society⁵.

11. When the CPT carried out its previous visit to Albania in 2008, the transfer of responsibility for pre-trial detention facilities from the Ministry of the Interior to the Ministry of Justice had just been completed. However, some two years after that visit, the two Ministries had still not developed an efficient procedure for transferring detained persons from police detention facilities to prison establishments following their remand in custody. The delegation noted during the 2010 visit that such persons were still frequently kept in police cells far beyond the statutory limit⁶, pending their transfer to a remand facility.

As the CPT has stressed in the past, the practice of holding remand prisoners in police custody cells for prolonged periods is unacceptable. Such cells are not designed for lengthy stays. Moreover, continued detention on police premises, even after the person concerned has been brought before a judge, increases the risk of intimidation and physical ill-treatment. **The CPT calls upon the Albanian authorities to take immediate measures to ensure that persons remanded in custody are always promptly transferred to a pre-trial detention centre or remand prison. This will require greater co-ordination between the Ministries of the Interior and Justice.**

³ Section 258, paragraph 1.

⁴ Sections 258 (paragraph 2) and 259. However, if the person has been arrested on the basis of a court order authorising his/her detention on remand, the court shall hear the person concerned within 72 hours from the moment of arrest (Section 248).

⁵ Section 101, paragraph 1.

⁶ For as long as three weeks.

12. The CPT has noted with interest that a “Manual on the Treatment of Persons in Police Custody” (hereinafter referred to as “the Manual”) was approved by the Director General of the State Police in December 2009. The Manual covers a wide range of issues concerning custody by the police, such as the procedures for admission to police custody cells (including mandatory medical checks), the rights and obligations of detained persons during their stay in these facilities, conditions of detention therein, access to health care during police custody, technical parameters and layout of custody cells, the keeping of custody records and so on. However, most of the staff (including senior officers) met by the delegation at local police stations had no knowledge of the Manual’s existence, let alone its requirements. **The CPT would like to receive the Albanian authorities’ comments on this point.**

2. Ill-treatment

13. As was the case in 2008, the majority of persons interviewed by the delegation indicated that they had been treated correctly whilst in police custody. That said, the delegation once again received a significant number of allegations of recent physical ill-treatment of criminal suspects by the police. The allegations consisted essentially of slaps, punches, kicks and truncheon blows, and related mostly to ill-treatment inflicted at the time of questioning with a view to obtaining a confession or extracting other information. Further, as was the case during the CPT’s previous visit, a major proportion of the allegations received related to police officers working in the Korca region.

14. The CPT is particularly concerned about the many consistent allegations of ill-treatment received from young persons. Most of the young persons interviewed alleged that they had been subjected to physical ill-treatment by the police (slaps, kicks and in particular blows to the legs with truncheons) at the time of apprehension and/or during interrogation. It should also be noted that some juveniles alleged ill-treatment of a psychological nature (such as threats of physical ill-treatment) as well as verbal abuse.

15. In most cases, the time of the alleged ill-treatment pre-dated the delegation’s visit by several weeks; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. Further, as will be made clear later in this report, it is far from guaranteed that injuries resulting from ill-treatment will be duly observed and recorded upon admission to prison (see paragraphs 75 and 76).

16. The CPT acknowledges the progress made by the Albanian authorities in recent years in combating torture and other forms of ill-treatment. The Committee also welcomes the issuance of a circular by the Director General of the State Police after the 2010 visit, reminding all police officers that detained persons should be treated with due respect for their rights⁷.

⁷ Circular No. 3672/2 “Regarding the reporting to local police units of preliminary findings from the visit by the CPT”, dated 2 August 2010.

However, it is clear from the information gathered during the visit that there are no grounds for complacency. Additional vigorous action is still required to combat the phenomenon of ill-treatment by the police, which often appears to be related to an overemphasis on confessions during criminal investigations. In this connection, careful selection at the recruitment stage as well as appropriate training (both initial and ongoing) of police officers are essential.

17. In the light of the above, **the CPT reiterates its recommendation that the Albanian authorities pursue vigorously their efforts to combat all forms of ill-treatment by the police. All police officers should be reminded, at regular intervals, that any form of ill-treatment of detained persons is not acceptable and will be punished accordingly. In addition, greater emphasis should be given to modern, scientific methods of criminal investigation, through appropriate investment in equipment and skilled human resources, so as to reduce the reliance on confessions to secure convictions.**

The CPT also recommends that an independent and impartial inquiry be carried out into the methods used by police officers working in the Korca region when detaining and questioning suspects. The Committee wishes to receive the results of that inquiry as well as information on the action taken in this regard.

18. During the visit, several detained persons (including juveniles) met by the delegation affirmed that when they had complained to a judge about instances of ill-treatment by police officers, the judge had shown little interest and had taken no further action on the matter.

As stressed by the CPT in the past, whenever criminal suspects brought before judicial authorities allege ill-treatment, the allegations should be recorded in writing, a forensic medical examination (including, if appropriate, by a forensic psychiatrist) immediately ordered, and the necessary steps taken to ensure that the allegations are properly investigated. Such an approach should be followed whether or not the person concerned bears visible injuries. Further, even in the absence of an express allegation of ill-treatment, a forensic medical examination should be requested whenever there are other grounds to believe that a person could have been the victim of ill-treatment⁸.

The CPT calls upon the Albanian authorities to take appropriate steps to ensure that the precepts set out above are systematically applied in practice.

19. In order to obtain a nationwide picture of the situation, **the CPT would like receive the following information, in respect of the period from 1 January 2009 to the present time:**

- **the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which have been instituted as a result;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police.**

⁸ See also Sections 31 to 35 of the Law on the Organisation and Functioning of the High Council of Justice, which allow for disciplinary actions to be taken against judges who do not report to the relevant authorities allegations and/or signs of ill-treatment.

3. Safeguards against ill-treatment

a. notification of custody

20. From the information gathered during the visit, it transpired that progress had clearly been made as regards the implementation of the right of notification of custody. According to the delegation's observations, the legal requirement to notify *without delay* a relative of the detained person⁹ was mostly respected in practice. In some cases, detained persons were given the opportunity to speak to a relative themselves. Nevertheless, a number of detained persons complained that the police failed to comply with their request to have a family member notified shortly after their deprivation of liberty, and that the notification had been made only towards the end of police custody.

The CPT recommends that the Albanian authorities intensify their efforts to ensure that the legal requirement of notification of custody is met in practice with respect to all persons deprived of their liberty by the police, as from the very outset of their deprivation of liberty.

b. access to a lawyer

21. The CPT is pleased to note a significant increase in the number of persons enjoying access to a lawyer whilst in police custody. In contrast to the situation observed during earlier visits (when it was very rare for persons to benefit from the presence of a lawyer while in police custody), criminal suspects were generally able to contact a lawyer without delay and to have a lawyer present during police questioning. That said, the delegation heard some allegations to the effect that police officers delayed access to a lawyer, in order to informally question the person concerned without the presence of a lawyer, prior to the taking of a formal statement (in the lawyer's presence). Further, a number of detained persons indicated that, despite having asked for an *ex officio* lawyer immediately after apprehension, their first contact with the lawyer took place only at the initial court appearance.

In the light of the above, **the CPT recommends that the Albanian authorities recall to all police officers the legal obligation to grant access to a lawyer from the very outset of a person's deprivation of liberty**¹⁰. Further, **appropriate steps should be taken, in consultation with Bar Associations, to ensure the effectiveness of the system for free legal representation throughout the criminal procedure, including at the initial stage of police custody.**

⁹ Section 255, paragraph 4, of the CCP.

¹⁰ See Sections 53 (paragraph 1) and 255 (paragraph 1) of the CCP.

c. access to a doctor

22. As already indicated (see paragraph 12), the recently adopted Manual on the Treatment of Persons in Police Custody provides for a systematic medical examination of detained persons upon admission to police custody. Every detained person shall now be subject to a medical check-up by a doctor prior to his/her placement in a custody cell; in *special cases*¹¹, such examination may be performed at a later stage, but no later than 24 hours from the moment of apprehension.

Of course, the right of a detained person to have access to a doctor (including to one of his/her own choice) must be effective throughout the period of police custody. In this connection, the Manual provides that in addition to the medical check at the outset of custody, detained persons “are provided with additional medical assistance upon request and based on the problems identified by the personnel” (Chapter IV, Section IV, paragraph 7).

If duly implemented, these provisions of the Manual – coupled with proper medical screening on admission to remand facilities – may well constitute an important safeguard against ill-treatment by the police.

However, the CPT wishes to stress that a doctor should always be called without delay whenever a detained person requests a medical examination; police officers should not seek to filter such requests. **The relevant provision of the Manual (Chapter IV, Section IV, paragraph 7) should be clarified to this effect.**

Further, **the CPT would like to receive clarification of the “special cases” in which the medical examination of a person upon admission to police custody may be delayed.**

23. The delegation’s observations from the visit indicate that the legal requirement that all detainees be medically examined at the outset of custody has remained a dead letter. In none of the police establishments visited was systematic medical examination of detained persons being performed. Further, it would appear that requests made by detained persons to be seen by a doctor were on occasion ignored by staff. **The CPT recommends that the Albanian authorities take appropriate action without delay to ensure that the provisions of the Manual dealing with access to a doctor are fully applied in practice.**

24. In the course of the visit, the delegation learned that female detainees were as a rule taken to a hospital to undergo a gynaecological examination before being transferred to a remand prison. **The CPT would like to receive clarification from the Albanian authorities on this point.**

¹¹ Emphasis added.

d. information on rights

25. It is a matter of concern that detained persons were still not receiving information on their rights at the outset of their deprivation of liberty. In practice, such information was usually provided when the protocol of detention was drawn up at the police station (which in some cases took place up to several hours after apprehension).

Whilst acknowledging the fact that information sheets setting out detained persons' rights and duties were posted in the cells or corridors of many of the establishments visited¹², the CPT regrets that no form explaining the rights of persons in police custody was given to detained persons upon arrival at the police station, despite the specific recommendation repeatedly made by the Committee.

The CPT calls upon the Albanian authorities to take the necessary measures to ensure that all persons detained by the police – for whatever reason – are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear oral information at the very outset, and supplemented at the earliest opportunity (that is, immediately upon the arrival of the persons concerned on police premises) by the provision of an information sheet (to be available in appropriate languages) on the rights of detained persons. The persons concerned should be asked to sign a statement attesting that they have been informed of their rights and be allowed to keep a copy of the information sheet.

e. specific issues related to juveniles

26. The CCP contains important procedural safeguards for juveniles detained by the police¹³. In particular, whenever juveniles who are suspected of having committed a criminal offence are apprehended, parents or legal representatives must be informed without delay (they may then participate at any stage of the proceedings). Further, the presence of a lawyer is mandatory during any procedural acts in respect of a juvenile suspect, including during police questioning.

27. The information gathered during the visit revealed a gap between law and practice. A considerable number of allegations were received from juveniles that they had been subjected to police questioning without the presence of a lawyer or a parent, and in a few cases, had also been made to sign statements.

The CPT recommends that the Albanian authorities take steps to ensure that juveniles deprived of their liberty by the police do not make any statement or sign any document without the benefit of a lawyer and ideally another trusted adult being present to assist them.

¹² E.g., police stations at Burrel, Elbasan, Pogradec, Shkodra, etc.

¹³ Sections 35 and 255 (paragraph 4).

f. electronic recording of police interviews

28. The electronic (i.e. audio and/or video) recording of police interviews represents an important additional safeguard against the ill-treatment of detainees. Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure. Electronic recording of police interviews also reduces the opportunity for defendants to later falsely deny that they have made certain statements.

The CPT understands that such a system is currently not in use in Albania; **it invites the Albanian authorities to consider the possibility of introducing electronic recording of police interviews.**

g. custody records

29. The CPT has repeatedly stressed the need for proper custody records in every police establishment. In the Committee's view, the fundamental safeguards for persons in police custody would be reinforced if a single and comprehensive custody record were to be kept for all persons taken to a police station.

30. During the visit, the delegation was once again confronted with the need to consult several registers and files in a police station in order to reconstruct the chronology of events pertaining to the period of detention in police custody as well as to obtain accurate information concerning cell occupancy rates or length of stay. In general, the period spent in police custody remained poorly documented, registers often containing incomplete information¹⁴.

In this connection, the CPT noted that a new detention register had been approved by the Minister of the Interior in May 2010. The register covers various aspects of a detained person's custody and the action taken in connection with it (time of and reason(s) for the apprehension; signs of injury; the name of the officer(s) who performed the apprehension; when remanded in custody or released, etc). However, there is no indication in the register as to when the person actually arrived on police premises, when informed of his/her rights, when questioned, and when he/she had contacts with a family member, a lawyer or a doctor. **The CPT recommends that steps be taken to remedy these shortcomings, and to ensure that the new detention register is strictly adhered to in all police establishments.**

¹⁴ In some of the establishments visited, the examination of relevant registers frequently revealed a failure to record the time of release or transfer of detained persons.

3. Conditions of detention

31. The 2010 visit revealed that hardly any of the specific recommendations made by the CPT after its previous visits concerning conditions of detention in police establishments had been implemented by the Albanian authorities.

32. As regards holding cells (intended for detaining persons for up to ten hours), they were still not equipped with any means of rest (such as a chair or a bench) in most of the police establishments visited, despite the specific recommendations repeatedly made by the Committee¹⁵. **The CPT calls upon the Albanian authorities to take steps to ensure that holding cells in all police stations in Albania are equipped with a means of rest (e.g. a chair or bench).**

33. As regards custody cells (intended for detaining persons for up to 96 hours), conditions of detention were appalling at the *Police Directorate General in Tirana* as well as in the police stations in *Burrel, Durres, Elbasan, Fushe Kruja, Pogradec* and *Shkodra*. Cells were dilapidated, had very limited or no access to natural light and often dim artificial lighting, and were poorly ventilated. In addition, they were scantily furnished (no beds in most of them, torn and dirty mattresses/blankets) and apparently not heated during winter. Further, at the time of the visit, each of the custody cells at the Tirana Police Directorate General was holding two persons in a space of some 3.5 m².

The state of repair of the only custody cell in use at *Tirana Police Station No. 3* was on the whole acceptable. However, the cell had extremely limited access to natural light, and the artificial lighting was very poor.

34. With the exception of Burrel Police Station, none of the establishments visited was equipped with shower facilities and detained persons had no other possibilities to wash themselves. Further, personal hygiene products were not provided. Moreover, the toilet facilities in the establishments visited were extremely dirty and, in some of the police stations visited (such as Durres, Elbasan, Pogradec, Shkodra) detained persons were usually denied access to the toilet at night.

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

- **custody cells have adequate lighting and ventilation, are appropriately heated during the cold season, and are maintained in a satisfactory state of repair;**
- **persons obliged to stay overnight in police custody are provided with a clean mattress and clean blankets as well as basic personal hygiene products;**
- **persons in custody are allowed access to the toilet when necessary, in clean and decent conditions, and are offered adequate washing facilities.**

¹⁵

See, most recently, paragraph 14 of the report on the 2008 visit (CPT/Inf (2009) 6).

As regards more particularly the custody cells at the Police Directorate General in Tirana, as the CPT stressed in its report on the 2008 visit, these cells are too small to accommodate even one person for an overnight stay. **The Committee therefore recommends that these custody cells be enlarged (preferably to at least 6 m²). In the meantime, steps should be taken to ensure that they are only used for single occupancy.**

36. It is a matter of serious concern that it was common practice in several of the police stations visited to hold juveniles (some as young as 15) together with adult detainees in the same custody cell¹⁶. As previously stressed by the CPT, such a situation is unacceptable. **The CPT recommends that steps be taken in all police establishments in Albania to ensure that juveniles are no longer held in the same cell as adult detainees.**

37. The CPT's delegation was also concerned to note that detainees usually had no possibility to go out into the open air in any of the police establishments visited. In this regard, **the Committee wishes to stress that persons held in police custody for 24 hours or more should, as far as possible, be offered outdoor exercise every day.**

38. At the time of the visit, Korca Police Station was in an advanced stage of reconstruction and the delegation was informed that, with the entry into service of the new premises, the detention cells at Pogradec Police Station would be withdrawn from service.

Further, a new police station was reportedly under construction at Kukes, for completion by the end of 2010. Plans were apparently also being made to refurbish the police station in Burrel. Moreover, the delegation was informed about plans to construct a single central police detention facility to serve all police stations in the Tirana region.

The CPT recommends that the above-mentioned plans be implemented as a matter of priority; it would like to receive a timetable for their full implementation. In this connection, **the Committee wishes to emphasise that the need for outdoor exercise areas for detainees should also be taken into account in the design of new police detention facilities.**

¹⁶ For example, at the Police Directorate General in Tirana, Durres Police Station, etc.

B. Prison establishments

1. Preliminary remarks

39. The CPT's delegation carried out full visits to Burrel, Fushe Kruja and Korca Prisons, Pre-Trial Detention Centres in Durres and Kukes, and the Juvenile Reintegration Centre in Kavaja. Further, the delegation returned to Prison No. 313 in Tirana to assess the progress made in implementing the Committee's previous recommendations and to interview newly-arrived remand prisoners.

40. *Burrel Prison* had already been visited by the CPT in 1997 and 2000. It was operating at full capacity at the time of the visit with 154 sentenced (14 of them to life imprisonment) and 41 remand prisoners, all of whom were adult men.

Fushe Kruja Prison entered into service in 2008. At the time of the visit, it was operating above its official capacity of 312 places with a total of 381 prisoners (including 33 life-sentenced prisoners and 31 remand prisoners). There were no women or juveniles among the prisoner population.

The new premises of *Korca Prison*, in service since 2008, had an official capacity of 346 places. At the time of the visit, the establishment was accommodating 342 prisoners (all male). Approximately a quarter of the prison population was on remand (including eleven juveniles).

The new premises of *Durres Pre-Trial Detention Centre* were opened in 2008. Operating as a remand establishment for male adults, the Centre was holding 242 prisoners at the time of the visit, with an official capacity of 240 places.

Kukes Pre-Trial Detention Centre had a capacity of 44 places; at the time of the visit, it was holding only seven prisoners, all adult men.

Kavaja Juvenile Reintegration Centre, opened in 2009, is the only institution in Albania for male sentenced juveniles. With a capacity of 40 places, the Centre was accommodating twelve sentenced juveniles at the time of the visit. In addition, 21 juveniles were being held on remand.

Tirana Prison No. 313 had previously been visited by the CPT on a number of occasions, most recently in 2008. Still operating as a remand prison, it was accommodating 306 prisoners (including 17 female adults, one female juvenile and 22 male juveniles) at the time of the visit for an official capacity of 320 places¹⁷.

The *Prison Hospital in Tirana* is the only establishment of its kind in Albania. It receives patients from all the prisons and pre-trial detention centres in the country. Located very close to the "Mother Teresa" University Hospital Centre, the Prison Hospital had already been visited by the CPT on four occasions (in 1997, 1998, 2000 and 2005). At the time of the 2010 visit, it was accommodating 87 patients, 71 of whom were psychiatric patients.

¹⁷ By comparison, the establishment was holding 462 prisoners at the time of the CPT's 2008 visit.

41. The CPT acknowledges the efforts made by the Albanian authorities in recent years to reduce prison overcrowding. At the time of the visit, the total number of prisoners in Albania stood at 4,645, compared to some 5,000 at the time of the previous visit in 2008. At the same time, the official capacity of the prison estate had increased from 4,000 to 4,400 places. It should also be noted that, with some exceptions, the national standard of at least 4 m² of living space per prisoner¹⁸ was being met in the establishments visited.

42. The Albanian authorities have embarked on an extensive programme for renewing the prison estate. Over the past two years, five new detention facilities had been opened in Durrës, Fushe Kruja, Kavaja, Korça and Vlora (with a total capacity of over 1,000 places), while the construction of several more facilities was at the planning stage (e.g. at Elbasan, Fier, Kukës). In particular, plans were afoot to commence in the near future the construction of a new prison in Tirana for completion by 2014, to replace the existing premises of Prison No. 313.

43. The CPT noted that the Probation Service had started to function in May 2009. As with all alternatives to incarceration, probation is of interest to the Committee as it is, in principle, a tangible measure to keep the overall prisoner population within manageable levels. Imprisonment then becomes truly a measure of last resort where any other sentence would be inadequate.

It is still too early to assess whether the probation service is attaining its full potential in Albania. Probation officers require full support, through initial and ongoing training, in order to gain the full trust of other relevant key players (the judiciary, prosecutors, police officers, etc.), while the latter would benefit from a programme which sensitises them to the value of judiciary supervision through probation. More specifically, in appropriate cases, the possibility of probation should not be diminished by lengthy pre-trial detention. Further, the service needs to be sufficiently spread throughout the country, to ensure that supervision is both realistic and effective.

The CPT would like to receive detailed information about the work of the Probation Service as well as of the training received by probation officers. It would also like to obtain statistics on the number of prisoners who have benefited so far from early conditional release and alternatives to imprisonment (such as community-based sanctions and suspended sentences).

¹⁸ See Section 22.1 of the General Prison Regulations.

2. Ill-treatment

44. No allegations of recent deliberate physical ill-treatment were received in most of the establishments visited. Overall, staff-prisoner relations appeared to be reasonably relaxed and, in each of the establishments, the majority of the prisoners interviewed gave a positive assessment of their treatment by staff. Further, inter-prisoner violence did not appear to be a major problem in any of the establishments visited.

45. That said, at Korca Prison and Prison No. 313, as well as at Durres Pre-Trial Detention Centre, the delegation did receive some allegations of physical ill-treatment (slaps, kicks, truncheon blows) by members of the establishments' special intervention groups, mostly in connection with transfers to disciplinary cells. At Korca, the delegation also heard some allegations from juveniles held in admission cells who claimed that they had been punched by prison officers when they had repeatedly asked to be allowed to go to the toilet.

At the end-of-visit talks with the Albanian authorities, the delegation expressed its concern regarding these allegations. By letter of 17 August 2010, the Albanian authorities informed the CPT that inquiries would be carried out in the course of September 2010 in the above-mentioned establishments in order to investigate those allegations, and further indicated that "[...] for all identified cases of ill-treatment by special intervention groups disciplinary measures will be taken towards persons responsible".

The CPT regrets the fact that the Albanian authorities have failed to take prompt action to ensure that the above-mentioned allegations are effectively investigated. Further, it should be emphasised that when there is an identified case of ill-treatment, criminal proceedings should be initiated immediately, followed by the imposition of a suitable penalty. **The Committee would like to receive the Albanian authorities' comments on these issues.**

46. To sum up, the findings of the 2010 visit indicate that, although ill-treatment by staff is not a widespread phenomenon in the prison system, there is a need for constant vigilance in this regard. **The CPT recommends that the management in Prison No. 313 and Korca Prison as well as at Durres Pre-Trial Detention Centre regularly remind their staff that all forms of ill-treatment of prisoners are not acceptable and will be the subject of severe sanctions.**

Further, **in the course of prison staff training, particular emphasis should be placed on the acquisition and development of inter-personal communication skills, as well as on the handling of problematic situations without applying unnecessary force.**

As regards more particularly special intervention groups, consideration should be given to using secure video recording for all planned interventions by members of such groups. It is also important that officers in such groups display prominent means of identification at all times when in contact with prisoners.

47. The CPT is very concerned about the information received from various sources regarding a recurrence of the use of metal chains to attach suicidal or agitated patients to their beds at the Prison Hospital in Tirana. The Committee will return to this issue later in the report.

3. Conditions of detention of adult prisoners

a. material conditions

48. Material conditions in the *newly-commissioned establishments* (Fushe Kruja Prison, Korca Prison, Durres Pre-Trial Detention Centre) were generally satisfactory. The great majority of prisoners were accommodated in double or multiple-occupancy cells, which mostly offered sufficient living space (e.g. cells with two or three beds measuring between 14 and 15 m², cells with four or five beds in a space of some 24 m²)¹⁹. All cells were well-lit and ventilated, and equipped with bunk beds, a fully partitioned toilet, a washbasin, a table and stools, lockers for the storage of personal belongings, and a call system. Further, prisoners were allowed to have a wide range of personal items in their cells, including a television set, a small refrigerator, and a gas stove for cooking.

49. That said, certain shortcomings were observed by the delegation in these establishments.

A problem common to all three establishments was the insufficient supply of water. As a result, prisoners had no possibility to take a shower on a regular basis and often resorted to washing themselves with water collected in buckets, after it had first been heated through devices that they had made themselves. In this connection, the Albanian authorities indicated in their letter of 17 August 2010 that plans had been drawn up to drill wells and to install boilers in those institutions during the period of 2011-2012. **The CPT recommends that these plans be implemented as a matter of priority; in the interim, steps should be taken to alleviate the effects of the existing situation.**

Further, some of the cells at Durres Pre-Trial Detention Centre were overcrowded at the time of the visit. For instance, four or even five prisoners were being held in cells measuring some 14 m². In their letter of 17 August 2010, the Albanian authorities informed the CPT of their plan to transfer a certain number of prisoners from Durres to Lezha Prison once the high-security section has become operational at Lezha in 2011. **The Committee trusts that all necessary measures will be taken to ensure that the above-mentioned cells at Durres Pre-Trial Detention Centre accommodate no more than three prisoners.**

It is also a matter of concern that only some two years after their entry into service, there were already clear signs of wear and tear in some parts of Fushe Kruja and Korca Prisons (e.g. peeling paint, stained walls, etc.). **Steps should be taken also in new prison establishments to ensure that regular maintenance works are carried out in order to prevent material conditions from deteriorating.**

50. At *Prison No. 313* in Tirana, the delegation was pleased to observe an improvement as regards the level of general maintenance and hygiene in the units for male adults. Despite the old and defective infrastructure of the building, efforts were being made by the prison management to bring conditions of detention in these units to an acceptable standard. Clearly, a significant reduction in the prisoner population (see paragraph 40) and a recent increase in the allocated funds have contributed positively to this task.

¹⁹ At Fushe Kruja Prison, which was operating above its official capacity at the time of the visit, living space was on the whole acceptable even in those cells containing additional beds (e.g. six beds in a cell measuring some 25 m²).

That said, the delegation once again came across examples of overcrowded cells (e.g. four persons in a cell measuring 9 m²). Further, the structural deficiencies observed during previous visits (e.g. limited access to natural light, poor ventilation, lack of call bells) remained uncorrected.

Further, it was obvious that no maintenance work had been carried out in the unit for female prisoners since the CPT's previous visit in 2008; this had resulted in a deterioration of the material conditions²⁰.

As already indicated, the Albanian authorities were planning to construct a new remand prison in Tirana in the near future, which should then allow Prison No. 313 to be closed down. **The CPT would like to receive detailed information on the implementation of this plan.**

For as long as Prison No. 313 remains in service, efforts should be pursued in order that the national standard of at least 4 m² of living space per prisoner is respected in all cells. Further, steps should be taken to improve the state of repair in the unit for female prisoners.

51. Dating back to the 1930s, the premises of *Burrel Prison* were distinctly run-down and affected by damp. The majority of cells were in a poor state of repair. That said, most cells were generally clean and well-lit, and offered adequate living space. Further, the communal sanitary facilities were reasonably clean, and prisoners were allowed to take a shower every day.

Material conditions were better in the recently renovated C wing (housing approximately one-third of the prisoner population), where the cells were equipped with a fully-partitioned toilet and a shower. However, access to natural light was poor in many cells, and in some it was nonexistent (due to the absence of a window). **The CPT recommends that urgent steps be taken to remedy this serious shortcoming. All prison cells should be equipped with a window; any cell where this is not possible for structural reasons should be taken out of service as prisoner accommodation. Further, the design of cell windows should allow adequate access to natural light (i.e. sufficient to read by during the day)**²¹.

The delegation was told by the prison director that arrangements were being made to secure funding for the renovation of the two other wings of the prison. **The CPT would like to receive up-to-date information on this point.**

52. At *Kukes Pre-Trial Detention Centre*, material conditions were quite simply appalling. Most of the cells were in a bad state of repair, damp and filthy, with limited access to natural light and inadequate ventilation. The common sanitary facility was extremely dirty and inherently unhygienic (with a single shower head placed above the floor-level toilet). Further, prisoners complained about low temperatures inside the cells during the winter.

The delegation was told that there were plans to construct a new pre-trial detention centre in the region and that the work was expected to start in the near future. **The CPT recommends that the Albanian authorities give a high priority to the implementation of these plans.** For as long as the existing premises of *Kukes Pre-Trial Detention Centre* remain in use, **steps should be taken to ensure that the prisoner accommodation and communal sanitary facilities are maintained in an acceptable state of cleanliness and that the cells are appropriately heated during the cold season. Further, the Centre should be fitted with a shower facility which is distinct from the toilet.**

²⁰ Cf. paragraph 25 of the report on the 2008 visit (CPT/Inf (2009) 6).

²¹ See also Rule 18.2.a of the European Prison Rules.

53. With the notable exception of Kukes Pre-Trial Detention Centre, outdoor exercise yards in the establishments visited had neither a means of rest nor any shelter from inclement weather. **Steps should be taken to remedy this shortcoming.**

54. The CPT welcomes the fact that the official standards as regards food in the prison system have been improved in recent years. However, in almost all the establishments visited, prisoners complained that the food provided to them was monotonous, and lacking vegetables and fruit. The delegation itself observed that the daily menu provided to prisoners was repeated every second day, and only occasionally included fresh fruit. **Steps should be taken to review the provision of food to prisoners, in the light of the above remarks.**

55. In all the establishments visited, prisoners received very few personal hygiene products (toilet paper and soap). Further, prisoners complained that no cleaning materials were provided to them. **Steps should be taken to ensure that all prisoners are regularly provided with adequate quantities of essential personal hygiene products (including toothpaste, toothbrush, shampoo, etc.) as well as sufficient materials to clean their cells.**

b. regime

56. The CPT welcomes the fact that in all the establishments visited, prisoners benefited from at least two hours of outdoor exercise every day²²; as regards Prison No. 313, this constitutes a major step forward²³. It is also praiseworthy that in most of the establishments visited, prisoners were allowed to spend more time in the open air than they were entitled to by law (e.g. up to six hours a day at Burrel Prison).

57. Further, the CPT acknowledges the efforts made by the management, in particular at *Fushe Kruja Prison*, to provide educational activities and vocational training to prisoners (both sentenced and on remand). At the time of the visit, some 15 prisoners were enrolled in primary education classes held three times per week. In addition, English language and computer courses were attended by sixteen and eight prisoners respectively, two to three times per week. Moreover, vocational training courses (woodwork and metalwork) were offered in the establishment's well-equipped facilities to 20 or so prisoners for two to three hours per day.

At Durres Pre-Trial Detention Centre, some educational activities (such as computer classes and foreign language courses) were offered to a small number of prisoners two to three times per week.

In both establishments, prisoners could also use fitness rooms and play football on a regular basis and had daily access to communal areas where table tennis and various board games were available. In addition, they could take part in religious services held every week.

²² In accordance with Section 24 (1) of the GPR.

²³ Previously, adult prisoners only had access to so-called "airing rooms" (i.e. rooms with windows).

58. In contrast, there were virtually no educational or vocational activities on offer in any of the *other establishments visited*. Apart from daily outdoor exercise, prisoners spent their time watching television, reading and playing board games either in their cells or in the common rooms²⁴. That said, at Burrel Prison and Prison No. 313, many prisoners could also play football several times per week.

59. To sum up, the CPT notes that the process of developing regime activities for prisoners has gained ground, in particular at Durres and Fushe Kruja. Nevertheless, it remains the reality for the vast majority of remand prisoners and many sentenced prisoners not to be provided with work²⁵ or other organised out-of-cell activities (apart from outdoor exercise).

The CPT recommends that the Albanian authorities redouble their efforts to improve the programme of activities offered to prisoners in the establishments visited and, where appropriate, at other prison establishments in Albania. As has been highlighted by the Committee in previous visit reports, the aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day outside their cells engaged in purposeful activities of a varied nature (work, preferably with a vocational value; education; sport; recreation/ association).

60. As regards, more specifically, life-sentenced prisoners at Burrel and Fushe Kruja Prisons, the CPT welcomes the fact that the prisoners concerned could associate freely with other sentenced prisoners (subject to the high-security regime). On the other hand, hardly any of them were provided with organised out-of-cell activities apart from outdoor exercise and occasional sports activities. **The CPT recommends that steps be taken as a matter of priority to ensure that life-sentenced prisoners (as well as other long-term prisoners) are provided with opportunities for work and other purposeful out-of-cell activities.**

Further, **the Committee would like to receive detailed information on the possibilities for life-sentenced prisoners to be reclassified to a lower security regime permitting their integration into the mainstream prisoner population.**

More generally, **any restrictions on the regime applicable to sentenced prisoners should be based exclusively on security concerns of an appreciable nature assessed on a case-by-case basis by the prison management rather than applied automatically by the courts as part of the sentence.**

61. The CPT was surprised to learn that the Council of Ministers approved in March 2010 a number of amendments to the General Prison Regulations (GPR) which *inter alia* included television sets in the list of prohibited items for remand prisoners²⁶. **The CPT would like to receive clarification of this matter.**

²⁴ At Korca, prisoners could also attend religious services (though apparently not on a regular basis).

²⁵ Only a few prisoners were employed to perform domestic duties (maintenance, food distribution, etc.).

²⁶ At the time of the visit, the amendments had yet to be published in the Official Gazette to enter into force.

4. Conditions of detention of juveniles

62. As already indicated, the delegation carried out a full visit to the newly-opened Juvenile Reintegration Centre in Kavaja. Further, it paid particular attention to the situation of juveniles at Korca Prison and Prison No. 313 in Tirana.

63. The material conditions under which juveniles were being held were of a high standard at Kavaja, and generally good at Korca. All cells had good access to natural light and artificial lighting, and were well-ventilated and clean. They were also adequately furnished (bunk beds with full bedding, a table, chairs, wardrobes, a washbasin)²⁷ and fitted with a fully partitioned toilet. Further, the living space offered to juveniles was satisfactory (e.g. two or three beds in rooms measuring between 14 and 15 m²).

Material conditions in the unit for juveniles at Prison No. 313 had not changed since the 2008 visit; they remained satisfactory²⁸.

It should also be noted that at both Prison No. 313 and Korca Prison juveniles were accommodated separately from adult prisoners (see, however, paragraph 67).

64. That said, the delegation heard many complaints from juveniles that the quantity of food provided was not sufficient. This matter was raised by the delegation with the relevant authorities during the end-of-visit talks.

In their letter of 17 August 2010, the Albanian authorities informed the CPT that a proposal to increase the quantity of food for inmates at Kavaja Juvenile Reintegration Centre had been submitted by the Directorate General of Prisons to the relevant Ministries in April 2010. **The Committee would like to receive updated information on this issue and clarification as to whether similar action has been taken as regards juveniles held in Prison No. 313 and Korca Prison.**

65. The delegation gained a particularly positive impression of the regime offered to juveniles at *Kavaja Juvenile Reintegration Centre*. Indeed, they benefited from a structured programme of purposeful activities and were thus able to spend most of the day outside their cells.

The Centre had two large vocational workshops, one equipped for woodwork and the other for metalwork. Other activities included daily classes taught by outside teachers, providing a full secondary school programme, and special courses (such as computer and English language courses). The Centre also employed four educators who were in charge of organising recreational activities for juveniles (who could play football and table tennis every day, and had access to a fully equipped gym three times per week). It is also praiseworthy that both individual and group sessions were organised by a psychologist.

²⁷ At Korca Prison, there was also a television set in each cell. At Kavaja, juveniles had access to television in the common rooms.

²⁸ See paragraph 24 of the report on the 2008 visit (CPT/Inf (2009) 6).

At *Korca Prison*, most of the juvenile remand prisoners attended secondary school classes three times per week (for six hours in total), and all of them were able to spend three hours every day in one of the common rooms, where they could play various board games. However, no sports activities were organised for them.

Regrettably, the regime of juvenile remand prisoners at Prison No. 313 had clearly deteriorated since the 2008 visit²⁹. With the exception of twice-weekly drawing classes organised by an NGO, educational activities were no longer offered to male juveniles. As a result, they spent most of the day loitering around in the unit corridors, watching television and playing board games in their cells. On a positive note, they had access to the outdoor exercise yard in the afternoons where they could also play football. As regards the only female juvenile, she was offered no educational activities whatsoever.

66. The CPT wishes to stress that juveniles have a particular need for physical activity and intellectual stimulation. Regardless of their period of detention, they should be offered a full programme of education, sport, vocational training, recreation and other purposeful activities. Physical education should constitute an important part of that programme.

The CPT recommends that steps be taken at Korca Prison, Prison No. 313 and, where appropriate, in other prisons, to ensure that juvenile remand prisoners (both male and female) are provided with a wider range of organised activities, in the light of the above remarks.

67. At *Korca Prison*, juveniles were not separated from adult prisoners during outdoor exercise. During the end-of-visit talks, the delegation expressed its concern about the above-mentioned situation and requested the Albanian authorities to take steps to ensure that daily outdoor exercise was scheduled at different times for juvenile and adult prisoners. By letter of 17 August 2010, the Albanian authorities informed the CPT that “[...] immediate measures [had been] taken to separate adults from juveniles when taking exercise, in order to avoid any contact between them.” The CPT welcomes the rapid action taken by the authorities.

68. At *Kavaja*, the delegation was informed that juveniles always had to be transferred to an adult prison upon reaching majority, even when the person’s expected date of release was relatively close. In the CPT’s view, a case-by-case assessment should be carried out in such situations in order to decide whether it is appropriate for a particular inmate to be transferred to an adult institution, taking into consideration the remaining term of his sentence, his maturity, his influence on other juveniles, and other relevant factors.

The CPT invites the Albanian authorities to allow, if necessary through legislative amendments, for flexibility in the transfer of prisoners who reach the age of 18 to an adult institution, in the light of the above remarks.

²⁹ At the time of the 2008 visit, all juveniles were offered two hours of schooling every day.

5. Health-care services in the prisons visited

69. As regards health-care staff, the number of general practitioners and nurses was on the whole satisfactory in most of the establishments visited³⁰ (as regards Burrel Prison, see paragraph 79).

However, it is a matter of concern that, despite the specific recommendation repeatedly made by the Committee³¹, nursing staff levels have not been increased at Prison No. 313. The CPT considers that the complement of four nurses is clearly insufficient for a remand establishment the size of Prison No. 313, notwithstanding the recent decrease in the prisoner population. **The CPT therefore calls upon the Albanian authorities to increase nursing staff levels at Prison No. 313.**

70. In all the establishments visited, the health-care facilities were of a poor quality. Medical equipment was basically limited to stethoscopes and blood pressure meters; there was also no equipment for taking blood samples and, as a result, prisoners had to be taken to an outside hospital for simple diagnostic tests. At Kukes, the medical unit was not even equipped with a washbasin and an examination table (see also paragraph 79 as regards Burrel Prison). **The CPT recommends that steps be taken to remedy the above-mentioned deficiencies.**

71. The supply of medication was inadequate in most of the establishments visited. As a result, prisoners had to rely on their families for the supply of certain medication. The delegation raised this matter with the relevant authorities during the end-of-visit talks in Tirana.

By letter of 17 August 2010, the Albanian authorities informed the CPT that “[t]he issue of insufficient supply of medication was solved in July 2010. By now all institutions are supplied with the necessary medications.” The Committee welcomes this development; **it would like to receive a list of medicines which are now routinely supplied to all prison establishments.**

72. With the exception of Burrel Prison (see paragraph 79), the provision of general health care appeared to be on the whole satisfactory in the establishments visited. Access to treatment (including emergency treatment) was reasonably prompt, and continuity of care was ensured. Further, prisoners who were in need of specialist treatment were usually transferred to an outside hospital without undue delay (cf., however, paragraphs 75 to 77).

73. Dental care was provided either by dentists employed by the establishment (at Burrel, Durres, Fushe Kruja, Korca, and Prison No. 313) or by visiting dentists (at Kavaja and Kukes).

³⁰ For example, Durres - 2 full-time doctors and 5 nurses, Fushe Kruja - 3 full-time doctors and 7 nurses, Korca - 2 doctors (full-time and half-time) and 8 nurses, Kukes - a half-time doctor and 3 nurses, Kavaja - a full-time doctor and 4 nurses. All nurses were employed on a full-time basis and worked in shifts 24 hours per day.

³¹ See, most recently, paragraph 31 of the report on the 2008 visit (CPT/Inf (2009) 6).

However, the establishments in Burrel, Durres, Kavaja and Kukes lacked proper dental equipment to provide adequate treatment for prisoners³². **The CPT recommends that the Albanian authorities take the necessary measures to remedy this situation.**

74. As regards the provision of psychiatric care to prisoners, it is a matter of concern that the establishments in Burrel, Durres, Kavaja and Kukes were not visited by a psychiatrist. As a result, prisoners in need of psychiatric care had to be transferred to the Prison Hospital in Tirana, which sometimes involved considerable delay.

Prisons frequently accommodate a certain number of prisoners who, while not requiring admission to a psychiatric facility, would benefit from ambulatory psychiatric care. The regular presence of a psychiatrist would enable those prisoners to be identified in good time and given appropriate treatment. In many cases this might well make it possible to avoid any subsequent need for their transfer to an outside facility. Further, such a presence would ensure that the state of health of inmates returned to prison after treatment in a psychiatric facility is satisfactorily monitored.

The CPT recommends that urgent steps be taken to arrange for regular visits by a psychiatrist to all prisons in Albania. Further, all doctors working in prisons should be trained to identify and manage common psychiatric disorders and to recognise serious disorders requiring specialist care.

75. The CPT has repeatedly emphasised the crucial role of prompt medical screening of newly-arrived prisoners, in particular in establishments which represent points of entry into the prison system³³. Such screening is indispensable, in particular in the interests of preventing the spread of transmissible diseases, of suicide prevention and of the timely recording of any injuries.

Regrettably, in none of the establishments visited was medical screening upon admission carried out in a systematic manner, despite the recommendations repeatedly made by the Committee on this subject. In the event that prisoners were seen by health-care staff upon admission, they were often only asked questions about their state of health, without being subjected to a proper physical examination. Further, in none of the establishments visited were newly-arrived prisoners screened for transmissible diseases; nor were any tests carried out at a later stage.

In the light of the above, **the CPT calls upon the Albanian authorities to take the necessary steps to ensure that all newly-arrived prisoners are subject to a comprehensive medical examination on admission (including screening for transmissible diseases) and are provided with information regarding the prevention of transmissible diseases.**

³² For example, there was no dentist's chair at Kavaja. At Durres, the dentist's chair was broken. At Burrel Prison, even basic equipment such as a steriliser was lacking.

³³ This is also required by the GPR: "The prisoner shall be examined properly by the doctor within the first 24 hours of admission to the institution." (Section 16.1)

76. As was the case during all previous visits, the recording of injuries (on admission or during imprisonment) left a lot to be desired; in many cases, injuries were not described in sufficient detail. Further, medical records usually contained no information about the statements made by the prisoners concerned and never included the doctor's conclusion as to the possible causes of the injuries observed.

The CPT is also concerned to note that, despite the specific recommendation repeatedly made by the Committee, prison doctors were still generally unaware of the legal obligation resting upon them, by virtue of Sections 281 and 282 of the CCP, to report within 48 hours any allegations or signs of possible ill-treatment to the prosecutor or to the police.

The CPT therefore calls upon the Albanian authorities to ensure that:

- **the record drawn up after a medical examination of a prisoner (both on admission and during imprisonment) contains: (i) an account of statements made by the prisoner which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), (ii) an account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of i) and ii), indicating the degree of consistency between any allegations made and the objective medical findings (a copy of the conclusions should be made available to the prisoner concerned and, upon request, to his/her lawyer);**
- **all medical staff working in prison establishments are reminded of their obligations under Sections 281 and 282 of the CCP.**

The Committee also invites the Albanian authorities to offer special training to prison doctors on the manner in which medical screening of prisoners is to be performed and on the recording of any injuries observed.

77. The delegation noted that medical files (including dental files) at Korca Prison and Prison No. 313 contained very little or no medical data. Moreover, it became apparent that in both establishments, many medical files had been drawn up retroactively shortly before the visit took place (as was the case during previous visits by the Committee). In contrast, medical files were generally well-kept and detailed at Durres, Fushe Kruja, Kavaja and Kukes (as regards Burrel Prison, see paragraph 79).

The CPT calls upon the Albanian authorities to take immediate steps at Korca Prison and Prison No. 313 to ensure that an individual medical file is opened on admission and properly kept for every prisoner. In particular, medical files should contain diagnostic information as well as an ongoing record of the prisoner's state of health and of any special examinations he has undergone.

78. Despite the specific recommendations repeatedly made by the Committee in previous visit reports, the principle of medical confidentiality was still not being respected in any of the establishments visited. Indeed, medical examinations/consultations (whether upon a prisoner's arrival or at a later stage) were usually carried out in the presence of custodial staff. Such a state of affairs is not acceptable.

The Committee recalls that there can be no justification for prison officers being systematically present during medical consultations. Their presence is detrimental to the establishment of a proper doctor-patient relationship and is usually unnecessary from a security standpoint. Alternative solutions (for instance, the installation of an alarm system in the surgery) which reconcile security requirements with respect for confidentiality can and should therefore be found.

The CPT calls upon the Albanian authorities to take steps to ensure that medical examinations/consultations of prisoners are conducted out of the hearing and – unless the doctor concerned specifically requests otherwise in a particular case – out of the sight of non-medical staff.

79. Specific reference must be made to the poor quality of the health-care services provided to prisoners at Burrel Prison. In addition to the widespread shortcomings already mentioned (e.g. inadequate provision of psychiatric care, insufficient supply of medication, the lack of medical screening for newly-admitted prisoners), this prison not only suffered from a severe shortage of medical equipment and materials (as basic as sterile gloves) but also lacked an adequate surgery for medical examinations; as a result, the prison doctor was obliged to examine the prisoners in their cells in full view of other inmates. Further, the surgery hours of the general practitioner were clearly insufficient to properly organise the provision of health-care services and to ensure adequate care for some 200 inmates³⁴.

Obviously, such an unsatisfactory state of affairs can only have very negative consequences for the level of health-care provided to prisoners. Indeed, the delegation received numerous complaints at Burrel Prison regarding considerable delays in gaining access to the doctor and the inadequate quality of care.

Further, about half of the remand prisoners in this prison did not have an individual medical file and the medical files of other remand prisoners contained hardly any or no information at all³⁵. The situation was scarcely better regarding sentenced prisoners. In particular, medical files of "chronic patients" did not reflect the follow-up of the patients' state of health, nor did they contain an adequate and updated justification for the prescribed medication.

³⁴ The doctor visited the prison for approximately 5-6 hours per week (despite being contracted on a half-time basis).

³⁵ By way of example, out of the eleven most recent admissions (since February 2010) examined by the delegation, only four had a medical file. Two of these files were for prisoners with serious medical conditions, while the other two were completely empty.

80. As already indicated (see paragraph 8), during the end-of-visit talks, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention and requested the Albanian authorities to carry out a thorough review of the health-care services at Burrel Prison.

In their letter of 4 October 2010, the Albanian authorities provided the following information in relation to Burrel Prison:

“Currently we have taken various measures to complete the medical files of both sentenced and remand prisoners [...]. Furthermore, medical visits and medical conditions are documented in these medical files.

Every prisoner [...] in Burrel penitentiary institution is attended by the doctor and medical staff during the admission in this institution. The doctor is part of the admission commission. The requests for medical assistance is asked to the medical staff (nurses) and communicated to the doctor the following day.”

81. The information provided by the Albanian authorities is not sufficient to remove the CPT’s concerns regarding the quality of health-care services at Burrel Prison. **The Committee would therefore like to know whether:**

- **the establishment now has a properly equipped surgery for medical examinations (which is regularly supplied with the necessary material);**
- **a general practitioner now works in the prison on at least a half-time basis;**
- **requests made by prisoners to consult a doctor are promptly met.**

82. During the end-of visit talks, the delegation was informed by the Minister of Justice that, according to a recent agreement with the Ministry of Health, all prisoners would soon be covered by the national health insurance scheme. **The CPT would like to receive detailed information on this issue.**

6. Prison Hospital in Tirana

83. As regards material conditions, the CPT noted a positive development, following on from the improvements already observed in 2005. The Prison Hospital was not overcrowded, despite the reduction in capacity from 130 to 90 beds made following the rebuilding/renovation works carried out a few months previously (on that occasion around 60 psychiatric patients had been transferred to the Kruja Special Institute). All the rooms now had a washbasin and a partitioned sanitary facility. Further, they were of a reasonable size and had satisfactory access to natural light and artificial lighting. In addition, the rooms were equipped with sufficient furniture. More generally, the general state of hygiene and cleanliness at the Prison Hospital could be described as on the whole satisfactory.

84. That said, two problems remain to be solved. Firstly, the absence of call bells or means of communication in patients' rooms still gives cause for concern. In this respect, the staff indicated that the rooms were under constant supervision by staff who made rounds in the corridors. The delegation was able to observe that such continuous supervision was far from being provided in practice, a state of affairs which was also confirmed by numerous patients. Such a shortcoming is particularly worrying in respect of the two intensive care rooms – the so-called “old rea” and “new rea” (the latter being better equipped). In this context, the CPT must refer to the case of a bedridden patient aged 87 accommodated in the “old rea”, suffering from severe respiratory failure and severe anorexia. To get the attention of health-care or custodial staff, the patient concerned had – in so far as he had the strength – to bang on the door situated by his bed-head. **The CPT recommends that the Albanian authorities take measures to install call bells/means of communication in the patients' rooms in the Prison Hospital, absolute priority to be given to the two intensive care rooms.**

Secondly, the CPT's delegation found a pile of soiled sheets in the disused toilets on the ground floor of the Hospital, which were apparently used as a temporary holding point prior to the sheets being taken to the laundry at the nearby University Hospital Centre. **The CPT recommends that measures be taken to ensure that used sheets are collected and processed in accordance with the rules of hospital hygiene.**

85. Finally, numerous complaints had been received at the time of the 2005 visit about both the quality and the quantity of the food served to patients in the Prison Hospital. It has to be said that these complaints had disappeared in 2010. The meals were delivered by the supplier who also served the nearby hospital, in suitable containers, and final preparation of the meals took place in the Prison Hospital's kitchen, which was properly equipped and clean.

86. Improvements were also observed in respect of the activities offered to patients. In this regard, it should be recalled that in the past the Prison Hospital applied a closed-door regime and daily access to the exercise yard was far from being guaranteed, in particular for psychiatric patients (see CPT (2006) 24, paragraph 111). Since then, two exercise yards for male patients had been set up, as had outside areas for use by female patients. Men now had at least two hours' exercise in the open air per day, and women four hours. This is a positive development.

That said, the patients continued to be locked up in their rooms for a significant part of the day. **The CPT encourages the Albanian authorities to do away with the closed-door regime in the Prison Hospital and to progressively develop other activities for the patients (both male and female).** The CPT will return later to the efforts made by the psychosocial team concerning therapeutic activities.

87. As regards staff and treatment, with the notable exception of psychiatric care, the number of health-care staff at the Prison Hospital may be considered on the whole satisfactory.

The medical team comprised eight full-time doctors, representing various specialities, and two specialists working on a half-time basis (one of them a dentist). At first sight, such a staff complement may appear to be excessive for some 15 somatic patients held in the Hospital. However, account should be taken of the number of specialties represented as well as the fact that the doctors concerned in addition had to carry out outside consultations every day for prisoners coming from other penitentiary establishments. The medical team was supported by some 20 nurses and some 15 orderlies, who worked in three shifts. Continuity of care was also guaranteed by the round-the-clock presence on the premises of a duty doctor.

That said, there was a striking shortage of staff as regards psychiatric care. A single psychiatrist – whose goodwill and energy should be emphasised – was responsible for over 70 psychiatric patients (of the 87 patients present in the hospital), of whom some 60 had been declared not to be criminally responsible and subjected to a compulsory treatment order. Such a shortfall in the hours of attendance of psychiatrists must give rise to a speedy and decisive response from the Albanian authorities. The Prison Hospital should benefit from at least two full-time psychiatrists. **The CPT recommends that urgent measures be taken to this end.**

Further, none of the nurses working at the Prison Hospital had a fully-fledged qualification in psychiatry. **The CPT invites the Albanian authorities to consider introducing ongoing training modules on psychiatry at the country's nursing schools.**

88. On a positive note, the CPT noted with interest the Albanian authorities' decision to entrust the management of the Prison Hospital to a health-care professional (rather than to a prison director, as had previously been the case), who was engaged in defining the establishment's medical policy.

89. The CPT has no particular comments to make about the *somatic care* provided to patients at the Prison Hospital. It should be mentioned that this care was provided in a generally satisfactory manner, with use being made, when necessary, of the nearby "Mother Teresa" University Hospital Centre. One comment must nevertheless be made about the Prison Hospital's dental surgery. At the time of the visit, it was dilapidated and dirty and lacked the necessary resources to provide quality care (out-of-date or out-of-order equipment and instruments, and out-of-date medicines). Further, the number of dental consultations was minimal. **The CPT recommends that the dental surgery of the Prison Hospital be either completely refurbished or taken out of service. In the interim, recourse should be had to the services of external dentists.**

90. As regards *psychiatric care*, increased attendance by psychiatrists (see paragraph 87) should go hand-in-hand with a wider range of treatment supplementing pharmacotherapy (in particular psychotherapeutic care, psychosocial rehabilitation, work with families with a view to preparing patients for discharge, etc.). In this connection, the CPT noted the efforts made in this respect for over a year by the psychosocial team (comprising a psychologist, an educator and a social worker). This team had introduced a small number of activities, both for individuals and groups (although the latter were more difficult to organise due to the lack of appropriate premises).

Among the available therapeutic activities, particular mention should be made of a suicide prevention programme and an anxiety and stress management programme (each programme concerning fewer than ten patients), as well as a rehabilitation programme for former drug addicts (five patients). The team also, more conventionally, drew up biannual individualised progress reports, as well as dealing with other tasks (such as patients' links with their families, social services, etc.).

The CPT recommends that the Albanian authorities intensify their efforts to offer a wider range of treatment to psychiatric patients. In addition, it would be desirable for appropriate premises to be placed at the disposal of the psychosocial team, so that it can organise group activities there.

91. As concerns the issue of respect for *medical confidentiality*, the CPT noted with satisfaction that medical files of the patients of the Prison Hospital were kept – and could be accessed only – by the establishment's health-care staff. Similarly, psychiatric patients could benefit from confidential interviews with the hospital's psychiatrist. The confidentiality of the interviews, on the other hand, was not guaranteed in every case. The CPT's delegation observed that in practice the health-care staff – and in particular the nurses – were most often accompanied by custodial staff when visiting patients' rooms. In this connection, **reference is made to the recommendation made in paragraph 78 of the report.**

92. Turning to *means of restraint*, the CPT had observed during its 2005 visit that the practice of using metal chains when episodes of agitation occurred appeared to have been discontinued. Having completed the 2010 visit, the CPT has every reason to believe – notwithstanding the denial of the doctor in charge of the establishment, who stated that their use had been proscribed since June 2009 – that metal chains were used at the Prison Hospital till very recently (i.e. till April 2010) to attach suicidal or agitated patients to their beds (usually by one wrist and one ankle) for several hours. This conviction is based on accounts given by patients (or by former patients met at other prison establishments during the visit) as well as on an examination of documents (individual medical files, incident registers, etc.). In this connection, it should be noted that some members of the health-care and custodial staff openly spoke of their helplessness when faced with emergency situations, referring particularly to the lack of appropriate therapeutic means. Like the CPT's delegation, they felt that the leather straps seen at the establishment's duty office could not ensure the protection of an agitated patient or of the staff. For its part, the CPT considers that the use of chains to keep suicidal or agitated patients in their beds is tantamount to inhuman and degrading treatment (as well as being potentially physically damaging to the patient concerned).

The CPT therefore recommends that the Albanian authorities put an immediate and definitive end to this practice. A specific written instruction to this effect should be distributed to all staff working at the Prison Hospital.

More generally, **an appropriate procedure should be introduced at the Prison Hospital in respect of the use of physical and chemical means of restraint vis-à-vis suicidal or agitated patients (see, in this regard, paragraph 123). This should be accompanied by the acquisition of professionally recognised restraint equipment (such as a thoracic belt or wrist and ankle straps). Further, precise directives concerning the relational approach and the behaviour to be adopted towards patients in state of psychomotor agitation should be circulated to the care and custodial staff working at the Prison Hospital.**

93. In the course of the visit, the CPT also re-examined the legal safeguards offered to patients declared not to be criminally responsible and subjected to a compulsory treatment measure in pursuance of Section 46, paragraph 1, of the Criminal Code (CC). It should be noted in this regard that the competent court is under a legal obligation to carry out an *ex officio* review of the measure every year (and at the request of a doctor or the patient's family or lawyer). The CPT noted with interest the fact that the recent recruitment by the Prison Hospital of a lawyer had enabled order to be (re-)established in patients' administrative and judicial files, and in particular had made it possible to ensure that, in the great majority of cases, the statutory annual deadline for review was complied with. However, this improvement owes much to the repeated interventions of the lawyer before the competent court, and not to a routine implementation of the law. **The Committee invites the Albanian authorities to remain attentive to strict compliance by the courts with the relevant legislation in this respect.**

94. Finally, the CPT once again wishes to raise the question of the presence at the Prison Hospital, more than 13 years after its first visit to Albania, of psychiatric patients declared not to be criminally responsible and subjected to a compulsory treatment measure in pursuance of Section 46, paragraph 1, of the CC, and of psychiatric patients subjected to a temporary hospitalisation measure in pursuance of Section 239 of the CCP. These patients are still held at the Prison Hospital rather than in a specialised medical institution or in a psychiatric establishment, as is provided for under the relevant Albanian legislation. To date, the Albanian authorities have failed to find a satisfactory solution to this problem, and there has been much indecision about whether to set up a specific establishment in Durres or in Kruja.

When, at the end of the visit, the delegation met the Minister of Health, he expressed his determination to resolve this problem once and for all, his preference being for an establishment to be set up under his authority in Kruja. **The CPT calls upon the Albanian authorities to take decisive steps to transfer the patients concerned to an appropriate care institution.**

7. Other issues

a. staff

95. The CPT welcomes the efforts made by the Albanian authorities in recent years to improve prison staff training. The delegation was informed that a training centre had recently been opened at the Directorate General of Prisons, where every newly-recruited officer underwent a 45-day initial training course. This is a welcome development. However, it appeared that very little training was offered to prison officers already in service. **The Committee would like to receive detailed information on the training (both initial and ongoing) received by prison officers.**

96. The CPT is pleased to note that staff at Kavaja Juvenile Reintegration Centre were undergoing specific training programmes which were adapted to the particular characteristics of working with young offenders³⁶. However, it appeared that prison officers who worked with juveniles at Korca Prison and Prison No. 313 had not benefited from such specialised training.

As the CPT has repeatedly stressed, the custody and care of juveniles deprived of their liberty is a particularly challenging task. The staff called upon to fulfil this task should be carefully selected for their mature attitude and ability to cope with the challenges of working with this age group. More particularly, they should be committed to working with young people, and be capable of guiding and motivating the juveniles in their charge. All such staff, including those with purely custodial duties, should receive appropriate training and benefit from appropriate external support and supervision in the exercise of their duties.

The CPT recommends that custodial staff assigned to work with juveniles at Korca Prison and Prison No. 313, as well as at any other prison in Albania, receive specialised training, taking into consideration the above-mentioned remarks.

97. At Durres Pre-Trial Detention Centre, some prison officers were carrying truncheons in full view of inmates within the detention areas. In contrast, this practice was not observed in any of the other establishments visited.

The CPT must stress that, in the interest of developing positive relations between staff and prisoners, staff members should never carry truncheons visibly inside detention areas. **If it is considered necessary for prison officers to carry truncheons, the truncheons should be hidden from view.**

³⁶ The delegation was informed that some staff members of the Centre had been on a study trip to the Netherlands to benefit from the experience of similar detention centres.

b. discipline

98. Prisoners may be subjected to the following disciplinary sanctions³⁷: reprimand, exclusion from collective outdoor exercise (for up to 20 days), deprivation of home leave (for a period of six months), and placement in a disciplinary cell³⁸ – for up to 20 days for adult prisoners and up to 10 days for juveniles.

The CPT considers that the maximum possible period of placement in a disciplinary cell as a punishment for juveniles is too long. For this age group, placement in a solitary confinement regime is a measure which can easily compromise their physical and/or mental integrity; consequently, resort to such a sanction should be regarded as an exceptional measure which should be used only for very short periods (preferably, for a period not exceeding three days)³⁹.

The CPT recommends that the Albanian authorities reduce the maximum possible period of confinement in a disciplinary cell as a punishment in respect of juvenile prisoners. Further, whenever juveniles are subject to such a sanction, they must be guaranteed socio-educational support and appropriate human contact throughout the duration of the measure.

99. From the consultation of disciplinary files in the establishments visited, it transpired that disciplinary procedures were generally carried out in accordance with the relevant legal framework⁴⁰. Decisions were always taken by the establishment's disciplinary commission, which was chaired by the director and comprised the heads of various services and health-care staff (see, in this regard, paragraph 102). Prisoners were heard in person by the commission and could, in principle, present their point of view. Further, they were entitled to have a lawyer present during the disciplinary hearing.

That said, some deficiencies were observed by the delegation. Firstly, prisoners facing disciplinary charges did not always receive a copy of these charges. Further, they were not guaranteed the right to call witnesses on their own behalf or to cross-examine evidence against them. Moreover, despite this being a legal requirement⁴¹, prisoners subjected to a disciplinary sanction were not systematically provided with a copy of the disciplinary decision, but only if they explicitly asked for it. **The CPT recommends that the above-mentioned shortcomings be remedied (if necessary, by amending the relevant legal provisions).**

100. The amendments made to the GPR in March 2010⁴² envisage a possibility to appeal against decisions regarding disciplinary sanctions to the Directorate General of Prisons within 15 days. The CPT understands that the lodging of an appeal does not have a suspensive effect on the implementation of the disciplinary punishment; **in view of this, any appeal must be dealt with expeditiously for it to have any meaning.**

³⁷ Section 51 of the GPR.

³⁸ Referred to as "exclusion from communal activities by placing in separate premises" in the GPR.

³⁹ 18th General Report on the CPT's activities (CPT/Inf (2008)25), paragraph 26.

⁴⁰ Section 52 of the GPR.

⁴¹ See Section 52 (7) of the GPR.

⁴² See paragraph 61 above.

101. The CPT has misgivings about the systematic practice in the establishments visited of placing a prisoner in a disciplinary cell after an alleged offence, pending the outcome of a disciplinary procedure.

The Committee would like to recall that Section 50 of the GPR limits the placement of a prisoner in a “special room” awaiting the meeting of the disciplinary commission to emergency cases – in order to prevent human injury, disorder and unrest – and to extraordinary circumstances. Such preventive measure is taken by the director of the establishment who shall convene the disciplinary commission not later than 48 hours from the moment the offence is committed (Section 52, paragraph 5). **The CPT recommends that measures be taken in all prison establishments to ensure that the above-mentioned provisions of the GPR are strictly complied with.**

102. According to Section 52 (9) of the General Regulation of Prisons, before a prisoner is placed in a disciplinary cell, a doctor is required to certify that the prisoner concerned is able to sustain the measure. In all the establishments visited, this task was performed by the doctor working at the establishment concerned, who also acted as a member of the disciplinary commission.

Medical practitioners working in prison act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. Obliging prison doctors to certify that prisoners are fit to undergo punishment does not promote that relationship. This point was recognised in the revised European Prison Rules; indeed, the rule in the previous version of the Rules, stipulating that prison doctors must certify that a prisoner is fit to sustain the punishment of disciplinary confinement, has now been removed.

On the other hand, a prison’s health-care service should be very attentive to the situation of prisoners placed in disciplinary cells (or any other prisoner held under conditions of solitary confinement). In this regard, every disciplinary placement should be immediately brought to the attention of the health-care service⁴³.

The CPT recommends that the role of prison doctors in relation to disciplinary matters be reviewed, in the light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2)⁴⁴ and the comments made by the Committee in its 15th General Report (see paragraph 53 of CPT/Inf (2005) 17).

⁴³ See also Section 53 (2) of the 1998 Law on the Rights and Treatment of Prisoners, which reads: “The prisoner who has been applied a disciplinary confinement measure shall be subjected to continuous medical examination.”

⁴⁴ Rule 43.2 reads: “The medical practitioner or a qualified nurse reporting to such a medical practitioner shall pay particular attention to the health of prisoners held under conditions of solitary confinement, shall visit such prisoners daily, and shall provide them with prompt medical assistance and treatment at the request of such prisoners or the prison staff.”

103. Material conditions in disciplinary cells were on the whole of a reasonable standard in the establishments visited. However, the disciplinary cells at Durres Pre-Trial Detention Centre were too small (measuring between 3.4 and 3.8 m²). Further, at Burrel Prison, the disciplinary cell located in C wing had no access to natural light and ventilation.

The Committee recommends that the disciplinary cells at Durres Pre-Trial Detention Centre be either enlarged (to at least 6 m²) or taken out of service. Steps should also be taken at Burrel Prison to ensure that the above-mentioned disciplinary cell has adequate lighting (including access to natural light) and ventilation.

104. At Prison No. 313, prisoners placed in disciplinary cells were still not being offered outdoor exercise, despite repeated assurances given by the Albanian authorities in their responses to previous visit reports⁴⁵. A similar situation was found at Durres Pre-Trial Detention Centre. Further, access to the toilet was problematic for such prisoners at Prison No. 313: they were usually allowed to go to the toilet only three times a day. For the rest of the time, they had to use a bucket in their cells.

The CPT calls upon the Albanian authorities to ensure that all prisoners subject to the sanction of placement in a disciplinary cell are offered at least one hour of outdoor exercise every day. Further, steps should be taken at Prison No. 313 to ensure that prisoners held in a disciplinary cell enjoy ready access to a proper toilet facility at all times.

c. contact with the outside world

105. The CPT welcomes the fact that the entitlement of prisoners to have access to the telephone has recently been increased⁴⁶. Adult prisoners can now make eight ten-minute phone calls per month while juveniles are entitled to 16 such calls every month. In practice, prisoners in most of the establishments visited were allowed to make even more phone calls.

It is also praiseworthy that juveniles can now have eight short-term visits per month with their family and friends, while adult prisoners are entitled to four such visits (one of which may be extended to five hours as a conjugal visit).

106. That said, in most of the establishments visited, the delegation received many complaints from prisoners that visits were usually limited to 15-20 minutes, and sometimes even less. Further, in most of the establishments, prisoners (including juveniles) were allowed to have their short-term visits only under closed conditions (i.e. prisoners and their visitors were separated by metal bars or a glass partition).

The worst situation was observed at Kukës Pre-Trial Detention Centre and the Prison Hospital, where visits took place in a corner of the outside exercise yard, the prisoner and his visitor being separated by dense metal netting or metal bars with no protection from inclement weather. This is totally unacceptable.

⁴⁵ See, most recently, CPT/Inf (2006) 25, page 19.

⁴⁶ Remand prisoners' contact with the outside world is regulated in the same way as that of sentenced prisoners.

107. The CPT wishes to emphasise that contacts with the outside world, in particular visits from families and other relatives, are of crucial importance in the context of social rehabilitation of prisoners. The prison administration should therefore not only enable those contacts but also ensure that they take place in a decent environment allowing undisturbed communication.

The Committee acknowledges that in certain cases it will be justified, for security-related reasons or to protect the legitimate interests of an investigation, to have closed visiting arrangements; however, this approach should constitute the exception, not the rule. **The CPT therefore recommends that the Albanian authorities review the visiting arrangements in all prison establishments in order to ensure that, as a rule, visits take place under decent open conditions (e.g. with prisoners and their visitors sitting around a table).** Further, **steps should be taken to ensure that prisoners' short-term visits last at least one hour.**

C. Psychiatric/social welfare establishments

1. Preliminary remarks

108. The delegation carried out a follow-up visit to the psychiatric ward of Shkodra Psychiatric Hospital and visited, for the first time, three supported homes for psychiatric patients, one in Elbasan and two in Shkodra.

109. The mental-health system in Albania has undergone major changes in recent years. In the context of a nationwide programme of deinstitutionalisation of long-term psychiatric patients, ten supported homes and six community mental-health centres have been opened thus far in different parts of the country (in co-operation with the World Health Organisation), with a view to facilitating the return of patients to their families. The CPT welcomes this development and **encourages the Albanian authorities to pursue their efforts to increase the number of such supported homes and community mental-health centres.**

110. Since the CPT's first visit in 2000, *Shkodra Psychiatric Hospital* has been radically re-organised. The services for psychiatry and neurology have been totally separated, and an admission/observation unit has been opened within the psychiatric ward. Moreover, the official capacity of the psychiatric ward was significantly reduced, following the transfer of some 50 chronic patients to supported homes. At the time of the visit, there were 52 patients in the psychiatric ward, all of whom were classified as voluntary (see, however, paragraph 125).

111. At the time of the visit, the *supported home in Elbasan* (capacity: 10 places) was accommodating 8 female patients and the *supported homes in Shkodra* (capacities: 14 and 12 places) 14 male and 13 female patients respectively. It should be noted that these patients remained administratively attached to the psychiatric hospitals from which they came. The staff working at the supported homes were also assigned by the hospital of provenance.

112. The CPT wishes to stress at the outset that its delegation received no allegations of deliberate physical ill-treatment of patients by staff, and gathered no other evidence of such treatment, in any of the establishments visited. On the contrary, it was impressed by the caring attitude displayed by staff towards patients, and patients also spoke favourably about the manner in which they were treated by staff.

2. Shkodra Psychiatric Hospital

a. living conditions

113. As regards material conditions, the building accommodating the psychiatric services was decrepit. Except for the admission/observation unit, where conditions were on the whole reasonable, the conditions in the male and female units were rather poor (e.g. walls and ceilings dilapidated and very humid; insufficient heating in the winter; lack of artificial lighting in some rooms; lack of basic furniture such as bedside cabinets or cupboards in some rooms; few personal items and decoration, etc.). Further, the sanitary facilities were in a poor state of repair (broken windows, several washbasins and showers out of order, etc.). Unfortunately, the results of regular renovation works were undermined by the structural problems of the building (in particular water seepage). On a positive note, it should be added that patients' rooms were no longer overcrowded (in contrast to the situation observed in 2000), and the staff did their utmost to maintain the living conditions at an acceptable level.

114. During the visit, the CPT's delegation was informed of the plans to reconstruct the entire hospital, including the psychiatric ward, in Shkodra (with the support of the Council of Europe Development Bank). The CPT welcomes these plans and **recommends that the Albanian authorities implement them as speedily as possible; it would like to receive a detailed plan for reconstruction of the psychiatric ward as well as a timetable for the full implementation of that plan.** In the interim, **the Committee recommends that measures be taken to repair the sanitary facilities, improve the heating and provide a more personalised environment for patients.**

115. The delegation was informed that the budgetary allocations for the provision of food had recently been increased (to 450 Lek per person per day). Indeed, patients unequivocally praised the quality of the food which they received.

116. As regards activities, patients had access to an outdoor exercise yard (equipped with a basketball board) for at least one hour per day, where they were supervised by staff (see, however, paragraph 122). Further, several rooms in the female unit have been converted into activity rooms (e.g. for cooking, sewing, knitting, planting flowers). That said, it is regrettable that the initial efforts to launch workshops for patients in these rooms have apparently been discontinued (due to lack of staff and funding). **The CPT encourages the Albanian authorities to organise more recreational and occupational activities for patients at Shkodra Psychiatric Hospital.**

b. staff and treatment

117. Health-care staffing levels were generally sufficient to ensure continuity of care. The hospital employed three full-time psychiatrists, and, during the day, two or three nurses, three orderlies and two care attendants were present. At night, there was one duty doctor (psychiatrist or a doctor from the general hospital⁴⁷), one or two nurses, one orderly and one care attendant. The CPT welcomes the fact that, in 2009, the hospital recruited five psychologists and two social workers and that specialised training had recently been organised, in particular, for nursing staff (in co-operation with foreign NGOs). Further, efforts were clearly being made to develop multidisciplinary work.

118. The psychiatric treatment provided to patients was mainly focussed on pharmacotherapy. The CPT acknowledges the efforts made by the management of the psychiatric ward to provide other forms of treatment as well (such as individual and group therapies), on the basis of individual treatment plans (see also paragraph 116). Obviously, the recent recruitment of psychologists and social workers is likely to allow for a better diversification of the treatment provided.

119. That said, the CPT is very concerned by the fact that Shkodra Psychiatric Hospital repeatedly encountered shortages in the supply of medicines. For instance, at the time of the visit, anti-depressive medication and carbamazepine were lacking totally, and families were expected to fill this void. It should also be added that the hospital lacked any means to keep medication at the appropriate temperature. **The CPT recommends that the Albanian authorities take steps as a matter of urgency to ensure that Shkodra Psychiatric Hospital is always supplied with an adequate range and sufficient quantities of medicines.**

Further, **immediate measures should be taken to equip the hospital's pharmacy with a refrigerator.**

120. Another matter of concern as regards medication is related to its manner of administration. In the psychiatric ward, it appeared to be common practice to administer sedatives (see also paragraph 124) by means of *intramuscular* injections for very long periods – up to several months – with the side effects inherent in such a practice (hardening of the skin at the site of the injections, risk of infection, etc.). This state of affairs was due to the lack of appropriate oral medication in the Hospital's pharmacy. **The CPT recommends that the Albanian authorities review the aforementioned practice, in the light of the above remarks.**

⁴⁷ It should also be added that, whenever a general practitioner worked on a night shift, a psychiatrist remained on call in case of need.

121. As regards the somatic care for patients, the CPT noted several shortcomings. In particular, the somatic health condition of patients was not checked systematically upon admission and, in many cases, there was no regular monitoring of their health status during their stay in hospital. If laboratory tests were deemed necessary, they were often performed by private laboratories, and the families had to cover the expenses. The CPT is pleased to note that, shortly before the visit of its delegation, the hospital had been provided with basic laboratory equipment. **The CPT recommends that measures be taken to ensure that adequate somatic care is provided to patients hospitalised in the psychiatric ward (upon admission and during their stay in hospital).**

122. Finally, the care for patients suffering from physical impairments was often inadequate. In particular, the hospital lacked specific means (such as disposable pads and waterproof mattress covers) for incontinent patients. Further, there was no equipment adapted to the needs of patients with reduced mobility, such as wheelchairs. A physically handicapped patient met by the delegation was thus confined to his bed day and night. Moreover, no physiotherapeutic activities were offered. **The CPT recommends that immediate measures be taken in the psychiatric ward to ensure that adequate care is provided to patients with physical impairments, in the light of the above remarks.**

c. means of restraint

123. In psychiatric establishments, the restraint of agitated and/or violent patients may exceptionally be necessary. This is an area of particular concern to the CPT, given the potential for abuse and ill-treatment. Every psychiatric establishment should have a comprehensive, clearly-defined policy on restraint. The involvement and support of both staff and management in elaborating the policy is essential. Such a policy should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated.

That policy should also make clear that initial attempts to restrain agitated or violent patients should, as far as possible, be non-physical (e.g. verbal instruction) and that where physical restraint is necessary, it should in principle be limited to manual control. Resort to instruments of physical restraint (straps, etc.) and/or chemical restraint will only very rarely be justified. Further, every instance of recourse to means of physical (manual control, mechanical restraint, seclusion) and chemical restraint should be recorded in a specific register established for this purpose (as well as in the patient's file).

124. At Shkodra Psychiatric Hospital, seclusion rooms had been withdrawn from service several years ago, and means of mechanical restraint were apparently never applied. As a consequence, episodes of agitation were usually dealt with by means of chemical restraint (a combination of different sedative medicines).

In this connection, the CPT is very concerned to note that that psychotropic medication (a combination of neuroleptics and benzodiazepines) was quite frequently administered to patients by means of direct *intravenous* injections (very rarely through perfusion), in order to control – including preventively – episodes of agitation of patients, mainly on admission, and generally for prolonged periods (of up to several days)⁴⁸. It should also be added that the supervision of heavily sedated patients was not subject to a protocol of continuous clinical monitoring. Such a practice presents serious risks for the patients concerned (cardiac arrhythmias, low blood pressure, severe neurological reactions, coma, etc.) and should be used only very exceptionally, failing the use of oral medication (or, if necessary, intramuscular medication) and provided that there is close and continuous clinical monitoring.

To sum up, the CPT gained the distinct impression that health-care staff at Shkodra Psychiatric Hospital lacked proper guidelines regarding the management of agitated and/or violent patients and that the excessive resort to chemical restraint was at least in part the result of a lack of alternative measures. **The CPT recommends that urgent measures be taken at Shkodra Psychiatric Hospital to review the use of chemical restraint and to elaborate, in the light of the remarks made in paragraphs 123 and 124, a comprehensive, clearly-defined restraint policy. Further, a specific register for the use of means of restraint should be introduced in the psychiatric ward of the Shkodra Psychiatric Hospital.**

d. legal safeguards

125. As regards legal safeguards offered to patients in the psychiatric ward of Shkodra Psychiatric Hospital, the CPT is concerned that the provisions of the 1996 Mental Health Act governing the involuntary placement of patients in a psychiatric establishment were still not being properly implemented. Although steps had been taken by the management of the psychiatric ward back in 2007 and 2008 to apply the law, the notifications of involuntary admission sent to the local court were apparently not followed by any action. Consequently, the management decided to no longer notify these admissions to the court. At the time of the visit, it quickly became clear that a certain number of patients hospitalised in the ward were being deprived of their liberty, without benefiting from any appropriate safeguards. In practice, a consent form was often signed by a family member (even if the latter was not a court-appointed guardian). That said, the delegation was informed by representatives of the Ministry of Health that the situation was apparently more favourable in all other psychiatric hospitals throughout the country, where involuntary patients reportedly underwent a judicial placement procedure.

The CPT calls upon the Albanian authorities to take efficient steps once and for all to ensure that the 1996 Mental Health Act is effectively implemented in the psychiatric ward of Shkodra Psychiatric Hospital (as well as, where appropriate, in other psychiatric wards/hospitals in the country).

In this context, the Committee recommends that the management of the psychiatric ward of Shkodra Psychiatric Hospital notify to the competent local court all patients currently held in the hospital without their consent. Moreover, the High Council of Justice should deliver a firm reminder to the judges concerned to effectively apply the relevant provisions of the Mental Health Act.

⁴⁸ The delegation examined the medical files of 14 male patients, and it appeared that nine of them had been treated through intravenous injections for a period of up to 21 days. As regards female patients, the medical files of 18 of them were examined; it transpired that ten of them had been treated by means of injections (intramuscular or intravenous) for prolonged periods (e.g. five of them for more than two months).

126. Further, it is regrettable that the Mental Health Act is still lacking certain basic safeguards for involuntary psychiatric patients (in particular, courts are not required to review at regular intervals the need for involuntary hospitalisation, nor has the patient concerned a legal right to request such a review⁴⁹).

During the visit, the CPT's delegation was informed that the working group which had been established in 2005 to prepare draft amendments to the Mental Health Act, in order to remedy the above-mentioned shortcomings in the law and to further develop the rights of psychiatric patients, had not yet completed its work. **The CPT invites the Albanian authorities to redouble their efforts to amend the Mental Health Act as speedily as possible; it trusts that, in this connection, the relevant standards of the Committee⁵⁰ will be fully taken into account.**

127. Finally, the CPT wishes to stress that psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis – be it in the context of civil or criminal proceedings – should not be construed as authorising treatment without his or her consent. It follows that every patient, whether voluntary or involuntary, should be given the opportunity to refuse – either in person or through his or her guardian – treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon law and only relate to clearly and strictly defined exceptional circumstances.

Of course, consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition and the treatment proposed. Consequently, all patients should be provided systematically with relevant information about their condition and the treatment which is proposed for them. Relevant information (results, etc.) should also be provided following treatment.

128. At the psychiatric ward of Shkodra Psychiatric Hospital, the delegation observed that, in practice, no distinction was made between the involuntary placement and involuntary treatment of patients, and that there was a widespread perception that patients who were hospitalised against their will were, on account of their mental illness, not able to give valid consent to any subsequent treatment. Further, in the case of voluntary admissions, the patient's consent to treatment was usually sought upon admission to the hospital at the time when the patient gave his consent to the placement. Hardly any documentation could show that the patient concerned had received detailed information on the diagnosis, the treatment proposed and the possible side effects.

The CPT recommends that the Albanian authorities take steps – including of a legislative nature – to distinguish clearly between the procedure for involuntary placement in a psychiatric institution and the procedure for involuntary psychiatric treatment, in the light of the remarks made in paragraphs 127 and 128, and to introduce appropriate safeguards in the legislation governing involuntary psychiatric treatment. Further, the Committee recommends that steps be taken at Shkodra Psychiatric Hospital, as well as in all other psychiatric establishments in Albania, to ensure that, whenever consent to treatment is given by a patient upon admission, the patient concerned is continuously kept informed of the treatment applied to him/her and placed in a position to withdraw his/her consent at any time.

⁴⁹ According to the law, the involuntary placement is of indefinite duration until the patient is discharged by the hospital. A judicial review can only be requested by a family member or the guardian of the patient concerned.

⁵⁰ CPT/Inf (98) 12, paragraphs 51 to 57.

3. Supported Homes at Elbasan and at Shkodra Psychiatric Hospital

129. Material conditions in all three supported homes were of a very good standard and indeed exemplary. All bedrooms and communal rooms were well-equipped and pleasantly decorated. Further, rehabilitation programmes were offered, aiming to give patients greater autonomy (personal hygiene, cleaning, ironing, shopping, etc.) as well as social skills (division of work, board games, etc.). These programmes were run by devoted qualified staff (a nurse, a psychologist, a social worker and several care attendants), seconded by the psychiatric hospital.

130. As regards the legal status of patients, the delegation was informed that admission to a supported home took place on a voluntary basis and that in practice the patients were allowed to leave the home during the day (initially escorted by staff members). However, the patients had to return to the home at an agreed time and, if they failed to do so, the family and/or the police would be called to bring them back. The vast majority of residents abided by these rules without any difficulties. However, a few of them indicated to the CPT's delegation that they would actually prefer to stay outside in the community, but were prevented from doing so. Thus, it would appear that these patients were deprived of their liberty without ever having been subjected to a judicial placement procedure. In this regard, **the remarks and recommendations made in paragraph 125 equally apply to all supported homes in Albania.**

APPENDIX I

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

Co-operation

comments

- the CPT trusts that in the future it will be provided with comprehensive lists of all types of places where persons may be deprived of their liberty by the police (paragraph 7).

Police establishments

Preliminary remarks

recommendations

- the Albanian authorities to take immediate measures to ensure that persons remanded in custody are always promptly transferred to a pre-trial detention centre or remand prison. This will require greater co-ordination between the Ministries of the Interior and Justice (paragraph 11).

requests for information

- the Albanian authorities comments on the lack of knowledge – among most of the staff (including senior officers) met by the delegation at local police stations – of the existence of the Manual on the Treatment of Persons in Police Custody (paragraph 12).

III-treatment

recommendations

- the Albanian authorities to pursue vigorously their efforts to combat all forms of ill-treatment by the police. All police officers should be reminded, at regular intervals, that any form of ill-treatment of detained persons is not acceptable and will be punished accordingly. In addition, greater emphasis should be given to modern, scientific methods of criminal investigation, through appropriate investment in equipment and skilled human resources, so as to reduce the reliance on confessions to secure convictions (paragraph 17);
- an independent and impartial inquiry to be carried out into the methods used by police officers working in the Korca region when detaining and questioning suspects (paragraph 17);

- the Albanian authorities to take appropriate steps to ensure that the precepts set out in the second subparagraph of paragraph 18 are systematically applied in practice when there are grounds to believe that a person could have been the victim of ill-treatment (paragraph 18).

requests for information

- the results of the inquiry into the methods used by police officers working in the Korca region when detaining and questioning suspects as well as information on the action taken in this regard (paragraph 17);
- in respect of the period from 1 January 2009 to the present time:
 - the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which have been instituted as a result;
 - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by the police(paragraph 19).

Safeguards against ill-treatment

recommendations

- the Albanian authorities to intensify their efforts to ensure that the legal requirement of notification of custody is met in practice with respect to all persons deprived of their liberty by the police, as from the very outset of their deprivation of liberty (paragraph 20);
- the Albanian authorities to recall to all police officers the legal obligation to grant access to a lawyer from the very outset of a person's deprivation of liberty. Further, appropriate steps should be taken, in consultation with Bar Associations, to ensure the effectiveness of the system for free legal representation throughout the criminal procedure, including at the initial stage of police custody (paragraph 21);
- the Albanian authorities to take appropriate action without delay to ensure that the provisions of the Manual on the Treatment of Persons in Police Custody dealing with access to a doctor are fully applied in practice (paragraph 23);
- the Albanian authorities to take the necessary measures to ensure that all persons detained by the police – for whatever reason – are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear oral information at the very outset, and supplemented at the earliest opportunity (that is, immediately upon the arrival of the persons concerned on police premises) by the provision of an information sheet (to be available in appropriate languages) on the rights of detained persons. The persons concerned should be asked to sign a statement attesting that they have been informed of their rights and be allowed to keep a copy of the information sheet (paragraph 25);

- the Albanian authorities to take steps to ensure that juveniles deprived of their liberty by the police do not make any statement or sign any document without the benefit of a lawyer and ideally another trusted adult being present to assist them (paragraph 27);
- steps to be taken to remedy the shortcomings identified in the second subparagraph of paragraph 30 as regards the new detention register and to ensure that the register is strictly adhered to in all police establishments (paragraph 30).

comments

- the provision of the Manual on the Treatment of Persons in Police Custody dealing with access to medical assistance (Chapter IV, Section IV, paragraph 7) should be clarified so as to ensure that requests by detained persons to see a doctor are always promptly met and that police officers do not seek to filter such requests (paragraph 22);
- the Albanian authorities are invited to consider the possibility of introducing electronic recording of police interviews (paragraph 28).

requests for information

- clarification of the “special cases”, referred to in the Manual on the Treatment of Persons in Police Custody, in which the medical examination of a person upon admission to police custody may be delayed (paragraph 22);
- clarification as regards the mandatory gynaecological examination of female detainees prior to their transfer to a remand prison (paragraph 24).

Conditions of detention

recommendations

- the Albanian authorities to take steps to ensure that holding cells in all police stations in Albania are equipped with a means of rest (e.g. a chair or bench) (paragraph 32);
- the Albanian authorities to significantly improve material conditions at the Police Directorate General and Police Station No. 3 in Tirana as well as in the police stations in Burrel, Durres, Elbasan, Fushe Kruja, Pogradec and Shkodra. In particular, measures should be taken to ensure that:
 - custody cells have adequate lighting and ventilation, are appropriately heated during the cold season, and are maintained in a satisfactory state of repair;
 - persons obliged to stay overnight in police custody are provided with a clean mattress and clean blankets as well as basic personal hygiene products;
 - persons in custody are allowed access to the toilet when necessary, in clean and decent conditions, and are offered adequate washing facilities(paragraph 35);

- the custody cells at the Police Directorate General in Tirana to be enlarged (preferably to at least 6 m²). In the meantime, steps should be taken to ensure that they are only used for single occupancy (paragraph 35);
- steps to be taken in all police establishments in Albania to ensure that juveniles are no longer held in the same cell as adult detainees (paragraph 36);
- the plans to (re-)construct police detention facilities referred to in paragraph 38 to be implemented as a matter of priority (paragraph 38).

comments

- persons held in police custody for 24 hours or more should, as far as possible, be offered outdoor exercise every day (paragraph 37);
- the need for outdoor exercise areas for detainees should be taken into account in the design of new police detention facilities (paragraph 38).

requests for information

- a timetable for the full implementation of the plans to (re-)construct police detention facilities referred to in paragraph 38 (paragraph 38).

Prison establishments

Preliminary remarks

requests for information

- detailed information about the work of the Probation Service as well as of the training received by probation officers (paragraph 43);
- statistics on the number of prisoners who have benefited so far from early conditional release and alternatives to imprisonment (such as community-based sanctions and suspended sentences) (paragraph 43).

Ill-treatment

recommendations

- the management in Prison No. 313 and Korca Prison as well as at Durres Pre-Trial Detention Centre to regularly remind their staff that all forms of ill-treatment of prisoners are not acceptable and will be the subject of severe sanctions (paragraph 46);
- in the course of prison staff training, particular emphasis to be placed on the acquisition and development of inter-personal communication skills, as well as on the handling of problematic situations without applying unnecessary force (paragraph 46).

comments

- consideration should be given to using secure video recording for all planned interventions by members of special intervention groups (paragraph 46);
- it is important that members of special intervention groups display prominent means of identification at all times when in contact with prisoners (paragraph 46).

requests for information

- the comments of the Albanian authorities on the issues highlighted in the third subparagraph of paragraph 45 (paragraph 45).

Conditions of detention of adult prisoners

recommendations

- the plans to drill wells and to install boilers at Fushe Kruja Prison, Korca Prison and Durres Pre-Trial Detention Centre to be implemented as a matter of priority; in the interim, steps should be taken in these establishments to alleviate the effects of the insufficient supply of water (paragraph 49);
- urgent steps to be taken in C wing of Burrel Prison to address the problem of access to natural light (paragraph 51);
- the Albanian authorities to give a high priority to the implementation of plans to construct a new pre-trial detention centre in the Kukes region (paragraph 52);
- steps to be taken at Kukes Pre-Trial Detention Centre to ensure that the prisoner accommodation and communal sanitary facilities are maintained in an acceptable state of cleanliness and that the cells are appropriately heated during the cold season. Further, the Centre should be fitted with a shower facility which is distinct from the toilet (paragraph 52);
- the Albanian authorities to redouble their efforts to improve the programme of activities offered to prisoners in the establishments visited and, where appropriate, at other prison establishments in Albania (paragraph 59);
- steps to be taken as a matter of priority to ensure that life-sentenced prisoners (as well as other long-term prisoners) at Burrel and Fushe Kruja Prisons are provided with opportunities for work and other purposeful out-of-cell activities (paragraph 60).

comments

- the Committee trusts that all necessary measures will be taken to ensure that the cells measuring some 14 m² at Durres Pre-Trial Detention Centre accommodate no more than three prisoners (paragraph 49);
- steps should be taken in new prison establishments to ensure that regular maintenance works are carried out in order to prevent material conditions from deteriorating (paragraph 49);
- for as long as Prison No. 313 remains in service, efforts should be pursued in order that the national standard of at least 4 m² of living space per prisoner is respected in all cells (paragraph 50);
- steps should be taken to improve the state of repair in the unit for female prisoners at Prison No. 313 in Tirana (paragraph 50);
- all prison cells should be equipped with a window; any cell where this is not possible for structural reasons should be taken out of service as prisoner accommodation. Further, the design of cell windows should allow adequate access to natural light (i.e. sufficient to read by during the day) (paragraph 51);

- steps should be taken in the establishments visited to equip the outdoor exercise yards with a means of rest as well as shelter from inclement weather (paragraph 53);
- steps should be taken to review the provision of food to prisoners, in the light of the remarks made in paragraph 54 (paragraph 54);
- steps should be taken to ensure that all prisoners are regularly provided with adequate quantities of essential personal hygiene products (including toothpaste, toothbrush, shampoo, etc.) as well as sufficient materials to clean their cells (paragraph 55);
- any restrictions on the regime applicable to sentenced prisoners should be based exclusively on security concerns of an appreciable nature assessed on a case-by-case basis by the prison management rather than applied automatically by the courts as part of the sentence (paragraph 60).

requests for information

- detailed information on the implementation of the plan to construct a new remand prison in Tirana (paragraph 50);
- up-to-date information concerning the renovation of A and B wings of Burrel Prison (paragraph 51);
- detailed information on the possibilities for life-sentenced prisoners to be reclassified to a lower security regime permitting their integration into the mainstream prisoner population (paragraph 60);
- clarification as regards the amendments to the General Prison Regulations which include television sets in the list of prohibited items for remand prisoners (paragraph 61).

Conditions of detention of juveniles

recommendations

- steps to be taken at Korca Prison, Prison No. 313 and, where appropriate, in other prisons, to ensure that juvenile remand prisoners (both male and female) are provided with a wider range of organised activities, in the light of the remarks made in paragraph 66 (paragraph 66).

comments

- the Albanian authorities are invited to allow, if necessary through legislative amendments, for flexibility in the transfer of prisoners who reach the age of 18 to an adult institution, in the light of the remarks made in paragraph 68 (paragraph 68).

requests for information

- updated information on the proposal by the Directorate General of Prisons to increase the quantity of food for inmates at Kavaja Juvenile Reintegration Centre and clarification as to whether similar action has been taken as regards juveniles held in Prison No. 313 and Korca Prison (paragraph 64).

Health-care services in the prisons visited

recommendations

- the Albanian authorities to increase nursing staff levels at Prison No. 313 (paragraph 69);
- steps to be taken in all the establishments visited to remedy the deficiencies in the health-care facilities described in paragraph 70 (paragraph 70);
- the Albanian authorities to take the necessary measures to ensure that the prison establishments at Burrel, Durres, Kavaja and Kukes have proper dental equipment (paragraph 73);
- urgent steps to be taken to arrange for regular visits by a psychiatrist to all prisons in Albania. Further, all doctors working in prisons should be trained to identify and manage common psychiatric disorders and to recognise serious disorders requiring specialist care (paragraph 74);
- the Albanian authorities to take the necessary steps to ensure that all newly-arrived prisoners are subject to a comprehensive medical examination on admission (including screening for transmissible diseases) and are provided with information regarding the prevention of transmissible diseases (paragraph 75);
- the Albanian authorities to ensure that:
 - the record drawn up after a medical examination of a prisoner (both on admission and during imprisonment) contains: (i) an account of statements made by the prisoner which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), (ii) an account of objective medical findings based on a thorough examination, and (iii) the doctor's conclusions in the light of i) and ii), indicating the degree of consistency between any allegations made and the objective medical findings (a copy of the conclusions should be made available to the prisoner concerned and, upon request, to his/her lawyer);
 - all medical staff working in prison establishments are reminded of their obligations under Sections 281 and 282 of the CCP (paragraph 76);

- the Albanian authorities to take immediate steps at Korca Prison and Prison No. 313 to ensure that an individual medical file is opened on admission and properly kept for every prisoner. In particular, medical files should contain diagnostic information as well as an ongoing record of the prisoner's state of health and of any special examinations he has undergone (paragraph 77);
- the Albanian authorities to take steps to ensure that medical examinations/consultations of prisoners are conducted out of the hearing and – unless the doctor concerned specifically requests otherwise in a particular case – out of the sight of non-medical staff (paragraphs 78 and 91).

comments

- the Albanian authorities are invited to offer special training to prison doctors on the manner in which medical screening of prisoners is to be performed and on the recording of any injuries observed (paragraph 76).

requests for information

- a list of medicines which are now routinely supplied to all prison establishments (paragraph 71);
- as regards Burrel Prison, whether:
 - the establishment now has a properly equipped surgery for medical examinations (which is regularly supplied with the necessary material);
 - a general practitioner now works in the prison on at least a half-time basis;
 - requests made by prisoners to consult a doctor are promptly met (paragraph 81);
- detailed information on the planned enrolment of prisoners in the national health insurance scheme (paragraph 82).

Prison Hospital in Tirana

recommendations

- the Albanian authorities to take measures to install call bells/means of communication in the patients' rooms, absolute priority to be given to the two intensive care rooms (paragraph 84);
- measures to be taken to ensure that used sheets are collected and processed in accordance with the rules of hospital hygiene (paragraph 84);
- urgent measures to be taken to ensure that the Prison Hospital benefits from at least two full-time psychiatrists (paragraph 87);

- the dental surgery of the Prison Hospital to be either completely refurbished or taken out of service. In the interim, recourse should be had to the services of external dentists (paragraph 89);
- the Albanian authorities to intensify their efforts to offer a wider range of treatment to psychiatric patients (paragraph 90);
- the Albanian authorities to put an immediate and definitive end to the practice of using chains to keep suicidal or agitated patients in their beds. A specific written instruction to this effect should be distributed to all staff working at the Prison Hospital (paragraph 92);
- an appropriate procedure to be introduced at the Prison Hospital in respect of the use of physical and chemical means of restraint vis-à-vis suicidal or agitated patients. This should be accompanied by the acquisition of professionally recognised restraint equipment (such as a thoracic belt or wrist and ankle straps). Further, precise directives concerning the relational approach and the behaviour to be adopted towards patients in state of psychomotor agitation should be circulated to the care and custodial staff working at the Prison Hospital (paragraph 92);
- the Albanian authorities to take decisive steps to transfer psychiatric patients declared not to be criminally responsible and subjected to a compulsory treatment measure (under Section 46, paragraph 1, of the Criminal Code) as well as psychiatric patients subjected to a temporary hospitalisation measure (under Section 239 of the Code of Criminal Procedure) to an appropriate care institution (paragraph 94).

comments

- the Albanian authorities are encouraged to do away with the closed-door regime in the Prison Hospital and to progressively develop other activities for the patients (both male and female) (paragraph 86);
- the Albanian authorities are invited to consider introducing ongoing training modules on psychiatry at the country's nursing schools (paragraph 87);
- it would be desirable for appropriate premises to be placed at the disposal of the psychosocial team, so that it can organise group activities there (paragraph 90);
- the Albanian authorities are invited to remain attentive to strict compliance by the courts with the legislation concerning *ex officio* review of compulsory medical treatment under Section 46, paragraph 1, of the Criminal Code (paragraph 93).

Other issues

recommendations

- custodial staff assigned to work with juveniles at Korca Prison and Prison No. 313, as well as at any other prison in Albania, to receive specialised training, taking into consideration the remarks made in paragraph 96 (paragraph 96);
- the Albanian authorities to reduce the maximum possible period of confinement in a disciplinary cell as a punishment in respect of juvenile prisoners. Further, whenever juveniles are subject to such a sanction, they must be guaranteed socio-educational support and appropriate human contact throughout the duration of the measure (paragraph 98);
- the shortcomings regarding the disciplinary procedure described in the second subparagraph of paragraph 99 to be remedied (if necessary, by amending the relevant legal provisions) (paragraph 99);
- measures to be taken in all prison establishments to ensure that the provisions of Section 50 and Section 52, paragraph 5, of the General Prison Regulations are strictly complied with (paragraph 101);
- the role of prison doctors in relation to disciplinary matters to be reviewed, in the light of the remarks made in paragraph 102. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the CPT in its 15th General Report (see paragraph 53 of CPT/Inf (2005) 17) (paragraph 102);
- the disciplinary cells at Durres Pre-Trial Detention Centre to be either enlarged (to at least 6 m²) or taken out of service. Steps should also be taken to ensure that the disciplinary cell located in C wing of Burrel Prison has adequate lighting (including access to natural light) and ventilation (paragraph 103);
- the Albanian authorities to ensure that all prisoners subject to the sanction of placement in a disciplinary cell are offered at least one hour of outdoor exercise every day (paragraph 104);
- steps to be taken at Prison No. 313 to ensure that prisoners held in a disciplinary cell enjoy ready access to a proper toilet facility at all times (paragraph 104);
- the Albanian authorities to review the visiting arrangements in all prison establishments in order to ensure that, as a rule, visits take place under decent open conditions (e.g. with prisoners and their visitors sitting around a table) (paragraph 107);
- steps to be taken to ensure that prisoners' short-term visits last at least one hour (paragraph 107).

comments

- if it is considered necessary for prison officers to carry truncheons, the truncheons should be hidden from view (paragraph 97);
- given that the lodging of an appeal against decisions regarding disciplinary sanctions does not have a suspensive effect on the implementation of the disciplinary punishment, any such appeal must be dealt with expeditiously for it to have any meaning (paragraph 100).

requests for information

- detailed information on the training (both initial and ongoing) received by prison officers (paragraph 95).

Psychiatric/social welfare establishments

Preliminary remarks

comments

- the Albanian authorities are encouraged to pursue their efforts to increase the number of supported homes and community mental-health centres (paragraph 109).

Shkodra Psychiatric Hospital

recommendations

- the Albanian authorities to implement as speedily as possible the plans to reconstruct the entire hospital, including the psychiatric ward, in Shkodra (paragraph 114);
- pending the reconstruction of the psychiatric ward, measures to be taken to repair the sanitary facilities, improve the heating and provide a more personalised environment for patients (paragraph 114);
- steps to be taken as a matter of urgency to ensure that the hospital is always supplied with an adequate range and sufficient quantities of medicines (paragraph 119);
- immediate measures to be taken to equip the hospital's pharmacy with a refrigerator (paragraph 119);
- the Albanian authorities to review the practice of administering sedatives by means of intramuscular injections for very long periods, in the light of the remarks in paragraph 120 (paragraph 120);
- measures to be taken to ensure that adequate somatic care is provided to patients hospitalised in the psychiatric ward (upon admission and during their stay in hospital) (paragraph 121);
- immediate measures to be taken in the psychiatric ward to ensure that adequate care is provided to patients with physical impairments, in the light of the remarks in paragraph 122 (paragraph 122);
- urgent measures to be taken at the hospital to review the use of chemical restraint and to elaborate, in the light of the remarks in paragraphs 123 and 124, a comprehensive, clearly-defined restraint policy (paragraph 124);
- a specific register for the use of means of restraint to be introduced in the psychiatric ward of the hospital (paragraph 124);

- the Albanian authorities to take efficient steps to ensure that the 1996 Mental Health Act is effectively implemented in the psychiatric ward of the hospital (as well as, where appropriate, in other psychiatric wards/hospitals in the country) (paragraph 125);
- the management of the psychiatric ward of the hospital to notify to the competent local court all patients currently held in the hospital without their consent. Moreover, the High Council of Justice should deliver a firm reminder to the judges concerned to effectively apply the relevant provisions of the Mental Health Act (paragraph 125);
- the Albanian authorities to take steps – including of a legislative nature – to distinguish clearly between the procedure for involuntary placement in a psychiatric institution and the procedure for involuntary psychiatric treatment, in the light of the remarks in paragraphs 127 and 128, and to introduce appropriate safeguards in the legislation governing involuntary psychiatric treatment (paragraph 128);
- steps to be taken at Shkodra Psychiatric Hospital, as well as in all other psychiatric establishments in Albania, to ensure that, whenever consent to treatment is given by a patient upon admission, the patient concerned is continuously kept informed of the treatment applied to him/her and placed in a position to withdraw his/her consent at any time (paragraph 128).

comments

- the Albanian authorities are encouraged to organise more recreational and occupational activities for patients (paragraph 116);
- the Albanian authorities are invited to redouble their efforts to amend the Mental Health Act as speedily as possible; the Committee trusts that, in this connection, the relevant standards of the Committee (see paragraphs 51 to 57 of CPT/Inf (98) 12) will be fully taken into account (paragraph 126).

requests for information

- a detailed plan for reconstruction of the psychiatric ward of the hospital as well as a timetable for the full implementation of that plan (paragraph 114).

Supported Homes at Elbasan and at Shkodra Psychiatric Hospital

comments

- the remarks and recommendations made in paragraph 125 apply equally to all supported homes in Albania (paragraph 130).

APPENDIX II

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

A. National authorities

Ministry of the Interior

Lulzim BASHA	Minister
Muhamet RRUMBULLAKU	Director of Public Order

Ministry of Justice

Bujar NISHANI	Minister
Gazmend DIBRA	Director General of Prisons

Ministry of Health

Petrit VASILI	Minister
Albert GAJO	Deputy Minister
Gazmend BEJTA	Head of Department of Public Health
Romeo ZEGALI	Head of Department of European Integration
Eljesa HARAPI	Specialist in psychiatry

Ministry of Labour, Social Affairs and Equal Opportunities

Spiro KSERA	Minister
Arkida HYSENAJ	Head of Department for Inspection of Standards and Social Services

B. Office of the People's Advocate (Ombudsman)

Riza PODA	Acting People's Advocate
Ervin KARAMUCO	Torture Prevention Unit (National Preventive Mechanism)

C. International Organisations

OSCE Presence in Albania

European Assistance Mission to the Albanian Justice System (EURALIUS)

D. Non-governmental organisations

Albanian Helsinki Committee

Albanian Rehabilitation Centre for Torture Victims

European Institute of Tirana