

## **Report**

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

**from 5 to 15 September 2011**

The Latvian Government has requested the publication of this report and of its responses. The Government's responses are set out in document CPT/Inf (2013) 21.

Strasbourg, 27 August 2013



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**Copy of the letter transmitting the CPT's report**

Ms Aiga Liepina  
Ambassador Extraordinary and Plenipotentiary  
Permanent Representative of Latvia  
to the Council of Europe  
67, allée de la Robertsau  
67000 Strasbourg

Strasbourg, 28 March 2012

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 Latvian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Latvia from 5 to 15 September 2011. The report was adopted by the CPT at its 77<sup>th</sup> meeting, held from 5 to 9 March 2012.

The 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 Latvian 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 Latvian authorities to provide, in that response, reactions to the comments formulated in this report as well as replies to the requests for information made.

In respect of the recommendations contained in paragraphs 76, 77 and 87 of the report, the CPT requests the Latvian authorities to provide a response **within three months**.

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

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

Yours sincerely,

Latif Hüseyinov  
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 periodic visit to Latvia from 5 to 15 September 2011. It was the Committee’s sixth visit to Latvia.<sup>1</sup>

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

- Lətif HÜSEYNOV (President of the CPT and Head of delegation)
- Mario FELICE
- Pétur HAUSSON
- Marzena KSEL
- Sonja KURTÉN-VARTIO
- George TUGUSHI
- Branka ZOBEC HRASTAR.

They were supported by Borys WÓDZ (Head of Division), Elvin ALIYEV, Petr HNÁTÍK and Almut SCHRÖDER of the CPT’s Secretariat, and assisted by the following interpreters:

- Inguna BEKERE
- Viktors FREIBERGS
- Ilze NORVELE
- Ligita PUDŽA
- Ieva VIZULE.

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<sup>1</sup> The CPT has previously carried out three periodic visits (January/February 1999, September/October 2002, November/December 2007) and two ad hoc visits (May 2004, December 2009) to Latvia. The reports on these visits and the responses of the Latvian authorities are available on the CPT’s website (<http://www.cpt.coe.int/en/states/lva.htm>).

**B. Establishments visited**

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

Police establishments

- Daugavpils Police Station
- Dobele Police Station
- Jēkabpils Police Station
- Jelgava Police Station
- Latgales District Municipal Police Station, Rīga
- Liepāja Police Station
- Liepāja Municipal Police Station
- Saldus Police Station
- Talsi Police Station
- Valmiera Police Station
- Ventspils Police Station

Border Guard establishments

- Border Guard Accommodation Centre for Detained Aliens, Daugavpils

Prisons

- Daugavgrīva Prison (unit for life-sentenced prisoners)
- Jelgava Prison
- Liepāja Prison
- Rīga Central Prison
- Valmiera Prison

Psychiatric establishments

- Piejuras Hospital (psychiatric unit), Liepāja

Social welfare establishments

- Ilģi branch of Kurzeme Social Care Centre, Grobiņa.



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

4. In the course of the visit, the CPT's delegation had consultations with Aigars ŠTOKENBERGS, Minister of Justice and Acting Minister of the Interior, Leonīds JEFREMOVS, Acting Head of the Prison Administration, Viktors ELKSNIS, Deputy State Secretary of the Ministry of the Interior, and Ringolds BEINAROVIČS, State Secretary of the Ministry of Welfare, as well as with senior officials from the aforementioned ministries and the Ministry of Health. Discussions were also held with Juris JANSONS, Ombudsman of Latvia, and representatives of non-governmental organisations active in areas of concern to the CPT.

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

5. The co-operation received by the CPT's delegation during the visit, both from the national authorities and from staff at the establishments visited, was excellent. The delegation enjoyed rapid access to the places visited (including those not notified in advance) and was able to speak in private with persons deprived of their liberty. Further, the delegation was provided with all the necessary documentation in advance of the visit, and additional requests for information made during the visit were promptly met.

As stressed by the CPT in the past, the principle of co-operation set out in Article 3 of the Convention is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive action be taken in response to the Committee's recommendations. In this respect, the CPT has noted that some positive developments have taken place in certain areas<sup>2</sup>. However, little or no progress has been made in implementing many key recommendations made by the CPT after its previous visits to Latvia, in particular as regards conditions of detention in police establishments, the regime of activities offered to remand prisoners, the regime and security measures applied to life-sentenced prisoners, and prison staffing levels.

The CPT calls upon the Latvian authorities to improve the situation in the light of the recommendations made by the Committee in this visit report. If decisive action is not taken in the near future, it will have no choice but to consider having recourse to the procedure provided for in Article 10, paragraph 2, of the Convention.<sup>3</sup>

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<sup>2</sup> Such as the treatment of persons deprived of their liberty by law enforcement officials and the conditions of detention of immigration detainees.

<sup>3</sup> Article 10, paragraph 2, reads as follows: "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter".

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

6. During the end-of-visit talks with the Latvian authorities on 15 September 2011, the CPT's delegation outlined the main facts found during the visit and, on that occasion, made three immediate observations under Article 8, paragraph 5, of the Convention.

The first immediate observation concerned two single-occupancy disciplinary cells at Jelgava Prison, which had already been the subject of an immediate observation during the CPT's 2009 visit. The delegation called upon the Latvian authorities to put a definitive end to the use of these cells (see paragraph 100).

The second immediate observation was made in respect of the detention area of the Municipal Police Station in Liepāja. The delegation requested the Latvian authorities to remove a metal chair used to restrain agitated detainees and to take cells Nos. 5 and 6 out of use pending their refurbishment (see paragraph 32).

The final immediate observation concerned the five small cubicles located in the remand block of Valmiera Prison. The delegation requested that the Latvian authorities withdraw these cubicles from service (see paragraph 61).

The above-mentioned immediate observations were subsequently confirmed by the Executive Secretary of the CPT in a letter dated 22 September 2011, in which the Latvian authorities were asked to provide, within one month, confirmation that the requested action had been taken.

7. By letter of 21 October 2011, the Latvian authorities provided information on the measures taken in response to the above-mentioned immediate observations. This information has been taken into account in the relevant sections of the present report.

**E. Monitoring of places of deprivation of liberty**

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

In this connection, the Committee considers that Parties to the Convention establishing the CPT should also become parties to the Optional Protocol to the United Nations Convention against Torture (OPCAT). Indeed, this instrument provides, inter alia, for the setting-up of one or several independent monitoring bodies at national level (National Preventive Mechanisms), which will possess significant powers. Those bodies should be in a position to intervene more regularly – and more rapidly – than any international body. **The CPT therefore encourages the Latvian authorities to accede to/ratify the OPCAT.**

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police establishments

#### 1. Preliminary remarks

9. The legal framework governing the deprivation of liberty by the police in Latvia has remained basically unchanged since the last periodic visit in 2007. Thus, criminal suspects may be held in police custody (before being seen by a judge) for a maximum of 48 hours<sup>4</sup>.

As for administrative detention, under the Police Act and the Administrative Violations Code, persons may be held by the police on different legal grounds, such as to verify their identity or when the interests of public safety, order, health or morals so require (for a maximum period of three hours), or when they may present a danger to themselves or others due to alcohol or narcotic intoxication (for a maximum period of 12 hours). In addition, police detention facilities are used for holding persons who have committed an administrative offence and are sentenced to detention, for a period of up to 15 days<sup>5</sup>.

Foreign nationals may be detained by the police under the aliens legislation for a maximum period of three hours, following which they must be handed over to the Border Guards<sup>6</sup> (see paragraph 33).

10. As was the case during the CPT's previous visits, remand and sentenced prisoners could be returned from prison to police detention facilities if this was considered necessary for investigative purposes. There was still no legal time-limit for such periods of detention, and the delegation came across cases of prisoners staying at police establishments for up to 21 days. This is of all the more concern to the Committee given the extremely poor conditions of detention found in the majority of the police detention facilities visited (see paragraphs 26, 28 and 30).

**The CPT once again calls upon the Latvian authorities to take steps – including of a legislative nature – to ensure that the return of prisoners to police detention facilities is sought and authorised only very exceptionally, for specific reasons and for the shortest possible time. Such a return should in each case be subject to the express authorisation of a prosecutor or judge.**

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<sup>4</sup> Section 263 of the Code of Criminal Procedure (CCP).

<sup>5</sup> Section 31 of the Administrative Violations Code.

<sup>6</sup> Section 53 of the Immigration Law.

## 2. Ill-treatment

11. In the course of the visit, the delegation received a number of allegations from detained persons of physical ill-treatment by police officers. The ill-treatment alleged consisted, in the main, of punches and kicks, and in a few cases of inappropriate use of truncheons and too-tight handcuffing. It was said to have occurred at the time of apprehension and/or subsequently, during the initial stay at a police establishment (including during questioning). Some allegations were also received of threats and verbal abuse.

It should be stressed that no allegations of physical ill-treatment were received in respect of police officers performing custodial tasks in police detention facilities.

12. Most of the above-mentioned allegations related to periods some time before the delegation's visit; consequently, any injuries which might have been caused by the ill-treatment alleged would almost certainly have healed in the meantime. However, some of the allegations of recent physical ill-treatment were corroborated by the delegation's own medical observations. Further, in a few cases, the delegation's doctors found in the documentation consulted medical evidence which was consistent with the allegations made. By way of example, reference might be made to the following cases:

- a remand prisoner interviewed by the delegation at Rīga Central Prison alleged that two months previously (on 12 July 2011), he had been physically ill-treated by members of the police drug squad, both upon his apprehension and subsequently at a police station in Rīga. He was allegedly repeatedly punched and kicked by several plain-clothes officers, as a result of which he lost consciousness; he was then doused with water and regained consciousness, following which he was taken to a hospital, where a CT scan of his head was performed. The prisoner's medical file at Rīga Central Prison recorded inter alia the following upon his admission to the establishment on 14 July 2011: he sustained a head injury on 12 July 2011; his main complaints were headache and insomnia; there were reddish-blue haematomas on the right and left eye areas, and abrasions on the face, the left arm and the left leg; the diagnosis was brain concussion;
- another remand prisoner interviewed at the same establishment alleged that he had been struck with truncheons, punched and kicked by police officers, upon apprehension on 1 March 2011 and subsequently, during his transfer and upon arrival to the police station. The register of medical examinations on arrival at the prison contained an entry describing the following injuries observed on the prisoner concerned: abrasions, and a bruise on the face;
- a remand prisoner interviewed at Liepāja Prison alleged that he had been physically ill-treated after his apprehension in late July 2011, while in the custody of the police in Talsi. He said that a police officer entered his cell and started punching him and striking him with a truncheon, and that he fell on an iron bed and sustained several injuries to the left side of his body, in particular his thigh. Upon examination by a medical member of the delegation, the prisoner concerned displayed two lacerated wounds on the left hip that healed unattended by tertiary intention, resulting in two linear brownish-red scars (20/2 mm and 30/4 mm), each having a narrow (2-4 mm) epidermal gap.

13. At Liepāja Prison, the delegation met a prisoner who alleged to have been ill-treated (punches and truncheon blows) while in the custody of the Talsi police (in order to participate in investigative activities) on 29 April 2011. The prisoner concerned was subsequently taken to a hospital, where he spent seven days, including two days in a coma. His hospital file contained entries stating that he had been admitted unconscious, but without any visible external injuries. The delegation was told that the case was being investigated by the competent prosecutor. **The CPT would like to be provided with a copy of any medical forensic report drawn up in respect of the prisoner concerned. Further, the Committee would like to be informed, in due course, of the outcome of the above-mentioned investigation.**

14. Both the frequency and the severity of the ill-treatment alleged were somewhat less than that observed during the last periodic visit in 2007<sup>7</sup>. However, the findings during the 2011 visit clearly indicate that persons in police custody continue to face a certain degree of risk of being subjected to ill-treatment. Constant vigilance is required in this area on the part of the Latvian authorities.

**The CPT reiterates its recommendation that police officers be reminded, at regular intervals, that all forms of ill-treatment (including threats and verbal abuse) of persons deprived of their liberty are not acceptable and will be punished accordingly. Police officers should also be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them.**

Further, **the CPT recommends that the Latvian authorities continue to develop professional training of police officers, with a view to ensuring that all new recruits receive adequate initial training and that police officers already in service are offered systematic ongoing training, related to human rights, professional ethics, conduct of interviews, handling of high-risk situations (including the apprehension of suspects), etc.**

15. At the outset of the visit, the Latvian authorities provided the delegation with information about the number of complaints against police misconduct received in the years 2007 to 2010 and the outcome of these complaints (including the disciplinary and criminal sanctions imposed)<sup>8</sup>.

However, in order to obtain an updated picture of the situation, **the Committee would like to receive analogous information in respect of 2011 and the first half of 2012, and in particular:**

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

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<sup>7</sup> See paragraph 11 of CPT/Inf (2009) 35.

<sup>8</sup> The number of complaints of physical ill-treatment by the police (including those concerning physical ill-treatment of persons in police custody) was as follows: 128 (59) in 2007; 165 (81) in 2008; 113 (95) in 2009; and 161 (96) in 2010. Sanctions imposed on police officers were as follows: nine disciplinary sanctions in 2007; five disciplinary and one criminal sanction in 2008; one disciplinary sanction in 2009 and one in 2010.

16. Already at this stage, the CPT must stress that it is struck by the very low number of disciplinary sanctions and the total absence of criminal sanctions in 2009 and 2010. In this context, the Committee notes with considerable concern that no action was taken by the Latvian authorities in response to the comments and recommendations made in paragraphs 19 and 20 of the report on the 2007 visit, regarding the need to carry out a thorough review of the procedures for processing complaints about police ill-treatment. Consequently, **the CPT once again recommends that such a review be carried out. The Committee also reiterates its view that it would be preferable for the investigation work concerned to be entrusted to an agency which is completely independent of the police.**

17. As for the role to be played by prison health-care services in the prevention of ill-treatment, reference is made to the remarks in paragraph 89 of this report.

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

18. The situation with respect to the legal safeguards against ill-treatment, especially as regards the right of notification of custody to one's next-of-kin and the right of access to a lawyer, has remained very much the same as that observed by the CPT during the 2007 visit<sup>9</sup>. In particular, these safeguards still usually became effective not as from the very outset of deprivation of liberty but from the moment when a person is formally interviewed by an investigator (or even at a later stage); this also continued to be the moment at which information on the above-mentioned rights was provided.

19. Although most of the persons met by the delegation stated that the police had offered them the possibility to inform their relatives of their detention, the delegation did hear some allegations of refused or significantly delayed notification of custody. Further, as during the 2007 visit, specific provisions applicable to juveniles (in particular, the obligation of the police to immediately inform the parents/legal representative) were apparently not always respected. **The CPT calls upon the Latvian authorities to ensure that the right of notification of custody is rendered fully effective in practice with respect to all persons deprived of their liberty by the police, as from the very outset of their deprivation of liberty.**

The fact that notification of custody was as a rule physically performed by police officers and not by the detained person concerned directly resulted in some detainees entertaining doubts as to whether the notification had in fact been made. **The Committee recommends that steps be taken to ensure that detained persons are provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention.**

20. The delegation again observed the practice, already criticised in the report on the 2007 visit, of apprehended persons being subjected to informal questioning, without the presence of a lawyer, prior to the taking of a formal statement. Further, many detained persons stated that they had only been able to see a lawyer when taken to court with a view to applying a preventive measure. **The CPT once again calls upon the Latvian authorities to take all necessary steps to ensure that the right of access to a lawyer is enjoyed by all persons obliged to remain with the police, as from the very outset of their deprivation of liberty.**

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<sup>9</sup> See paragraphs 22 to 28 of CPT/Inf (2009) 35.

21. As had been the case during the 2007 visit, a number of detained persons who had been provided with the services of *ex officio* lawyers complained about the manner in which they worked; in particular, it was claimed that the *ex officio* lawyers often met their clients only once (in court) and on occasion even tried to dissuade them from lodging a formal complaint about ill-treatment by the police. **The Committee calls upon the Latvian authorities to step up their efforts to ensure that the system of legal aid for persons in police custody operates effectively.**

22. Some detained juveniles told the delegation that they had been interviewed by the police without the presence of either their parent/tutor or a lawyer. **The CPT recommends that steps be taken to ensure that juveniles do not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer (and, in principle, of a trusted adult person) being present and assisting the juvenile.**

23. As for access to a doctor, the information gathered by the delegation indicated that the police did not hesitate to call for an ambulance if a person in their custody required medical assistance. However, such calls for medical assistance were not always properly recorded in the relevant documentation in the police establishments concerned (e.g. in Saldus). **The CPT recommends that this shortcoming be remedied.**

Further, the delegation was informed that medical examinations on police premises still routinely took place in the presence of police officers, and it observed that the medical data kept in police detention facilities was usually freely accessible to non-medical police staff. **The Committee calls upon the Latvian authorities to ensure that medical examinations of persons held in police detention facilities are always conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of police officers<sup>10</sup>.** Further, steps should be taken to ensure that the confidentiality of medical data is fully respected in police establishments throughout Latvia.

24. The CPT is very concerned that its long-standing recommendation about the provision of information on their rights to persons in police custody has remained unimplemented. As already mentioned in paragraph 18, detained persons were informed of some of their rights only at the moment when the protocol of detention was drawn up. Further, as previously, no written information was provided on the right of access to a doctor.

**The CPT calls upon the Latvian authorities to ensure without further delay that all persons detained by the police – for whatever reason – are fully informed of their above-mentioned 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 provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon first entry into police premises) by provision of a written form setting out the detained person's rights in a straightforward manner, and available in an appropriate range of languages.**

Further, **particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case.**

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<sup>10</sup> See also paragraph 27 of CPT/Inf (2009) 35.

25. Mechanisms for the monitoring of police detention facilities are capable of making an important contribution to the prevention of ill-treatment. In Latvia, there is a system of internal inspections by the Internal Security Bureau of the State Police. A number of other bodies are also entitled to visit police detention facilities (e.g. the Ombudsman, prosecutors and judges); however, for reasons mainly related to the available resources, visits by such outside bodies were not very frequent, which limited their impact.

In this context, the delegation learned that the Latvian authorities were considering setting up a new, independent body that would carry out monitoring of police establishments and would also be entitled to receive complaints from persons in police custody. **The CPT would like to receive more information about these plans. The Committee wishes to stress that, to be fully effective, visits by monitoring bodies should be both frequent and unannounced. Further, such bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; exercise of detained persons' rights, etc.)**

#### 4. Conditions of detention

26. With the exception of the detention facility at Liepāja Police Station, conditions of detention in the police establishments visited varied from poor (e.g. in Dobele, Jelgava, Saldus and Valmiera) to extremely poor (e.g. in Jēkabpils). In the light of the case-law of the European Court of Human Rights, the conditions in some of these facilities could be considered as amounting in themselves to inhuman and degrading treatment.

27. At the outset of the visit, senior officials from the Ministry of the Interior told the delegation that they were aware of the fact that most police detention premises were not in line with international standards. The Ministry had closed down several establishments (e.g. in Balvi, Krāslava, Rīga and Ventspils) and ordered the refurbishment of a number of other establishments.

One completely new facility (in Liepāja) had opened in 2007, and it was expected that the new establishments in Daugavpils and Ventspils would enter into service in the course of 2012. Further, following a recent decision by the Constitutional Court, the Ministry planned to provide all the cells in police stations with fully screened toilets (which is not the case at present). The CPT welcomes these efforts and **would like to be informed of the progress of refurbishment of detention areas in police premises, including the timeframe for these works.** Further, **the Committee would like to receive, in due course, confirmation of the entry into service of the new police detention facilities in Daugavpils and Ventspils.**

28. As already indicated, the best conditions of detention were observed in the detention facility at Liepāja Police Station, where the cells were sufficient in size (e.g. single cells measured 7 m<sup>2</sup>; double cells measured 9 m<sup>2</sup>), acceptably equipped (with a sleeping platform, mattress, blanket, washbasin, screened toilet) and benefited from good artificial lighting and ventilation. That said, all the cells showed clear signs of wear-and-tear and were in need of redecoration; it is also regrettable that they only had limited access to natural light.



The cells seen in the other police establishments visited had either very limited access to natural light or no access at all (e.g. in Daugavpils, Dobeles, Saldus and Talsi), and inadequate artificial lighting and ventilation (with the exception of the cells in Jēkabpils, which were well ventilated). In the establishments without in-cell toilets (i.e. in Daugavpils and Jēkabpils), detained persons had access to communal toilets only once or twice per day; for the rest of the time, they were obliged to share a bucket in their cells. Moreover, in the latter establishment, the delegation saw two adjacent communal toilets, which could be used by detained persons at the same time and which were not partitioned at all.

Further, nearly all the police detention facilities visited were filthy and unhygienic. It should also be stressed that the permitted occupancy was too high in some of the cells of the establishments visited<sup>11</sup>, especially bearing in mind the prolonged periods for which persons could be held there.

29. In the light of the above, **the CPT recommends that the Latvian authorities pursue vigorously their efforts to improve material conditions in police cells. More specifically, the following measures should be taken as a matter of priority:**

- **ensure that all police cells where persons may be held overnight are of a reasonable size for their intended occupancy (i.e. preferably 7 m<sup>2</sup> for single cells, and at least 4 m<sup>2</sup> per detained person in multi-occupancy cells);**
- **improve in-cell lighting (there should be sufficient artificial lighting to read by – sleeping periods excluded – and preferably access to natural light) and ventilation;**
- **ensure that the cells are cleaned at appropriate intervals.**

Further, **the Committee recommends that steps be taken to ensure that:**

- **persons in police custody are at all times (including at night) allowed to comply with the needs of nature when necessary, in clean and decent conditions; the use of buckets for this purpose should be eliminated completely, as it is degrading both for the persons detained and for police officers;**
- **toilet and washing facilities are kept in a good state of repair.**

30. As for daily outdoor exercise, it was generally only available for 30 minutes per day<sup>12</sup>, and was not provided at all in Daugavpils, Jēkabpils and Valmiera. **The CPT recommends that all persons who are detained by the police for 24 hours or more be offered, as far as possible, outdoor exercise, and that anyone held in a police detention facility for more than 48 hours be entitled to at least one hour of outdoor exercise every day.**

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<sup>11</sup> E.g. four beds in a cell measuring 14 m<sup>2</sup> in Dobeles; three beds in cells measuring 11 m<sup>2</sup> in Talsi and Saldus.

<sup>12</sup> Despite the recommendation made in paragraph 33 of the report on the 2007 visit, the relevant regulations have not been amended.

31. As already mentioned in paragraph 10, police detention facilities are still often used for extended periods of detention (for as long as a month<sup>13</sup> and even, in one case found by the delegation at Valmiera Police Station, 43 days), a function for which they are clearly not suitable, both as regards the material conditions and the (absence of a) regime of activities. This practice has been criticised by the Committee after previous visits to Latvia, and the CPT finds it regrettable that it continues. For as long as this practice prevails, **the Committee recommends that steps be taken to provide some form of activity (e.g. books, newspapers, board games) – in addition to outdoor exercise – to all persons held in excess of a few days at such establishments.**

32. As already mentioned in paragraph 6, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention with respect to the situation observed at the Municipal Police Station in Liepāja.

The delegation saw, in the detention area of this establishment (performing the function of a sobering-up facility), a metal chair used to restrain agitated or aggressive detainees. The design of this chair and the method used by the police officers to fixate intoxicated persons (with handcuffs) was potentially dangerous for the persons concerned. Further, the chair's very appearance and location (in a dark basement cell, facing the door) were extremely intimidating. The delegation requested the Latvian authorities to confirm, within one month, that the above-mentioned chair at Liepāja Municipal Police Station had been removed. Confirmation was also requested, within the same period, that two of the establishment's cells (Nos. 5 and 6), which were dark, unventilated, humid, affected by mould and in an extremely unhygienic state, had been taken out of use pending their refurbishment.

In their letter of 21 October 2011, the Latvian authorities informed the CPT that the above-mentioned chair had been dismantled. The Committee welcomes this step. As regards cells Nos. 5 and 6, a decision had been taken to use them only in case of emergency, pending the renovation of the entire establishment. In this context, the Latvian authorities informed the CPT that the relevant project design had already been submitted to Liepāja City Council. **The Committee wishes to be informed, in due course, of the completion of the refurbishment works at the Municipal Police Station in Liepāja.**

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<sup>13</sup> E.g. in Dobeles and Talsi.

**B. Border Guard Accommodation Centre for Detained Aliens in Daugavpils**

33. The delegation was informed at the outset of the visit that recent amendments to the Immigration Law (passed in June 2011) had brought it into full conformity with the EU Return Directive<sup>14</sup> and defined more clearly the grounds for detention of irregular migrants. In particular, new time-limits for the detention of foreign nationals awaiting deportation had been introduced (i.e. the initial custody of a maximum of ten days upon the decision of the Border Guard, which can be prolonged by court decision for a maximum of three consecutive two-month periods, and – if the irregular migrant refuses to co-operate with the immigration authorities or when delays occur in obtaining the necessary documents from another country – for a further twelve months).<sup>15</sup>

34. The Border Guard Accommodation Centre for Detained Aliens was opened in May 2011, following the closure of the immigration detention facility at Olaine. The Centre is managed by the State Border Guard under the Ministry of Internal Affairs and is currently the only detention centre for foreign nationals in Latvia. It is located in a refurbished two-storey building (the premises of former military barracks) not far from the centre of Daugavpils and has an official capacity of 70 places. At the time of the visit, the Centre was accommodating 33 foreign nationals, including 32 asylum seekers<sup>16</sup> and one irregular migrant who was awaiting deportation (there were no unaccompanied minors). The average length of detention in the establishment was said to be two months.

35. The CPT's delegation received no allegations of ill-treatment of foreign nationals by staff at the Centre. All the inmates interviewed by the delegation stated that they were treated correctly. Further, the vast majority of inmates seemed to have no communication problems with staff since all staff members spoke Russian, and some also English and French.

36. The delegation noted that staff openly carried truncheons in the two male units; in the CPT's opinion, this is clearly not conducive to the development of positive relations between staff and inmates. **The CPT recommends that steps be taken to ensure that staff working in the Centre do not openly carry truncheons in detention areas; if it is deemed necessary for staff to possess such equipment, it should be hidden from view.**

37. The material conditions in the Centre were very good. The establishment had two male units and a unit for women and families. Each unit comprised several rooms for two to four inmates, a recreation room and a well-equipped kitchen. The rooms were spacious (e.g. some 25 m<sup>2</sup> for four persons), had good access to natural light and artificial lighting, and were well ventilated and clean. They were also properly furnished (beds with full bedding, wardrobes and a fully partitioned internal sanitary annexe including toilet and shower). The female unit also contained a pleasant play-room for children.

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<sup>14</sup> Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals.

<sup>15</sup> Section 54 of the Immigration Law.

<sup>16</sup> According to Section 9(1) of the Asylum Law, an asylum seeker may be detained if one of the following circumstances exist:

- a) the identity of the asylum seeker has not been established;
- b) there is reason to believe that the asylum seeker is attempting to misuse the asylum procedure; or
- c) there is reason to believe that the asylum seeker poses a threat to national security or public order and safety.

38. The foreign nationals benefited from an open-door regime – being able to move about freely inside their respective units – and could go to a spacious outdoor courtyard for at least two hours per day (and longer in good weather). Further, during the day they had ready access to a recreation room where they could watch television and play board games. As for sports, a fitness room was accessible several times per week and, weather permitting, outdoor sports activities were also offered.

**However, the CPT invites the Latvian authorities to expand the range of activities for any foreign nationals held for prolonged periods at the Centre. The longer the period for which persons are detained, the more developed should be the activities which are offered to them.**

39. Arrangements for health care at the Centre were generally adequate. A feldsher or nurse was present every day from 9 a.m. to 9 p.m. The delegation noted that every newly admitted foreign national was examined by a member of the health-care staff, usually within 24 hours, and had a medical file opened. The medical facilities and equipment at the Centre were of a very good standard, and supply of medication was satisfactory. Further, it appeared that emergency medical care and transfers to outside medical establishments were arranged whenever necessary.

40. Upon arrival at the Centre, foreign nationals were provided with written information about their rights and duties during their stay in the establishment; this information was available in various languages.

That said, no written information (i.e. leaflets) was provided to them setting out their procedural rights and legal situation. A number of foreign nationals interviewed by the delegation did not appear to be aware of the legal proceedings to which they were subjected; in this connection, many complaints were also received about the quality of interpretation during court proceedings. Further, some inmates complained that court decisions authorising their detention in the Centre had not been translated into a language they understood and that they were *de facto* deprived of the possibility to lodge an appeal against their detention.<sup>17</sup> Moreover, no arrangements had been made to establish a legal counselling service at the establishment.

**The CPT would like to receive the observations of the Latvian authorities in relation to the above-mentioned issues.**

41. The existing arrangements at the Centre for contacts with the outside world were generally satisfactory. Foreign nationals were allowed to send and receive letters and to have short-term visits. Further, there were no restrictions on making or receiving telephone calls during the day.

42. The CPT understands that the internal regulations of the Centre are currently under preparation. **The Committee would like to receive a copy of these regulations once they have been adopted.**

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<sup>17</sup> Court decisions on placement in the Centre can be appealed against within 48 hours.

## C. Prisons

### 1. Preliminary remarks

43. The CPT's delegation carried out full visits to Jelgava and Valmiera Prisons<sup>18</sup>. Further, targeted visits were made to Liepāja and Rīga Central Prisons in order to interview remand prisoners, and to the unit for life-sentenced prisoners at Daugavgrīva Prison.

44. Jelgava Prison is a closed prison for male adults, mainly holding long-term sentenced prisoners. With an official capacity of 600 places (including ten places for prisoners on remand), the establishment was accommodating 588 sentenced prisoners at the time of the visit. This number included 23 life-sentenced prisoners, kept in a separate unit. In addition, the prison was holding five prisoners sentenced to life-imprisonment but awaiting the outcome of an appeal.

Valmiera Prison is a closed prison for male adult prisoners, located on the outskirts of the town of the same name in the northern part of the country. The prison compound comprises a number of old (dating from the late 19<sup>th</sup> century) and relatively new buildings. The prisoner accommodation was provided in one four-storey and two double-storey buildings as well as in a separate remand block. With an official capacity of 850 places, the prison was holding 788 inmates at the time of the visit (694 sentenced and 94 on remand).

Liepāja Prison has already been described in the CPT's report on the 2002 visit<sup>19</sup>. Operating as a prison for male adults<sup>20</sup>, it was holding 115 sentenced and 140 remand prisoners at the time of the visit, for an official capacity of 330 places.

Rīga Central Prison has been operating with an increased capacity of 1,970 places since its merger with the adjacent Matisa Prison in 2008<sup>21</sup>. At the time of the visit, the establishment was accommodating a total of 1,554 prisoners, of whom 1,226 were on remand (including six juveniles held with a view to participating in court proceedings) and 328 were serving their sentence.

The unit for life-sentenced prisoners at Daugavgrīva Prison had been visited by the CPT on several occasions, most recently in 2009. With a capacity of 33 places, the unit was accommodating 27 life-sentenced prisoners at the time of the visit.

45. The prison population of Latvia has remained more or less stable since the CPT's last periodic visit in 2007. At the outset of the 2011 visit, the delegation was informed by representatives of the Ministry of Justice that the total number of prisoners in Latvia was 6,624 (30% of them on remand), for an official capacity of close to 8,000 places. However, this capacity was calculated on the basis of the national legal standards, that is 2.5 m<sup>2</sup> of living space per person for adult male sentenced prisoners and 3 m<sup>2</sup> for remand prisoners, women and juveniles.

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<sup>18</sup> This was the Committee's first visit to Valmiera Prison.

<sup>19</sup> See CPT/Inf (2005) 8, paragraph 66.

<sup>20</sup> Unlike during the 2002 visit, there were no juveniles in the establishment as all of the country's juvenile prisoners are now as a rule held at Cēsis Correctional Centre.

<sup>21</sup> The prison's official capacity at the time of the CPT's 2007 visit was 1,700 places.

As the CPT has repeatedly emphasised in previous reports, the existing legal standards do not offer a satisfactory amount of living space for prisoners. And the facts found during the 2011 visit demonstrate that many prisoners in Latvia continue to be held in very overcrowded conditions. **The CPT calls upon the Latvian authorities to amend without any further delay the existing legal standards on living space for prisoners so as to provide for at least 4 m<sup>2</sup> per prisoner in multi-occupancy cells, and to revise the occupancy levels in Latvian prisons accordingly.**

46. During the visit, the Latvian authorities expressed their determination to reduce the size of the prison population, and provided information on the measures envisaged to this end. In particular, reference was made to draft amendments to the Criminal Code, which aimed at shortening by some 40% the average length of imprisonment for crimes against property (which, it is believed, would lead to a significant drop in the prison population) and imposing alternative sanctions more frequently in lieu of imprisonment. Further, the delegation was informed that it was planned to launch in 2012 a pilot project on introducing a system of electronic surveillance in order to facilitate the early release of prisoners.

The CPT welcomes the above-mentioned steps and **encourages the Latvian authorities to pursue their efforts to reduce the prison population and thereby combat overcrowding. In so doing, the authorities should be guided by, inter alia, Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole), and Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse. The CPT wishes to receive up-to-date information on progress made by the Latvian authorities in this area.**

47. Before setting out the delegation's findings regarding the establishments visited, the CPT would like to raise one issue of a more general nature concerning the regime applied to prisoners.

The Latvian Code of Execution of Sentences<sup>22</sup> provides that all prisoners in closed and semi-closed prisons shall be subject to the *progressive sentence execution regime*, irrespective of the duration of the sentence imposed. Prisoners held in closed prisons serve their sentences in three consecutive regime levels: low, medium and high.<sup>23</sup> The law requires that such prisoners serve at least a quarter of their sentence on the low regime level and demonstrate good behaviour in order to qualify for the medium level. After having served at least a quarter of their sentence on the medium regime level, they may be further transferred to the high regime level (as regards life-sentenced prisoners, see footnote 36). From the latter level, prisoners may be moved to a semi-closed prison or released before the end of the prison term.<sup>24</sup> It is noteworthy that prisoners on the low regime level inter alia have generally limited work opportunities<sup>25</sup> and fewer possibilities for maintaining contact with the outside world (see paragraphs 69 and 103).

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<sup>22</sup> Sections 50<sup>1</sup>, 50<sup>3</sup>, 50<sup>4</sup> and 50<sup>5</sup>.

<sup>23</sup> As regards semi-closed prisons, there are two regime levels: low and high.

<sup>24</sup> Transfers from one type of regime (or prison) to another are decided by the Administrative Committees, which are set up at each prison and are composed of a representative of the central Prison Administration, the director and other employees of the prison, and representatives of local government institutions and public organisations.

<sup>25</sup> According to Section 59 of the Code of Execution of Sentences, prisoners serving their sentence on the low regime level shall be offered "mainly individual correctional work".

The CPT recalls that “imprisonment is by the deprivation of liberty a punishment in itself and therefore the regime for sentenced prisoners shall not aggravate the suffering inherent in imprisonment.”<sup>26</sup> Moreover, although it is for the judicial authority to determine the appropriate length of sentence for a given offence, prison authorities should be responsible for determining security and regime requirements, on the basis of professionally agreed criteria and individual assessments of prisoners. In this context, it is difficult to justify a prisoner being required to serve a minimum part of the prison sentence in a specific regime level (low or medium). In the CPT’s view, progression from one regime level to another should be based on the prisoner’s attitude, behaviour, participation in activities (educational, vocational, or work-related), and in general adherence to reasonable pre-established targets set out in a sentence plan. For this purpose, regular individual reviews should be carried out.

**The CPT invites the Latvian authorities to review the relevant legislation and practice in the light of the above remarks.**

## **2. Ill-treatment**

48. The vast majority of prisoners interviewed by the delegation at the establishments visited made no allegations of physical ill-treatment by staff. Nevertheless, some allegations of physical ill-treatment by staff were received in each of the establishments visited (with the exception of Daugavgrīva Prison, where the delegation only interviewed life-sentenced prisoners). The ill-treatment alleged mainly consisted of punches, kicks and truncheon blows. In addition, at Jelgava Prison, allegations were received of verbal abuse of prisoners by certain prison officers.

Specific mention should be made of the case of a prisoner interviewed by the delegation at Jelgava Prison who alleged that, in July 2010, several prison officers had repeatedly punched, kicked and hit him with truncheons on various parts of his body. He also claimed that handcuffs had been applied to his forearms while he was lying on the floor and that an officer had stepped on the cuffs with the intention of inflicting pain. The ill-treatment apparently took place immediately after the prisoner had been taken to the disciplinary punishment area for having refused to be transferred to another cell.

The entry made in respect of the prisoner concerned in the register of traumatic lesions at Jelgava Prison referred to “a superficial wound (1 cm long) on the left side of the neck, many superficial scratches on the left hand, an excoriation (3 x 10 cm) on the left forearm, hematomas on the right forearm (10 x 13 cm), on the left shoulder and on the armpit, a bruise under left eye”.

In another case, a prisoner met by the delegation at Jelgava Prison alleged that one year previously he had been hit by a prison officer in the area of the chest for having had a fight with his cell-mate. The prisoner concerned had allegedly sustained a fractured rib as a result of the blow he had received. The delegation was not in a position to consult his medical file as it had been sent for review to the Health Inspectorate of the Ministry of Health in relation to a complaint lodged by the prisoner that he had not been able to receive timely medical attention.

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<sup>26</sup> See Rule 102.2 of the European Prison Rules.

Certain of the allegations of beatings made by prisoners at Jelgava Prison referred to a small empty room (which, according to staff, was used for storage purposes) as the place where the ill-treatment occurred. It should be noted that the internal features of the room corresponded to descriptions given by the prisoners concerned; further, the walls of the room bore reddish-brown stains.

**49. The Committee recommends that a clear message be delivered at regular intervals to management and staff, in particular at Jelgava Prison, as well as at Liepāja, Rīga Central and Valmiera Prisons, that all forms of ill-treatment of prisoners (including verbal abuse) are unacceptable and will be punished accordingly. As part of this message, staff should be reminded that if physical force or “special means” need to be applied to control a violent and/or recalcitrant prisoner, the force used should be no more than is strictly necessary and that, once the prisoner has been brought under control, there can be no justification for striking him.**

50. One of the most effective means of preventing ill-treatment by prison officers lies in the diligent examination of complaints of ill-treatment and, when appropriate, the imposition of suitable penalties. In this regard, it is a matter of serious concern that, despite the specific recommendation repeatedly made by the Committee after previous visits, investigations into possible ill-treatment by prison staff are still conducted by officers (of the investigation division) from the same establishment (see paragraph 109).

51. Reference should also be made in this section to a prisoner who had been held for some two months in one of the unrefurbished single-occupancy disciplinary cells at Jelgava Prison, and this despite other disciplinary cells with better conditions being available. The conditions in the cell were unfit for the detention of a human being.<sup>27</sup> Following the intervention of the delegation, the prisoner concerned was moved to another disciplinary cell.

52. The information gathered during the visit suggests that inter-prisoner violence was a problem in the establishments visited, in particular at Rīga Central and Valmiera Prisons and, to a lesser extent, at Jelgava and Liepāja Prisons. At Rīga and Valmiera, the examination of the relevant medical records revealed that injuries indicative of violent incidents between prisoners were frequent. The death of a prisoner at Valmiera in 2010, after having been severely beaten by fellow inmates in a multi-occupancy cell, is an indication of the seriousness of the problem. At Jelgava and Liepāja, recorded injuries were less frequent; nevertheless, a number of inmates met by the delegation in these prisons claimed that they had been threatened, harassed or physically assaulted by other inmates.

Certain factors contributed to this phenomenon in the establishments visited, including large-capacity accommodation units, cramped conditions in multi-occupancy cells – and consequential stress among prisoners – and limited possibilities for most prisoners to occupy themselves. The situation was further exacerbated by the fact that staffing levels in the establishments visited were clearly insufficient to ensure proper supervision of prisoners (see paragraph 93).

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<sup>27</sup> See paragraph 100 below as well as CPT/Inf (2011) 22, paragraph 37.



53. In general, the delegation gained the impression that efforts were being made by staff in the above-mentioned establishments to prevent incidents of inter-prisoner violence. It appeared that, in cases of serious injuries indicative of inter-prisoner violence, an internal inquiry was carried out by officers of the investigation division even in the absence of an explicit allegation by the victim. However, as acknowledged by staff, such inquiries were usually inconclusive, given the habitual reluctance of the victims (or witnesses) to *denounce the perpetrators*.

54. The CPT is of the opinion that it will hardly be possible to effectively tackle the problem of inter-prisoner violence in prisons with large dormitories. The risk of violence and intimidation between prisoners will always be high in such accommodation facilities<sup>28</sup>. It is also obvious that an effective strategy to tackle inter-prisoner violence should seek to ensure that prison staff are placed in a position to exercise their authority in an appropriate manner. Consequently, the level of staffing must be sufficient (including at night-time) to enable prison officers to supervise adequately the activities of prisoners and support each other effectively in the exercise of their tasks.

**55. The CPT calls upon the Latvian authorities to develop a comprehensive strategy with a view to addressing the problem of inter-prisoner violence at Jelgava, Liepāja, Rīga Central and Valmiera Prisons (and, as appropriate, in other prison establishments in Latvia), in the light of the above remarks.**

**As regards more specifically Valmiera Prison, the CPT recommends that the Latvian authorities draw up a plan to replace its large dormitories with smaller living units; the Committee would like to receive a timetable for the implementation of the plan.**

### **3. Conditions of detention of the general prison population**

56. As already indicated, the CPT's delegation carried out full visits to Jelgava and Valmiera Prisons. The visits to Liepāja and Rīga Central Prisons were of a targeted nature and therefore relatively short, and the delegation examined only certain aspects of prisoners' conditions of detention.

57. The sentenced prisoner population at *Jelgava Prison* consisted of 309 prisoners who were on the low regime level, 189 prisoners on the medium regime level and 90 prisoners on the high regime level. At *Valmiera Prison*, 383, 183 and 128 prisoners were respectively on the low, medium and high regime levels. In both establishments, prisoners who were on the low regime level (and remand prisoners) were held in separate buildings offering cell-type accommodation, while prisoners on the medium and high regime levels were mixed together in (often large) dormitories.

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<sup>28</sup> The various drawbacks of large-capacity dormitories are described in the CPT's standards (CPT/Inf/E (2002) 1 - Rev. 2010, pages 22 and 23).

a. material conditions

58. At Jelgava Prison, prisoners were accommodated in two double-storey blocks. Block 2, which was holding prisoners on the medium and high regime levels, was divided into several units, with each unit consisting of up to twelve dormitories (up to ten beds in each dormitory). The units were equipped with communal sanitary facilities (washbasins and toilets), a small fitness room and a kitchen. It is noteworthy that, despite the age of the premises, dormitories were generally well maintained and reasonably clean. They also had good access to natural light and fresh air and adequate artificial lighting. The dormitories' equipment consisted of bunk beds with full bedding, a table, chairs, cupboards and a washbasin. Further, prisoners were allowed to keep a range of personal items (including TV sets and CD players) and to decorate their dormitories with posters and plants. That said, some of the dormitories were seriously overcrowded, with not even the existing (very low) legal standard of 2.5 m<sup>2</sup> of living space per prisoner being respected (e.g. eight prisoners sharing a room of some 17 m<sup>2</sup>; ten prisoners in some 22 m<sup>2</sup>).

In contrast to Block 2, most of the cells in Block 1, accommodating prisoners on the low regime level, were in a poor state of repair (with crumbling walls and damaged floors) and had inadequate access to natural light (due to frosted glass bricks instead of transparent panes). Further, a number of cells failed to offer sufficient living space for the number of prisoners held within them (e.g. six prisoners in a cell measuring some 16 m<sup>2</sup>; eight prisoners in a cell measuring some 23 m<sup>2</sup>). In addition, in-cell lavatories were only partially partitioned. Particular mention should be made of a multi-occupancy cell (Cell No. 3, located in the vicinity of the disciplinary unit), where the cell window was covered with a metal shutter, depriving prisoners of natural light and preventing the entry of fresh air.

59. At Valmiera Prison, the material conditions offered in the four-storey building accommodating low regime level prisoners were generally acceptable as regards access to natural light, artificial lighting and the state of cleanliness (although many of them were in need of some refurbishment). However, some of the cells were overcrowded<sup>29</sup> and, as in Jelgava, in-cell toilets were not fully partitioned.

As regards the two double-storey buildings for the prisoners on the medium and high regime levels, the majority of the prisoners were held in large-capacity dormitories under cramped conditions (e.g. 40 beds in some 110 m<sup>2</sup>; 26 beds in some 77 m<sup>2</sup>). The equipment consisted essentially of old bunk beds (which occupied most of the floor space) fitted with bedding, the state of which left something to be desired. On a positive side, the dormitories had good access to natural light and were adequately ventilated.

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<sup>29</sup> E.g. ten prisoners sharing a cell measuring some 30 m<sup>2</sup>; fourteen prisoners in a cell measuring 46 m<sup>2</sup>.

60. The establishment's remand block comprised 18 cells on two floors, each cell having six to eight beds. As the block was not operating at full capacity at the time of the visit, the living space per prisoner was just about acceptable (e.g. cells with six prisoners measuring between 23 and 24 m<sup>2</sup>). However, in almost all other respects, the conditions of detention were extremely poor. The building was very old and dilapidated, and the cells displayed a number of major deficiencies (crumbling ceilings, peeling plaster, dirty walls, badly damaged floors, leaking pipes, visible damp patches, etc.). Further, the natural light in most of the cells was limited and the ventilation inadequate. Most of the metal bunk beds were hardly usable, and mattresses placed on them were filthy and worn out. The delegation also heard many complaints from prisoners about insufficient heating. In addition, the communal shower facilities located on each floor of the block were in an appalling state of hygiene.

61. Particular mention should be made of five cubicles on the ground floor of the remand block, which were used to hold newly-arrived remand prisoners for up to several hours. The cubicles in question were very small (less than 2 m<sup>2</sup>), completely dark (without any source of light), dirty and devoid of any equipment save for a narrow bench.

At the end-of-visit talks with the Latvian authorities, the delegation emphasised that such cubicles were unsuitable for holding persons for any length of time, and made an immediate observation requesting that they be withdrawn from service (see paragraph 6). In their letter of 21 October 2011, the Latvian authorities indicated that an order had been issued by the Head of the Latvian Prison Administration to immediately close the above-mentioned cubicles. **The CPT would like to receive information as to the alternative arrangements made for the reception of newly-arrived remand prisoners.**

62. At both establishments, communal sanitary facilities in the units for medium and high regime levels were in a poor state repair and often dirty, and the number of toilets and washbasins in each sanitary facility were not sufficient for the number of prisoners held.<sup>30</sup> Further, complaints were heard in both establishments that no materials for cleaning the detention areas were provided (however, prisoners did receive essential personal hygiene products, such as soap, toilet paper, toothbrush and toothpaste, on a regular basis).

**63. The CPT recommends that vigorous action be taken to improve material conditions of detention at Jelgava and Valmiera Prisons, in the light of the remarks in paragraphs 58 to 62. The highest priority must be accorded to remedying the serious shortcomings observed in Block 1 at Jelgava Prison and the remand block at Valmiera Prison; immediate steps should be taken to remove the shutter from the window of Cell No. 3 in Block 1 at Jelgava Prison.**

As regards more particularly Valmiera Prison, reference should be made to the recommendation already made in paragraph 55 concerning the replacement of large dormitories with smaller living units. Further, the implementation of the recommendation in paragraph 45 concerning living space for prisoners is essential for the provision of decent conditions of detention at Jelgava and Valmiera Prisons.

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<sup>30</sup> For example, two toilets and five washbasins for some 70 prisoners in one of the units at Jelgava Prison.

64. The CPT has noted with considerable concern the failure of the Latvian authorities to improve the conditions of detention at Rīga Central Prison, despite the Committee's recommendations on this subject made after its previous visits. During the current visit, the delegation once again observed signs of wear and tear in various parts of the prison, with many cells found to be in a poor state of repair and with non-partitioned lavatories. The delegation also noted that throughout the establishment metal shutters still covered cell windows, preventing access to natural light and fresh air. Further, prisoners were still obliged to take their outdoor exercise in small concrete cubicles covered with a metal grille, under conditions which did not allow them to exert themselves physically.

During the visit, the delegation was informed by representatives of the Ministry of Justice that plans were afoot to construct a new remand prison in Rīga with a capacity of 1,000 places, which will replace Rīga Central Prison. This would be a most welcome development; **the CPT would like to receive full information about the implementation of this project.**

**In the meantime, the CPT calls upon the Latvian authorities to address the most serious shortcomings as regards conditions of detention at Rīga Central Prison, starting by the removal of the metal shutters covering cell windows.**

65. **More generally, immediate steps should be taken to remove metal shutters from cell windows at all other prison establishments where such shutters can currently be found.** Removing devices blocking the windows of prisoner accommodation (and fitting, in those exceptional cases where this is necessary, alternative security devices of an appropriate design) should not involve considerable investment and, at the same time, would be of great benefit for all concerned.

66. In all the establishments visited, prisoners had access to a shower, usually once a week. However, the delegation heard many complaints from prisoners, in particular at Jelgava and Valmiera Prisons, that weekly showers were not sufficient to maintain their personal hygiene. **The CPT invites the Latvian authorities to allow prisoners more frequent showers, taking into account the European Prison Rules<sup>31</sup>.**

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<sup>31</sup> Rule 19.4: "Adequate facilities shall be provided so that every prisoner may have a bath or shower, at a temperature suitable to the climate, if possible daily but at least twice a week (or more frequently if necessary) in the interest of general hygiene."

b. regime

67. The CPT was pleased to note that a range of activities was provided to sentenced prisoners on the medium and high regime levels at *Jelgava Prison*. Some 110 prisoners worked in the production facilities (production of furniture, sewing workshops, etc.) and 32 prisoners had a job in the prison's general services (maintenance, boiler house, canteen, etc.). Further, 54 prisoners were offered vocational training<sup>32</sup>, which was conducted in a well-equipped training centre.<sup>33</sup> In addition, some 50 prisoners were enrolled in elementary, primary and secondary school programmes for the 2011/2012 academic year.<sup>34</sup>

The proportion of prisoners on the low regime level engaged in activities was much lower: 48 of them were enrolled in vocational training classes and about the same number in school courses, while 16 prisoners were involved in maintenance work.

68. At *Valmiera Prison*, employment opportunities were only available to prisoners on the medium and high regime levels: 60 of them were offered remunerated work (including 41 in workshops run by private companies). Further, some 110 prisoners of the same category were involved in education or vocational training. Among the prisoners on the low regime level, only 29 were attending the prison school.

69. To sum up, as regards the prisoners who were on the medium and high regime levels, the vast majority of them at Jelgava Prison and about half at Valmiera Prison were offered employment or educational/vocational opportunities. Prisoners belonging to these categories also benefited from an open-door regime inside their respective units and had access to large outdoor yards from early morning till late evening, in addition to having regular access to the gym.

In contrast, as regards the prisoners on the low regime level, for about two-thirds of them at Jelgava and for practically all of them at Valmiera, the regime consisted of cellular confinement with hardly any out-of-cell activities, apart from one hour of outdoor exercise per day.<sup>35</sup>

70. The regime for remand prisoners at *Liepāja* and *Rīga Central Prisons* remained impoverished. About two-thirds of the remand prisoners at Liepāja (the remaining one-third attended the prison school) and nearly all the adult remand population at Rīga Central Prison were locked up in their cells for 23 hours a day, with no out-of-cell activities other than outdoor exercise of one hour.

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<sup>32</sup> As electricians, welders, carpenters, tailors, etc.

<sup>33</sup> It should also be mentioned that an additional facility for vocational training was under construction at the time of the visit.

<sup>34</sup> The delegation was also told that two prisoners were involved in university studies through a distance-learning programme.

<sup>35</sup> At Jelgava, they had access to the gym once a week for one hour, and at Valmiera only once a month for one hour.

A similar situation was observed at *Valmiera Prison* where the only regular out-of-cell activity available to remand prisoners apart from daily outdoor exercise was weekly one-hour sessions with a chaplain (during which prisoners could read religious literature and play musical instruments).

On a more positive note, juvenile remand prisoners at Rīga Central Prison were offered educational and sports activities on a daily basis.

**71. The CPT calls upon the Latvian authorities to take steps at Jelgava, Liepāja, Rīga Central and Valmiera Prisons to devise and implement a comprehensive regime of out-of-cell activities (including group association activities) for all prisoners, including sentenced prisoners on the low regime level and prisoners on remand. The aim should be to ensure that all prisoners 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).**

#### **4. Conditions of detention of life-sentenced prisoners**

72. The delegation carried out follow-up visits to the units for life-sentenced prisoners at Daugavgrīva and Jelgava Prisons which remain the only prisons in Latvia accommodating life-sentenced prisoners.

At the time of the visit, out of 27 life-sentenced prisoners held at Daugavgrīva Prison, ten were on the low regime level, 16 on the medium and one prisoner was on the high regime level<sup>36</sup>. The 23 life-sentenced prisoners held at Jelgava Prison, whose sentences had become final, were all on the low regime level. The delegation was informed that five lifers had been moved from Jelgava to Daugavgrīva since 2009, following their progression to the medium regime level.

73. Before setting out in more detail the delegation's findings, the CPT wishes to commend the steps taken by the Latvian authorities in recent years to improve material conditions of detention for life-sentenced prisoners and to develop a regime of activities for life-sentenced prisoners on the medium and high regime levels.

However, the 2011 visit brought to light that the Latvian authorities have failed to implement a number of key recommendations repeatedly made by the Committee since its 2002 visit, in particular, as regards the conditions under which life-sentenced prisoners are held on the low regime level. It is of particular concern that, on several occasions, the information provided by the Latvian authorities in their responses to previous visit reports has proved to be inaccurate.

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<sup>36</sup> Life-sentenced prisoners must serve a minimum of seven years of their sentence on the low regime level and demonstrate good behaviour in order to progress to the medium level. After a minimum of a further ten years, they may be moved to the high regime level.

74. As regards material conditions, the CPT is pleased to note that, at Daugavgrīva Prison, a new unit with a capacity of 32 places (eight four-bed cells), designated for life-sentenced prisoners on the low regime level, was to be opened in the near future. All the cells in that unit were spacious (some 30 m<sup>2</sup>), adequately lit and well equipped; however, **the in-cell sanitary annexes should be fully partitioned** (which is not the case at present).

The Committee also welcomes the ongoing rolling refurbishment of the current unit for lifers at Daugavgrīva Prison. The refurbished cells were generally of a good standard; however, as in the new unit, **the in-cell toilets should be fully partitioned**.

The unit for life-sentenced prisoners at Jelgava Prison was located in Block 1, and the material conditions in the unit's cells were poor, like those in the other cells of that Block (see paragraph 58). That said, access to natural light and the general state of repair appeared to be slightly better in the cells for lifers.

The delegation was informed that it was planned to move most of the life-sentenced prisoners from Jelgava Prison to the new unit at Daugavgrīva by the end of 2011. **The CPT would like to receive updated information on this matter.**

75. In their responses<sup>37</sup> to the reports on the 2007 and 2009 visits, the Latvian authorities indicated that the Latvian prison administration had concluded a co-operation agreement with the Norwegian prison administration, in the context of which a "Re-socialisation programme for the long-term and life-sentenced prisoners in Latvia" was being implemented<sup>38</sup>. The declared purpose of this project is to draw upon the experience acquired by the management of Ila Prison and other prisons in Norway in re-socialising long-term prisoners and persons subject to potentially indefinite preventive detention on account of their presumed dangerousness.

This is indeed a positive development. During visits to Ila Prison and various other prisons in Norway, the CPT had an opportunity to verify for itself that the aforementioned categories of prisoner held in these establishments benefit from a wide range of purposeful activities (such as work, vocational training or education), are not separated from other prisoners and are not handcuffed during movement within the prison.

76. The CPT acknowledges the fact that life-sentenced prisoners on the medium regime level at Daugavgrīva Prison benefited from an open-door regime from early morning until late evening, and had free access to an outdoor yard, as well as to a common room which was equipped with a television set and a table game (as was the case at the time of the 2009 visit).

However, the situation was still not satisfactory. None of the prisoners concerned were offered work, and educational activities were very limited (some prisoners participated in a distance-learning programme and were provided with learning materials in their cells).

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<sup>37</sup> See CPT/Inf (2009) 36, page 32, and CPT/Inf (2011) 23, page 21.

<sup>38</sup> As a first step, an individual needs assessment was carried out on the basis of a questionnaire given to all life-sentenced prisoners at Daugavgrīva and Jelgava Prisons regarding their preferences for organised activities (such as work and education).

Further, despite the specific recommendations repeatedly made by the Committee after its previous visits, the regime applied to life-sentenced prisoners on the low regime level remained very impoverished in both establishments visited. There were no opportunities for structured educational activities<sup>39</sup> and hardly any sports activities. As a result, the vast majority of life-sentenced prisoners on the low regime level continued to be confined to their cells (with one or two cellmates) for up to 23 hours per day, without being offered any purposeful activities<sup>40</sup>. Further, prisoners were still not allowed to associate with life-sentenced prisoners from other cells (including during outdoor exercise). Such a state of affairs is unacceptable.

**The CPT calls upon the Latvian authorities to take steps without further delay to devise and implement a comprehensive regime of out-of-cell activities in respect of all life-sentenced prisoners (including those on the low regime level) at Daugavgrīva and Jelgava Prisons. Immediate steps should also be taken to allow life-sentenced prisoners on the low regime level to have contacts with other lifers during out-of-cell activities.**

77. As regards the security measures applied to life-sentenced prisoners, the CPT noted with great concern that prisoners on the low regime level continued to be systematically handcuffed whenever they left their cells escorted by prison officers. The same holds true for any movements of prisoners on the medium regime level outside the detention block.

The CPT wishes to stress once again that there can be no justification for the systematic handcuffing of prisoners, all the more so when it is applied in an already secure environment. In this connection, the Committee wishes to emphasise that the experience in various European countries has shown that life-sentenced prisoners are not necessarily more dangerous than other prisoners.

The delegation noted that the manner in which risk assessments of life-sentenced prisoners were conducted at Jelgava Prison had not changed; the procedures carried out by the “risk assessment commission” were, to a large extent, a mere formality<sup>41</sup>. The conclusion of the commission continued to be based almost exclusively on the opinion given by the security and surveillance departments (in all cases referring, inter alia, to the necessity “to ensure maximum surveillance” and “to apply special means”). Further, the prisoner concerned was still not heard by the commission. As was the case during the 2009 visit, no individual risk assessment of life-sentenced prisoners was carried out at Daugavgrīva Prison.

**The CPT calls upon the Latvian authorities to take immediate steps to carry out a proper individual risk assessment in respect of all life-sentenced prisoners and to adjust the security measures applied to them accordingly.**

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<sup>39</sup> Three of the prisoners had just been enrolled in the general secondary education programme, which started at the beginning of September. They were provided with the necessary education material which they would study independently in their cells (i.e. with no teachers involved).

<sup>40</sup> Several of the life-sentenced prisoners at Daugavgrīva Prison visited a small prayer room two or three times per week, for up to three hours each time. Further, a few of them went to a computer room several times a week, for 1½ hours each time.

<sup>41</sup> See CPT/Inf (2011) 22, paragraph 33.



78. It is also axiomatic that constructive staff/inmate relations will, in time, reinforce security within the prison (“dynamic security”). That said, the delegation observed that contacts between prison officers and life-sentenced prisoners remained very limited. In this regard, the remarks made by the Latvian authorities in their response to the 2009 report<sup>42</sup> would suggest that there is a certain misperception of the concept of dynamic security on the part of the prison administration.

**The CPT recommends that the management of Daugavgrīva and Jelgava Prisons encourage prison officers to develop constructive relations with life-sentenced prisoners (as well as with all other prisoners).**

79. The manner in which medical examinations of life-sentenced prisoners were conducted also remained unacceptable. Despite the assurances to the contrary given by the Latvian authorities in their response to the 2009 report<sup>43</sup>, prisoners were still usually seen by the doctor through the metal bars of the cell door, or, in the medical unit, were often handcuffed behind the back (including during dental interventions) and that in the presence of a prison officer. It also emerged that consultations with the psychiatrist and psychologist continued to take place in a special room with the prisoner being placed in a cage-like cubicle. In this connection, the CPT deplores the fact that, in the newly constructed unit for lifers at Daugavgrīva Prison, the layout of the room designed for medical consultations of this kind was such as to keep the prisoner concerned behind bars during consultations.

In the CPT’s view, to apply handcuffs to a prisoner undergoing a medical consultation/intervention is not acceptable from the standpoint of medical ethics and human dignity; and the same can be said of an approach whereby medical consultations take place through metal bars. Practices of this kind prevent an adequate medical examination from being carried out and will inevitably jeopardise the development of a proper doctor-patient relationship. **The Committee calls upon the Latvian authorities to put an end to such practices forthwith. Further, immediate steps should be taken to ensure that all medical examinations of life-sentenced prisoners are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers.**

80. In the report on the 2007 visit, the CPT had already expressed its misgivings about the systematic practice of obliging life-sentenced prisoners to undergo routine strip-searches in full view of other prison officers and cellmates.

In their response to the aforementioned report, the Latvian authorities indicated that “[c]omplete search is conducted in a special room and only in cases when the behaviour of a prisoner during partial search causes suspicions”<sup>44</sup>.

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<sup>42</sup> See CPT/Inf (2011) 23, page 20, where the authorities indicate that “[i]t is possible that the CPT observation that personnel of both prisons have no contact with the persons sentenced to life is more related to the guards. Here it has to be explained that officials-guards of the supervision unit of the prison provide the compliance with the prison’s internal order and guards shall not have any non-official relations with the prisoners”.

<sup>43</sup> The Latvian authorities stated that “[i]nformation of the LPA indicates that in Daugavgrīva and Jelgava prisons for medical examinations of person sentenced to life the confidentiality principle is respected. Examinations in the presence of a supervisor take place only in cases when such presence is required by the physician. In this case, the safety of the physician is a priority. Medical examinations of persons sentenced to life are carried out in special medical facilities or in a room where the prisoner is accommodated. No handcuffs, no bars or cages are used” (see CPT/Inf (2011) 23, page 26).

<sup>44</sup> See CPT/Inf (2009) 36, page 30.

However, during the 2011 visit, it became apparent that, at Daugavgrīva Prison, life-sentenced prisoners on the low regime level were regularly subjected to strip-searches (usually every two weeks). The prisoners concerned were compelled to remove all their clothes and stand fully naked for several minutes, in view of their cellmate and staff. The CPT wishes to stress again that such a practice is not acceptable and could be considered as amounting to degrading treatment. **The Committee calls upon the Latvian authorities to take immediate steps to ensure that strip-searches are only conducted on the basis of a concrete suspicion and in an appropriate setting.**

81. Finally, the CPT wishes to stress once again that life-sentenced prisoners are not necessarily more dangerous than other prisoners. Therefore, **it urges the Latvian authorities to reconsider their segregation policy vis-à-vis life-sentenced prisoners in the light of the remarks made in paragraphs 69 and 70 of the report on the 2007 visit and to amend the relevant legislation accordingly.**

## 5. Health-care services

82. In the course of the visit, the CPT's delegation carried out an evaluation of the health-care services at Jelgava, Liepāja, Valmiera and Rīga Central Prisons. Before setting out in detail the findings of the delegation, the Committee must stress that a number of major shortcomings were observed in the provision of health care to prisoners in these establishments. It transpired that many of the problems identified stemmed from significant budget cuts across the prison system and the consequent scarcity of resources allocated to prison health care in recent years. The CPT wishes to recall that an inadequate level of health care can rapidly lead to situations which could be tantamount to inhuman and degrading treatment.

83. With the notable exception of Liepāja Prison, a shortage of health-care staff was observed in each of the establishments visited, especially as regards the number of feldshers and nurses<sup>45</sup>. In this respect, the CPT is concerned to note that the Latvian authorities have failed to implement its long-standing recommendation to significantly increase the number of nursing staff at Rīga Central Prison.

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<sup>45</sup> The actual health-care staffing levels in the prisons visited were as follows:

- Jelgava Prison: a full-time doctor (a surgeon) and three part-time doctors (a general practitioner, a psychiatrist and a dentist), a feldsher and two nurses;
- Liepāja Prison: five part-time doctors (a general practitioner, a dentist, a radiologist, a dermatologist and a psychiatrist), a feldsher and three nurses;
- Rīga Central Prison: three full-time doctors (a psychiatrist who was the chief physician, a general practitioner and a radiologist) and five part-time doctors (a general practitioner, a dermatologist, a dentist, a surgeon and a psychiatrist), three feldshers and five nurses;
- Valmiera Prison: a full-time general practitioner and two part-time doctors (a psychiatrist and a radiologist), two feldshers and three nurses.  
(All feldshers and nurses were employed on a full-time basis.)

It is also a matter of concern that no health-care staff were present at night-time at Jelgava, Rīga Central and Valmiera Prisons, despite the fact that each of these establishments possessed an infirmary with in-patients.

**The CPT recommends that immediate steps be taken to ensure that:**

- **the complement of qualified nursing staff at Jelgava, Rīga Central and Valmiera Prisons is significantly increased; the objective should be to attain the ratio of feldshers/nurses to inmates observed at Liepāja Prison;**
- **someone competent to provide first aid is always present in every prison establishment, including at night; preferably, this person should be a qualified nurse, in particular in establishments which have an in-patient infirmary.**

84. The situation as regards resources in terms of doctors was more favourable. Nevertheless, the delegation noted that one doctor's post at Jelgava Prison, 1½ doctors' posts at Rīga Central Prison and two doctors' posts (including the post of dentist) at Valmiera Prison were vacant. **The CPT recommends that the Latvian authorities take appropriate steps to ensure that the vacant posts of doctors in these prisons are filled.**

85. It should also be mentioned that, at Jelgava, Rīga Central and Valmiera Prisons, prisoners were employed as nursing assistants to perform various tasks in the health-care unit, including providing care to in-patients.

In the CPT's view, the tasks of nursing assistants should not be delegated to other prisoners, but should be performed by suitable staff. **The Committee recommends that the current practice at Jelgava, Rīga Central and Valmiera Prisons and, where appropriate, in other prisons be reviewed accordingly.**

86. As regards general health care, in all the prisons visited the delegation received numerous complaints from prisoners about long delays in gaining access to a doctor and the quality of treatment provided. Further, the fact that prisoners were required to pay for common types of health care (i.e. for any treatment other than emergency care) had placed many of them in a highly disadvantageous situation. The delegation also noted that all the prisons visited suffered from a severe shortage of medication. The CPT was concerned to learn that the budget for purchasing medication in the prisons visited was extremely low, varying from 1 to 6 LVL per prisoner per year. In this regard, it emerged that prisoners were largely dependent on families or friends<sup>46</sup>.

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<sup>46</sup> By way of example, in the first eight months of 2011, prisoners' spending on medication at Jelgava Prison was nearly five times more than that of the prison itself.

Further, it was often not possible to arrange for medical consultations for prisoners whose state of health required specialist care. As far as the delegation could ascertain, it was only in extreme cases that prisoners were transferred to the Prison Hospital in Olaine<sup>47</sup>. Further, the delegation was told that, in order for a prison to be able to transfer an inmate to the Prison Hospital, there had to be an authorisation from the Central Prison Administration, which could sometimes take up to several days. In the same way, treatment in an outside civil medical establishment was not easily accessible, even for prisoners who had the means to pay for it<sup>48</sup>; due to the shortage of prison officers, it was often difficult to provide the necessary escort.

Moreover, even in those rare cases when a transfer to an outside medical establishment was arranged, continuity of care was not guaranteed after the prisoner concerned returned to prison, due to the shortage of medication. By way of example, at Jelgava Prison, a prisoner who had suffered a myocardial infarction with subsequent stent implantation at the Prison Hospital in July 2010, had his treatment stopped following his return to the prison, due to a lack of supply of the required medication (i.e. Plavix) in the establishment.

It is also a matter of concern that free-of-charge dental treatment in the prisons visited was limited to extractions, while other dental care had to be paid for by the prisoners themselves (which many prisoners could not afford).

87. The CPT is aware that in periods of economic difficulties – such as those encountered today in many countries visited by the Committee – cost-cutting measures have to be taken, including in prisons. However, regardless of the difficulties faced at any given time, the act of depriving a person of his or her liberty always entails a duty of care, which encompasses effective health care. That duty was not being fulfilled in respect of many prisoners in the establishments visited. It is totally unacceptable for sick prisoners who are without means to be deprived of care until such time as their state of health becomes critical.

**The CPT calls upon the Latvian authorities to review the current system of prison health care, in the light of the remarks made in paragraph 86. Immediate steps should be taken to ensure that prisoners without resources are able to receive the medication and treatment that their state of health requires.**

88. In all the establishments visited, procedures for medical examinations on admission were on the whole satisfactory: newly-arrived prisoners were usually examined within 24 hours of admission by a doctor or a feldsher/nurse reporting to a doctor (see, however, paragraph 92). In addition, a mandatory X-ray examination was performed for remand prisoners and blood tests for various transmissible diseases were offered to all prisoners. At Jelgava Prison, incoming prisoners were also screened by a psychiatrist.

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<sup>47</sup> One of the effects of the above-mentioned budget cuts had been the closure of some departments in the Prison Hospital, which now mainly accepted psychiatric and TB patients.

<sup>48</sup> I.e. costs related to the provision of external health-care services as well as to transportation.

89. The CPT is concerned to note that little progress has been made since the 2007 visit as regards the recording of injuries observed on prisoners (either upon admission or after violent incidents within the prison). Such injuries were sometimes described in a superficial manner in the medical files, prisoners' statements were not always recorded, and there were no doctor's conclusions on the consistency of the injuries with any statements that were recorded.

Moreover, injuries observed on newly-arrived prisoners were not systematically reported to the relevant prosecutor.<sup>49</sup> It should also be added that the system for recording injuries was different in each of the prisons visited.

**The CPT calls upon the Latvian authorities to take immediate steps to ensure that the record drawn up after a medical examination of a prisoner (both on admission and during imprisonment) contains: (i) a full account of objective medical findings based on a thorough examination, (ii) a full account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), 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.**

**Whenever injuries are recorded which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record should be systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the prisoner and, upon request, to his/her lawyer.**

**The same procedure should be followed whenever a prisoner is brought back to prison by the police, after having participated in investigative activities.**

90. In all the establishments visited, there were large numbers of prisoners with substance abuse problems. The delegation gained the impression that such prisoners generally received no proper assessment and no adequate care. It appeared that none of the prisons visited had a comprehensive policy to combat the problem of substance abuse (including the treatment of drug addiction). **The CPT encourages the Latvian authorities to develop such a policy at Jelgava, Liepāja, Rīga Central and Valmiera Prisons and, if appropriate, in other prisons in Latvia.**

91. In its report on the 2007 visit, the CPT had expressed its great concern about the level of care offered to HIV-positive prisoners at Rīga Central Prison and recommended that a strategy be developed for the prevention and treatment of HIV in the entire prison system.

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<sup>49</sup> Although injuries observed on prisoners after violent incidents in the prison were reported to the internal investigation division.

In their response to the above-mentioned report, the Latvian authorities indicated that “at the end of 2007 with the support of the French government and in cooperation with World Health Organization Latvia office as well as the support of Dutch government and the support of World Bank in cooperation with UNODC, [...] a state program for AIDS prevention in Latvia (2008 - 2012) was developed. In the development of the programme also participated experts of the Ministry of Justice and prisoner treatment was one of the principal issues of this document. Under this document the programme comprises measures that extend possibilities for prisoner testing and consulting, as well as other measures for AIDS prevention in prisons. However, the advancement of this programme for adoption in the Cabinet of Ministers is the competence of the Ministry of Public Health.”

Unfortunately, the information gathered during the 2011 visit suggests that no progress whatsoever has been made in this area. Once again, the CPT noted that, despite there being high numbers of HIV-positive prisoners in most of the establishments visited, extremely limited arrangements had been made to provide appropriate care for such prisoners. In particular, a very small number of these prisoners were receiving anti-retroviral drugs for their infection (e.g. three out of 47 inmates at Jelgava Prison; four out of 68 at Valmiera Prison). Further, it appeared that no information on HIV and on prevention methods was made available to staff and prisoners.

**The CPT therefore calls upon the Latvian authorities to take urgent steps to devise and implement a strategy for the prevention and treatment of HIV in the prison system. This will require the active involvement of the Ministry of Health.**

92. The CPT is concerned by the continued lack of respect for the confidentiality of medical consultations in Latvian prisons, despite the specific recommendations repeatedly made by the Committee in previous visit reports. The information gathered during the 2011 visit indicated that doctor-inmate consultations (whether upon a prisoner’s arrival or at a subsequent stage) in all the establishments visited were usually carried out in the presence of custodial staff. Such a state of affairs is not acceptable.

The Committee recognises that special security measures may be required during medical examinations in a particular case, when medical staff perceive a threat. However, there can be no justification for prison officers being systematically present during such examinations; their presence is detrimental to the establishment of trust and a proper doctor-patient relationship and usually unnecessary from a security standpoint. In this connection, **the recommendation made on this subject in paragraph 79 applies equally to the general prison population at Jelgava, Liepāja, Rīga Central and Valmiera Prisons.**

## 6. Other issues

### a. prison staff

93. The CPT must express its serious concern about the extremely low staffing levels in the prisons visited. In its report on the 2007 visit, the Committee emphasised the importance of ensuring adequate supervision of prisoners in dormitories by prison officers and recommended that prison staffing levels be reviewed. Regrettably, the visit brought to light that, quite to the contrary, staffing levels throughout the Latvian prison system had been gradually decreasing over the past years, despite the fact that the prison population had remained more or less stable. The delegation was told that, due to salary cuts in recent years, many staff members had started looking for other job opportunities and that resignations among staff were frequent. Staff vacancies were common in all the establishments visited, notably among custodial officers.<sup>50</sup>

The delegation noted at Jelgava and Valmiera Prisons that the large-capacity units remained largely unsupervised throughout both the day and night. By way of example, in Valmiera Prison (and, indeed, a similar situation was found at Jelgava Prison), one prison officer was responsible for supervising more than one hundred prisoners during the day, and from 5 p.m. till 8 a.m. each weekday and at weekends there was no permanent staff presence in the units at all.<sup>51</sup> In such a situation, certain inmates seemed to be enjoying a privileged position and “helping” staff to control other prisoners. This is totally unacceptable.

The CPT has repeatedly emphasised that the climate in a prison is largely dependent on the quality and resources of its personnel. Ensuring a positive climate requires a professional team of staff, who must be present in adequate numbers at any given time in detention areas and in facilities used by prisoners for activities.

**The CPT calls upon the Latvian authorities to review prison staffing levels as a matter of priority, with a view to increasing the number of prison officers present in the detention areas of the prisons visited as well as in other prisons where similar low levels of staffing occur. In this connection, a recruitment strategy based on proper funding and enhanced conditions of service should be developed.**

### b. discipline

94. The disciplinary sanctions which may be imposed on prisoners include placement in a disciplinary isolation cell – for up to 15 days for adults and up to 10 days for juveniles.

The CPT has very strong reservations as concerns any form of solitary confinement of juveniles. For this age group, the placement in conditions resembling solitary confinement can easily compromise their physical and/or mental integrity; consequently, resort to such a sanction should be regarded as an exceptional measure. Further, in the CPT’s opinion, the maximum possible period of placement in a disciplinary isolation cell for juveniles (ten days) is too long. That period should be shorter, and the Committee has already had the occasion to state its preference for a period not exceeding three days.<sup>52</sup>

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<sup>50</sup> For example, 48 out of 261 posts at Rīga Central Prison and 15 out of 109 posts at Valmiera Prison were vacant among the surveillance staff.

<sup>51</sup> At night and during weekends, checks were carried out by a patrolling officer every two to three hours.

<sup>52</sup> See the CPT’s 18<sup>th</sup> General Report (CPT/Inf (2008) 25), paragraph 26.

**The CPT recommends that the Latvian authorities reduce the maximum possible period of confinement in a disciplinary isolation cell 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.**

95. The CPT was also concerned to note that the sanction of placement in a disciplinary cell could in practice be applied repeatedly, with no interruption. The delegation came across cases of adult prisoners having served a series of consecutive disciplinary sanctions of placement in a punishment cell, thus being kept in solitary confinement for periods well beyond the maximum time limit of 15 days (e.g. about two months). This is not acceptable.

**The Committee recommends that immediate steps be taken to ensure that no adult prisoner is held continuously in a disciplinary isolation cell for longer than the maximum time limit of 15 days. If the prisoner has been sanctioned to disciplinary confinement for a total of more than 15 days in relation to two or more offences, there should be an interruption of several days in the disciplinary confinement at the 15-day stage.**

**The CPT also considers that it would be preferable to lower the maximum possible period of confinement in a disciplinary isolation cell for a given disciplinary offence.**

96. The CPT welcomes recent legislative amendments which abolish restrictions on contacts with the outside world in respect of juvenile prisoners subject to the sanction of placement in a disciplinary isolation cell. However, it is regrettable that, despite the specific recommendations repeatedly made by the Committee, placement of an adult prisoner in a disciplinary punishment cell still entails a total prohibition of contact with the outside world (except with a lawyer). This is contrary to the European Prison Rules<sup>53</sup>. **The CPT reiterates its recommendation that steps be taken to ensure that the disciplinary sanction of placement in a punishment cell does not lead to a total prohibition of family contact.**

The delegation also observed that the sanctions of prohibition of visits and of phone calls were applied for disciplinary offences not related to visits or making phone calls (e.g. refusing a search, storing prohibited objects, etc.). In this connection, it should be noted that, according to the Commentary to the European Prison Rules, any restrictions on family contact should be imposed only where the disciplinary offence relates to such contact. **The CPT invites the Latvian authorities to review the relevant regulations accordingly.**

97. The CPT is concerned to note that acts of self-harm are still considered in practice to be disciplinary offences and punished accordingly, despite the specific recommendation made by the Committee after its previous visit. The Committee wishes to stress once again that acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than a punitive standpoint. Further, the isolation of the prisoners concerned is likely to exacerbate their psychological or psychiatric problems. In this connection, it should also be added that all cases of self-harm ought to be assessed medically immediately after the incident to evaluate the extent of lesions and to assess the psychological state of the prisoner.

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<sup>53</sup> See Rule 60.4.



**The CPT reiterates its recommendation that appropriate steps be taken throughout the prison system to review the approach being followed vis-à-vis prisoners who have harmed themselves, in the light of the above remarks.**

98. Disciplinary procedures were on the whole carried out in accordance with the relevant legal provisions in the prisons visited. However, the delegation noted that prisoners subject to the sanction of placement in a disciplinary cell were still not provided with a copy of the decision (which contained information on the reasons for the decision as well as on the avenues and deadline for lodging an appeal). In order to ensure that the right of appeal is fully effective in practice, **the CPT recommends that prisoners subject to a disciplinary sanction always be given a copy of the decision.**

99. Further, despite the specific recommendation repeatedly made by the Committee after its previous visits, before a prisoner is placed in a disciplinary cell, a prison doctor is still required, in accordance with the relevant regulations, to certify that the prisoner concerned is able to sustain the measure.

The CPT wishes to stress once again that medical practitioners in prisons act as the personal doctors of prisoners, and ensuring that there is a positive doctor-patient relationship between them is a major factor in safeguarding the health and well-being of prisoners. The practice of prison doctors certifying whether a prisoner is fit to undergo punishment is scarcely likely to 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, health-care staff should be very attentive to the situation of prisoners placed in disciplinary cells (or any other prisoner held under conditions of solitary confinement). The health-care staff should be informed of every such placement and should visit the prisoner immediately after placement and thereafter, on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment as required. They should report to the prison director whenever a prisoner's health is being put seriously at risk by being held in disciplinary confinement.

**The CPT therefore reiterates its recommendation that the role of health-care staff in relation to disciplinary matters be reviewed, in the light of the above remarks. In so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 21<sup>st</sup> General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).**

100. Turning to material conditions in disciplinary cells, specific reference should be made to the immediate observation made by the CPT's delegation during the 2009 visit, in respect of the six single-occupancy disciplinary cells at *Jelgava Prison*. The Latvian authorities were requested to withdraw those cells from service, in view of their limited size (with a surface of some 4 m<sup>2</sup> and a distance of only one metre between two of the walls). After that visit, the CPT was informed by the authorities that an order had been issued to take the cells in question out of service. However, the delegation noted during the 2011 visit that, although four of those cells had been merged into two (so that each of them offered adequate living space for one person), the remaining two small cells (Nos. 1 and 3) were still in use.

At the end-of-visit talks with the Latvian authorities, the delegation made an immediate observation calling upon the Latvian authorities to put a definitive end to the use of the remaining two small disciplinary cells at Jelgava Prison (see paragraph 6). In their letter of 21 October 2011, the authorities informed the CPT that an order had been issued on 26 September 2011 by the Head of the Latvian Prison Administration to immediately close the cells in question; **the Committee wishes to receive confirmation that this order has been implemented.**

101. The other disciplinary cells at Jelgava Prison were larger. Further, they had adequate access to natural light. However, in some of these cells, artificial lighting was dim (especially Cell No. 10) and in-cell toilets were filthy. Moreover, given that mattresses were provided only for the night, prisoners had no adequate means of rest throughout the day (only a stool without a back). **The CPT recommends that appropriate steps be taken to remedy the above-mentioned deficiencies. In particular, all disciplinary cells should be equipped with adequate seating (i.e. a chair or bench) for the daytime.**

102. The main disciplinary unit at *Valmiera Prison*, which had 15 cells on two floors, was under refurbishment at the time of the visit. The delegation noted that, except for one cell, all the cells in this unit were small, measuring some 5 m<sup>2</sup>. Further, the cells did not benefit from adequate access to natural light due to the size of the windows. It should also be added that the outdoor yards of the disciplinary unit were too small (e.g. 10 m<sup>2</sup>) to allow prisoners to exert themselves physically.

As regards the five single-occupancy disciplinary cells located on the ground floor of the building accommodating low regime level prisoners, they were of an adequate size. However, the cells had hardly any access to natural light (due to the fact that the small cell windows were covered with metal shutters) and complaints were heard that they were not adequately heated in periods of cold weather. Further, in-cell toilets were invariably dirty and lacked any partitioning.

**The CPT recommends that measures be taken at Valmiera Prison to remedy the above shortcomings. As regards more specifically the main disciplinary unit, steps should be taken to enlarge the small cells as well as the cell windows.**

c. contact with the outside world

103. The CPT welcomes the recent amendments to the Law on Remand Custody, according to which remand prisoners now as a rule benefit from open visits.<sup>54</sup>

However, it remains the case that sentenced prisoners are separated from their visitors by a glass partition during short-term visits. Further, as the CPT has previously made clear, the frequency of visits is currently very low for prisoners serving their sentences in closed prisons, especially for those who are on the low regime level (including life-sentenced prisoners); they are only entitled to four short-term (of up to 2 hours) and three long-term (of up to 12 hours) visits per year. The same can be said as regards the number of telephone calls which prisoners in general are allowed to make.<sup>55</sup> During the visit the CPT's delegation received numerous complaints from prisoners in this respect.

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<sup>54</sup> Remand prisoners are entitled to at least one short-term visit per month and at least one phone call per week.

<sup>55</sup> Prisoners in the low, medium and high regime levels (in closed prisons) are entitled to respectively one, two and three phone calls per month.

The Committee was also concerned to note that life-sentenced prisoners at Daugavgrīva and Jelgava Prisons were handcuffed by one hand to a metal rail/bar during the entire duration of a short-term visit. Such a practice is not acceptable.

104. 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. In the Committee's view, all prisoners, irrespective of their legal status and regime level, should be entitled to at least one visit per week. **The CPT recommends that the Latvian authorities significantly increase prisoners' visit entitlement in the light of these remarks; prisoners' entitlement to make phone calls should also be considerably increased.**

Further, **the CPT recommends that the Latvian authorities review the visiting arrangements in all prison establishments in order to ensure that, as a rule, short-term visits take place under open conditions (e.g. with prisoners and their visitors sitting around a table).**

**The Committee also recommends that the practice of handcuffing life-sentenced prisoners during a short-term visit be immediately stopped.**

d. complaints and inspection procedures

105. Prisoners were, in principle, entitled to submit complaints to the prison director, the Central Prison Administration, the supervisory prosecutor and the Ombudsman. However, as was the case during the previous visits, there was a widespread lack of trust among prisoners in the existing complaints system, especially concerning the confidentiality of the complaints sent to outside bodies. Many prisoners interviewed by the delegation felt that filing a complaint would aggravate their situation; more specifically, some of them claimed that they would not make use of this possibility because they feared retaliation from staff. In addition, some allegations were received that complaints sent to competent outside bodies were not responded to. Not surprisingly, only a few complaints were recorded at Jelgava and Valmiera Prisons.

106. Effective complaints procedures are basic safeguards against ill-treatment in prisons. Prisoners should have avenues of complaint open to them, both within and outside the prison system, and be entitled to confidential access to an appropriate authority. In addition to addressing the individual case involved, the CPT considers that a careful analysis of complaints can be a useful tool in identifying issues to be addressed at a general level.

**The CPT calls upon the Latvian authorities to conduct a review of the procedures currently used to process prisoners' complaints, in the light of the above remarks.**

107. The CPT attaches great importance to regular visits to prisons by an independent body (for example, a visiting committee) with authority to receive – and, if necessary, take action on – complaints from detained persons and to visit the premises.

In this connection, the delegation noted that monitoring visits to prisons were conducted by the Office of the Ombudsman. However, the Ombudsman informed the delegation that he had limited resources for this activity. **The CPT would like to receive the observations of the Latvian authorities on this subject.**

e. investigation divisions

108. The CPT regrets that, despite the specific recommendation repeatedly made by the Committee after previous visits<sup>56</sup>, officers of the prisons' internal investigation divisions continued to be involved – through questioning and collection of related evidence such as confessions – in the investigation of criminal offences committed by prisoners prior to imprisonment. Relevant requests originated from police investigators or the prosecutor's office and were handled in accordance with the relevant provisions of the Code of Criminal Procedure<sup>57</sup>.

**The CPT calls upon the Latvian authorities to take measures – including, if necessary, of a legislative nature – to ensure that officers of investigation divisions in prisons no longer investigate criminal offences committed by prisoners outside the prison and no longer take statements from prisoners in relation to such offences.**

109. Further, it remained the case that prison officers (members of the establishments' investigation division) still carried out criminal investigations into allegations of ill-treatment by staff, initially on their own, and, subsequently, under the supervision of the competent prosecutor. This is unacceptable; such investigations should be conducted by a body which is independent of the establishment concerned, and preferably of the prison system as a whole.

In this connection, the delegation was informed by the Ministry of Justice officials that a working group had been set up in order to elaborate the necessary legislative amendments with a view to ensuring that investigations into allegations of ill-treatment by prison staff were carried out by the police.

**The Committee calls upon the Latvian authorities to take immediate steps throughout the prison system to ensure that officers of investigation divisions no longer carry out criminal investigations into alleged instances of ill-treatment by staff.**

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<sup>56</sup> See CPT/Inf (2009) 35, paragraphs 96 and 97; CPT/Inf (2011) 22, paragraph 26.

<sup>57</sup> See Section 394(1).

## **D. Psychiatric establishments**

### **1. Preliminary remarks**

110. The CPT's delegation visited the Psychiatric Clinic of Piejuras Hospital in Liepāja. Administratively a part of the city's general hospital, the Clinic has recently merged with the oncology clinic (in order to save administrative costs) but has retained its own management. It is situated in the centre of town and composed of several one- or two-storey brick buildings surrounded by a small park. The Clinic was opened in 1914 as a military hospital and has subsequently served as Liepāja's general hospital, before becoming a psychiatric hospital in 1987 (after a new general hospital was opened in the outskirts of the town).

At the time of the visit, the Clinic was operating at its full official capacity of 130. Approximately 50 of the patients were female and there were 11 children (three girls and eight boys), aged 4 to 17. Nine of the adult patients were "forensic" (i.e. subject to a compulsory treatment measure ordered by a court under Section 69 of the Penal Code). Patients were accommodated in five wards, four of which were locked (the acute ward, the "sub-acute" ward, the "chronic" ward and the children's ward); the fifth ward ("rehabilitation/neuroses") was open. There was also an outpatient ward. All the "forensic" patients were accommodated in the locked wards.

111. Aside from the forensic patients, only two civil psychiatric patients were formally considered as involuntary<sup>58</sup>. However, from interviews with staff and patients, it became apparent that a significant number of "voluntary" patients were in fact not free to leave the hospital premises on their own and were thus *de facto* deprived of their liberty. This issue will be dealt with in the relevant section of this report (see paragraph 138).

112. Most of the patients stayed at the Clinic for a little over a month, but some had remained there for years. Several amongst those no longer needed to be held in the establishment but had to remain there, due to a lack of adequate care/accommodation in the outside community (e.g. in social care homes). As the CPT has already stressed in the past<sup>59</sup>, for persons to remain deprived of their liberty as a result of the absence of appropriate external facilities is a highly questionable state of affairs. **The Committee trusts that the Latvian authorities will strive to find a solution to this problem.**

113. More generally, the CPT is concerned by the fact that, due to the financial crisis which has severely affected Latvia in the recent years, the implementation of the National Programme for Mental Health Protection for the Period 2008 to 2013, one of the main objectives of which is deinstitutionalisation of psychiatric patients and the promotion of community-based care, has been seriously delayed. At the same time, the delegation was informed that significant EU funding was being used to refurbish the existing psychiatric hospitals.

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<sup>58</sup> It is also noteworthy that the statistics for 2010 showed a very low percentage of involuntary admissions to the establishment (2.3%).

<sup>59</sup> See paragraph 104 of CPT/Inf (2009) 35.

The Committee is somewhat puzzled by the fact that available resources are directed at maintaining in-patient establishments, rather than developing alternatives to hospitalisation in line with Article 19 of the UN Convention on the Rights of Persons with Disabilities (to which Latvia became a party in 2010). **The CPT would welcome the remarks of the Latvian authorities on this issue.**

114. Following a recent agreement between the Ministries of Health and Welfare (aimed at reducing the long waiting lists for social care homes), psychiatric hospitals have set aside a number of so-called “social care beds”; the delegation was informed that there were approximately 240 such beds in Latvia. At the time of the visit, the Psychiatric Clinic of Piejuras Hospital was accommodating eight “social care clients”, mostly elderly persons placed there upon request by the families (for two of them) or of the social services of Liepāja Municipality<sup>60</sup>. Formally, their stay at the Clinic was voluntary and was based on a written contract signed with the hospital<sup>61</sup>. Although only some of these residents had a psychiatric diagnosis, they were all accommodated together with psychotic patients on locked wards (i.e. the acute and the sub-acute ward).

The CPT has serious misgivings about this practice. In the Committee’s view, **the proper place for persons in need of social care-type accommodation is not a psychiatric hospital, especially if the persons in question have no psychiatric diagnosis.**

## 2. Ill-treatment

115. The delegation heard hardly any allegations of ill-treatment of patients by staff at the Psychiatric Clinic of Piejuras Hospital in Liepāja. The atmosphere on the wards was generally relaxed and the delegation gained the impression that the great majority of the staff were doing their best to care for the patients.

However, inter-patient violence was a problem at the establishment, as acknowledged by the management and witnessed by the delegation. This resulted partly from the accommodation on the same wards of patients with disorders of a completely different nature (e.g. acute psychosis and severe learning disability) as well as from an inadequate staff presence, especially as regards nurses and orderlies (considering in particular the number of acute and agitated patients).

**The CPT recommends that steps be taken to ensure that staff at the Psychiatric Clinic of Piejuras Hospital in Liepāja protect patients from other patients who might cause them harm. This requires not only adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/patients.**

Further, **steps should be taken to discontinue the practice of accommodating patients with disorders of a completely different nature (e.g. acute psychosis and severe learning disability) together on the same wards.**

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<sup>60</sup> The costs of such placement (9.20 LVL per day) were paid by the families or the municipal authorities, and the revenues received by the Clinic were considered as part of the establishment’s profit.

<sup>61</sup> See, however, the comments in paragraphs 166 and 167, which apply equally here.

### 3. Living conditions

116. The delegation noted ongoing refurbishment in the Clinic, and saw that patients' rooms in the already refurbished wards (especially the rehabilitation, acute and sub-acute wards) were generally bright, airy, clean, adequately furnished and well decorated.

The wards accommodated from 11 (in the children's ward) to 46 patients (in the acute ward) each. Overall, there was sufficient living space for the patients (e.g. a room measuring 24 m<sup>2</sup> had three beds; a room of 28 m<sup>2</sup> had four), though in some rooms – especially in the acute and sub-acute wards – conditions were quite cramped, with beds placed close to each other (e.g. a room measuring 35 m<sup>2</sup> and accommodating seven patients; a room of 10 m<sup>2</sup> accommodating two patients). Cramped conditions were also observed in some of the rooms in the chronic ward (e.g. four beds in a room measuring 18 m<sup>2</sup>).

**The CPT encourages the Latvian authorities to pursue the refurbishment programme at the Psychiatric Clinic of Piejuras Hospital in Liepāja. In this context, the possibility of transforming large patients' rooms into smaller ones should be considered<sup>62</sup>. Further, efforts should be made to ensure sufficient living space in all the rooms.**

The delegation was informed by the Clinic's director that, after the completion of the refurbishment programme, it was envisaged to set up a special ward for the elderly patients and to move the children's ward to more suitable (less "hospital-like") premises. **The Committee would like to receive detailed information on these plans.**

117. Patients could take a shower at least twice a week and more frequently if needed. The Clinic provided patients with some personal hygiene items (soap, shampoo and toilet paper). Further, special mattresses and disposable pads were provided for incontinent patients. It is noteworthy that the Clinic's sanitary facilities (toilets, showers, washrooms) were generally clean and of a good standard. However, toothbrushes and toothpaste were not available unless the patients or their relatives/friends bought them. **The CPT invites the Latvian authorities to ensure that indigent patients are provided, as necessary, with toothbrushes and toothpaste.**

118. The delegation was concerned to observe that many patients (especially in the acute and chronic wards) were wearing pyjamas all day. The CPT has already stated in the past that such a practice is not conducive to strengthening the patients' sense of personal identity and self-esteem; individualisation of clothing should form part of the therapeutic process.

**The Committee recommends that steps be taken to ensure that patients are allowed and, if necessary, encouraged to wear their own clothes during the day or are provided with appropriate non-uniform garments.**

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<sup>62</sup> As already stressed by the Committee in the past (see paragraph 109 of CPT/Inf (2009) 35), provision of accommodation structures based on small groups is a crucial factor in preserving/restoring patients' dignity, and also a key element of any policy for the psychological and social rehabilitation of patients. Structures of this type also facilitate the allocation of patients to relevant categories for therapeutic purposes.

119. The delegation noted that patients were allowed to keep some private items (pictures, radio sets, books, etc.) and that there were lockers and wardrobes in most of the patients' rooms. That said, it was clear that not all the patients had access to lockable space to keep their personal belongings. **The Committee trusts that steps will be taken to remedy this.**

120. The Clinic's management informed the delegation that the establishment had sufficient resources for the provision of adequate food to patients. And most of the patients interviewed by the delegation said that the food was sufficient both in quantity and quality.

#### **4. Staff and treatment**

121. At the time of the visit, the Clinic employed 18 full-time psychiatrists; however, four of them did not work on the in-patient wards and the above number also included the director who could only consecrate a small part of his time to therapeutic tasks<sup>63</sup>. The nursing staff comprised some 50 full-time nurses (including a few senior nurses with a university degree); there were no vacant posts. The nurses had not received specialised training in psychiatry during their studies but were being trained on the job. Further, there were 59 full-time orderlies (and no vacancies).

After 3 pm and on weekends, there was one doctor on duty for the whole Clinic. During the day, each ward was staffed with one to three nurses and two to four orderlies, while after 8 pm there was one nurse and one orderly per ward.

As regards other staff qualified to provide therapeutic activities, at the time of the visit, there were three psychologists, one psychotherapist and two social workers (one of them part-time); the occupational therapist was on long-term leave.

122. The psychiatrist/patient ratio at the time of the visit, i.e. 1:9, could be considered as sufficient to meet the Clinic's needs. However, the number of psychiatrists assigned to the acute ward (i.e. three doctors' posts, one of them part time and one on vacation, for 46 patients at the time of the visit) was insufficient, given the presence of many agitated and severely ill patients there. Further, the presence of nurses, orderlies and other staff qualified to provide psycho-social rehabilitative activities will have to be increased on all the wards for the CPT's recommendations concerning treatment and activities to be implemented (see paragraph 127).

**The CPT recommends that the Latvian authorities take steps at the Psychiatric Clinic of Piejuras Hospital in Liepāja to:**

- **increase the presence of psychiatrists on the acute ward;**
- **increase the number and presence of nurses and orderlies on all the wards;**
- **reinforce the team of specialists qualified to provide psycho-social rehabilitative activities (psychologists, occupational therapists, social workers, etc.).**

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<sup>63</sup> There were also several visiting somatic specialists (including a GP, a neurologist, a dermatologist, a dentist, an ophthalmologist, a neuro-pathologist, an ear, nose and throat specialist and a gynaecologist).



More generally, **the CPT recommends that specialised training – both initial and ongoing – be developed in Latvia for nurses working with psychiatric patients.**

123. The delegation was concerned that employees of a private security company (with which the Clinic had a contract and whose task was mainly to protect the establishment's property), wearing black combat-style uniforms and carrying truncheons, handcuffs and tear gas (as well as authorised to carry guns), could sometimes be asked by doctors or nurses to assist them in restraining agitated/aggressive patients. **The Committee recommends that this unacceptable practice be stopped immediately.**

124. The inadequate health-care staff complement had a bearing on the range of therapeutic options available at the Clinic, which were essentially limited to pharmacotherapy. There were no problems with the supply of psycho-active medication including the newer-generation drugs, and no evidence of overmedication was found.

However, the delegation was concerned to learn that there were no formal instructions as regards carrying out regular blood tests whenever clozapine was administered to patients. Clozapine can have as a side-effect a potentially lethal lack of white blood cells (granulocytopenia); therefore, regular blood tests should be mandatory. **The CPT recommends that regular blood tests be rendered mandatory at the Psychiatric Clinic of Piejuras Hospital in Liepāja (and, as appropriate, in all other psychiatric establishments in Latvia) whenever clozapine is administered to a patient.**

125. The range of other therapeutic options was underdeveloped. Most of the patients did not benefit from psycho-social rehabilitative activities.

Some eight patients were participating in weekly individual psychotherapy, but there was no group psychotherapy. Further, a few patients (essentially from the rehabilitation ward) were engaged in activities such as music, pottery, cooking, cleaning and gardening; however, most of these activities had recently been interrupted due to the departure of the occupational therapist (see paragraph 121).

Some attempts to work in a multi-disciplinary manner (e.g. holding weekly meetings with the participation of the director, the doctors, the psychologists and the psychotherapist) were observed at the Clinic; however, there was scope for much more team work including also the nurses and the social workers.

The medical files and other documentation were generally well kept, with frequent and detailed entries. That said, there was no trace of individualised treatment plans in the medical files examined.

126. As regards recreational activities, patients could watch television and listen to the radio in the wards' day rooms, read newspapers and borrow books from the Clinic's small library, and play board games. Further, group and individual excursions to the town were reportedly occasionally organised, mostly in the summer months and for the patients from the rehabilitation wards.

However, a large proportion of patients spent most of their day with little else to occupy their time than watching TV, smoking and sleeping.

The delegation noted that efforts were being made to provide the children and juveniles among the patients with some activities and diversions adapted to their needs (including music therapy three times per week, toys, games, books and access to a PC). However, it was clear that more needed to be done: one hour of individual tuition per week (reserved only for the children staying at the Clinic for longer than two weeks) is hardly sufficient, and the lack of sports activities for patients of this age constitutes another significant shortcoming.

127. **The CPT recommends that:**

- **efforts be made to expand the range of therapeutic options and involve a greater number of patients in psycho-social rehabilitative activities, preparing them for a more autonomous life or return to their families; occupational therapy should be an important part of a patient's long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and an improved self-image;**
- **an individual treatment plan be drawn up for each patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), comprising the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be informed of their individual treatment plans and progress; further, they should be involved in the drafting and implementation of these plans.**

**The Committee also recommends that efforts be made to involve more patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja in recreational activities adapted to their needs, in particular as regards the children/juveniles.**

128. The great majority of patients from the closed wards of the Clinic did not benefit from daily outdoor exercise, apparently due to the absence of a secured outdoor exercise area and to the unavailability of staff to accompany patients. For example, only one patient from the chronic ward was allowed to go outdoors every day (because it was considered that he did not need to be accompanied).

**The CPT recommends that steps be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja to ensure that all patients whose state of health so permits are offered at least one hour of outdoor exercise per day.**

129. The delegation noted that deaths occurring in the Clinic were usually not subject to any post-mortem examination<sup>64</sup>. Further, the register of deaths was not well kept<sup>65</sup> and the delegation was struck by the poor quality of the reports concerning the two autopsies performed up until the time of the visit in 2011<sup>66</sup>; **the Committee recommends that steps be taken to address these deficiencies.**

In the CPT's view, just as is the case with other closed institutions, when a patient in a psychiatric hospital dies, an autopsy should follow, unless a medical authority independent of the hospital decides that an autopsy is unnecessary<sup>67</sup>. **The Committee recommends that this approach be adopted and rigorously applied in all psychiatric establishments in Latvia. More generally, the CPT recommends that the Latvian authorities institute a practice of carrying out a thorough inquiry into every death of a psychiatric patient, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures. The relevant legislation should be amended accordingly.**

## 5. Means of restraint

130. The use of means of physical restraint (i.e. leather belts or soft tissue straps) was duly recorded in specific ward-based registers, which indicated that they were not being applied excessively at the Clinic<sup>68</sup>. The registers contained *inter alia* the name of the person who ordered the measure, the type of fixation ("full" or "partial" e.g. one arm and one leg), the name of the staff member responsible for supervision of the patient during the measure, and the time of the beginning and end of fixation. In accordance with the guidelines on the use of means of restraint developed by the Rīga Centre for Psychiatry and Narcology and endorsed by the Ministry of Health, decisions on the resort to fixation were always taken by a doctor, and the maximum duration of the fixation measure was two hours. Fixation was never applied to children and juveniles; the CPT welcomes this.

However, the delegation was concerned by the fact that, in most cases, patients were fixated at the Clinic in full view of other patients, and there was no continuous and direct monitoring of the fixated patients by the staff.

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<sup>64</sup> Autopsies were reportedly performed only if there was suspicion of a crime, if the deceased patient was young (and the cause of death was unclear) or if the death happened suddenly and/or occurred following complications during surgery. According to the director of the Clinic, there had been 16 deaths in 2010 and no autopsies. However, deaths of the "social patients" were not included in this number (as they were not considered as in-patients). The total number of deaths in 2010 turned out to be 21, but it was not known if autopsies had been carried out on any of the "social patients". In the period from 1 January to 1 September 2011 there had been 14 deaths of psychiatric patients and two autopsies (in addition to an unknown number of deaths and autopsies of "social patients").

<sup>65</sup> E.g. the dates of deaths of the last five entries in the register were missing, and the deaths of the "social patients" were not recorded in the register.

<sup>66</sup> The first autopsy report was one page handwritten on the back cover of the patient's medical record. The second consisted of eight handwritten lines on the back of the patient's medical record, undated and unsigned.

<sup>67</sup> See also Recommendation Rec(99)3 of the Committee of Ministers of the Council of Europe to member states on the harmonisation of medico-legal autopsy rules.

<sup>68</sup> For example, the restraints' register on the acute ward showed the following number of cases when fixation had been applied, often repeatedly, in respect of the same patient: 31 in 2011 (until 8 September), 27 in 2010, 36 in 2009, 8 in 2008, and 14 in 2007. The duration of fixation varied from 30 to 120 minutes, with 60 minutes being the most common duration. Fixation was rarely used in the chronic ward (9 times since 1999), and practically never used in the sub-acute ward.

**The Committee recommends that steps be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja to ensure that means of physical restraint are not applied to a patient in the sight of other patients, unless he/she explicitly requests otherwise or when the patient is known to have a preference for company, and it is safe. Further, there must be continuous, direct and personal supervision by nearby staff during the restraint measure.**

131. The delegation was informed by the Clinic's director that seclusion was sometimes practised in the establishment<sup>69</sup>, and that the rules applicable would be analogous to those applied in respect of fixation. However, instances of seclusion of patients were not recorded in a specific register. **The CPT recommends that this lacuna be remedied.**

Further, it was unclear what the maximum authorised period of seclusion would be; **the Committee would like to receive this information from the Latvian authorities.** In addition, **the CPT would like to receive confirmation that the rules applicable to the use of seclusion at the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as in all other psychiatric establishments in Latvia) provide for the obligation to review the measure at regular intervals and to ensure adequate contact between staff and patients subjected to seclusion.**

132. In the CPT's view, recourse to chemical restraint (i.e. medicating a patient against his/her will for the purpose of controlling behaviour) should be subjected to the same safeguards as physical restraints, including the obligation to record its use in a specific register. This was not the case at the Psychiatric Clinic of Piejuras Hospital in Liepāja; **the Committee recommends that steps be taken to remedy this shortcoming.**

133. It is not uncommon that the application of means of restraint is perceived by patients as a form of punishment. In order to avoid such a misunderstanding and further develop the doctor-patient relationship, patients who have been subject to – or have witnessed the application of – means of restraint should receive a debriefing at the end of the measure. This will provide an opportunity for the doctor to explain the need for the measure and thus help relieve uncertainty about its rationale. For the patient, such a debriefing would be an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour. **The CPT recommends that the Latvian authorities take the necessary steps in the light of the above remarks, at the Psychiatric Clinic of Piejuras Hospital in Liepāja and, as appropriate, in all other psychiatric establishments in Latvia.**

134. The delegation was informed by the Clinic's doctors that formally voluntary patients were occasionally subjected to physical restraint. In this respect, the Committee wishes to stress that **if restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed.**

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<sup>69</sup> There were no special seclusion rooms in the Clinic – any available room could be used for this purpose.

## 6. Safeguards<sup>70</sup>

135. It should be stressed from the outset that the findings made by the delegation with respect to the safeguards for the patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja were in most aspects very similar to those made by the CPT's delegation that visited Daugavpils Neuropsychiatric Hospital in November 2007. The Committee is concerned by the fact that most of the recommendations made by the CPT after the 2007 visit have remained unimplemented.

136. Involuntary hospitalisation of a civil nature is governed by the Law on Medical Treatment. According to its Section 68, if it is necessary to place a patient in a psychiatric establishment without his/her consent<sup>71</sup>, a panel of three psychiatrists examines him/her within 72 hours from the moment of his/her involuntary admission. If the panel decides that involuntary hospitalisation is necessary, the hospital informs the competent judge in writing within 24 hours, attaching a copy of the decision and other relevant documents<sup>72</sup>.

Within the next 72 hours, the judge reviews the case material in a closed meeting on the premises of the hospital, attended by the patient (if his/her state of health permits), his/her representative or lawyer and a representative of the hospital<sup>73</sup>. Having heard their arguments, the judge may decide on the patient's placement in the hospital for a period of up to two months or order his/her release. The decision shall be delivered to the patient and his representative, who can appeal against it to the chairperson of the court within ten days. Further extensions of involuntary placement – each for a period not exceeding six months – may be authorised by the judge on the recommendation of the panel of psychiatrists, following the same procedure as for the initial placement.

Similar to the situation observed at Daugavpils Neuropsychiatric Hospital in 2007, the delegation that visited the Psychiatric Clinic of Piejuras Hospital noted that the panel of psychiatrists (referred to as the “consilium”) called upon to provide the judge with a medical report concerning the necessity of involuntary hospitalisation under Section 68 of the Law on Medical Treatment was composed of the Clinic's own psychiatrists, including the patient's treating doctor. Thus, no *independent medical expertise* was involved in the procedure. **The CPT recommends that steps be taken to ensure that such independent expertise is available in the context of involuntary psychiatric hospitalisation (if necessary, via legislative amendments).**

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<sup>70</sup> The legal framework for involuntary psychiatric hospitalisation and treatment has not changed since the 2007 periodic visit; see paragraphs 105 and 124 to 130 of CPT/Inf (2009) 35.

<sup>71</sup> Psychiatric assistance may be provided without the patient's consent, if:

- (1) the patient has threatened or is threatening, has attempted or is attempting to cause bodily harm to him/herself or others, or has acted or is acting violently towards him/herself or other people and the treating doctor finds that the patient suffers from mental disorders which may result in serious bodily harm to the patient him/herself or to another person;
- (2) the patient has shown or is showing inability to care for him/herself or persons dependent on him/her and the treating doctor finds that the patient suffers from mental disorders which may result in inevitable and serious deterioration of the patient's health.

<sup>72</sup> If the patient has no legal representative, the judge immediately requests the Latvian Bar Association to appoint a lawyer to represent the patient's interests. The patient's representative or lawyer has the opportunity to examine the case material and meet with the patient.

<sup>73</sup> The judge may postpone the hearing for a maximum of 48 hours, if the prosecutor or the patient's representative fails to appear, or if it is necessary in order to collect additional evidence.

137. As regards involuntary hospitalisation of a forensic nature, persons may be subject to compulsory treatment pursuant to Sections 68 to 70 of the Penal Code. Such treatment may be imposed by a criminal court upon offenders with mental disorders who are not criminally responsible but considered dangerous. Involuntary admission to a psychiatric hospital may be a substitute for a prison sentence or take place following imprisonment. The placement is ordered for an indefinite period of time<sup>74</sup>. However, the patient concerned, his/her legal representative or close relative may request, every three months, a judicial review of the compulsory treatment<sup>75</sup>. In the absence of such a request, the court reviews the placement on its own initiative once a year<sup>76</sup>.

In this context, the delegation was concerned by the absence – in the files of the forensic patients accommodated at the Piejuras Clinic – of any written trace of annual court reviews of the compulsory treatment measure<sup>77</sup>. **The CPT would like to receive the Latvian authorities' remarks on this point.**

138. As already mentioned in paragraph 111, at the time of the visit to the Psychiatric Clinic of Piejuras Hospital in Liepāja, only two civil patients had been placed there on an involuntary basis pursuant to Section 68 of the Law on Medical Treatment. In respect of these patients, the procedure described in paragraph 136 seemed to have been duly followed.

However, based upon its interviews with the patients, discussions with the staff and consultation of the relevant documentation, the delegation formed the view that the Clinic's management initiated the formal involuntary placement procedure under Section 68 of the Law on Medical Treatment only in respect of those patients who actively resisted their hospitalisation. The CPT has already criticised this practice in the report on its 2007 visit<sup>78</sup>; consequently, **it recommends that steps be taken to remedy this state of affairs.**

While examining the relevant documentation at the Clinic, the delegation also noted that the legal status of some patients (mostly those admitted prior to 2007) was unclear, which could *de facto* amount to deprivation of liberty without any legal grounds. **The Committee recommends that the legal status of patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja and, as appropriate, in other psychiatric hospitals in Latvia, be reviewed, in the light of these remarks.**

139. It should be noted that, on admission to the Clinic, patients were asked to sign upon a stamp in their medical file containing a brief standard sentence expressing their consent to hospitalisation and subsequent treatment. In this context, the CPT wishes to stress that **consent to hospitalisation and consent to treatment are two distinct issues and patients should be requested to express their position on both of these issues separately.**

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<sup>74</sup> Until "(...) the person concerned has recovered or the nature of the illness has changed to such a degree that it is not necessary to provide such treatment;" (Section 69, paragraph 4, of the Penal Code).

<sup>75</sup> Section 607, paragraph 2, and Section 608, paragraph 6, of the CCP.

<sup>76</sup> Section 607, paragraph 4, *ibid*.

<sup>77</sup> The delegation did find proof of six-monthly reviews by the Clinic's "consilium" (which did not include any outside psychiatrists).

<sup>78</sup> See paragraph 127 of CPT/Inf (2009) 35). It was then observed at Daugavpils Neuropsychiatric Hospital.

It is also noteworthy that a number of patients interviewed by the delegation at the Clinic were unaware of their diagnosis and the treatment they were receiving. **The Committee recommends that steps be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as, if appropriate, in all other psychiatric establishments in Latvia) to ensure that psychiatric patients (and if they are legally incompetent, also their guardians) are provided with full, clear and accurate information before consenting to treatment (including on the possibility to withdraw their consent), both at the time of hospitalisation and prior to any treatment in the course of hospitalisation. Relevant information should also be provided to patients (and their guardians) during and following the treatment.**

Further, the delegation was told by the Clinic's doctors that they considered it acceptable to "persuade" patients to sign upon the above-mentioned consent stamp upon their admission. **The CPT recommends that steps be taken to ensure that newly-admitted patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja are not subjected to any form of pressure before confirming their consent to hospitalisation.**

140. The delegation was informed by the management of the Psychiatric Clinic of Piejuras Hospital in Liepāja that appeals against court decisions confirming involuntary hospitalisation were very rare in practice; for example, there had only been one such appeal (unsuccessful) in the course of 2010. This could possibly be related to the issue of effectiveness of the legal assistance offered to patients. In this context, some of the delegation's interlocutors pointed to the need to improve training on the legislation governing involuntary psychiatric hospitalisation provided to lawyers. **The Committee would welcome the observations of the Latvian authorities on this subject.**

141. The delegation noted at the Clinic that no separate legal procedure was followed in the case of subsequent transformation of a patient's legal status from voluntary to involuntary (i.e. if a patient admitted voluntarily changed his/her mind subsequently, and the doctors thought he/she should continue his/her stay at the Clinic). **The CPT recommends that measures be taken to remedy this deficiency. If it is considered that a given patient, who has been voluntarily admitted and who expresses a wish to leave the hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied.**

142. The delegation paid particular attention to the situation of legally incapacitated patients. As was the case at Daugavpils Neuropsychiatric Hospital during the 2007 visit, the management of the Psychiatric Clinic of Piejuras Hospital formally considered such patients as being voluntary (irrespective of whether they had opposed their placement or not), provided they had been admitted with the written consent of their guardian.

The Committee wishes to reiterate its opinion that placing incapacitated persons in a psychiatric establishment which they cannot leave at will, based solely on the consent of the guardian, entails a risk that such persons will be deprived of essential safeguards. In this context, the delegation was informed of planned amendments to the Civil Code and the Civil Procedure Code (scheduled to enter into force in the course of 2012), which would introduce the possibility of partial legal incapacitation of psychiatric patients and give such persons the right to request a review of the incapacitation decision, as well as require that the will of the persons in question be taken into account in the context of hospitalisation. **The CPT would like to receive detailed information about these amendments and their entry into force.**

In a few cases, the delegation noted that legally incompetent patients had been asked to sign upon the consent stamp; there was no record in their files that the patients' guardians had consented to their hospitalisation. In view of these patients' legal status, their consent had no legal value; thus, from the legal point of view, they were involuntary and the relevant procedure for involuntary hospitalisation should have been initiated for them. **The CPT recommends that instructions be issued to the staff at the Psychiatric Clinic of Piejuras Hospital in Liepāja to systematically verify the legal competence of patients upon admission, and to take appropriate steps in consequence.**

143. As regards discharge procedures, the situation observed during the 2011 visit was the same as that already described in the report on the 2007 visit, namely that involuntary patients were released upon the expiry of the term determined by the court, or prior to this by decision of the Clinic's director (upon the recommendation of the treating doctor and following an opinion from the "consilium"). However, the relevant legislation still did not allow involuntary patients themselves to request a review by a judicial authority during their placement. **The Committee recommends that the Law on Medical Treatment be amended accordingly.**

144. As had been the case at Daugavpils Neuropsychiatric Hospital during the 2007 visit, patients (and their relatives) at the Psychiatric Clinic of Piejuras Hospital in Liepāja were not provided on admission with a brochure setting out the Clinic's routine and patients' rights, including information about complaints bodies and procedures. This was all the more regrettable since such a brochure had been drawn up by a known non-governmental organisation and a number of copies sent to the Clinic.

**The CPT reiterates its recommendation that such a brochure be systematically provided to patients and their families and/or legal representatives on admission to all psychiatric establishments in Latvia. Any patients unable to understand the brochure should receive appropriate assistance.**

145. In respect of contact with the outside world for patients at the Clinic, there were no limitations on *visits* from relatives. However, the establishment did not possess special facilities for visits; as a result, patients met their relatives in the wards' corridors or common rooms. **The CPT invites the Latvian authorities to set up appropriate facilities in which patients can meet their relatives at the Psychiatric Clinic of Piejuras Hospital in Liepāja.**

Patients were allowed to send and receive *letters* without restrictions (although letters written by some of the patients were read by the doctors). Further, patients had in principle access to a *telephone*; that said, there was only one pay phone (located in the acute ward) and most of the patients had to request permission to use the office phones on the wards, which was apparently problematic<sup>79</sup>. **The Committee invites the Latvian authorities to make efforts to improve the possibilities for patients at the Clinic to make telephone calls.**

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<sup>79</sup> Patients told the delegation that they were only allowed to make very short calls from the office phones (i.e. only to ask their relatives to call them back) and that it was forbidden to dial mobile phone numbers (due to financial constraints). On the other hand, some patients were allowed to use their private mobile phones (on condition that their phones were not equipped with photo cameras).



146. Patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja could lodge complaints with a number of outside bodies, in particular the Ministry of Health, the Health Inspectorate and the Ombudsman. That said, it was in practice very difficult to send a complaint directly (i.e. other than through one's relatives or lawyer) in a confidential manner. **The CPT recommends that measures be taken to ensure that patients in all psychiatric establishments in Latvia are effectively in a position to send confidential complaints to outside authorities.**

The Committee also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) which is responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations. At the Psychiatric Clinic of Piejuras Hospital, the delegation was informed that the only outside body (independent of the health authorities) empowered to carry out such inspections was the Ombudsman; however, the last visit of members of his Office reportedly dated back some 3-4 years and had been triggered by a complaint sent by a patient. **The CPT thus reiterates its recommendation that steps be taken to ensure that the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as all other psychiatric establishments in Latvia) are visited, on a regular basis, by a body which is independent of the health authorities<sup>80</sup>.**

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<sup>80</sup> See also Article 16 (3) of the UN Convention on the Rights of Persons with Disabilities.

## **E. Establishments under the authority of the Ministry of Welfare**

### **1. Preliminary remarks**

147. The delegation visited one establishment under the authority of the Ministry of Welfare, namely the Iļģi branch of Kurzeme Social Care Centre<sup>81</sup>.

Iļģi Social Home is situated near the small town of Grobiņa, some 18 km from Liepāja. Opened in 1948 as a home for the elderly, it occupies two buildings (an 18<sup>th</sup> century mansion – referred to as “the Palace”<sup>82</sup> – and a newer building added in the 1960s) surrounded by 13 hectares of land (a pleasant park and fields previously used for agricultural purposes). At the time of the visit, the establishment – with an official capacity of 322 places<sup>83</sup> – was accommodating 307 adult residents of both sexes (in roughly equal proportion). All residents had a psychiatric or neurological diagnosis and all were officially disabled (with 1<sup>st</sup> or 2<sup>nd</sup> degree disability). The diagnoses were as follows: dementia (59 residents), medium severe learning disability (47 residents), severe learning disability (32 residents), deep learning disability (13 residents), chronic schizophrenia (123 residents), and Parkinson’s or Alzheimer’s disease (33 residents). Approximately 50% of the residents were long-term, some 100 of them having lived at Iļģi Social Home for more than 10 years.

Residents lived in four wards, two of which (mixed male and female Wards 1 and 2) were located in the Palace and two (Wards 3 and 4) in the new building. Ward 1, on the ground floor, accommodated residents with reduced mobility and those in a more serious condition, requiring ongoing assistance. Ward 2 (on the first floor) was for the residents who could move around the establishment freely, without supervision. Wards 3 (male) and 4 (female) were locked wards for residents requiring permanent supervision (mostly severely learning disabled). Finally, the mixed male and female half-way home, for residents who were being prepared for an autonomous life in the outside community, was located on the top floor of the Palace.

148. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Welfare that deinstitutionalisation of residents of social care homes was one of the priorities of the Latvian authorities; however, its implementation had suffered in recent years due to the economic crisis affecting the country. The Government adopted a Long-Term Social Care and Rehabilitation Programme (covering the period from 2009 to 2012), with three main objectives: refurbishment of social care homes (which was ongoing, largely thanks to EU funding), development of alternative services in the community, with the help of municipalities and NGOs<sup>84</sup>, and staff training.

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<sup>81</sup> Hereafter, Iļģi Social Home. The establishment’s official name was the result of a reorganisation of the network of social care homes carried out in 2010: 33 social homes were grouped into five regional social care centres, mainly in order to reduce management costs.

<sup>82</sup> The Palace suffered fire damage in 2004 and was subsequently reconstructed (and partially altered).

<sup>83</sup> Including 27 places in the half-way home (see paragraph 152).

<sup>84</sup> The delegation was informed that approximately 200 draft projects were under assessment by the Ministry of Welfare, which had 5 million lats at its disposal for this purpose.

In this context, the delegation was somewhat surprised that important financial resources (obtained from the EU Structural Funds) were being used to expand the current establishment in Iļģi, rather than to meet the second objective of the above-mentioned Programme. On the positive side, the CPT notes the recent opening of the half-way home in Iļģi (see paragraph 152) and of the group apartment in Liepāja<sup>85</sup>.

By ratifying, in 2010, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the Latvian authorities committed themselves to take steps in order to meet the objectives of deinstitutionalisation and of support for persons with disabilities to live independently in the community (set out in Article 19 of the UNCRPD<sup>86</sup>). Consequently, **the CPT recommends that the Latvian authorities step up their efforts to reorganise the system for provision of care to persons with mental disabilities, in the light of the above remarks.**

149. The delegation was informed at Iļģi Social Home that there was only one national waiting list for placement in social care institutions, which meant that if a vacancy occurred in one of the regional centres, the applicant might have to be placed in a social care establishment located far away from his/her home. Staff at Iļģi Social Home acknowledged that this sometimes led to adaptation problems, which in turn resulted in occasional re-hospitalisation in psychiatric establishments. **The Committee would welcome the observations of the Latvian authorities on this subject.**

## 2. Ill-treatment

150. A few allegations of ill-treatment by staff (essentially of verbal abuse and rude behaviour by orderlies) were received by the delegation from the residents of Iļģi Social Home. The establishment's management had adequately reacted to such cases in the recent past (e.g. by dismissing in 2009 an orderly who had been found to display an inappropriate attitude vis-à-vis residents). While welcoming this, **the CPT recommends that the management of Iļģi Social Home pay more attention to this issue in the context of professional training for the orderlies. Further, the management should remain vigilant and make it clear to staff that all forms of ill-treatment of residents, including verbal abuse, are unacceptable and will be severely punished.**

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<sup>85</sup> The delegation was told at the Ministry of Welfare that a half-way home and a group apartment had been opened in each of the five regions.

<sup>86</sup> Article 19 of UNCRPD (“Living independently and being included in the community”) states as follows: States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

151. It was openly acknowledged by the establishment's management and staff that instances of violence between residents did occur; this was at least partly related to the practice of accommodating persons with mental disorders and those with a learning disability in the same ward.

The authorities' obligation to care for residents includes responsibility for protecting them from other residents who might cause them harm. This means in particular that staff should be alert to residents' behaviour and be both resolved and properly trained to intervene when necessary. Likewise, an adequate staff presence should be ensured at all times, including at night and weekends; at present, this is not guaranteed (see paragraph 155). Further, appropriate arrangements should be made for particularly vulnerable residents, by taking care, for example, not to accommodate them or leave them alone with residents identified as behaving in an aggressive manner. **The CPT recommends that the Latvian authorities take the necessary measures in the light of the above remarks to protect residents at Ilģi Social Home from other residents who might cause them harm.**

Further, **steps should be taken to stop the practice of accommodating in the same wards persons with mental disorders and those with a learning disability.**

### 3. Living conditions

152. An ongoing major refurbishment of the Home had almost been completed at the time of the visit<sup>87</sup> and, throughout the establishment, living conditions were generally satisfactory.

The residents' rooms measured from 25 to 50 m<sup>2</sup> and contained two to six beds each. They had good access to natural light, artificial lighting and ventilation, and were generally clean and pleasantly decorated. The furniture in the rooms consisted of beds (with full bedding), lockers or wardrobes; further, residents were allowed to keep their personal belongings and to personalise their living environment.

The best conditions were observed in the half-way home, which offered a home-like environment with well-furnished rooms, a kitchenette, a pleasantly decorated living room and activity rooms, access to a large balcony, etc.

153. Food was prepared in a well-appointed kitchen and served in a canteen equipped with tables and chairs (or, in the case of residents with reduced mobility, in their rooms). Residents from the locked wards took their meals in the day rooms located on their wards. The delegation received hardly any complaints from residents as regards the quality and quantity of the food provided.

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It was due to be finished by the end of 2011. During the works, residents had to be moved to other wards, which meant that some of the wards were temporarily operating above their intended capacity. For example, Ward 1 (with the official capacity of 46) was accommodating 79 residents at the time of the visit; Ward 2 (capacity 52) had 103 residents, and Ward 3 (capacity 36) was accommodating 48 residents. Also the half-way home was operating above the official capacity (34 residents for the normal capacity of 27), as it had to accommodate seven residents from Ward 2.

154. Residents had unrestricted access to decent communal toilets and washing facilities, and could take a shower at least once a week (and more frequently if needed); further, they were provided with basic hygiene items. Residents' clothes (which were generally adapted to the season and individualised) and bed linen was regularly (at least once a week) washed in the establishment's laundry. There were also enough special mattresses and disposable pads for incontinent residents.

#### **4. Staff resources and care of residents**

155. The head of the health-care department of Iļģi Social Home was a general practitioner; although a full-time post, it transpired that the incumbent was involved mostly with administrative tasks. Another GP visited the Home once a week and was available on call at other times. A visiting psychiatrist was employed on a 25% basis. Other staff consisted of three social rehabilitation specialists, four social workers, 12 nurses (including the head nurse) and 49 orderlies.

The nurses and orderlies worked in shifts of 12 or 24 hours. The day shift (until 7 pm on working days) comprised the head nurse and three nurses for the whole establishment, three to five orderlies per ward, a social worker and a social rehabilitation specialist. After 7 pm on working days and on weekends, there were only two nurses and seven orderlies present at Iļģi Social Home.

156. The limited presence of medical staff (in particular the psychiatrists and the general practitioners) is a serious problem at Iļģi Social Home, especially taking into account that more than 120 residents were diagnosed with schizophrenia. The current staffing levels as regards psychiatrically trained nurses and orderlies also do not allow the necessary attention and stimulation to be offered to all the residents (especially on Wards 1, 3 and 4).

**In the light of the above, the CPT recommends that steps be taken to significantly increase both the medical and nursing staff levels at Iļģi Social Home. As regards the former, there should be at least the equivalent of a full-time post of a psychiatrist, as well as of a general practitioner devoted exclusively to resident care: as regards the latter, the number of qualified nursing staff should be substantially increased.**

**Further, given the importance of therapeutic and other activities for residents' rehabilitation, the Committee recommends that the Latvian authorities increase the number of staff responsible for the provision of such activities (including work therapists) at Iļģi Social Home.**

157. All residents underwent psychiatric assessment (re-evaluation of their diagnosis) once a year. Further, each resident had an individual rehabilitation plan which was reviewed once every six months, and the residents' files were detailed and well kept. However, the majority of the residents, including the learning disabled, received no other treatment than psychiatric medication. The delegation was told that there was a sufficient supply of drugs, including the newer-generation psychotropics.

The examination of the register of medical prescriptions revealed that, at the time of the visit, 104 residents were receiving clozapine (Leponex) and 28 of them were on olanzapine (Zyprexa 50-100 mg). As regards clozapine, the delegation's doctor noted that the performance of regular blood tests was at the discretion of the psychiatrist; in this respect, the CPT wishes to stress that – due to the risk of fatal agranulocytosis – residents receiving this medication should be subjected to regular blood tests. As for olanzapine, it is to be noted that the relatively high dosage practised at the establishment can cause weight gain and diabetes; therefore, regular monitoring of sugar levels in the blood is necessary. **The Committee recommends that regular blood tests be carried out in respect of residents receiving clozapine and olanzapine, in the light of the above remarks.**

158. As regards somatic care, in addition to that provided by the GP, residents could also be accompanied to the local health-care centre or the regional hospital for a specialist consultation or treatment. All residents received an X-ray of the thorax (to detect tuberculosis<sup>88</sup>) and a consultation with a lung specialist once a year; further, annual gynaecological consultations were offered to the female residents.

If needed, residents were also provided with dental care. However, the delegation observed that many residents had a poor dentition (i.e. missing teeth). **The CPT recommends that the Latvian authorities improve dental care for residents at Ilģi Social Home, including access to conservative dental treatment.**

159. Turning to the socio-rehabilitative and recreational activities, seven residents from the half-way home were attending a special school in the nearby small town (Tsirava), training to become cooks or carpenters. Further, a few residents from the half-way home had paid work outside the establishment.

Some occupation (cleaning, working in the garden), art therapy (such as theatre, singing, dancing, drawing, knitting, sculpture, woodcarving and pottery) and sports were also available for the residents from the other wards<sup>89</sup>. Excursions to the nearby towns were occasionally organised, mostly in the summer months. However, a large percentage of residents (especially the elderly) could not participate in the above-mentioned activities.

There were pleasant day rooms on each ward, with books, newspapers<sup>90</sup>, games, TV/DVD and radio sets.

160. To sum up, there was clearly scope for developing therapeutic, occupational and leisure activities at Ilģi Social Home and involving more residents in them. **The CPT therefore recommends that steps be taken at the establishment to ensure that more residents benefit from psychosocial and occupational therapeutic activities adapted to their mental capacity and physical mobility. Particular attention should be given to resocialisation programmes preparing residents who have the potential to live in the community for discharge. Achieving this goal will require recruiting additional qualified staff (see paragraph 156).**

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<sup>88</sup> There were no residents with detected TB at the establishment at the time of the visit.

<sup>89</sup> Approximately 35 residents were participating in such activities on the day of the visit. However, due to the ongoing refurbishment, the establishment's indoor gym/theatre hall was temporarily unavailable.

<sup>90</sup> That said, many residents, especially in Wards 3 and 4, were illiterate.

161. The delegation was very concerned to note that most of the residents from the locked wards (especially Wards 3 and 4) did not have access to daily outdoor exercise, as they were not able to do so without assistance and the staffing levels and presence on those wards (see paragraph 156) were clearly insufficient. Consequently, only 10 to 15 residents from each of the above-mentioned wards could be taken outside at a time.

**The CPT calls upon the Latvian authorities to take steps to ensure that all the residents of Ilģi Social Home have the possibility to spend a reasonable amount of time outdoors every day.**

## **5. Means of restraint**

162. The delegation was informed that fixation was never used at Ilģi Social Home. As regards seclusion, it was applied rarely<sup>91</sup> and its use was well recorded and submitted to written instructions. Seclusion was only decided by the psychiatrist or – in emergency – by a nurse immediately reporting to the psychiatrist (via telephone, when the psychiatrist was not in the establishment).

Conditions in the dedicated seclusion room (where the maximum period of placement authorised by the law was 24 hours<sup>92</sup>) were on the whole adequate. Measuring some 12 m<sup>2</sup> and equipped with a mattress, the room was clean, well ventilated, heated and lit. However, there was no in-cell toilet; instead, the room contained a bucket to be used to satisfy the needs of nature. **The CPT recommends that steps be taken to ensure that residents placed in the seclusion room at Ilģi Social Home have ready access to a proper toilet facility at all times.**

When a resident was placed in the seclusion room, his/her condition was monitored at least every 15 minutes by a nurse.

163. At the time of the visit to Ilģi Social Home, the total number of residents receiving neuroleptics was nearly twice as high as the number of residents diagnosed with schizophrenia. This, in the Committee's view, could be interpreted as an indication of the widespread resort to chemical restraint (i.e. medicating residents against their will, without the intent of treating a psychiatric disorder but for the purpose of controlling behaviour). **In this context, reference is made to the remarks and recommendation in paragraph 132, which apply equally here.**

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<sup>91</sup> E.g. five times in the course of 2010, and twice in the period from 1 January to 1 September 2011, usually for a maximum of a few hours. It is noteworthy that in most cases the reason for the measure was agitation caused by alcohol intoxication (after returning from authorised leave to the nearby town).

<sup>92</sup> If a resident did not calm down after this period, an ambulance would be called and the resident concerned would be taken to the Psychiatric Clinic of Piejuras Hospital in Liepāja.

164. The delegation also observed that a number of residents at Ilģi Social Home had been transferred from the open to the closed wards for reasons related to their behaviour (on security grounds) rather than their diagnosis<sup>93</sup>; as a consequence, residents diagnosed with schizophrenia were sometimes obliged to spend periods of up to a month in the same ward with severely learning-disabled residents. Some of the residents interviewed by the delegation perceived such a transfer as a form of punishment.

**The Committee would like to receive the observations of the Latvian authorities on this subject.**

## **6. Safeguards**

165. The legal framework for the placement in social care homes has not changed since the 2007 visit<sup>94</sup>. Admission takes place pursuant to Section 28, paragraph 1, of the Law on Social Services and Social Assistance (LSSSA), which requires a written application by the person concerned or his/her representative/guardian, as well as the signing of a contract for the provision of care between the applicant and the establishment. Thus, at least in theory, the placement may only take place on a voluntary basis.

166. Written resident applications and signed contracts were found in all the files of residents admitted to Ilģi Social Home after 1996; the delegation was told that the legal requirement of signing a contract had not existed prior to this date and that residents admitted prior to 1996 had not been asked to sign such contracts subsequently. **The CPT recommends that this lacuna be remedied.**

The delegation had doubts regarding the veracity of the residents' consent to placement in a number of cases. The standard contracts were drafted in such a manner that it was difficult for someone without legal training to understand them, not to mention persons with a learning disability; moreover, some of the staff acknowledged that the genuine character of the residents' consent to placement was not really checked, and the procedure was to a large extent a formality<sup>95</sup>.

**The Committee recommends that efforts be made to ensure that consent to placement given by persons admitted to Ilģi Social Home (as well as to all other similar establishments in Latvia) is truly free and informed. Standard contracts should be redrafted so as to make them comprehensible for the residents concerned and, if necessary, appropriate assistance should be provided to the residents who have difficulty understanding the contract.**

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<sup>93</sup> The decision to carry out such a transfer was taken by the social worker. It was subject to a weekly review.

<sup>94</sup> See paragraph 133 of CPT/Inf (2009) 35.

<sup>95</sup> As one of the staff members put it, "the signature is all that matters". The most striking situation was observed in Ward 3, where nearly all of the severely learning-disabled residents were legally competent; as almost all of them were illiterate, their "signature" on the contract frequently consisted of just an "X".



167. It became clear during the visit to Iļģi Social Home that legally competent adult residents admitted on the basis of their own application were not allowed to leave the establishment whenever they wished. The delegation was told that their discharge could only take place by decision of the competent municipal authorities based on Section 28, paragraph 2, of the LSSSA<sup>96</sup>. Staff explained that there was a necessity to ascertain that discharged patients have a place to live, are able to survive in the community, etc.; nevertheless, this meant that such residents were *de facto* deprived of their liberty for an indefinite period<sup>97</sup>.

In the light of the above, **the Committee recommends that the relevant legislation be amended so as to introduce appropriate safeguards for persons placed in social care establishments in Latvia. In particular, steps should be taken to ensure that residents of social care homes have an effective right to bring proceedings to have the lawfulness of their placement decided by a court, and that they are duly informed of this right. Further, the CPT would like to receive detailed information concerning the procedure for consent to treatment in respect of persons admitted to social care homes.**

168. Specific mention should be made of the situation of residents deprived of their legal capacity accommodated at Iļģi Social Home. The delegation was concerned to learn that several residents had been placed under the guardianship of the establishment's staff.

It should be stressed in this context that one aspect of the role of a guardian is to defend, if necessary, the rights of incapacitated persons vis-à-vis the hosting institution. Obviously, granting guardianship to the staff of the very same institution may easily lead to a conflict of interest and compromise the independence and impartiality of the guardian. **The CPT recommends that the Latvian authorities strive to find alternative solutions which would better guarantee the independence and impartiality of guardians<sup>98</sup>.**

169. The arrangements for residents of Iļģi Social Home to maintain contact with the outside world (i.e. their access to correspondence and the telephone, and visits from family members) were satisfactory and do not call for any particular comment.

170. The delegation was informed at Iļģi Social Home that residents could send complaints to the Department of Social Services of the Ministry of Welfare and to the Ombudsman. However, they were not provided with any (especially written) information about their rights and complaints procedures. **The CPT recommends that steps be taken to ensure that residents at Iļģi Social Home are informed of their rights and of the possibilities to lodge formal complaints, on a confidential basis, with clearly designated outside bodies.**

As regards inspection mechanisms, Iļģi Social Home received internal inspections from the Ministry of Welfare and had been visited by the Ombudsman (in 2010). **The CPT invites the Latvian authorities to put in place a system for regular visits to Iļģi Social Home (as well as to all other social care homes in Latvia) by bodies which are independent of the social care authorities** (see also paragraph 146).

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<sup>96</sup> "Provision of a service to a person of legal age at a long-term care and social rehabilitation institution may be suspended if (...) as a result of rehabilitation the person no longer requires the services of the long-term care and social rehabilitation institution and these may be replaced with services at the place of residence."

<sup>97</sup> As already mentioned in paragraph 147, two of the establishment's wards were locked.

<sup>98</sup> Reference is also made to the remarks and recommendations in paragraph 142.



## **APPENDIX I**

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

#### **Monitoring of places of deprivation of liberty**

##### comments

- the Latvian authorities are encouraged to accede to/ratify the Optional Protocol to the United Nations Convention against Torture (paragraph 8).

#### **Police establishments**

##### **Preliminary remarks**

##### recommendations

- the Latvian authorities to take steps – including of a legislative nature – to ensure that the return of prisoners to police detention facilities is sought and authorised only very exceptionally, for specific reasons and for the shortest possible time. Such a return should in each case be subject to the express authorisation of a prosecutor or judge (paragraph 10).

##### **Ill-treatment**

##### recommendations

- police officers to be reminded, at regular intervals, that all forms of ill-treatment (including threats and verbal abuse) of persons deprived of their liberty are not acceptable and will be punished accordingly. Police officers should also be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can be no justification for striking them (paragraph 14);
- the Latvian authorities to continue to develop professional training of police officers, with a view to ensuring that all new recruits receive adequate initial training and that police officers already in service are offered systematic ongoing training, related to human rights, professional ethics, conduct of interviews, handling of high-risk situations (including the apprehension of suspects), etc. (paragraph 14);
- a thorough review of the current procedures for processing complaints about police ill-treatment to be carried out (paragraph 16).

comments

- it would be preferable for the investigation of complaints about police ill-treatment to be entrusted to an agency which is completely independent of the police (paragraph 16).

requests for information

- a copy of any medical forensic report drawn up in respect of the person referred to in paragraph 13 who alleged to have been ill-treated while in the custody of the Talsi police on 29 April 2011, and the outcome of the criminal investigation into this case (paragraph 13);
- in respect of 2011 and the first half of 2012:
  - the number of complaints of ill-treatment made against law enforcement officials and the number of criminal/disciplinary proceedings which have been instituted as a result;
  - an account of criminal/disciplinary sanctions imposed following such complaints (paragraph 15).

**Safeguards against the ill-treatment of persons deprived of their liberty**

recommendations

- the Latvian authorities to ensure that the right of notification of custody is rendered fully effective 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 19);
- steps to be taken to ensure that detained persons are provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention (paragraph 19);
- the Latvian authorities to take all necessary steps to ensure that the right of access to a lawyer is enjoyed by all persons obliged to remain with the police, as from the very outset of their deprivation of liberty (paragraph 20);
- the Latvian authorities to step up their efforts to ensure that the system of legal aid for persons in police custody operates effectively (paragraph 21);
- steps to be taken to ensure that juveniles do not make any statements or sign any documents related to the offence of which they are suspected without the benefit of a lawyer (and, in principle, of a trusted adult person) being present and assisting the juvenile (paragraph 22);
- calls for medical assistance for a detained person to be always recorded in the relevant documentation in police establishments (paragraph 23);
- the Latvian authorities to ensure that medical examinations of persons held in police detention facilities are always conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of police officers. Further, steps should be taken to ensure that the confidentiality of medical data is fully respected in police establishments throughout Latvia (paragraph 23);

- the Latvian authorities to ensure without further delay 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 provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon first entry into police premises) by provision of a written form setting out the detained person's rights in a straightforward manner, and available in an appropriate range of languages. Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case (paragraph 24).

#### comments

- to be fully effective, visits to police establishments by monitoring bodies should be both frequent and unannounced. Further, such bodies should be empowered to interview detained persons in private and examine all issues related to their treatment (material conditions of detention; custody records and other documentation; exercise of detained persons' rights, etc.) (paragraph 25).

#### requests for information

- more information about the plans to set up a new, independent body that would carry out monitoring of police establishments and would also be entitled to receive complaints from persons in police custody (paragraph 25).

### **Conditions of detention**

#### recommendations

- the Latvian authorities to pursue vigorously their efforts to improve material conditions in police cells. More specifically, the following measures should be taken as a matter of priority:
  - ensure that all police cells where persons may be held overnight are of a reasonable size for their intended occupancy (i.e. preferably 7 m<sup>2</sup> for single cells, and at least 4 m<sup>2</sup> per detained person in multi-occupancy cells);
  - improve in-cell lighting (there should be sufficient artificial lighting to read by – sleeping periods excluded – and preferably access to natural light) and ventilation;
  - ensure that the cells are cleaned at appropriate intervals(paragraph 29);
- steps to be taken to ensure that persons in police custody are at all times (including at night) allowed to comply with the needs of nature when necessary, in clean and decent conditions, and that the toilet and washing facilities are kept in a good state of repair. The use of buckets for this purpose should be eliminated completely, as it is degrading both for the persons detained and for police officers (paragraph 29);

- all persons who are detained by the police for 24 hours or more to be offered, as far as possible, outdoor exercise, and anyone held in a police detention facility for more than 48 hours to be entitled to at least one hour of outdoor exercise every day (paragraph 30);
- steps to be taken to provide some form of activity (e.g. books, newspapers, board games) – in addition to outdoor exercise – to all persons held in excess of a few days in police detention facilities (paragraph 31).

requests for information

- information on the progress of refurbishment of detention areas in police premises, including the timeframe for these works (paragraph 27);
- confirmation of the entry into service of the new police detention facilities in Daugavpils and Ventspils (paragraph 27);
- information on the completion of the refurbishment works at the Municipal Police Station in Liepāja (paragraph 32).

**Border Guard Accommodation Centre for Detained Aliens in Daugavpils**

recommendations

- steps to be taken to ensure that staff working in the Centre do not openly carry truncheons in detention areas; if it is deemed necessary for staff to possess such equipment, it should be hidden from view (paragraph 36).

comments

- the Latvian authorities are invited to expand the range of activities for any foreign nationals held for prolonged periods at the Centre. The longer the period for which persons are detained, the more developed should be the activities which are offered to them (paragraph 38).

requests for information

- observations on the issues raised in the second subparagraph of paragraph 40 regarding the provision of information to foreign nationals, the quality of interpretation during court proceedings and legal counselling (paragraph 40);
- a copy of the internal regulations of the Centre once they have been adopted (paragraph 42).

## **Prisons**

### **Preliminary remarks**

#### recommendations

- the Latvian authorities to amend without any further delay the existing legal standards on living space for prisoners so as to provide for at least 4 m<sup>2</sup> per prisoner in multi-occupancy cells, and to revise the occupancy levels in Latvian prisons accordingly (paragraph 45).

#### comments

- the Latvian authorities are encouraged to pursue their efforts to reduce the prison population and thereby combat overcrowding. In so doing, the authorities should be guided by, inter alia, Recommendation Rec(99)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation, Recommendation Rec(2000)22 on improving the implementation of the European rules on community sanctions and measures, Recommendation Rec(2003)22 on conditional release (parole), and Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse (paragraph 46);
- the Latvian authorities are invited to review the relevant legislation and practice in the light of the remarks made in the third subparagraph of paragraph 47 concerning the progressive sentence execution regime (paragraph 47).

#### requests for information

- up-to-date information on progress made in combating overcrowding in prisons (paragraph 46).

### **Ill-treatment**

#### recommendations

- a clear message to be delivered at regular intervals to management and staff, in particular at Jelgava Prison, as well as at Liepāja, Rīga Central and Valmiera Prisons, that all forms of ill-treatment of prisoners (including verbal abuse) are unacceptable and will be punished accordingly. As part of this message, staff should be reminded that if physical force or “special means” need to be applied to control a violent and/or recalcitrant prisoner, the force used should be no more than is strictly necessary and that, once the prisoner has been brought under control, there can be no justification for striking him (paragraph 49);
- the Latvian authorities to develop a comprehensive strategy with a view to addressing the problem of inter-prisoner violence at Jelgava, Liepāja, Rīga Central and Valmiera Prisons (and, as appropriate, in other prison establishments in Latvia), in the light of the remarks in paragraphs 52 to 54 (paragraph 55);

- the Latvian authorities to draw up a plan to replace the large dormitories at Valmiera Prison with smaller living units (paragraph 55).

requests for information

- a timetable for the implementation of the plan to replace the large dormitories at Valmiera Prison (paragraph 55).

**Conditions of detention of the general prison population**

recommendations

- vigorous action to be taken to improve material conditions of detention at Jelgava and Valmiera Prisons, in the light of the remarks in paragraphs 58 to 62. The highest priority must be accorded to remedying the serious shortcomings observed in Block 1 at Jelgava Prison and the remand block at Valmiera Prison; immediate steps should be taken to remove the shutter from the window of Cell No. 3 in Block 1 at Jelgava Prison (paragraph 63);
- the Latvian authorities to address the most serious shortcomings as regards conditions of detention at Rīga Central Prison, starting by the removal of the metal shutters covering cell windows (paragraph 64);
- immediate steps to be taken to remove metal shutters from cell windows at all other prison establishments where such shutters can currently be found (paragraph 65);
- the Latvian authorities to take steps at Jelgava, Liepāja, Rīga Central and Valmiera Prisons to devise and implement a comprehensive regime of out-of-cell activities (including group association activities) for all prisoners, including sentenced prisoners on the low regime level and prisoners on remand. The aim should be to ensure that all prisoners 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) (paragraph 71).

comments

- the Latvian authorities are invited to allow prisoners more frequent showers, taking into account the European Prison Rules (paragraph 66).

requests for information

- the alternative arrangements made for the reception of newly-arrived remand prisoners at Valmiera Prison (paragraph 61);
- full information about the implementation of the plans to construct a new remand prison in Rīga (paragraph 64).



## **Conditions of detention of life-sentenced prisoners**

### recommendations

- the Latvian authorities to take steps without further delay to devise and implement a comprehensive regime of out-of-cell activities in respect of all life-sentenced prisoners (including those on the low regime level) at Daugavgrīva and Jelgava Prisons. Immediate steps should also be taken to allow life-sentenced prisoners on the low regime level to have contacts with other lifers during out-of-cell activities (paragraph 76);
- the Latvian authorities to take immediate steps to carry out a proper individual risk assessment in respect of all life-sentenced prisoners and to adjust the security measures applied to them accordingly (paragraph 77);
- the management of Daugavgrīva and Jelgava Prisons to encourage prison officers to develop constructive relations with life-sentenced prisoners (as well as with all other prisoners) (paragraph 78);
- the Latvian authorities to put an end to the practices of applying handcuffs to a life-sentenced prisoner undergoing a medical consultation/intervention and of carrying out medical consultations through metal bars (paragraph 79);
- immediate steps to be taken to ensure that all medical examinations of life-sentenced prisoners are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers (paragraph 79);
- the Latvian authorities to take immediate steps to ensure that strip-searches are only conducted on the basis of a concrete suspicion and in an appropriate setting (paragraph 80);
- the Latvian authorities to reconsider their segregation policy vis-à-vis life-sentenced prisoners in the light of the remarks made in paragraphs 69 and 70 of the report on the 2007 visit and to amend the relevant legislation accordingly (paragraph 81).

### comments

- the in-cell sanitary annexes in the new unit for life-sentenced prisoners at Daugavgrīva Prison should be fully partitioned (paragraph 74);
- the in-cell toilets in the current unit for life-sentenced prisoners at Daugavgrīva Prison should be fully partitioned (paragraph 74).

### requests for information

- updated information on the planned transfer of life-sentenced prisoners from Jelgava Prison to the new unit at Daugavgrīva Prison (paragraph 74).

## **Health-care services**

### recommendations

- immediate steps to be taken to ensure that:
  - the complement of qualified nursing staff at Jelgava, Rīga Central and Valmiera Prisons is significantly increased; the objective should be to attain the ratio of feldshers/nurses to inmates observed at Liepāja Prison;
  - someone competent to provide first aid is always present in every prison establishment, including at night; preferably, this person should be a qualified nurse, in particular in establishments which have an in-patient infirmary (paragraph 83);
- the Latvian authorities to take appropriate steps to ensure that the vacant posts of doctors at Jelgava, Rīga Central and Valmiera Prisons are filled (paragraph 84);
- the current practice of employing prisoners as nursing assistants at Jelgava, Rīga Central and Valmiera Prisons and, where appropriate, in other prisons to be reviewed, in the light of the remarks in paragraph 85 (paragraph 85);
- the Latvian authorities to review the current system of prison health care, in the light of the remarks in paragraph 86. Immediate steps should be taken to ensure that prisoners without resources are able to receive the medication and treatment that their state of health requires (paragraph 87);
- the Latvian authorities to take immediate steps to ensure that the record drawn up after a medical examination of a prisoner (both on admission and during imprisonment) contains: (i) a full account of objective medical findings based on a thorough examination, (ii) a full account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), 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. Whenever injuries are recorded which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record should be systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the prisoner and, upon request, to his/her lawyer. The same procedure should be followed whenever a prisoner is brought back to prison by the police, after having participated in investigative activities (paragraph 89);
- the Latvian authorities to take urgent steps to devise and implement a strategy for the prevention and treatment of HIV in the prison system. This will require the active involvement of the Ministry of Health (paragraph 91);

- immediate steps to be taken at Jelgava, Liepāja, Rīga Central and Valmiera Prisons to ensure that all medical examinations of prisoners are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers (paragraph 92).

#### comments

- the Latvian authorities are encouraged to develop a comprehensive policy to combat the problem of substance abuse (including the treatment of drug addiction) at Jelgava, Liepāja, Rīga Central and Valmiera Prisons and, if appropriate, in other prisons in Latvia (paragraph 90).

#### **Other issues**

#### recommendations

- the Latvian authorities to review prison staffing levels as a matter of priority, with a view to increasing the number of prison officers present in the detention areas of the prisons visited as well as in other prisons where similar low levels of staffing occur. In this connection, a recruitment strategy based on proper funding and enhanced conditions of service should be developed (paragraph 93);
- the Latvian authorities to reduce the maximum possible period of confinement in a disciplinary isolation cell 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 94);
- immediate steps to be taken to ensure that no adult prisoner is held continuously in a disciplinary isolation cell for longer than the maximum time limit of 15 days. If the prisoner has been sanctioned to disciplinary confinement for a total of more than 15 days in relation to two or more offences, there should be an interruption of several days in the disciplinary confinement at the 15-day stage (paragraph 95);
- steps to be taken to ensure that the disciplinary sanction of placement in a punishment cell does not lead to a total prohibition of family contact (paragraph 96);
- appropriate steps to be taken throughout the prison system to review the approach being followed vis-à-vis prisoners who have harmed themselves, in the light of the remarks in paragraph 97 (paragraph 97);
- prisoners subject to a disciplinary sanction to be always given a copy of the decision (paragraph 98);
- the role of health-care staff in relation to disciplinary matters to be reviewed, in the light of the remarks in paragraph 99. 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 21<sup>st</sup> General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28) (paragraph 99);

- appropriate steps to be taken to remedy the deficiencies identified in paragraph 101 regarding the material conditions of detention in some of the larger disciplinary cells at Jelgava Prison. In particular, all disciplinary cells should be equipped with adequate seating (i.e. a chair or bench) for the daytime (paragraph 101);
- measures to be taken to remedy the shortcomings described in paragraph 102 regarding the material conditions of detention in the disciplinary cells at Valmiera Prison. As regards more specifically the main disciplinary unit, steps should be taken to enlarge the small cells as well as the cell windows (paragraph 102);
- the Latvian authorities to significantly increase prisoners' visit entitlement, in the light of the remarks in paragraph 104; prisoners' entitlement to make phone calls should also be considerably increased (paragraph 104);
- the Latvian authorities to review the visiting arrangements in all prison establishments so as to ensure that, as a rule, short-term visits take place under open conditions (e.g. with prisoners and their visitors sitting around a table) (paragraph 104);
- the practice of handcuffing life-sentenced prisoners during a short-term visit to be immediately stopped (paragraph 104);
- the Latvian authorities to conduct a review of the procedures currently used to process prisoners' complaints, in the light of the remarks in paragraph 106 (paragraph 106);
- the Latvian authorities to take measures – including, if necessary, of a legislative nature – to ensure that officers of investigation divisions in prisons no longer investigate criminal offences committed by prisoners outside the prison and no longer take statements from prisoners in relation to such offences (paragraph 108);
- the Latvian authorities to take immediate steps throughout the prison system to ensure that officers of investigation divisions no longer carry out criminal investigations into alleged instances of ill-treatment by staff (paragraph 109).

#### comments

- it would be preferable to lower the maximum possible period of confinement in a disciplinary isolation cell for a given disciplinary offence (paragraph 95);
- the Latvian authorities are invited to review the regulations governing disciplinary sanctions so as to ensure that any restrictions on family contact are imposed only where the offence relates to such contact (paragraph 96).

#### requests for information

- confirmation that the order of the Head of the Prison Administration to immediately close the remaining two small disciplinary cells at Jelgava Prison has been implemented (paragraph 100);
- observations on the statement of the Ombudsman that his Office has limited resources for conducting monitoring visits to prisons (paragraph 107).

## **Psychiatric establishments**

### **Preliminary remarks**

#### comments

- the CPT trusts that the Latvian authorities will strive to find a solution to the problem of patients who no longer need to be held in hospital having to remain at the Psychiatric Clinic of Piejuras Hospital in Liepāja, due to a lack of adequate care/accommodation in the outside community (paragraph 112);
- the proper place for persons in need of social care-type accommodation is not a psychiatric hospital, especially if the persons in question have no psychiatric diagnosis (paragraph 114).

#### requests for information

- remarks on the fact that available resources are directed at maintaining in-patient establishments, rather than developing alternatives to hospitalisation in line with Article 19 of the UN Convention on the Rights of Persons with Disabilities (paragraph 113).

### **Ill-treatment**

#### recommendations

- steps to be taken to ensure that staff at the Psychiatric Clinic of Piejuras Hospital in Liepāja protect patients from other patients who might cause them harm. This requires not only adequate staff presence and supervision at all times, but also that staff be properly trained in handling challenging situations/patients (paragraph 115);
- steps to be taken to discontinue the practice of accommodating patients with disorders of a completely different nature (e.g. acute psychosis and severe learning disability) together on the same wards (paragraph 115).

### **Living conditions**

#### recommendations

- steps to be taken to ensure that patients are allowed and, if necessary, encouraged to wear their own clothes during the day or are provided with appropriate non-uniform garments (paragraph 118).

#### comments

- the Latvian authorities are encouraged to pursue the refurbishment programme at the Psychiatric Clinic of Piejuras Hospital in Liepāja. In this context, the possibility of transforming large patients' rooms into smaller ones should be considered. Further, efforts should be made to ensure sufficient living space in all the rooms (paragraph 116);

- the Latvian authorities are invited to ensure that indigent patients are provided, as necessary, with toothbrushes and toothpaste (paragraph 117);
- the CPT trusts that steps will be taken to ensure that all the patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja have access to lockable space to keep their personal belongings (paragraph 119).

#### requests for information

- detailed information on the plans at the Psychiatric Clinic of Piejuras Hospital in Liepāja to set up a special ward for the elderly patients and to move the children's ward to more suitable (less "hospital-like") premises (paragraph 116).

### **Staff and treatment**

#### recommendations

- the Latvian authorities to take steps at the Psychiatric Clinic of Piejuras Hospital in Liepāja to:
  - increase the presence of psychiatrists on the acute ward;
  - increase the number and presence of nurses and orderlies on all the wards;
  - reinforce the team of specialists qualified to provide psycho-social rehabilitative activities (psychologists, occupational therapists, social workers, etc.)(paragraph 122);
- specialised training – both initial and ongoing – to be developed in Latvia for nurses working with psychiatric patients (paragraph 122);
- the practice at the Psychiatric Clinic of Piejuras Hospital in Liepāja of employees of a private security company assisting doctors and nurses in restraining agitated/aggressive patients to be stopped immediately (paragraph 123);
- regular blood tests to be rendered mandatory at the Psychiatric Clinic of Piejuras Hospital in Liepāja (and, as appropriate, in all other psychiatric establishments in Latvia) whenever clozapine is administered to a patient (paragraph 124);
- efforts to be made at the Psychiatric Clinic of Piejuras Hospital in Liepāja to expand the range of therapeutic options and involve a greater number of patients in psycho-social rehabilitative activities, preparing them for a more autonomous life or return to their families; occupational therapy should be an important part of a patient's long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and an improved self-image (paragraph 127);
- an individual treatment plan to be drawn up for each patient at the Psychiatric Clinic of Piejuras Hospital in Liepāja (taking into account the special needs of acute, long-term and forensic patients including, with respect to the last-mentioned, the need to reduce any risk they may pose), comprising the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be informed of their individual treatment plans and progress; further, they should be involved in the drafting and implementation of these plans (paragraph 127);

- efforts to be made at the Psychiatric Clinic of Piejuras Hospital in Liepāja to involve more patients in recreational activities adapted to their needs, in particular as regards the children/juveniles (paragraph 127);
- steps to be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja to ensure that all patients whose state of health so permits are offered at least one hour of outdoor exercise per day (paragraph 128);
- steps to be taken to address the deficiencies described in paragraph 129 regarding deaths occurring at the Psychiatric Clinic of Piejuras Hospital in Liepāja (paragraph 129);
- an autopsy to be carried out whenever a patient in a psychiatric hospital dies, unless a medical authority independent of the hospital decides that an autopsy is unnecessary (paragraph 129);
- the Latvian authorities to institute a practice of carrying out a thorough inquiry into every death of a psychiatric patient, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures. The relevant legislation should be amended accordingly (paragraph 129).

### **Means of restraint**

#### recommendations

- steps to be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja to ensure that means of physical restraint are not applied to a patient in the sight of other patients, unless he/she explicitly requests otherwise or when the patient is known to have a preference for company, and it is safe. Further, there must be continuous, direct and personal supervision by nearby staff during the restraint measure (paragraph 130);
- instances of seclusion of patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja to be recorded in a specific register (paragraph 131);
- recourse to chemical restraint to be subjected to the same safeguards as physical restraints, including the obligation to record its use in a specific register (paragraph 132);
- the Latvian authorities to take the necessary steps at the Psychiatric Clinic of Piejuras Hospital in Liepāja and, as appropriate, in all other psychiatric establishments in Latvia to ensure that patients who have been subject to – or have witnessed the application of – means of restraint receive a debriefing at the end of the measure (paragraph 133).

#### comments

- if restraint is applied in respect of a voluntary patient, his/her legal status should be reviewed (paragraph 134).

requests for information

- information on the maximum authorised period of seclusion (paragraph 131);
- confirmation that the rules applicable to the use of seclusion at the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as in all other psychiatric establishments in Latvia) provide for the obligation to review the measure at regular intervals and to ensure adequate contact between staff and patients subjected to seclusion (paragraph 131).

**Safeguards**

recommendations

- steps to be taken to ensure that independent medical expertise is available in the context of involuntary psychiatric hospitalisation (if necessary, via legislative amendments) (paragraph 136);
- steps to be taken to end the practice at the Psychiatric Clinic of Piejuras Hospital in Liepāja of initiating the formal involuntary placement procedure only in respect of those patients who actively resist hospitalisation (paragraph 138);
- the legal status of patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja and, as appropriate, in other psychiatric hospitals in Latvia to be reviewed, in the light of the remarks made in the third subparagraph of paragraph 138 (paragraph 138);
- steps to be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as, if appropriate, in all other psychiatric establishments in Latvia) to ensure that psychiatric patients (and if they are legally incompetent, also their guardians) are provided with full, clear and accurate information before consenting to treatment (including on the possibility to withdraw their consent), both at the time of hospitalisation and prior to any treatment in the course of hospitalisation. Relevant information should also be provided to patients (and their guardians) during and following the treatment (paragraph 139);
- steps to be taken to ensure that newly-admitted patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja are not subjected to any form of pressure before confirming their consent to hospitalisation (paragraph 139);
- measures to be taken at the Psychiatric Clinic of Piejuras Hospital in Liepāja to ensure that a separate legal procedure is followed in the case of subsequent transformation of a patient's legal status from voluntary to involuntary. If it is considered that a given patient, who has been voluntarily admitted and who expresses a wish to leave the hospital, still requires in-patient care, then the involuntary civil placement procedure provided by the law should be fully applied (paragraph 141);
- instructions to be issued to the staff at the Psychiatric Clinic of Piejuras Hospital in Liepāja to systematically verify the legal competence of patients upon admission, and to take appropriate steps in consequence (paragraph 142);



- the Law on Medical Treatment to be amended so as to allow involuntary patients themselves to request a review by a judicial authority during their placement (paragraph 143);
- a brochure setting out the establishment's routine and patients' rights, including information about complaints bodies and procedures, to be systematically provided to patients and their families and/or legal representatives on admission to all psychiatric establishments in Latvia. Any patients unable to understand the brochure should receive appropriate assistance (paragraph 144);
- measures to be taken to ensure that patients in all psychiatric establishments in Latvia are effectively in a position to send confidential complaints to outside authorities (paragraph 146);
- steps to be taken to ensure that the Psychiatric Clinic of Piejuras Hospital in Liepāja (as well as all other psychiatric establishments in Latvia) are visited, on a regular basis, by a body which is independent of the health authorities (paragraph 146).

#### comments

- consent to hospitalisation and consent to treatment are two distinct issues and patients should be requested to express their position on both of these issues separately (paragraph 139);
- the Latvian authorities are invited to set up appropriate facilities in which patients can meet their relatives at the Psychiatric Clinic of Piejuras Hospital in Liepāja (paragraph 145);
- the Latvian authorities are invited to make efforts to improve the possibilities for patients at the Psychiatric Clinic of Piejuras Hospital in Liepāja to make telephone calls (paragraph 145).

#### requests for information

- remarks on the absence – in the files of the forensic patients accommodated at the Piejuras Clinic – of any written trace of annual court reviews of the compulsory treatment measure (paragraph 137);
- observations on the effectiveness of the legal assistance offered to psychiatric patients (paragraph 140);
- detailed information about the planned amendments to the Civil Code and the Civil Procedure Code on partial legal incapacitation of psychiatric patients as well as about the entry into force of these amendments (paragraph 142).

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

### **Preliminary remarks**

#### recommendations

- the Latvian authorities to step up their efforts to reorganise the system for provision of care to persons with mental disabilities, in the light of the remarks in paragraph 148 (paragraph 148).

#### requests for information

- observations on the subject raised in paragraph 149 concerning the allocation of residents to social care establishments (paragraph 149).

### **Ill-treatment**

#### recommendations

- the management of Iļģi Social Home to pay more attention to the issue of interaction with residents in the context of professional training for the orderlies. Further, the management should remain vigilant and make it clear to staff that all forms of ill-treatment of residents, including verbal abuse, are unacceptable and will be severely punished (paragraph 150);
- the Latvian authorities to take the necessary measures in the light of the remarks in paragraph 151 to protect residents at Iļģi Social Home from other residents who might cause them harm (paragraph 151);
- steps to be taken to stop the practice of accommodating in the same wards persons with mental disorders and those with a learning disability (paragraph 151).

### **Staff resources and care of residents**

#### recommendations

- steps to be taken to significantly increase both the medical and nursing staff levels at Iļģi Social Home. As regards the former, there should be at least the equivalent of a full-time post of a psychiatrist, as well as of a general practitioner devoted exclusively to resident care: as regards the latter, the number of qualified nursing staff should be substantially increased (paragraph 156);
- the Latvian authorities to increase the number of staff responsible for the provision of therapeutic and other activities (including work therapists) at Iļģi Social Home (paragraph 156);

- regular blood tests to be carried out in respect of residents receiving clozapine and olanzapine, in the light of the remarks in the second subparagraph of paragraph 157 (paragraph 157);
- the Latvian authorities to improve dental care for residents at Ilģi Social Home, including access to conservative dental treatment (paragraph 158);
- steps to be taken at Ilģi Social Home to ensure that more residents benefit from psychosocial and occupational therapeutic activities adapted to their mental capacity and physical mobility. Particular attention should be given to resocialisation programmes preparing residents who have the potential to live in the community for discharge. Achieving this goal will require recruiting additional qualified staff (paragraph 160);
- the Latvian authorities to take steps to ensure that all the residents of Ilģi Social Home have the possibility to spend a reasonable amount of time outdoors every day (paragraph 161).

### **Means of restraint**

#### recommendations

- steps to be taken to ensure that residents placed in the seclusion room at Ilģi Social Home have ready access to a proper toilet facility at all times (paragraph 162);
- recourse to chemical restraint to be subjected to the same safeguards as physical restraints, including the obligation to record its use in a specific register (paragraph 163).

#### requests for information

- observations on the subject raised in paragraph 164 concerning the transfer of residents from the open to the closed wards at Ilģi Social Home (paragraph 164).

### **Safeguards**

#### recommendations

- contracts for the provision of care to be concluded between Ilģi Social Home and those residents admitted to the establishment before 1996 (paragraph 166);
- efforts to be made to ensure that consent to placement given by persons admitted to Ilģi Social Home (as well as to all other similar establishments in Latvia) is truly free and informed. Standard contracts should be redrafted so as to make them comprehensible for the residents and, if necessary, appropriate assistance should be provided to the residents who have difficulty understanding the contract (paragraph 166);
- the relevant legislation to be amended so as to introduce appropriate safeguards for persons placed in social care establishments in Latvia. In particular, steps should be taken to ensure that residents of social care homes have an effective right to bring proceedings to have the lawfulness of their placement decided by a court, and that they are duly informed of this right (paragraph 167);

- the Latvian authorities to strive to find alternative solutions which would better guarantee the independence and impartiality of guardians (paragraph 168);
- steps to be taken to ensure that residents at Iļģi Social Home are informed of their rights and of the possibilities to lodge formal complaints, on a confidential basis, with clearly designated outside bodies (paragraph 170).

comments

- the Latvian authorities are invited to put in place a system for regular visits to Iļģi Social Home (as well as to all other social care homes in Latvia) by bodies which are independent of the social care authorities (paragraph 170).

requests for information

- detailed information concerning the procedure for consent to treatment in respect of persons admitted to social care homes (paragraph 167).

**APPENDIX II**

**LIST OF THE NATIONAL AUTHORITIES, NON-GOVERNMENTAL ORGANISATIONS  
AND PERSONS WITH WHOM THE CPT'S DELEGATION HELD CONSULTATIONS**

**A. National authorities**

**Ministry of Justice**

Aigars Štokenbergs	Minister of Justice
Laila Medin	Deputy State Secretary
Jekaterina Macuka	Director of Sectoral Policy Department
Kristīne Ķipēna	Head of Punishment Execution Policy Division, Sectoral Policy Department
Leonīds Jefremovs	Acting Head of the Prison Administration
Valērijs Sergejevs	Deputy Director of the Prison Administration
Iona SPURE	Head of Resocialisation Service of the Prison Administration

**Ministry of the Interior**

Aigars Štokenbergs	Acting Minister of the Interior
Viktors Elksnis	Deputy State Secretary
Kaspars Āboliņš	Acting Director of the European Affairs and International Cooperation Department
Jānis Citskovskis	Deputy Head of the Office of Citizenship and Migration Affairs
Arvils Feierābends	Deputy Head of the Main Public Order Police Department and Head of the Societal Security Bureau, State Police
Mareks Hoņavko	Head of the Return and Asylum Seekers' Affairs Division, Service Organization Department, Central Board of the State Border Guard

**Ministry of Health**

Reinis Joksts	Director of the Health Care Department
Silvija Pablaka	Head of the Health Care Organization Unit, Health Care Department
Līga Šerna	Deputy Head of Division of European Affairs and International Cooperation
Aigars Kišuro	Chief specialist for development issues, Riga Centre of Psychiatry and Addiction Disorders
Valentīna Berga	Head of the Control Office, Health Inspectorate

**Ministry of Welfare**

Ringolds Beinarovičs	State Secretary
Ingus Alliks	Deputy State Secretary
Aldis Dūdiņš	Deputy Director of Department of Social Services and Social Assistance
Egita Dorožkina	Head of Social Services Organisation Unit, Department of Social Services and Social Assistance

**Ministry of Foreign Affairs**

Evija Dumpe	Head of the Human Rights Policy Division
Liene Kondratjuka	Third Secretary, Human Rights Policy Division

**B. Office of the Latvian Ombudsman**

Juris JANSONS	Ombudsman
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**C. Non-governmental organisations**

Latvian Centre for Human Rights

Resource Centre for People with Mental Disability "ZELDA "