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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 12 to 22 April 2016

The Latvian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2017) 17.

Strasbourg, 29 June 2017

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Copy of the letter transmitting the CPT's report

Mr Ivars Pundurs
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Latvia to the
Council of Europe
67, allée de la Robertsau
67000 Strasbourg

Strasbourg, 15 December 2016

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 12 to 22 April 2016. The report was adopted by the CPT at its 91st meeting, held from 7 to 11 November 2016.

The various recommendations, comments and requests for information formulated by the CPT are highlighted in bold in the body of the report. As regards more particularly the CPT's recommendations, having regard to Article 10, paragraph 1, 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 the above-mentioned response, reactions to the comments and requests for information formulated in this report.

The Committee 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,

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

EXECUTIVE SUMMARY

During its periodic visit to Latvia, the CPT's delegation reviewed the measures taken by the Latvian authorities to implement recommendations made by the Committee after its previous visits. In this context, the delegation paid particular attention to the treatment and safeguards afforded to persons deprived of their liberty by the police and examined the conditions of detention in a number of police detention facilities. The delegation also looked into various issues related to prisons, including the provision of health care and the situation of juveniles and life-sentenced prisoners. In addition, visits were carried out to a psychiatric hospital and a social care home.

The co-operation received by the delegation throughout the visit, from both the national authorities and staff at the establishments visited, was very good. The delegation enjoyed rapid access to the places visited, was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

Police custody

The visit revealed that persons remanded in custody by courts were still frequently held in police detention facilities well beyond the statutory limit of 48 hours, pending their transfer to a remand facility. Further, as during previous visits, the delegation came across a number of cases in which persons placed in a remand prison had been returned to a police establishment for the purpose of investigative work, for periods ranging from several days to two weeks. The CPT stresses once again that, as a matter of principle, prisoners should not be held in police detention facilities; such facilities are not designed for lengthy stays. Moreover, prolonged detention on police premises increases the risk of intimidation and ill-treatment. In this regard, the recent introduction of a legal maximum time limit of seven days for such stays can only be seen as a first step in the right direction; the aim should be to abolish this practice as soon as possible.

The majority of persons interviewed by the delegation stated that they had been treated correctly by the police. However, once again, the delegation received a number of allegations from detained persons (including juveniles) of physical ill-treatment by police officers. Most of these allegations referred to the excessive use of force in the context of apprehension, such as punches, kicks or truncheon blows after the person concerned had been brought under control, or tight handcuffing. Further, some allegations were also heard of physical ill-treatment and threats to inflict ill-treatment during preliminary questioning by operational officers. In a few cases, the allegations of physical ill-treatment were also supported by medical evidence (such as medical records and bodily injuries observed by medical members of the delegation).

Overall, the information gathered during the visit suggests that the positive trend observed during the most recent visits is maintained. Notwithstanding that, the CPT stresses the need for the Latvian authorities to remain vigilant and to pursue their efforts to prevent police ill-treatment. In particular, the Committee reiterates its recommendation that police officers throughout Latvia be reminded, at regular intervals, that all forms of ill-treatment of persons deprived of their liberty are not acceptable and that no more force than is strictly necessary should be used when effecting an apprehension.

As regards the fundamental safeguards against ill-treatment (namely the right to have the fact of one's detention notified to a relative or another trusted person and the rights of access to a lawyer and to a doctor), the visit revealed that they usually became effective not from the outset of deprivation of liberty but only at the moment when a protocol of detention was drawn up (which could take place several hours after the actual apprehension) or even at a later stage.

As regards more specifically the right of access to a lawyer, most of the persons interviewed by the delegation stated that they had been able to contact their own lawyer or to be offered an *ex officio* lawyer. However, a number of allegations were once again received from detained persons (including juveniles) that they had been subjected to informal questioning by operational officers without the presence of a lawyer, prior to the taking of a formal statement; as already indicated above, some of them alleged to have been physically ill-treated or threatened with physical violence during such periods of initial questioning. 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.

Since the CPT's 2011 visit, the Latvian authorities have embarked on an extensive renovation programme of police establishments throughout the country. In the framework of this programme, a number of substandard police detention facilities have been completely refurbished. The delegation visited three such establishments during the visit (namely the detention facilities of Aizkraukle, Cēsis and Gulbene Police Stations), which provided material conditions of a generally good standard. However, the delegation once again found very poor material conditions in the detention facility of Valmiera Police Station; as in 2011, the facility as a whole was in a deplorable state of repair. Further, at Limbazi Police Station, custody cells were deprived of access to natural light, and most of the in-cell toilets were extremely dirty. The CPT recommends that immediate steps be taken at these two police stations to remedy the above-mentioned deficiencies.

Prisons

The CPT is pleased to note that, in line with its long-standing recommendation, the minimum standard of living space per prisoner in multiple-occupancy cells has been raised to 4 m². The delegation noted that, with some exceptions, the new national standard was observed in all the establishments visited. It is also noteworthy that the country's overall prison population had further decreased by some 1,000 inmates as compared to the Committee's previous visit in 2013 and stood at approximately 4,400. Whilst welcoming the continued efforts made by the Latvian authorities to combat prison overcrowding, the CPT notes that the current incarceration rate of some 225 prisoners per 100,000 inhabitants is still very high in comparison with that of most other Council of Europe member States.

The delegation received no allegations of recent physical ill-treatment of inmates by staff in any of the prison establishments visited. However, the delegation's findings at Daugavgrīva, Jelgava and Rīga Central Prisons indicated that inter-prisoner violence remained a problem. As in the past, this state of affairs appeared to be the result of a combination of factors, including an insufficient staff presence in prisoner accommodation areas, the existence of informal prisoner hierarchies and the lack of purposeful activities for most inmates. The CPT recommends that the Latvian authorities vigorously pursue their efforts to combat the phenomenon of inter-prisoner violence. It also calls upon the authorities to review staffing levels at Daugavgrīva, Jelgava and Rīga Central Prisons, with a view to increasing the number of custodial staff present in the detention areas.

Material conditions of detention were generally good at Cēsis Correctional Institution for Juveniles as well as at the Daugavpils Section of Daugavgrīva Prison which had recently undergone major refurbishment. In contrast, most of the prisoner accommodation areas in the Grīva Section of Daugavgrīva Prison were in an advanced state of dilapidation (for example, crumbling walls, badly worn and sometimes even rotten floors, decrepit furniture, etc.) and severely affected by humidity due to the absence of a ventilation system. Further, many cells had very limited access to natural light, and the in-cell sanitary facilities in a large number of cells were in an appalling state of hygiene.

After the visit, the Latvian authorities informed the CPT that, although no major reconstruction could be undertaken in the Grīva Section given the building's status as a historic monument, a programme of rolling refurbishment would be undertaken in the establishment from 2017 to 2020. The Committee's attention was also drawn to the fact that the authorities were planning to close down the Grīva Section in the long term. The CPT takes note of this information; it recommends that, in the interim, immediate measures be taken in the Grīva Section to ensure an acceptable level of hygiene throughout the prison (in particular, the in-cell sanitary facilities).

The delegation gained a generally positive impression of the regime offered to young prisoners at Cēsis Correctional Institution for Juveniles, where nearly all the inmates (both sentenced and on remand) were engaged in schooling as well as in various other organised activities, such as vocational training, sports and recreation. However, as regards adult inmates, the CPT was concerned to note that most remand prisoners at Rīga Central and Daugavgrīva Prisons, as well as the great majority of sentenced prisoners on the low regime level at Daugavgrīva Prison and many inmates of this category at Jelgava Prison, were usually locked up in their cells for up to 23 hours per day, with very limited out-of-cell activities on offer. The Committee calls upon the Latvian authorities to devise and implement a comprehensive regime of out-of-cell activities (including group association activities) for all prisoners.

The report highlights some particularly positive findings regarding the situation of life-sentenced prisoners. First of all, the long-standing practice of systematically handcuffing life-sentenced prisoners whenever they left their cells (accompanied by a staff member) has been discontinued. Further, life-sentenced prisoners are now offered the possibility of making free-of-charge online video calls. It is also praiseworthy that the authorities have finally started a process of integrating life-sentenced prisoners into the general prison population. As regards the regime of life-sentenced prisoners, the CPT acknowledges that, at Daugavgrīva Prison, those on the medium and high regime levels continued to benefit from an open-door policy during the day and that many of them were offered vocational training. Further, at Jelgava Prison, life-sentenced prisoners on the low regime level now had the possibility to associate for several hours every day in a communal room. However, there were still no opportunities for employment or structured educational/training activities and only limited possibilities to engage in sport. The situation was particularly precarious for life-sentenced prisoners who were still on appeal; they continued to be confined to their cells for up to 23 hours per day and were still not allowed to associate with inmates from other cells. Such a state of affairs is unacceptable.

Turning to the provision of health care to prisoners, the visit revealed that the health-care teams in most of the prisons visited were under-resourced. In particular, the CPT was concerned to learn that some establishments had not been attended by a general practitioner (e.g. Cēsis Correctional Institution) or by a dentist and a psychiatrist (e.g. Daugavgrīva Prison) for a very long time. The number of vacant posts was high, and, as acknowledged by the prison administration, the relatively low remuneration of staff did little to attract medical professionals to this challenging field. The Committee urges the Latvian authorities to give the highest priority to addressing the causes of the persistent problem of vacancies among medical personnel in prisons.

At Olaine Prison Hospital, the delegation examined the situation of psychiatric patients. Although living conditions in the Psychiatric Unit remained generally very good, the CPT was concerned to note that most psychiatric patients were locked up in their cells for up to 23 hours a day. The Committee recommends that the Latvian authorities do away with the closed-door regime and develop communal activities for psychiatric patients. It also recommends that a range of therapeutic options be introduced for psychiatric patients and that patients be involved in psychosocial rehabilitative activities.

The CPT also formulates a number of specific recommendations regarding various other prison-related issues, such as prison staff, prisoners' contact with the outside world and discipline. In particular, the CPT calls upon the Latvian authorities to increase the number of custodial staff present in the detention areas at Daugavgrīva, Jelgava and Rīga Central Prisons. Further, the Latvian authorities have been called upon to significantly increase the visit entitlement of prisoners serving a sentence in closed prisons; all prisoners, irrespective of their regime level, should in a given month be entitled to the equivalent of one hour of visiting time per week and, preferably, should be able to receive a visit every week. As regards discipline, the Committee recommends that the disciplinary sanction of solitary confinement be abolished in respect of juveniles, in accordance with the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*).

Psychiatric/social welfare establishments

The delegation visited Strenči Psychiatric Hospital and the Litene Branch of Latgale Social Care Centre ("Litene Social Care Institution"). At Strenči Psychiatric Hospital, the delegation received no allegations of ill-treatment of patients by staff and inter-patient violence did not appear to be a problem. That said, at Litene Social Care Institution, some allegations were heard of verbal abuse and disrespectful behaviour by staff as well as of inter-resident/patient violence. The CPT recommends that the management of Litene Social Care Institution remind staff that any form of ill-treatment is unacceptable and will be sanctioned accordingly, and it urges the management to pursue its efforts to prevent instances of violence among residents/patients (including by ensuring adequate staff presence and supervision at all times).

Living conditions were on the whole satisfactory in both establishments. That said, the CPT recommends that the Latvian authorities take the necessary measures at Strenči Psychiatric Hospital (as well as in other psychiatric hospitals) to ensure that, unless there are clear medical counter-indications, every patient is offered one hour of outdoor exercise every day and preferably considerably more.

At Strenči Psychiatric Hospital, the number of ward staff was adequate. However, the number of psychiatrists appeared to be insufficient for the hospital's needs. Further, the Committee expresses its serious concern about the extremely low health-care staffing levels at Litene Care Institution and recommends that the Latvian authorities take remedial steps as a matter of urgency. The CPT acknowledges the efforts made by the management of both establishments to provide patients/residents with psychosocial treatment and activities. That said, for most of the patients at Strenči Psychiatric Hospital treatment consisted solely of pharmacotherapy. Further, a number of patients received old-generation and other heavily sedating medications in high dosages for prolonged periods.

As regards the use of means of restraint, the CPT welcomes the issuance of detailed internal guidelines at Strenči Psychiatric Hospital, and it acknowledges that mechanical restraint was not applied frequently and usually for less than two hours. That said, the Committee expresses its serious concern that, despite specific recommendations repeatedly made after previous visits, patients under mechanical restraint were often not subjected to permanent, direct and personal supervision by a qualified member of staff and patients were frequently subjected to such restraint in full view of other patients. Further, on a number of occasions, patients had apparently been requested to assist staff in restraining fellow patients. The Committee also reiterates that all instances of recourse to means of restraint – including chemical restraint (i.e. forcible administration of rapid tranquillisers) – should be recorded in a central register. At Litene Social Care Institution, means of mechanical restraint were never used. As regards the use of seclusion rooms, the CPT recommends that a clear policy be introduced on seclusion and that residents/patients never be subjected to such a measure as punishment.

The CPT notes with concern that, at Strenči Psychiatric Hospital and Litene Social Care Institution, deaths of patients/residents were usually not subjected to any post-mortem examination. The delegation was informed that autopsies were often refused by relatives even if the actual cause(s) of death remained unclear. In addition, at Litene, the corpses of deceased residents/patients were not systematically seen by a doctor. The Committee recommends that the Latvian authorities take the necessary steps – including at the legislative level – to ensure that, whenever a patient/resident dies in a psychiatric/social welfare establishment, an autopsy is carried out unless a clear diagnosis of a fatal disease has been established prior to death by a doctor. Further, every death should be promptly certified by a medical doctor on the basis of a physical examination.

Finally, the CPT formulates a number of specific recommendations regarding the legal safeguards surrounding the involuntary placement of civil/forensic patients in psychiatric establishments and regarding the fact that many patients/residents at Strenči Psychiatric Hospital and Litene Social Care Institution were *de facto* deprived of their liberty, without benefiting from any safeguards. In particular, the Committee recommends that the Latvian authorities take the necessary steps to put in place a clear and comprehensive legal framework governing the involuntary stay of residents/patients (including the imposition of restrictions amounting to deprivation of liberty) in social care homes.

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 12 to 22 April 2016. It was the Committee's eighth visit to Latvia¹.

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

- George TUGUSHI (Head of delegation)
- Marzena KSEL, 1st Vice-President of the CPT
- Inga HARUTYUNYAN
- Nico HIRSCH
- Alexander MINCHEV
- Therese Maria RYTTER.

They were supported by Michael NEURAUTER, Head of Division, and Elvin ALIYEV of the CPT's Secretariat, and assisted by:

- Pétur HAUKSSON, psychiatrist, former Head of the Psychiatric Department at Reykjalundur Rehabilitation Centre, Iceland (expert)
- Inguna BEKERE (interpreter)
- Gunta LOČMELE (interpreter)
- Ilze NORVELE (interpreter)
- Ligita PUDZA (interpreter)
- Ieva VIZULE (interpreter).

¹ The CPT has previously carried out four periodic visits (in 1999, 2002, 2007 and 2011) and three ad hoc visits (in 2004, 2009 and 2013) to Latvia. The reports on these visits and the responses of the Latvian authorities are available on the Committee's website: <http://www.cpt.coe.int/en/states/lva.htm>

B. Establishments visited

3. The delegation visited the following places of detention:

Police establishments

- Detention Facility of the Central Public Order Police, Riga
- Aizkraukle Police Station
- Cēsis Police Station
- Daugavpils Police Station
- Gulbene Police Station
- Gulbene Municipal Police Station
- Limbazi Police Station
- Valmiera Police Station

Prison establishments

- Cēsis Correctional Institution for Juveniles
- Daugavgrīva Prison
- Jelgava Prison
- Rīga Central Prison
- Olaine Prison Hospital (psychiatric unit)

Psychiatric/social welfare establishments

- Strenči Psychiatric Hospital
- Litene Social Care Institution.

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

4. In the course of the visit, the delegation had consultations with Dzintars RASNAČS, Minister of Justice, Raivis KRONBERGS and Laila MEDIN, State Secretaries of the Ministry of Justice, Ilona SPURE, Head of the Prison Administration, Dmitrijs TROFIMOVŠ, Deputy State Secretary of the Ministry of the Interior, Ints ŅUZIS, Head of the State Police, and Ieva JAUNZEME, State Secretary of the Ministry of Welfare, as well as with senior officials from the Ministries of Justice, the Interior, Health and Welfare.

In addition, the delegation met representatives of the Office of the Latvian Ombudsman and members of non-governmental organisations active in areas of concern to the CPT.

A list of the national authorities, other bodies and non-governmental organisations with which the delegation held consultations is set out in the Appendix to this report.

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

The CPT would also like to express its appreciation for the assistance provided before and during the visit by its liaison officer, Mr Kārlis PANTELĒJEVS, from the Ministry of Foreign Affairs.

D. Monitoring of places of deprivation of liberty

6. At the meeting with representatives of the Office of the Latvian Ombudsman, the delegation was informed that, in 2015, the Office had carried a number of short and targeted visits to various places of deprivation of liberty (including ten prisons), which had mostly been triggered by complaints or other information pointing to human rights violations. However, due to lack of resources, no comprehensive monitoring visits of a preventive nature to places of deprivation of liberty had been carried out since 2011.

7. 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. Provided they possess the necessary knowledge and are adequately resourced and truly independent, such mechanisms 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 and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). Indeed, this instrument provides, inter alia, for the setting-up of an independent monitoring body at national level (National Preventive Mechanism), which should be in a position to carry out visits to places of deprivation of liberty more regularly than any international body.² **The CPT therefore urges once again the Latvian authorities to accede to/ratify the OPCAT.**

² See also paragraph 8 of the report on the 2011 visit (CPT/Inf (2013) 20).

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

8. One of the main objectives of the visit was to examine the treatment and conditions of detention of persons deprived of their liberty by the police. For this purpose, the delegation visited the Detention Facility of the Central Public Order Police in Rīga and various police establishments in different parts of the country and interviewed numerous persons who were, or had recently been, held in police custody.

9. The legal framework governing the deprivation of liberty by the police remained by and large unchanged since the CPT's last periodic visit in 2011. It is recalled that *criminal suspects* may be held in police custody (before being seen by a judge) for a maximum of 48 hours.³ Further, persons may be deprived of their liberty by the police under the Police Act and the Administrative Violations Code on various *other 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, persons who have committed an administrative offence may be sentenced to *administrative detention* of up to 15 days, which continues to be served in police establishments.

10. The CPT welcomes the fact that a draft amendment to the Law on Administrative Proceedings had been submitted to Parliament with a view to abolishing the custodial sanction of administrative detention. **The Committee would like to receive updated information on this matter.**

11. Regrettably, it remained the case that persons remanded in custody by courts were frequently held in police detention facilities well beyond the statutory limit of 48 hours, pending their transfer to a remand facility.

For example, at Limbazi Police Station, an examination of the custody register revealed that stays of two to three weeks by remanded persons were not uncommon (even as long as 29 days in one case). Such stays were usually authorised by the investigator handling the criminal case and were said to be necessitated by the conduct of further investigative activities. In addition, in certain police establishments visited (e.g. in Gulbene), the delegation was informed that, given that transportation to the nearest prison was organised only once a week, the persons concerned usually spent several days in police detention beyond the initial period of police custody.

³ Section 263 of the Code of Criminal Procedure (CCP).

12. Further, as was the case during previous visits, the delegation came across a number of cases in which persons placed in a remand prison had been returned to a police establishment for the purpose of investigative work.⁴ The length of such periods of detention varied from several days to two weeks. Despite the specific recommendation repeatedly made by the Committee, decisions on such transfers continued to be at the discretion of the investigator in charge of the case.

13. The CPT must stress once again that, as a matter of principle, prisoners should not be held in police detention facilities;⁵ such facilities are not designed for lengthy stays. Moreover, prolonged detention on police premises increases the risk of intimidation and ill-treatment. In this regard, the Committee acknowledges the steps taken by the Latvian authorities to introduce a legal maximum time limit of seven days for such stays.⁶ However, this can only be seen as a first step in the right direction; the aim should be to abolish the above-mentioned practices as soon as possible.

The CPT reiterates its recommendation that the Latvian authorities take the necessary measures to ensure that persons remanded in custody are always promptly transferred to a prison.

Further, the Committee once again calls upon the Latvian authorities to take steps – including at the legislative level – to ensure that the return of remand (and sentenced) 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. As a rule, the prisoners concerned should not be held overnight in police establishments.

14. Since the 2011 visit, the Latvian authorities have embarked on an extensive renovation programme of police detention facilities throughout the country. The project, which included 21 police establishments, has been implemented by the Latvian State Police, in partnership with the Council of Europe, and funded by the European Economic Area and Norway Grants Mechanism. The initiative followed on from previous CPT visits to Latvia, especially the one carried out in 2007, the report on which stated that material conditions in some of the police detention facilities visited could be considered as inhuman and degrading.⁷

At the time of the 2016 visit, the renovation works at all the police establishments covered by the project had either been completed or were nearing completion (see also paragraph 32).

⁴ Some remand prisoners interviewed by the delegation claimed that they had been repeatedly returned to a police establishment.

⁵ This is also stated in Rule 10.2 of the European Prison Rules: “In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories.”

⁶ An amendment to the relevant legislation was adopted by Parliament in March 2016 and will enter into force in December 2016.

⁷ See CPT/Inf (2009) 35, paragraph 31.

2. Ill-treatment

15. The majority of persons interviewed by the delegation stated that they had been treated correctly by police officers.

However, once again, the delegation received a number of allegations from detained persons (including juveniles) of physical ill-treatment by police officers. Most of these allegations referred to the excessive use of force in the context of apprehension, such as punches, kicks or truncheon blows after the person concerned had been brought under control or tight handcuffing. Allegations of this kind were also heard from patients who had been transferred against their will to Strenči Psychiatric Hospital. Further, some allegations were also heard of physical ill-treatment and threats to inflict ill-treatment during preliminary questioning by operational officers. In a few cases, the allegations of physical ill-treatment were also supported by medical evidence (such as medical records and bodily injuries observed by medical members of the delegation).

On the other hand, it should be stressed that no allegations of ill-treatment were received in respect of police officers performing custodial duties in police detention facilities.

16. Overall, the information gathered during the visit suggests that the positive trend observed during the most recent visits is maintained. Notwithstanding that, the CPT wishes to stress the need for the Latvian authorities to remain vigilant and to pursue their efforts to prevent police ill-treatment.

To this end, **the CPT reiterates its recommendation that police officers throughout Latvia be reminded, at regular intervals, that all forms of ill-treatment 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 Committee would like to be informed of the training which is provided to police officers in order to deal in an appropriate manner with persons suffering from a mental disorder.**

17. The CPT recalls that an essential component of any strategy to prevent ill-treatment lies in the diligent examination by the competent authorities of all complaints of ill-treatment brought before them and, where appropriate, the imposition of a suitable penalty and that, in order for the investigation of complaints about police ill-treatment to be fully effective, the procedures involved must be – and be seen to be – independent and impartial.

18. In this regard, the Committee notes that major developments have occurred since the 2011 visit. Notably, a new Law on the Internal Security Bureau (ISB) was adopted by Parliament in December 2014 and entered into force on 1 November 2015. The main objective of this legislative reform was to detach the existing ISB from the police service and enhance its powers so that it becomes responsible for the carrying out of criminal investigations not only against State police officers but also other law enforcement officials (except Security Police) as well as prison officers (for violence-related offences). As far as police officers are concerned, the mandate of the ISB covers all types of criminal offences (i.e. not only those committed by officers whilst on duty).

19. During a meeting with the new Head and other senior officers of the ISB, the delegation was informed that the new structure was affiliated to the Ministry of the Interior, independent from the State Police and under the direct supervision of the Minister of the Interior. The Head of the ISB was nominated by the Minister of the Interior and appointed by the Government as a whole. The ISB normally carried out preliminary criminal inquiries on its own (*ex officio* or following a complaint), and the competent prosecutor was notified once a formal criminal investigation had been opened by the ISB. The prosecutor was responsible for the supervision of all investigative actions subsequently taken by ISB investigators. Upon completion of the investigation, the criminal file was transmitted to the prosecutor who then took a decision on a possible indictment. At the time of the visit, the process of recruiting investigators and other ISB staff was ongoing. The target was to recruit a total of 13 investigators and 46 operational officers. In particular the latter could be serving police officers who were seconded to the ISB for a fixed term. As a rule, investigative and operational actions were carried out only by ISB officers. However, it was not excluded that in urgent matters operational actions were delegated to local police officers (including the questioning of suspected law enforcement officials).

20. In this regard, the CPT would like to draw the Latvian authorities' attention to two judgments of the European Court of Human Rights (*Kummer v. the Czech Republic*⁸ and *Eremiášová and Pechová v. the Czech Republic*⁹) in which the Court had found a violation of Article 3 of the European Convention of Human Rights in its procedural aspect in cases of alleged police ill-treatment.

In *Kummer v. the Czech Republic*, the Court ruled *inter alia* the following:

“85. Regarding the question of the independence of the Police Inspectorate, the Court notes that it was still a unit of the Ministry of the Interior. Yet, unlike the Supervision Department considered by the Court in *Eremiášová and Pechová*, cited above, the head of the Police Inspectorate was appointed by, and responsible to, the Government and not to the Minister of the Interior. While the Court agrees that this aspect increased the independence of the Police Inspectorate vis-à-vis the police, the Court does not consider that this sole difference can justify reaching a different conclusion from the one reached in the case of *Eremiášová and Pechová*.

86. The Court must also take into account that members of the Police Inspectorate remained police officers who had been called to perform duties in the Ministry of the Interior. This fact alone considerably undermined their independence vis-à-vis the police. In the Court's view, such an arrangement did not present an appearance of independence and did not guarantee public confidence in the State's monopoly on the use of force (see *Eremiášová and Pechová*, cited above, § 154, and *Ramsahai and Others*, cited above, § 325).

87. The Court notes that in this case the investigation by the Police Inspectorate was supervised by the prosecutor. However, while the prosecutor was independent from the police, his merely supervisory role was not sufficient to make the police investigation comply with the requirement of independence (compare with *Ramsahai and Others*, cited above, §§ 342-346, which concerned an investigation under the direct responsibility of the public prosecution service).

88. Accordingly, the Court considers that the investigation in the present case did not comply with the requirements of an effective investigation under Article 3 of the Convention and that there has been a violation of that provision in its procedural aspect as well.”

⁸ Judgment of 25 July 2013, application no. 32133/11.

⁹ Judgment of 16 February 2012, application no. 23944/04.

21. The delegation did not consult individual investigation files to examine the action taken by investigators of the ISB and the CPT has no doubts about the professionalism of the management and staff of the ISB. Notwithstanding that, on the basis of the above-mentioned case-law of the European Court of Human Rights, the CPT has some doubts as to whether the ISB as such and hence investigations carried out by the ISB against police officers can always be seen to be fully independent and impartial. **The CPT would like to receive the Latvian authorities' comments on this matter.**

22. From 1 November 2015 until April 2016, the ISB had initiated a total of 364 criminal investigations (including 52 which had been taken over from the former ISB and 22 which had been taken over from the former Internal Security Department of the prison service). Reportedly, 142 of these cases were related to violent offences.

The CPT would like to receive updated information on the number of investigations into instances of alleged ill-treatment by police and prison officers initiated by the ISB since 1 November 2015, as well as information on the outcome of these investigations and the action subsequently taken.

23. It is noteworthy that the ISB is also mandated to conduct visits of a preventive nature to law enforcement establishments. **The CPT would like to receive further information on any such visits carried out by the ISB.**

24. Finally, the delegation was informed by the Latvian authorities that steps were being taken to progressively introduce visual recording of police questioning and that the necessary equipment had already been installed in newly-renovated police establishments.

The electronic (audio-visual) recording of police interviews represents an important additional safeguard against the ill-treatment of detained persons. Such a facility can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of any allegations of ill-treatment. This is in the interest both of persons who have been ill-treated by the police and of police officers confronted with unfounded allegations that they have engaged in physical ill-treatment or psychological pressure.¹⁰ **The CPT therefore invites the Latvian authorities to also introduce audio (in addition to visual) recording of police questioning.**

¹⁰ Electronic recording of police interviews also reduces the opportunity for defendants to later falsely deny that they have made certain admissions.

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

25. Since the CPT's last periodic visit in 2011, a new Section 60.2 has been incorporated into the Code of Criminal Procedure, enumerating basic rights of detained persons, including the right to notify a third party of their detention and the rights to have access to a lawyer and a doctor.

However, the 2016 visit revealed that the above-mentioned safeguards usually became effective not from the outset of deprivation of liberty but only at the moment when a protocol of detention was drawn up (which could take place several hours after the actual apprehension) or even at a later stage.

26. The great majority of detained persons met by the delegation confirmed that they had been placed in a position to exercise the right of notification of custody. However, as was the case during previous visits, some detained persons claimed that their relatives or other persons of their choice had been notified only after a considerable delay (e.g. several hours after their apprehension or the following day). Complaints were also received that feedback was not always provided and that, as a result, the detained person did not know whether notification had been given. In this regard, the delegation noted that no record was made in the protocol of detention (which is countersigned by the detained person) as to whether such notification had actually been made.

The CPT recommends that the Latvian authorities make further efforts to render fully effective in practice the right of persons deprived of their liberty by the police to inform a relative or another third party of their situation, as from the very outset of their deprivation of liberty. Steps should also be taken to ensure that the protocol of detention includes a reference to the exact timing of the notification of custody to a third party (or to the person's wish not to make use of this right).

27. Further, in accordance with Section 60.2 of the CCP, notification of custody may be delayed if it is considered that such notification could jeopardise the ongoing investigation. In practice, such decisions were taken by the police investigator handling the criminal case.

In this regard, the CPT wishes to recall that restrictions on the right of notification should be surrounded by appropriate safeguards. In particular, any delay should be recorded in writing together with the reasons and require the express approval of a senior police officer unconnected with the case at hand or a prosecutor. **The Committee recommends that the Latvian authorities take the necessary steps to ensure that these precepts are effectively implemented in practice in all police establishments.**

28. As regards the right of access to a lawyer, most of the persons interviewed by the delegation stated that they had been able to contact their own lawyer or offered an *ex officio* lawyer. However, a number of allegations were once again received from detained persons (including juveniles) that they had been subjected to informal questioning by operational officers without the presence of a lawyer, prior to the taking of a formal statement (in the lawyer's presence); as already indicated above, some of them alleged to have been physically ill-treated or threatened with physical violence during such periods of initial questioning.

Further, as with the right of notification of custody, the actual exercise of the right of access to a lawyer was not recorded in the protocol of detention (although the relevant form contained a specific field on access to a lawyer).

29. The Committee has repeatedly stressed that, in its experience, the period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is at its greatest. Consequently, the existence of the possibility for persons detained by the police to have access to a lawyer during this period will have a dissuasive effect on those minded to ill-treat detained persons; moreover, a lawyer is well-placed to take appropriate action if ill-treatment actually occurs.

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. Further, the actual exercise of the right of access to a lawyer (or the person's wish not to use the services of a lawyer) should always be recorded in the protocol of detention.

30. From the information gathered during the visit, it transpired that requests by detained persons to see a doctor were generally met. However, despite the recommendation repeatedly made by the Committee, it remained common practice for police officers to be present during medical examinations; in some police establishments the delegation was told that this was an internal instruction. **The CPT once again calls upon the Latvian authorities to ensure that all medical examinations of persons in police custody are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a given case – out of the sight of police officers.**

31. The delegation noted that, as a rule, detained persons were provided with an information sheet setting out their rights and duties. However, as was the case in 2011, such sheets were usually given to detained persons only at the time when the protocol of detention was drawn up. Further, at the Detention Facility of the Central Public Order Police in Riga, the information sheet was only available in Latvian. Moreover, it appeared that detained persons did not usually receive any verbal information about their basic rights upon apprehension.

It is also a matter of concern that the above-mentioned information sheet was drafted in a rather legalistic manner (i.e. consisting of excerpts from the CCP, including the text of Section 60.2) and was thus not user-friendly. The CPT is aware that the Latvian police are under a legal obligation to provide detained persons with such a form by virtue of Section 150(3) of the CCP. That said, the Committee considers it essential for detained persons to be provided with an *additional information sheet which is very short, simple and drafted in a straightforward manner* (the receipt of which they should acknowledge by signature).

In the light of the above, the CPT once again 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 immediately after apprehension, 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 simple and straightforward manner. This form should be available in an appropriate range of languages.

4. Conditions of detention

32. As already indicated in paragraph 14, a number of substandard police detention facilities in Latvia have undergone extensive renovation in recent years. The delegation visited three such establishments during the visit, namely the detention facilities of Aizkraukle, Cēsis and Gulbene Police Stations (which had not yet opened). All three facilities provided material conditions of a generally good standard; indeed, comparing them with several old establishments seen during previous visits is like comparing day and night. **The CPT would like to receive confirmation that these facilities have been brought into service.**

33. Material conditions in the detention facility of Daugavpils Police Station were described in the report on the CPT's 2013 visit;¹¹ they remained of a good standard.

At the Detention Facility of the Central Public Order Police in Riga, cells were in an adequate state of repair, sufficient in size, clean and well lit. That said, a number of cells were poorly ventilated. **Steps should be taken to remedy this shortcoming.**

34. In contrast, the delegation found very poor material conditions in the detention facility of Valmiera Police Station. As was the case during the CPT's 2011 visit, the facility as a whole was in a deplorable state of repair. As regards Limbazi Police Station, custody cells were deprived of access to natural light due to windows being fitted with opaque glass bricks. Further, the in-cell toilets were not fully partitioned and most of them were extremely dirty.

The CPT recommends that the Latvian authorities take immediate steps at Limbazi and Valmiera Police Stations to remedy the above-mentioned deficiencies.

35. In most of the police establishments visited, the delegation received complaints from detained persons that they were not provided with personal hygiene items. Further, at Valmiera Police Station, detained persons claimed that no mattresses or blankets were provided to them at night and that they had to sleep on a plinth with foam cover. **The CPT recommends that persons held in police detention facilities be supplied with basic personal hygiene products. Steps should also be taken to ensure that persons staying overnight in police establishments are provided with mattresses and blankets.**

36. The delegation was informed that, according to a new regulation adopted at the end of 2015, the entitlement to outdoor exercise had been extended from 30 minutes to one hour for persons held in police custody for more than 24 hours. However, at the Detention Facility of the Central Public Order Police, outdoor exercise was only available for 30 minutes per day. Further, several detained persons at Valmiera Police Station claimed that outdoor exercise was usually limited to a maximum of some 40 minutes.

The CPT recommends that measures be taken to ensure that the above-mentioned legal provision is strictly complied with at the Detention Facility of the Central Public Order Police in Riga and Valmiera Police Station as well as in all other police establishments in Latvia where this is not yet the case.

¹¹ See CPT/Inf (2014) 5, paragraph 14.

5. Other issues

37. At the Detention Facility of the Central Public Order Police in Riga, the delegation noted that detained persons were routinely subjected to a strip-search on arrival. No such practice was observed in any of the other police stations visited.

A strip-search is a very intrusive and potentially degrading measure. To apply it in every case is, in the CPT's view, excessive and unnecessary. Of course, detained persons should always be searched in order to ensure their own safety and the safety of police officers. However, a strip-search should be carried out only when there are reasonable grounds to suspect that a detained person may have hidden on him/her items that may be used to harm him-/herself or others or that may be evidence of a crime and such a search is necessary in order to detect these, an ordinary search being unlikely to result in their discovery. Carrying out such a search should require the authority of a senior officer and should be subject of a written policy, setting out in clear terms the circumstances in which it is permissible to resort to it. Every reasonable effort should be made to minimise embarrassment; detained persons who are searched should not normally be required to remove all their clothes at the same time, e.g. a person should be allowed to remove clothing above the waist and redress before removing further clothing. In addition, more than one officer should, as a rule, be present during any strip-search as a protection to detained persons and staff alike. It goes without saying that the officers concerned must be of the same gender as the person undergoing a strip-search.

The CPT recommends that the circumstances of and procedures for searching detained persons be revised at the Detention Facility of the Central Public Order Police, in the light of the preceding remarks.

B. Prison establishments

1. Preliminary remarks

38. The CPT's delegation carried out full visits to Daugavgrīva and Jelgava Prisons and Cēsis Correctional Institution for Juveniles. Further, the delegation paid a targeted follow-up visit to Rīga Central Prison, in order to review the measures taken by the Latvian authorities after previous CPT visits and to interview persons who had recently been in police custody. In addition, a targeted visit was paid to the psychiatric unit at Olaine Prison Hospital.

39. *Daugavgrīva Prison* was established in 2008 by the administrative merger of Daugavpils and Grīva Prisons; it is the second largest prison establishment in Latvia. The Daugavpils Section of the prison had previously been visited by the CPT several times, while the Grīva Section¹² was visited for the first time. With a total official capacity of 1,291 places, the prison was accommodating 1,059 inmates (all male adults) at the time of the visit, of whom 926 were sentenced (including 47 prisoners serving a life sentence) and 133 on remand¹³. Some 95% of the sentenced prisoners, including all life-sentenced prisoners, were under a closed prison regime, and the rest were under a semi-closed or open prison regime.

Jelgava Prison, which operates as a closed prison for sentenced male adults, had previously been visited by the CPT on several occasions, most recently in 2013. The establishment's official capacity has since been reduced from 600 to 382 places; it was accommodating 313 inmates at the time of the visit (including twelve prisoners sentenced to life imprisonment).

Cēsis Correctional Institution for Juveniles, which was first visited by the CPT in 2007, is the only prison establishment in Latvia for male juveniles (aged between 14 and 18). At the time of the 2016 visit, the Institution was holding 35 inmates, including ten young adults¹⁴, for an official capacity of 160 places. The inmate population consisted of 19 sentenced and 16 remand prisoners, who were accommodated in two separate buildings.

Since the CPT's previous visit to Rīga Central Prison in 2013, the establishment's official capacity has been reduced from 1,936 to 1,440 places. At the time of the 2016 visit, it was accommodating 1,204 inmates (all male adults), of whom 871 were on remand.

The *Prison Hospital in Olaine* was accommodating 84 patients at the time of the visit, of whom 23 were being held in the psychiatric unit.

¹² It occupies a crescent-shaped building, about 750 metres long, built in the early 19th century on the territory of a bridge fortification on the bank of the Daugava River.

¹³ The Daugavpils and Grīva Sections were holding 300 (including all remand prisoners) and 759 prisoners respectively.

¹⁴ According to the relevant legislation, juveniles may remain in the Institution until they reach the age of 25. At the time of the visit, the youngest inmate in the establishment was 16 and the oldest 20 years old.

40. At the outset of the visit, the delegation was informed that the overall prison population had further decreased by some 1,000 inmates as compared to the Committee's previous visit in 2013 and stood at approximately 4,400 (some 30% of whom were on remand). The delegation's official interlocutors attributed this result to a variety of measures, in particular increased resort to alternative sanctions and the introduction of electronic surveillance to facilitate early release, and expected further progress.

The CPT is pleased to note that, pursuant to amendments made in July 2015 to the Law on the Execution of Sentences (LES) and the Law on Pre-Trial Detention (LPTD), the minimum standard of living space per prisoner in multiple-occupancy cells was raised to 4 m², in line with the Committee's longstanding recommendation¹⁵. This had been preceded by a comprehensive audit conducted by the Latvian Prison Administration in all prison establishments in 2013-2014, with a view to ensuring that the actual living space per inmate in the cells/dormitories was no less than 4 m². Consequently, the official capacities of the prison establishments were reviewed on the basis of the new standard and the total capacity of the Latvian prison estate was accordingly lowered (to some 5,800 places). Indeed, the delegation noted during the visit that most of the prison establishments visited operated with a reduced official capacity. It is also noteworthy that, with some exceptions (see paragraph 51), the new national minimum standard of 4 m² per prisoner was observed in all the establishments visited.

Finally, the delegation was informed that budget allocations had been made for the construction of a 1,200-place prison establishment (mainly with double cells) in Liepāja, which was expected to enter into service by 2019¹⁶.

The CPT welcomes the continued efforts made by the Latvian authorities over recent years to combat prison overcrowding. That said, the current incarceration rate of some 225 prisoners per 100,000 inhabitants still remains very high in comparison with that of most other Council of Europe member States. **The Committee would like to be kept informed of further developments in this area; it would also like to receive a timetable for the construction of the new prison in Liepāja and information on its general layout.**

41. In the report on its 2011 periodic visit to Latvia¹⁷, the CPT expressed its reservations regarding the existing system of progressive sentence execution in Latvian prisons. It should be recalled that all (adult) prisoners held in closed prisons serve their sentences in three consecutive regime levels; the law requires that such prisoners serve at least a quarter of their sentence on the low regime level¹⁸ (and demonstrate good behaviour) in order to qualify for the medium level, followed by the high level, both of which notably involve an open-door regime within their respective living units during the day. It should be noted that, as compared to the two other categories, prisoners on the low regime level have considerably less out-of-cell time – as they are, in principle, subject to confinement in a cell – and fewer possibilities for maintaining contact with the outside world (see paragraphs 93 and 94).

¹⁵ The old legal standards provided for 2.5 m² of living space per person for adult male sentenced prisoners, and 3 m² for adult male remand prisoners as well as all female and juvenile prisoners.

¹⁶ The delegation was told that the long-standing plan to construct a new prison in the Rīga area was no longer being considered.

¹⁷ See CPT/Inf (2013) 20, paragraph 47.

¹⁸ As regards life-sentenced prisoners, see footnote 36.

The CPT must stress once again that, 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 all prisoners being required to serve a minimum part of the prison sentence in a specific regime level. In the Committee'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 recommends that the Latvian authorities review the relevant legislation in the light of the above remarks.

2. Ill-treatment

42. The CPT is pleased to note that its delegation received no allegations of recent physical ill-treatment by staff of inmates in any of the prison establishments visited.

43. That said, at Daugavgrīva, Jelgava and Rīga Central Prisons, information gathered through interviews with staff and inmates and an examination of registers of body injuries indicated that inter-prisoner violence remained a problem. As in the past, this state of affairs appeared to be the result of a combination of factors, including insufficient staff presence in prisoner accommodation areas, the existence of informal prisoner hierarchies and the lack of purposeful activities for most inmates.

44. The delegation gained the impression that efforts were being made by the management of the prisons concerned to prevent incidents of inter-prisoner violence, in particular by segregating prisoners who were vulnerable and/or sought protection and prisoners known for aggressive behaviour towards fellow-inmates. From discussions with staff and consultation of the relevant documentation, it also transpired that all alleged or detected incidents of inter-prisoner violence, as well as any injuries indicative of such violence, were recorded by staff (including health-care staff) and reported to the internal investigation unit of the Latvian Prison Administration.

However, as acknowledged by staff, even the inquiries regarding cases clearly indicative of the infliction of bodily injuries were usually inconclusive, as the victims chose not to denounce the perpetrators (as did any witnesses among the prisoners) and claimed to have sustained the injuries accidentally.

45. Further, the CPT is seriously concerned by the very low staffing levels in the above-mentioned prisons (see also paragraph 90). By way of example, in one of the living units at the Grīva Section of Daugavgrīva Prison, one prison officer was responsible for supervising some 130 inmates from 5 p.m. till the following morning. At Jelgava Prison, there was no permanent staff presence within the units for prisoners on the medium and high regime levels after 5 p.m..¹⁹ It goes without saying that, with such low staffing levels, it is scarcely possible to tackle effectively the problem of inter-prisoner violence.

¹⁹ Staff were said to be carrying out observation rounds every 30 minutes.

46. The CPT must reiterate 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 inmates and support each other effectively in the performance of their tasks. Addressing the phenomenon of inter-prisoner violence also requires that prison staff be particularly attentive to signs of trouble and properly trained to intervene in a determined and effective manner, at the earliest possible stage. In this context, the existence of positive relations between staff and prisoners, based on notions of dynamic security and care, is a decisive factor; such relations can help to overcome the habitual reluctance of victims (or witnesses) to denounce the perpetrators of inter-prisoner violence.

The CPT recommends that the Latvian authorities vigorously pursue their efforts to combat the phenomenon of inter-prisoner violence at Daugavgrīva, Jelgava and Rīga Central Prisons (and, as appropriate, in other prison establishments in Latvia), in the light of the above remarks). Further, particular attention should be paid to the problem of inter-prisoner violence in the context of initial and in-service training programmes for prison officers.

3. Conditions of detention of the general prison population

a. material conditions

47. Material conditions of detention were generally good at the *Daugavpils Section of Daugavgrīva Prison*, which had recently undergone major refurbishment. Prisoner accommodation was provided in adequately-sized cells for two to eight persons²⁰; cells generally had sufficient access to natural light and good artificial lighting, and were suitably equipped (including with a toilet facility and a call bell), clean and well-ventilated. However, the in-cell toilets were not fully partitioned in multiple-occupancy cells. **Steps should be taken to remedy this deficiency.**

In contrast, most of the prisoner accommodation areas in the prison's *Grīva Section* were in an advanced state of dilapidation (e.g., crumbling walls, badly worn and sometimes even rotten floors, decrepit furniture, etc.) and severely affected by humidity due to the absence of a ventilation system. It is also a matter of concern that many cells had very limited access to natural light. Moreover, the in-cell sanitary facilities in a large number of cells were in an appalling state of hygiene. One of the very few positive points was that the minimum standard of 4 m² of living space per prisoner was observed throughout the establishment (prisoners being accommodated in cells for two to 15 inmates).

48. At the end of the visit, the delegation made it clear to the Latvian authorities that, in its view, the above-described conditions of detention in the Grīva Section of Daugavgrīva Prison could be considered to be inhuman and degrading and called upon the authorities to carry out a comprehensive review of those conditions as a matter of priority. The delegation requested the Latvian authorities to provide, by 30 September 2016, a detailed action plan (including a timetable) setting out how the existing shortcomings would be remedied, through extensive refurbishment, reconstruction or other means.

²⁰ For example, a cell for six inmates measured some 27 m² (not counting the area taken up by the in-cell toilet facility).

49. By letter of 29 September 2016, the Latvian authorities informed the CPT that no major reconstruction could be undertaken in the Grīva Section given the building's status as a historic monument. Nevertheless, the letter indicates that "the Prison Administration plans to perform gradual fulfilment of the recommendation of the Committee, at first by decreasing the number of prisoners in Grīva Section (by transferring them to other prisons for further serving of sentences) and performing partial minor repairs in Grīva Section within the framework of the granted budget." According to an action plan attached to the letter, a programme of rolling refurbishment will be undertaken in the establishment from March 2017 to December 2020. The Committee's attention is also drawn to the fact that it is planned to close down the Grīva Section of Daugavgrīva Prison in long term.

The CPT takes note of this information; **it would like to receive updated information on the implementation of the above-mentioned action plan. In the interim, immediate measures should be taken at the Grīva Section of Daugavgrīva Prison to ensure an acceptable level of hygiene throughout the prison (in particular, the in-cell sanitary facilities).** More generally, the Committee wishes to express its support for the plan to close down the Grīva Section.

50. At *Jelgava Prison*, the delegation observed certain improvements in terms of material conditions since the previous periodic visit in 2011, largely attributable to a sharp decrease in the prisoner population. Most notably, the occupancy rates in cells (or detention rooms, as far as prisoners on the medium/high regime level are concerned) had been substantially reduced, and inmates were now mainly accommodated in cells/rooms for a maximum of five persons. Further, the delegation noted that certain parts of the prison had been refurbished – including Block 1 where most cells were found in a poor state of repair in 2011²¹ – and offered improved conditions of detention.

That said, it is a matter of concern that many cells throughout the establishment (for example, in Blocks 1 and 5) still did not benefit from sufficient access to ventilation and natural light (due to windows being fully or partially fitted with opaque glass bricks). **The CPT recommends that immediate steps be taken to remedy these deficiencies.**

51. At the time of the CPT's 2013 visit, *Rīga Central Prison* was undergoing rolling refurbishment. During the 2016 visit, the delegation was pleased to note that a significant number of cells for remand prisoners²², as well as several classrooms and the indoor sports hall, had been renovated and the deficiencies observed during previous visits (e.g. poor state of repair, inadequate access to natural light, non-partitioned in-cell toilets, etc.) had been remedied.

²¹ See CPT/Inf (2013) 20, paragraph 58.

²² Remand prisoners were mainly accommodated in cells for up to six persons.

However, many cells in Blocks 1 and 2 were still in a poor state of repair and had only limited access to natural light; further, in-cell toilets were often not fully partitioned. Material conditions were particularly poor in the admission cells²³ located in Block 1, which had little access to natural light, dim artificial lighting, dirty walls and floors affected by damp, and filthy toilets. The delegation also noted that a number of cells in certain parts of the prison (such as Blocks 2 and 4) failed to offer at least 4 m² of living space per inmate. For example, in Block 2, a cell holding two inmates measured only some 7.7 m² (including the in-cell toilet facility of some 1.4 m²). In this connection, it is regrettable that the works to open a new 320-place detention block in the building of the former prison hospital had to be stopped some years ago due to lack of financial resources.

The delegation was informed by the management that plans were afoot to refurbish the remainder of the prisoner accommodation at Rīga Central Prison. **The CPT recommends that the Latvian authorities accord a high priority to the implementation of these plans.** Further, **efforts should continue to be made to ensure that the national standard of at least 4 m² of living space per inmate is observed throughout the prison.**

The Committee would also like to be informed of the Latvian authorities' plans concerning the premises of the former prison hospital.

52. The delegation noted that, apart from being too small, several of the outdoor exercise areas for remand prisoners at Rīga Central Prison were located on the roof level. In this regard, it is of all the more concern that, according to their letter of 29 September 2016, the Latvian authorities are planning to create additional outdoor exercise areas on the roof of an auxiliary building at Rīga Central Prison in 2017.

In the CPT's view, outdoor exercise facilities should, as far as possible, be located at ground level, and they should also be sufficiently large to allow prisoners to exert themselves physically. **The Committee invites the Latvian authorities to reconsider the design of exercise yards at Rīga Central Prison and, where appropriate, in other prisons accordingly.**

53. In all three prisons visited, inmates were regularly provided with adequate quantities of essential personal *hygiene* products. However, the delegation received many complaints from prisoners that access to a shower was offered only once a week, which was not sufficient to maintain their personal hygiene. **The CPT recommends that prisoners be allowed more frequent access to shower facilities, taking into account Rule 19.4 of the European Prison Rules²⁴.**

²³ Accommodating newly-arrived prisoners for up to ten days.

²⁴ Rule 19.4 reads: "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

54. At *Daugavgrīva Prison*, according to information provided by the prison management, work opportunities were offered to some 100 sentenced prisoners in the establishment's production facilities (wood pallet manufacturing, a sewing workshop, etc.), and about 130 were working on different tasks linked to the running of the prison (food preparation and distribution, laundry, cleaning, etc.). Further, the prison possessed a well-equipped training centre where vocational training (e.g. courses for tailors, plumbers, welders, etc.) was provided to some 100 inmates²⁵. In addition, about 60 sentenced prisoners attended general education classes.

However, the activities on offer were not sufficient given the large size of the inmate population. In particular, the great majority of prisoners who were on the low regime level²⁶ had to spend up to 23 hours a day locked up in their cells, with very limited out-of-cell activities available to them: apart from daily outdoor exercise of one hour, they were offered one-hour sports/fitness sessions at best once a week and occasional team games (as regards remand prisoners, see paragraphs 57 and 58).²⁷ Such a state of affairs is not acceptable.

55. At *Jelgava Prison*, about 120 inmates were employed (some 80 in the establishment's dressmaking and wood-processing workshops and some 40 in maintenance/domestic duties), and some 90 were involved in general education or vocational training. As regards more specifically the inmates on the low regime level (about 140 in total), there were apparent efforts to involve as many of them as possible in work or education. That said, many prisoners of this category complained that the only regular out-of-cell activity available to them apart from daily outdoor exercise was a weekly fitness session of one hour.

56. It is also noteworthy that, in both prisons, inmates on the medium and high regime levels benefited from an open-door policy; they had ready access during the day to the fitness room within each unit at Jelgava, and to facilities such as a library, an open-air fitness area and a small football field at Daugavgrīva²⁸.

57. At *Rīga Central Prison*, the delegation gained the impression that, in contrast to the situation observed during earlier visits, efforts were being made to involve remand prisoners in education or vocational training and sports activities. However, these efforts were seriously hampered by staff shortages (see paragraph 87) and lack of a proper infrastructure.

According to information provided to the delegation, general education and vocational training²⁹ was offered to some 90 remand prisoners. In addition, about ten prisoners did handicrafts (such as producing souvenirs and beading). As regards organised sports activities, it emerged from the delegation's interviews with prisoners that access to an indoor sports hall or fitness room was granted on average once a week for about 1½ hours.

²⁵ This number does not include some 20 life-sentenced prisoners who attended tailoring courses in their unit (see paragraph 66).

²⁶ About 550 prisoners (i.e. some 60% of the sentenced prisoner population) were on the low regime level at the time of the visit.

²⁷ It should also be noted that at the Grīva Section the delegation saw a spacious and well-equipped indoor sports hall which, however, appeared to be underused.

²⁸ Prisoners on the medium and high regime levels were primarily accommodated in the Grīva Section.

²⁹ For professions such as welders, electricians, car mechanics, assistant cooks, etc..

As regards the 133 remand prisoners held at *Daugavgrīva Prison*, excepting the ten inmates attending the prison school, they were subject to the same impoverished regime as that applied to the majority of sentenced prisoners on the low regime level.

To sum up, for most remand prisoners at Rīga Central and Daugavgrīva Prisons, the regime consisted of cellular confinement with hardly any out-of-cell activities available, apart from one hour of outdoor exercise per day and weekly sports sessions. It is also a matter of concern that, as a rule, no paid work was available for remand prisoners.

58. The CPT calls upon the Latvian authorities to take the necessary steps at Daugavgrīva and Rīga Central 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 (i.e. eight hours or more) outside their cells engaged in purposeful activities of a varied nature (work, preferably with a vocational value; education; sport; recreation/association).

Further, steps should be taken at Jelgava Prison to increase the number of prisoners taking part in purposeful out-of-cell activities, with a particular focus on prisoners who are on the low regime level.

4. Conditions of detention of young prisoners at Cēsis Correctional Institution for Juveniles

59. Since the CPT's previous visit in 2007, Cēsis Correctional Institution had undergone major reconstruction. A new separate block for remand prisoners had been brought into operation, and the block for sentenced prisoners substantially renovated, as well as the school and the sports hall. Overall, material conditions of detention in the establishment were of a good standard. Inmates were accommodated (alone or in pairs) in cells which offered sufficient living space³⁰ and were in a good state of repair, clean and well-lit. They were also suitably equipped, including with a fully partitioned sanitary annexe (with a toilet and a shower) and an intercom call system.

60. Further, the delegation gained a generally positive impression of the regime offered to both sentenced and remand prisoners. Nearly all the juveniles, as well as several young adults, studied in the Institution's (very well equipped) school. Some social activities were also available; about 15 inmates were enrolled in twice-weekly theatre and music courses. Further, the indoor sports hall – where they could play team sports – was accessible to all prisoners on a daily basis³¹ for at least 1½ hours (longer on non-school days³²).

As regards more specifically sentenced prisoners, it is positive that they enjoyed an open-door regime from 7.30 a.m. to 9 p.m. every day, during which they could spend time in the open air or stay in the unit's common area equipped with a television set and table games. Several sentenced prisoners also attended a woodwork workshop.

³⁰ Cells measured between 13 and 15 m².

³¹ Except on Saturdays as regards remand prisoners.

³² The delegation was told that, during summer holidays, inmates were mainly engaged in sports and gardening.

61. Whilst acknowledging the fact that remand prisoners were, in principle, able to spend a good part of the day outside their cells on weekdays, the Committee is concerned that the regime offered to them at weekends consisted only of one hour of outdoor exercise per day and 1½ hours of gym on Sundays. The rest of the time the prisoners concerned were locked up in their cells – many of them alone – and left to their own devices. This is not acceptable. **The CPT recommends that the Latvian authorities take immediate steps at Cēsis Correctional Institution for Juveniles to substantially increase out-of-cell time for remand prisoners during weekends.**

5. Situation of life-sentenced prisoners at Daugavgrīva and Jelgava Prisons

62. During its visits to Daugavgrīva and Jelgava Prisons, the delegation paid particular attention to the situation of life-sentenced prisoners in order to review the measures taken by the Latvian authorities to implement specific recommendations made by the CPT after previous visits.

In this regard, the CPT wishes to highlight some particularly positive findings.

First of all, the long-standing practice of systematically handcuffing life-sentenced prisoners whenever they left their cells (whilst being accompanied by a staff member) had been discontinued.³³ In addition, the cells of life-sentenced prisoners at Daugavgrīva Prison were no longer subjected to permanent CCTV surveillance.

Further, following the 2015 amendments to the LES, life-sentenced prisoners were offered the possibility of making online video calls, free of charge, at least once a month (see, however, paragraph 93).

More generally, the CPT welcomes the fact that the Latvian authorities have finally started a process of integrating life-sentenced prisoners into the general prison population. According to the above-mentioned amendments made to the LES, life-sentenced prisoners who are on the medium and high regime levels have the possibility to apply for transfer to ordinary prisoner accommodation areas to serve the rest of their sentence³⁴. At the time of the visit, a total of four life-sentenced prisoners in the two prisons had been transferred to ordinary accommodation areas; three of them were already engaged in work or vocational training. This is definitely a step in the right direction, and **the CPT encourages the Latvian authorities to pursue their efforts in this regard, the aim being to allow all life-sentenced prisoners to associate with other (long-term) sentenced prisoners in principle from the beginning of their sentence³⁵.**

³³ At the time of the visit, one life-sentenced prisoner (at Daugavgrīva Prison) was being subjected to this measure, following an individual risk assessment.

³⁴ Such applications are considered by the Latvian Prison Administration, which takes the decision on the basis of an opinion prepared by a multidisciplinary commission (consisting of members of the re-socialisation, supervision, security and medical units as well as a psychologist) within the prison concerned. If the application is rejected, the prisoner may re-apply after six months.

³⁵ See also paragraphs 7 and 19.b of Recommendation Rec (2003) 23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners, and paragraphs 74 to 82 of the CPT's 25th General Report (CPT/Inf (2016) 10).

63. As already mentioned above, Daugavgrīva Prison was holding 47 life-sentenced prisoners at the time of the visit: 16 of them were on the low regime level, 30 on the medium regime level and one prisoner on the high regime level³⁶. At Jelgava Prison, there were six life-sentenced prisoners whose sentences had become final; four of them were on the low and two on the medium regime levels. Another six prisoners had been sentenced to life imprisonment but were awaiting the outcome of an appeal.

64. At *Daugavgrīva Prison*, life-sentenced prisoners continued to be accommodated in the Daugavpils Section, Block 2 (medium and high regime levels) and Block 3 (low regime level). Material conditions in the cells for life-sentenced prisoners remained as described in the report on the CPT's 2013 visit³⁷; they were generally of a good standard. However, as in the other parts of the Daugavpils Section, the in-cell toilets were not fully screened. In this regard, **reference is made to the comments made in paragraph 47.**

65. At *Jelgava Prison*, the delegation noted that material conditions of detention in the unit for life-sentenced prisoners (which was located in Block 1) had improved since the CPT's 2013 visit, in particular as regards the state of repair of the cells. That said, access to natural light in most of the cells remained limited. In this regard, **reference is made to the recommendation in paragraph 50.**

66. As regards the regime of life-sentenced prisoners, the CPT acknowledges that, at *Daugavgrīva Prison*, those on the medium and high regime levels continued to benefit from an open-door policy during the day, having unrestricted access to an outdoor yard as well as a common room. Eighteen of these prisoners were involved in vocational training in a tailoring workshop, and two of them lived among the general prison population in the Grīva Section.³⁸ Further, prisoners belonging to this category had access to an outdoor yard equipped with basic physical exercise equipment (which was located in the unit for the low-regime-level life-sentenced prisoners); however, a number of them complained to the delegation that the yard in question was only accessible every second day for some 30 minutes.

The possibilities for out-of-cell activities for life-sentenced prisoners on the low regime level at Daugavgrīva Prison remained limited. At the time of the visit, one of them was assigned a paid cleaning job and three attended a tailoring workshop (separately from prisoners on the medium regime). For the rest of the prisoners on the low regime level, there were still no purposeful activities available. Their out-of-cell time consisted of daily outdoor exercise of up to two hours and visits to a common room for one hour every day. On a positive note, during the latter two types of activities, life-sentenced prisoners could associate with prisoners from other cells.

³⁶ It should be recalled that, according to the relevant legislation, 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.

³⁷ See CPT/Inf (2014) 5, paragraph 25.

³⁸ One of these two prisoners was involved in vocational training.

67. The CPT noted that some progress had been made since the previous visit as regards the regime offered to life-sentenced prisoners at *Jelgava Prison*. Apart from daily outdoor exercise of one hour, life-sentenced prisoners on the low regime level³⁹ now had the possibility to associate for two to three hours every day in a common room which was equipped with a television set, board games and reading material. However, there were still no opportunities for employment or structured educational/training activities and only limited possibilities to engage in sport (i.e. at best twice a week, during daily outdoor exercise).

The situation was particularly precarious for life-sentenced prisoners who were still on appeal. They continued to be confined to their cells for up to 23 hours per day, their out-of-cell time being practically limited to one hour of daily outdoor exercise (which was taken in small cubicles) and twice-weekly sports sessions lasting one hour.⁴⁰ Further, these prisoners were still not allowed to associate with inmates from other cells (including during outdoor exercise).⁴¹ Such a state of affairs is unacceptable.

68. The CPT once again calls upon the Latvian authorities to take steps at Daugavgrīva and Jelgava Prisons to devise and implement a comprehensive regime of out-of-cell activities (such as work, preferably with vocational value, education, sport, recreation/association) for all life-sentenced prisoners, including those on the low regime level.⁴²

Further, immediate steps should be taken to allow life-sentenced prisoners on appeal to have contact with other prisoners during out-of-cell activities, including outdoor exercise. To this end, steps should also be taken to enlarge the existing outdoor cubicles.

³⁹ The two life-sentenced prisoners on the medium regime level had been moved to an ordinary accommodation unit six months previously; both of them worked in the prison's production facilities.

⁴⁰ Although these prisoners were also offered access to the above-mentioned common room, they declined this opportunity as they were allowed to use the room only on a cell-by-cell basis.

⁴¹ Out of six life-sentenced prisoners on appeal, only two were sharing a cell together.

⁴² See, in this connection, the judgement of the Grand Chamber of the European Court of Human Rights in *Vinter and others v. United Kingdom* (application nos. 66069/09, 130/10 and 3896/10, 9 July 2013).

6. Health care

a. Olaine Prison Hospital

69. As indicated in paragraph 38, the CPT carried out a targeted visit to the Psychiatric Unit of Olaine Prison Hospital. The hospital had been briefly visited by the Committee in 2013. In the report on the latter visit,⁴³ the CPT emphasised the high quality of the health-care facilities and equipment of the hospital.

Since the 2013 visit, the hospital continued to provide mainly health-care services to psychiatric (30 beds) and TB patients (70 beds).⁴⁴ At the time of the 2016 visit, it was accommodating a total of 84 patients (including 23 in the Psychiatric Unit).

70. Living conditions in the Psychiatric Unit remained generally very good in terms of state of repair, living space, access to natural light and hygiene. Further, all patients were offered daily outdoor exercise (usually one to 1½ hours per day); a few of the outdoor yards were also equipped with some sports equipment.

That said, it is a matter of concern that most psychiatric patients were locked up in their cells for up to 23 hours a day, the only occupation being reading books from the hospital's library or listening to the radio or watching television (if patients could afford to purchase such devices).⁴⁵

The CPT recommends that the Latvian authorities do away with the closed-door regime in the Prison Hospital and develop communal activities for psychiatric patients.

71. The medical staff of the Psychiatric Unit comprised one full-time and one part-time (75%) psychiatrist. Outside normal working hours, a duty doctor was always present on the hospital premises.

72. As regards treatment, it is regrettable that patients were not offered any psychosocial or other therapeutic activities in addition to pharmacotherapy. **The CPT recommends that the Latvian authorities take steps at the Psychiatric Unit of Olaine Prison Hospital to introduce a range of therapeutic options and involve patients in psychosocial rehabilitative activities. To this end, a psychologist and other relevant professional staff should be employed.**

73. The delegation was surprised to note that doctors frequently relied on old-generation neuroleptics with strong sedative effect, despite the fact that less sedating newer-generation medicines were available. **The CPT would like to receive the Latvian authorities' comments on this matter.**

⁴³ See paragraph 48 of CPT/Inf (2014) 5.

⁴⁴ A number of other specialised departments had been closed down in 2010, due to drastic budgetary cuts.

⁴⁵ Indigent patients had the possibility to borrow a television set from the administration for approximately one hour per day.

74. According to the hospital's register on the use of means of restraint, mechanical restraint had been used very rarely and only for short periods of time (up to two hours). That said, patients under restraint were not usually subjected to permanent, direct and personal supervision by a qualified member of staff. Moreover, placements in the seclusion room as well as instances of chemical restraint were not recorded in the restraint register.

The CPT recommends that the recommendations made in paragraph 122 also be effectively implemented at Olaine Prison Hospital.

b. health-care services in the prisons visited

75. The delegation conducted a full evaluation of the health-care services at Daugavgrīva and Jelgava Prisons and Cēsis Correctional Institution for Juveniles. In addition, it examined certain health care-related issues at Rīga Central Prison, in particular as regards staffing levels, medical screening and recording of injuries.

76. The medical staff at *Daugavgrīva Prison* comprised five full-time doctors, including the head doctor as well as a surgeon and a drug-addiction specialist employed at the Daugavpils Section and specialists in internal medicine and in pulmonary diseases at the Grīva Section. In addition, the Daugavpils Section was attended by a dermatologist (three to four times a week), a general practitioner (once a week) and a radiologist (when needed). The Grīva Section was visited by a drug-addiction specialist, a dermatologist and a radiologist when needed. The prison's health-care staff included two paramedics (*feldshers*) and one nurse (all full-time) at the Daugavpils Section and five full-time nurses working at the Grīva Section.

The delegation was informed that the prison had several vacant full-time posts, notably of a psychiatrist and a dentist. In this regard, it is a matter of particular concern that this prison, with its inmate population of more than one thousand, did not benefit from the presence – not even on a part-time basis – of a psychiatrist and a dentist.

The health-care staff at *Jelgava Prison* was composed of a full-time head doctor, a half-time general practitioner, a part-time (25%) radiologist and a part-time (50%) X-ray technician as well as a full-time *feldsher* and three full-time nurses. In addition, the establishment was visited once or twice a week by a psychiatrist, a dentist and a drug-addiction specialist.

Cēsis Correctional Institution for Juveniles had a full-time *feldsher* (working from Monday to Saturday) and was attended by a psychiatrist/drug-addiction specialist three times a week.

The official health-care staffing complement at *Rīga Central Prison* remained practically unchanged since the 2013 visit⁴⁶. However, the delegation was informed that four full-time doctor's posts were vacant, including those of a general practitioner and a psychiatrist.

It should also be noted that at Daugavgrīva and Jelgava Prisons and Cēsis Correctional Institution, there were no health-care staff present at night-time. In this connection, it is of all the more concern that the medical unit of Daugavgrīva Prison comprised an operational in-patient infirmary.

⁴⁶ The prison had full-time posts for a general practitioner, a psychiatrist and a radiologist as well as part-time posts for a general practitioner, a psychiatrist, a dentist, a surgeon, a dermatologist and an ophthalmologist. The prison also employed, on a full-time basis, eight *feldshers*, six nurses and one X-ray technician.

77. To sum up, the visit revealed that the health-care teams in most of the prisons visited were under-resourced. In particular, the CPT was concerned to learn that some establishments had not been attended by a general practitioner (e.g. Cēsis Correctional Institution) or by a dentist and a psychiatrist (e.g. Daugavgrīva Prison) for a very long time. The number of vacant posts was high, and, as acknowledged by the prison administration, the relatively low remuneration offered did little to attract medical professionals to this challenging field.

78. The above-mentioned issues were raised by the delegation during the end-of-visit talks with the Latvian authorities. By letter of 29 September 2016, the authorities informed the CPT that “the Ministry of Justice together with the Ministry of Health has evaluated the current situation in the health care in prisons and has developed different possible solutions for improvement of the social guarantee system and remuneration in order to motivate medical staff to work in prisons. It is planned to submit the above-mentioned information to the Public and Audit Commission of the *Saeima* (Parliament) of the Republic of Latvia in the nearest future for discussion.”

The CPT takes note of this information; **it urges the Latvian authorities to give the highest priority to addressing the causes of the persistent problem of vacancies among medical personnel in prison establishments. The Committee would like to receive more detailed information on the measures taken or envisaged by the authorities in this regard.**

In the interim, **the CPT recommends that the Latvian authorities take immediate steps to ensure that:**

- **the vacant doctors’ posts at Daugavgrīva and Rīga Central Prisons, in particular the posts of a psychiatrist, a dentist and a general practitioner, are filled;**
- **there is a 24-hour presence of a qualified nurse at Daugavgrīva Prison (as well as in all other prisons which have an in-patient infirmary);**
- **someone qualified to provide first aid, preferably with a recognised nursing qualification, is always present on the premises of Jelgava Prison and Cēsis Correctional Institution for Juveniles, including at night-time.**

79. Health-care facilities were generally found to be satisfactory in all the establishments visited and of a good standard at Cēsis Correctional Institution.

80. That said, at Daugavgrīva Prison, the supply of medication appeared to be problematic, with only very basic medicines being provided to prisoners free-of-charge. In this regard, many prisoners complained that they depended on their families for the acquisition of most of the necessary medication. **The CPT recommends that the Latvian authorities take the necessary steps to ensure that there is a sufficient supply of appropriate medication at Daugavgrīva Prison. It is essential that prisoners without resources are able to receive the medication that their state of health requires.**⁴⁷

⁴⁷ See also Rule 24 (1) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*).

81. As already in paragraph 76, at Daugavgrīva Prison, there was not even a visiting dentist, and prisoners had to be transferred to outside medical facilities for any dental treatment. In this connection, a number of inmates complained of long waiting periods (up to several weeks) to see a dentist for emergency interventions.⁴⁸ Further, many prisoners at Daugavgrīva claimed that the only dental treatment offered to them were extractions, while all other dental care had to be paid for by the prisoners themselves.

The CPT recommends that the arrangements for the provision of dental care at Daugavgrīva Prison be improved, in the light of the above remarks. More particularly, conservative dental treatment should be free-of-charge for those prisoners who are not in a position to pay for it.

82. In all the establishments visited, medical screening on admission was performed by a doctor or a nurse reporting to a doctor, usually within 24 hours of admission. In addition, a mandatory X-ray examination was performed for remand prisoners, and blood tests for HIV and hepatitis were offered to all inmates.

The CPT is pleased to note that, in line with the recommendation made in the report on its previous visit, the recording of medical examinations was done by health-care staff on a special form containing a “body chart” for marking traumatic lesions (which was kept in the medical file of the prisoner). However, it transpired from the delegation’s interviews with prisoners that entry medical examinations did not always entail physical examination of the body but were limited to asking questions about the inmate’s state of health.

83. In addition to the above-mentioned special form, physical injuries observed on admission (or following a violent incident within the prison) were also recorded in a central register of traumatic lesions in each prison. However, as in the past, the delegation noted that in most cases injuries were not described in sufficient detail. Further, prisoners’ statements as to the origin of their injuries were not always recorded, and, as a rule, there were no doctor’s conclusions on the consistency of any recorded statements with the injuries.

It appeared that recorded injuries (both upon arrival and during imprisonment) were routinely transmitted by the health-care staff to the prison management. However, while the injuries indicative of inter-prisoner violence seemed to be systematically reported by the latter to the internal investigation unit of the Latvian Prison Administration, the same could not be said of the injuries recorded upon admission; it appeared that such injuries were not systematically reported by prison management to the competent investigative authority (i.e. the Internal Security Bureau).

⁴⁸ As acknowledged by staff, the insufficient numbers of prison officers often made it difficult to have the prisoners concerned transferred to an outside facility in good time.

84. The CPT once again calls upon the Latvian authorities to take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in all the establishments visited and, as appropriate, in other prisons in Latvia:

- all newly-arrived prisoners are subject to a comprehensive medical examination by a doctor (or a fully qualified nurse reporting to a doctor) within 24 hours of admission;
- the record drawn up after the medical examination of a prisoner (on admission or during imprisonment) contains: i) a full account of objective medical findings based on a thorough examination, ii) an account of statements made by the person 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 health-care professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings. The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. 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.

Whenever injuries are recorded which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of the allegations, are indicative of ill-treatment), the information should be immediately and systematically brought to the attention of the competent investigative authority (i.e. the Internal Security Bureau), regardless of the wishes of the person concerned.

85. As regards transmissible diseases, screening of tuberculosis, hepatitis and HIV/AIDS appeared to be handled in an appropriate manner in the establishments visited. Further, a number of HIV-positive prisoners in each establishment were receiving antiretroviral treatment, provided by the Latvian Centre for Disease Prevention and Control. That said, the prisoners concerned did not benefit from consultations with a specialist in infectious diseases. **Steps should be taken to remedy this shortcoming.**

86. It is also a matter of concern that, despite there being high numbers of inmates infected with Hepatitis C in most of the prisons visited,⁴⁹ no treatment was offered to them (in contrast to the situation in the outside community). **The CPT would like to receive the Latvian authorities' comments on this matter.**

87. More generally, **the CPT considers that the prevention of transmissible diseases could be improved, inter alia, by the provision of information to inmates concerning methods of transmission, and the supply of appropriate means of protection analogous to those used in the community at large.**

⁴⁹ For example, at Jelgava Prison, 52 prisoners had a chronic Hepatitis C infection.

88. In all the adult prisons visited, there were a large number of inmates with a drug addiction. As was the case during previous visits by the CPT, no comprehensive strategy was in place for the provision of assistance to such inmates. In practice, substitution therapy was only offered to prisoners who had been already receiving such treatment prior to their admission to prison. Further, nothing was on offer in terms of harm reduction or the provision of psychosocio-educational assistance to the prisoners concerned.

The Committee wishes to stress that the approach towards substance misuse in prison should be part of a national drugs strategy, and should have as its goals, inter alia: eliminating the supply of drugs into prisons; dealing with drug abuse through identifying and engaging drug misusers, providing them with treatment options and ensuring that there is appropriate throughcare; developing standards, monitoring and research on drug issues; and the provision of staff training and development.

The CPT urges the Latvian authorities to develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems (as part of a wider national drugs strategy), in the light of the above remarks.

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89. In Latvia, the responsibility for health care in prisons lies primarily with the Ministry of Justice. The policy trend in Europe has favoured prison health-care services being placed, either to a great extent, or entirely, under the responsibility of the Ministry of Health.⁵⁰ In principle, the CPT supports this trend. In particular, it is convinced that a greater participation of health ministries in this area (including as regards recruitment of health-care staff, their in-service training, evaluation of clinical practice, certification and inspection) will help to ensure optimum health care for prisoners, as well as implementation of the general principle of the equivalence of health care in prison with that in the wider community.

The CPT recommends that the Latvian authorities review the provision of prison health care, taking into consideration the above-mentioned remarks.

⁵⁰ See Rules 40.1 and 40.2 of the European Prison Rules and the Commentary on these Rules as well as Rule 24 (1) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) and Principle 24 of the United Nations Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (A/RES/43/173). Reference is also made to a document published in 2013 by the United Nations Office on Drugs and Crime and the WHO Regional Office for Europe, entitled “Good governance for prison health in the 21st century: a policy brief on the organization of prison health”.

7. Other issues

a. prison staff

90. The CPT was concerned to note that, as had been the case during previous visits to Latvia, there was often a very low number of custodial staff in the detention areas in the prisons visited. Reference has already been made to the absence of any permanent presence – or only a sporadic presence – of prison officers for most of the day in certain units at Daugavgrīva and Jelgava Prisons (see paragraph 45). A similar situation prevailed at Rīga Central Prison, where the already low nominal ratio of custodial staff to inmates (i.e. 1:6) was further exacerbated by the fact that some 50 posts for custodial officers were vacant.

The Committee wishes to stress once again that ensuring a positive climate in prison requires a professional team of staff, who must be present in adequate numbers at any given time in detention areas as well as in facilities used by prisoners for activities. Low numbers of custodial staff in detention areas increase the risk of violence and intimidation between prisoners and of tension between staff and prisoners and preclude the emergence of dynamic security. In addition, a low staff complement negatively affects the quality and level of activities provided to prisoners and their access to these activities. In this context, the Committee also considers that the existing shift system, which requires prison staff to work for 24 hours at a time, is intrinsically flawed and negatively affects professional standards.

The CPT calls upon the Latvian authorities to take steps without further delay to review staffing levels at Daugavgrīva, Jelgava and Rīga Central Prisons (as well as at other prison establishments where similar low levels of staffing occur), with a view to increasing the number of custodial staff present in the detention areas. In this connection, a recruitment strategy based on proper funding and enhanced conditions of service should be developed. Steps should also be taken to put an end to the 24-hour shift pattern for custodial staff.

91. In all adult prisons visited, certain members of staff working in direct contact with prisoners were openly carrying rubber truncheons. The CPT reiterates that the open display of truncheons is not conducive to developing positive relations between staff and inmates; **if it is considered necessary for prison officers to carry truncheons, they should be hidden from view.**

b. contact with the outside world

92. The CPT welcomes the fact that, in all the prisons visited, short-term visits to both sentenced and remand prisoners as a rule took place under open conditions. Further, as already mentioned in paragraph 62, life-sentenced prisoners are now entitled to make free-of-charge online video calls for one hour, at least once a month⁵¹.

93. That said, the CPT is concerned to note that, despite the specific recommendation made by the Committee after previous visits, the frequency of visits for (adult) prisoners serving a sentence in closed prisons – including life-sentenced prisoners – remains far too low, in particular for those on the low regime level; the latter category of prisoner is only allowed to receive four short-term (from one to two hours) and three long-term (from six to twelve hours) visits per year.⁵² As for adult remand prisoners, their visit entitlement also remains very limited, i.e. one visit of one hour per month.

In the light of the above, the CPT calls upon the Latvian authorities to significantly increase the visit entitlement of prisoners serving a sentence in closed prisons; all prisoners, irrespective of their regime level, should in a given month be entitled to the equivalent of one hour of visiting time per week and, preferably, should be able to receive a visit every week.

94. Remand prisoners are entitled to make one telephone call per week.⁵³ Regrettably, sentenced prisoners' entitlement to telephone calls is significantly lower; those on the low, medium and high regime levels in closed prisons are entitled to respectively one, two and three phone calls per month.

The CPT recommends that adult sentenced prisoners be allowed, as a rule, to make at least one phone call per week.

95. In accordance with the relevant legislation,⁵⁴ sentenced juveniles were allowed to have twelve short-term visits (from 1½ to two hours) and 15 long-term visits (from 36 to 48 hours) per year. Further, sentenced juveniles could make eight phone calls per month. As for juveniles on remand, they could benefit from one short-term visit⁵⁵ and one phone call every week.

The CPT encourages the Latvian authorities to allow sentenced juveniles more frequent short-term visits.

⁵¹ Respectively one, two and three calls per month for prisoners on the low, medium and high regime levels. It is noteworthy that patients at Olaine Prison Hospital were usually also allowed to make such calls (two per month).

⁵² Prisoners on the medium regime level are entitled to six short-term and four long-term (from 8 to 16 hours) visits and those on the high regime to six short-term and six long-term (from 12 to 24 hours) visits per year.

⁵³ Section 13, paragraph 1(5), of the Law on the Procedure of Holding in Custody.

⁵⁴ Section 50.7 of the LES.

⁵⁵ Section 18, paragraph 1(1), of the Law on the Procedure of Holding in Custody.

c. discipline

96. 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 ten days for juveniles.

The CPT wishes to stress that any form of isolation may have a detrimental effect on the physical and/or mental well-being of prisoners, and even more so vis-à-vis juveniles. In this regard, the Committee observes an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of juveniles. Particular reference should be made to the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) which have recently been revised by a unanimous resolution of the General Assembly and which explicitly stipulate in Rule 45 (2) that solitary confinement shall not be imposed on juveniles.⁵⁶ The CPT fully endorses this approach.

The Committee recommends that the Latvian authorities take steps to ensure that the above-mentioned precept is effectively implemented in practice and that the relevant legal provisions are amended accordingly.

97. As regards adult prisoners, the CPT must express its serious misgivings about the practice observed in some of the prisons visited of several sanctions of placement in a disciplinary cell applying consecutively (without any interruption). As a result, some of the prisoners concerned had been continuously kept in solitary confinement for periods well beyond the maximum time limit of 15 days.

The CPT reiterates its recommendation that immediate steps be taken to ensure that no prisoner is held continuously in disciplinary isolation for longer than the maximum time limit of 15 days.⁵⁷ 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 Committee would also like to stress once again that it would be preferable to lower the maximum possible period of disciplinary confinement for a given offence.

98. The CPT was concerned to note that, despite the specific recommendation repeatedly made by the Committee after previous visits, the sanction of disciplinary confinement still entailed a total prohibition on contact with the outside world (except with a lawyer).

The Committee 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 contacts and that any restrictions on family contacts as a form of disciplinary punishment are applied only when the offence relates to such contacts.⁵⁸

⁵⁶ See also Rule 67 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (General Assembly Resolution A/RES/45/113, Annex).

⁵⁷ See also paragraph 56 (b) of the CPT 21st General Report (CPT/Inf (2011) 28) in which the Committee advocates a maximum period of 14 days for a given offence.

⁵⁸ See also Rule 60.4 of the European Prison Rules and the Commentary on that Rule.

99. At Jelgava Prison, inmates were not allowed to lie on the bed during the day. If this rule was not respected, the prisoners usually received a disciplinary punishment (including placement in a punishment cell for up to several days). **The CPT recommends that this anachronistic rule be abolished.**

100. As far as the delegation could ascertain, disciplinary procedures in the prisons visited were carried out in accordance with the relevant legal framework. 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 disciplinary decision; instead, they were usually given verbal information about the decision and on how to appeal the measure. **The CPT reiterates its recommendation that the Latvian authorities take steps to ensure that prisoners subject to a disciplinary sanction are always given a copy of the relevant decision (containing the reasons for the decision as well as information on the avenues and deadline for lodging an appeal). Prisoners should be requested to confirm with their signature the fact of having received a copy of the disciplinary decision.**

101. It is regrettable that, despite the specific recommendation made by the CPT after previous visits, before a prisoner is placed in a disciplinary cell, a prison doctor is still required to certify that the prisoner concerned is fit to sustain the disciplinary measure.

The CPT does not contest as such the involvement of doctors in the context of the placement of prisoners in solitary confinement for disciplinary reasons, quite the contrary. However, the Committee 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. Against this background, the practice of prison doctors certifying that a prisoner is fit to undergo punishment is scarcely likely to promote that relationship. As a matter of principle, medical personnel should never participate in any part of the decision-making process resulting in any type of solitary confinement, except where the measure is applied for medical reasons. On the other hand, health-care staff should be very attentive to the situation of prisoners placed in disciplinary cells. The health-care staff should immediately be informed of every such placement and should visit the prisoner without delay after placement and thereafter on a regular basis, at least once per day,⁵⁹ and provide him/her 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 calls upon the Latvian authorities to review the role of health-care staff in relation to disciplinary matters, 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 21st General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).

102. In all the prisons visited, material conditions in disciplinary cells were on the whole satisfactory and do not call for any particular comments.

⁵⁹ In the establishments visited, prisoners placed in punishment cells were usually seen by a nurse on a daily basis.

C. Psychiatric establishments

1. Preliminary remarks

103. The delegation visited for the first time Strenči Psychiatric Hospital in the Vidzeme region. The hospital was opened in 1907 and is one of the largest psychiatric hospitals in Latvia (capacity: 335 beds). It accommodates civil and forensic patients and is the only hospital in the country which comprises a special ward for psychiatric patients suffering from tuberculosis.

104. At the time of the visit, Strenči Psychiatric Hospital was accommodating a total of 294 adult patients (including 23 tuberculosis patients in Ward 5 and 20 forensic psychiatric patients in Ward 10). All the civil patients were formally staying in the hospital on a voluntary basis. That said, most wards were closed, and many patients were only allowed to leave the premises when accompanied by a member of staff (or family member). In addition, a number of patients were subjected to a confinement regime in restricted units (in Wards 1, 3 and 10). Thus, a considerable number of patients appeared to be *de facto* deprived of their liberty, without benefiting from the safeguards offered to involuntary patients (see paragraph 106).

105. Strenči Psychiatric Hospital is one of several psychiatric hospitals in Latvia which continues to accommodate persons who do not have a psychiatric diagnosis but who are waiting for a transfer to a social welfare institution.⁶⁰ At the time of the visit, a total of 30 such persons were being held in Ward 3 (so-called “social care beds”). The CPT must once again express its misgivings about such practices; **it urges the Latvian authorities to re-double their efforts to implement the long-standing plan to de-institutionalise mental health-care services and to further develop community-based support.**

106. Since the 2011 visit, the legal framework governing the involuntary placement of psychiatric patients has undergone certain changes. In 2014, the 1997 Law on Medical Treatment (LMT) was amended by incorporating specific provisions regarding the rights of civil and forensic psychiatric patients,⁶¹ the use of seclusion and other means of restraint (new Section 69.1) and by introducing a legal remedy for civil patients to challenge their placement before a court (new Section 68 (20)). For further details, see paragraphs 129 to 132.

As regards forensic psychiatry, the relevant provisions of the Penal Code (Sections 68 to 70) and the CCP (Sections 607 to 609) remained unchanged.

2. Ill-treatment

107. The delegation received no allegations of ill-treatment of patients by staff at Strenči Psychiatric Hospital. On the contrary, patients generally expressed their appreciation of the staff, and the atmosphere on the wards was relaxed.

Further, inter-patient violence did not appear to be a problem in the hospital.

⁶⁰ In this regard, see also paragraph 114 of the report on the 2011 visit (CPT/Inf (2013) 20).

⁶¹ Including by referring explicitly to the provisions of the 2009 Law on the Rights of Patients.

3. Living conditions

108. Material conditions in the wards of Strenči Psychiatric Hospital were generally good in terms of state of repair, access to natural light and hygiene. The delegation gained a particularly positive impression of the ward for tuberculosis patients (Ward 5). Patients' rooms were generally adequately furnished, and many rooms and communal areas were pleasantly decorated (especially in the social care ward). Further, patients were provided with sufficient supplies of personal hygiene products.

In most wards, patients were accommodated in two- to six-person rooms which offered sufficient living space, except for the acute wards (Wards 1 and 3) and Ward 10.1, where patients were accommodated in eight- to ten-person-dormitories with beds placed close to each other, resulting in limited living space and no room for privacy. The CPT wishes to stress again that such dormitories may have a counter-therapeutic, institutionalising effect on patients, infringe upon their privacy and even compromise their safety. It is generally held that large-capacity dormitories are not compatible with current standards of accommodation for psychiatric in-patients.

The CPT encourages the Latvian authorities to progressively transform larger rooms/dormitories into smaller ones at Strenči Psychiatric Hospital and, where appropriate, in other psychiatric hospitals in Latvia so as to ensure sufficient living space and privacy for patients.

109. Further, a number of patients' rooms (in particular at ground floor level) lacked curtains, thus leaving patients with limited privacy, and, in some wards, rooms were modestly furnished and not personalised at all (e.g. Ward 8). **Steps should be taken to remedy these shortcomings.**

110. As was the case during previous visits to psychiatric hospitals in Latvia, a number of patients in several wards of Strenči Psychiatric Hospital were wearing hospital pyjamas all day long. The CPT wishes to stress once again that such a practice is not conducive to strengthening the patients' sense of self-esteem and to individualised treatment. The Committee recommends that steps be taken by the management of Strenči Psychiatric Hospital and, where appropriate, of other psychiatric hospitals, to ensure that patients are encouraged to wear their own clothes and, if necessary, are provided with appropriate non-uniform-like clothing.

111. The level of recreation appeared to be generally adequate. That said, the delegation received a number of allegations from patients about not having been allowed to go into the open air for days (especially in Wards Nos. 1, 3 and 10.1). Several patients also claimed that outdoor exercise was only granted if the weather conditions were good (not on rainy or snowy days).

The CPT wishes to stress that, as a matter of principle, every patient, unless there are clear medical counter-indications, should be offered at least one hour of outdoor exercise every day and preferably considerably more, in a reasonably spacious and secure setting, which should also offer shelter from inclement weather. Appropriate clothing and footwear should be made available to patients in order to enable them to go outside in all seasons. **The Committee recommends that the Latvian authorities take the necessary measures to ensure that the aforementioned requirements are effectively implemented in practice at Strenči Psychiatric Hospital as well as in all other psychiatric hospitals in Latvia where this is not yet the case.**

4. Staff and treatment

112. At Strenči Psychiatric Hospital, the health-care staff comprised a total of 20 full-time medical doctors (including 16 psychiatrists, one psychiatrist/narcologist, one neurologist, one pulmonologist and one radiologist) as well as 87 full-time nurses (most of whom had undergone specialised training in psychiatry) and 70 nursing assistants. In addition, there were some one hundred orderlies. During night-shifts, there was one doctor on duty for the whole hospital, and at least one nurse and two nursing assistants/orderlies were present in each ward.

In the CPT's view, the number of ward staff was adequate. However, the number of psychiatrists appeared to be insufficient for the hospital's needs (in particular with regard to acute patients). Whilst acknowledging the difficulties faced by the management in recruiting additional psychiatrists,⁶² **the CPT urges the Latvian authorities to re-double their efforts to increase the number of psychiatrists at Strenči Psychiatric Hospital.**

113. The hospital also employed a number of other professional staff such as two psychologists, two occupational therapists, five social workers and one social rehabilitation specialist. The CPT acknowledges the efforts made by the management to provide patients with psychosocial treatment and activities. However, the provision of psychological services, occupational therapy other than psychosocial treatment and activities remained limited, and most patients did not benefit from such services. Consultations with psychologists often took place only upon admission and in connection with the review of the patients' disability status. By way of illustration, in the geriatric ward (Ward 8), the delegation was informed that some five out of the 25 patients participated in occupational therapy on a regular basis (up to three times a week for one hour). A review of the treatment register in the forensic ward (Ward 10.2) confirmed the scarce therapeutic activities (with only three patients having seen a psychologist and eight patients an occupational therapist during the previous two months).

To sum up, for most of the patients, treatment consisted solely of pharmacotherapy and no individual treatment plans existed beyond the lists of prescribed medication.

The CPT recommends that steps be taken at Strenči Psychiatric Hospital and, where appropriate, in other psychiatric hospitals to ensure that an individual treatment plan is drawn up for every patient (taking into account the special needs of acute, long-term and forensic patients including, with respect to the latter, 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.

Further, the Committee recommends that the management of Strenči Psychiatric Hospital strive to expand the range of therapeutic options and involve a greater number of patients in psychosocial 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 relational skills, acquisition of specific competences and an improved self-image. To this end, the staffing levels of psychologists, occupational therapists and other professionals should be increased accordingly.

⁶² According to the management, funds would have been available to recruit one more psychiatrist, but not a single candidate could be found.

114. There were no problems with the supply of psychoactive medication, including newer-generation drugs. That said, the CPT must express its concern about the fact that a number of patients received old-generation (haloperidol) and other heavily sedating medications in high dosages for prolonged periods.⁶³

In the CPT's view, no medical condition can justify the dosages and polypharmacy observed by the CPT's delegation, nor can there be a need for long-term chemical sedation of this magnitude. The Committee would like to receive the Latvian authorities' comments on the widespread use of heavily sedating old-generation medication in high dosages, polypharmacy and chemical restraint.

115. The CPT wishes to recall that particular attention should always be paid to the somatic medical examination of patients upon admission to a psychiatric hospital. It is a well-known fact that involuntary admission to a hospital of an acute psychiatric patient may be a high-risk undertaking in which police officers are frequently involved and coercive measures have to be used; patients are occasionally taken to the hospital hand- and feet-cuffed and with a police escort. In the CPT's view, the accurate and timely recording and reporting of any injuries which the patient may display upon admission is an important safeguard against possible ill-treatment and should always be carried out promptly by a doctor.

From the examination of various patients' files and interviews with health-care staff and patients, it transpired that newly-arrived patients were usually subjected to a prompt somatic examination by a doctor. However, these examinations often appeared to be rather superficial (i.e. limited to an X-ray and the measuring of the patient's blood pressure and temperature) and injuries were not always recorded (including in one case a gunshot wound). Moreover, it appeared that, for injuries that were recorded upon admission, the explanations from the patient as to the origin of these injuries were not sought or recorded. Consequently, health-care staff did not attempt to give indications as to the consistency between any such explanations that were given and the objective medical findings. It is of particular concern to the CPT that, according to the hospital management, injuries that were recorded upon admission and related allegations of police ill-treatment would as a matter of policy be reported to the local police, and not to the competent prosecutor.

The CPT recommends that the existing procedures be reviewed at Strenči Psychiatric Hospital as well as in all other psychiatric establishments in Latvia in order to ensure that:

- **all newly-admitted patients are subjected to thorough medical screening on arrival for injuries and urgent somatic needs by a doctor and that the medical findings are properly recorded;**

⁶³ For instance, in Ward 10, several patients were receiving up to six different medications in high to very high doses, such as one patient who was receiving haloperidol 15 mg, clozapine 300 mg, valproate 1000 mg, chlorprotixene 100 mg, quetiapine 200 mg and trihexydyl 6 mg, all at the same time. Many patients in Ward 10 seemed sedated, all wore pyjamas and most were lying in bed when visited, in the middle of the day.

- **the file drawn up after the examination of a patient contains (i) a full account of objective medical findings based on a thorough examination (supported by a “body chart” for marking traumatic injuries and preferably also photographs of the injuries), (ii) a full account of statements made by the person concerned which are relevant to the medical examination (including any allegations of ill-treatment), and (iii) the doctor’s observations in the light of i) and ii) above, indicating the 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 patient (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent investigative authority, regardless of the wishes of the patient concerned.**

116. The CPT notes with concern that deaths occurring in the hospital were usually not subjected to any post-mortem examination.⁶⁴ Only in the recent case of a patient who had died a few hours after admission was an autopsy performed at the request of the hospital management, following negotiations with the family of the patient concerned.⁶⁵ According to the management, autopsies were often refused by relatives and relatives could veto an autopsy also in cases where the cause of death remained unclear. The consent of the family would also be required in the (hypothetical) case of a death of a patient in the context of the application of means of restraint. An autopsy was said to be mandatory only in cases in which there were signs or a suspicion of violence, as such cases would be reported to the police and then trigger a forensic autopsy in the context of a preliminary criminal inquiry.

The CPT recommends that the Latvian authorities take the necessary steps – including at the legislative level – to ensure that, whenever a patient dies in a psychiatric hospital, an autopsy is carried out unless a clear diagnosis of a fatal disease has been established prior to death by a doctor.

More generally, **the Committee 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.**

⁶⁴ A total of 82 patients died on the hospital premises in 2014 and 65 in 2015. With the exception of one suicide in 2014, all the deaths were declared by a hospital doctor to be the result of natural causes.

⁶⁵ The management was subsequently informed of the outcome of the autopsy (i.e. pneumonia and other lung diseases).

5. Means of restraint

117. As already mentioned in paragraph 106, following an amendment to the LMT in 2014, the use of means of restraint is now regulated by law. Section 69.1 (6) to (10) of the LMT, stipulate that psychiatric patients who display violent behaviour towards other persons or who constitute a risk harming themselves or others may be subjected to one or more of the following measures: physical restraint (manual control), mechanical restraint, involuntary administration of medicines (chemical restraint) and placement in a monitoring room (seclusion). The aforementioned measures must be proportionate to the threat caused by the patient concerned and may only be applied to involuntary patients. Every resort to such measures must be ordered by a doctor who shall indicate in the patient's medical file the specific measure(s), the reasons for their application and the starting and end time, as well as any injuries sustained by the patient or member(s) of staff. Further, patients are entitled to lodge an appeal against any restraint measure (within one month) with the Director of the hospital. The decision of the Director may be appealed (within one month) before the Health Inspectorate. Subsequently, the patient may lodge an appeal (within one month) against the decision of the Health Inspectorate before the competent district court, whose decision is final.

The procedures for the use of means of restraint are to be determined by a specific regulation of the Cabinet of Ministers. The delegation was informed by the Ministry of Health that the preparation of draft regulation was at an advanced stage. **The CPT trusts that the recommendations made in paragraph 122 will be fully taken into account in the Cabinet of Ministers' regulation. Further, the Committee would like to receive a copy of the regulation once it has been adopted.**

118. Strenči Psychiatric Hospital had no seclusion rooms. In practice, patients in need of close supervision were placed in a designated multiple-occupancy room (so-called "restricted unit") in which a member of staff was usually present on a 24-hour basis. At the time of the visit, three wards (Wards 1, 3 and 10) had such a room. In this regard, the CPT notes with concern that such placements which entailed a confinement regime were not recorded in a register. **The Committee recommends that this deficiency be remedied.**

119. The CPT welcomes the fact that detailed internal guidelines (dated 19 June 2013) on the use of mechanical restraint (restraint straps/belts) have been issued by the management. These guidelines contain several important safeguards. In particular, they stipulate that every use of restraint straps/belts shall be ordered by a doctor and recorded in a specific logbook in the respective ward. In addition, all such instances shall be recorded on a specific restraint form and a nurses' observation sheet, both of which shall subsequently be kept in the patient's medical file. Further, restraint belts shall not be continuously applied for more than two hours (if considered necessary, belts may be reapplied after an interruption).

From the consultation of restraint registers and interviews with patients, it transpired that, in practice, mechanical restraint was not applied frequently and usually for less than two hours (nor was there a practice of prolongation, after an interruption, beyond the two-hour limit).⁶⁶

⁶⁶ In particular at Ward 10.1, the restraint register showed a downward trend during the period 2014 to 2016, both as regards the total number of instances of mechanical restraint and their duration.

120. That said, the CPT must express its serious concern that a number of specific recommendations made in previous reports have not been implemented.

Firstly, in accordance with the above-mentioned internal guidelines,⁶⁷ patients under mechanical restraint were often not subjected to permanent, direct and personal supervision by a qualified member of staff (in particular, in Ward 2).

Secondly, it remained the case that patients were frequently subjected to mechanical restraint in multiple-occupancy rooms (i.e. in full view of other patients). What is even worse, a number of patients interviewed by the delegation gave consistent accounts that they had been asked by members of staff to assist in restraining fellow patients (in particular, when an injection was given), to observe other patients under restraint or to participate in their care (e.g. by feeding them).

Thirdly, whilst acknowledging that restraint registers were kept in every ward, there was no system in place to centrally compile relevant data. Consequently, the hospital management was not in a position to have an overview of the overall frequency and duration of instances of means of restraint. Further, a written running record was not usually kept by the supervising nurse. Moreover, in a number of cases, the relevant form on the use of means of restraint lacked essential data. For instances, there was no entry ensuring registration by the doctor taking the decision to end the use of restraint.

Fourthly, patients did not usually benefit from a debriefing with a member of the health-care staff after having been subjected to means of restraint. In the CPT's view, such a debriefing is an occasion for the patient concerned 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. For the doctor, this will provide an opportunity to explain the rationale behind the measure, and thus reduce the psychological stress of the experience, as well as restore the doctor-patient relationship.

121. It is yet another matter of concern that, despite the specific recommendation made by the Committee in the report on the 2011 visit, instances of chemical restraint (i.e. forcible administration of rapid tranquillisers) were not recorded as a means of restraint. The CPT does not share the argument put forward by doctors at the hospital that chemical restraint always constitutes a therapeutic intervention as part of psychiatric treatment and thus cannot be considered to be a restraint measure as such. The Committee wishes to stress again that, as a matter of principle, agitated/violent patients subjected to chemical restraint should benefit from the same safeguards as patients who are subjected to other types of restraint. This precept is also explicitly reflected in Section 69¹ of the Law on Medical Treatment.

⁶⁷ According to Section 5 of the Guidelines, patients subjected to mechanical restraint shall not be left unsupervised for more than 15 minutes. It was common practice to carry out checks every 15 minutes.

122. In the light of the remarks made in paragraphs 120 and 121, **the CPT reiterates its recommendation that steps be taken at Strenči Psychiatric Hospital, as well as in all other psychiatric establishments in Latvia, to ensure that:**

- **in addition to the records contained in the patient's personal medical file, a central register is established to systematically record all instances of recourse to means of restraint – including chemical restraint – which also shows the length and frequency of individual restraint measures. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered it; the names of staff who participated in the application of the measure; and an account of any injuries sustained by patients or staff.** Such information is an indispensable tool for effective management and staff monitoring of these measures and will greatly facilitate the oversight into the extent of their occurrence with a view to possibly reducing the resort to such measures in the future;
- **whenever a patient is subjected to mechanical restraint, he/she always benefits from continuous, direct and personal supervision by a trained member of staff nearby who maintains the therapeutic alliance and may provide prompt assistance. Such assistance may include escorting the patient to a toilet facility or, in the exceptional case where the measure of restraint cannot be brought to an end after a very short time, helping him/her to drink water and/or consume food. A written running record should be kept by the supervising staff member and included in the patient's medical file.**
- **means of mechanical restraint are not applied to a patient in the sight of other patients, unless he/she explicitly requests otherwise;**
- **a debriefing is offered to patients concerned once restraint measures have been discontinued.**

123. Finally, the delegation once again observed that it was not uncommon at Strenči Psychiatric Hospital for voluntary patients to be subjected to mechanical and/or chemical restraint. The CPT has serious misgivings about such practices which also constitute a flagrant disregard of the relevant legal provisions (Section 69.1 (6) to (10)). **The Committee recommends that in such cases the legal status of the patient concerned be reviewed.**

6. Safeguards

a. legal status of patients and consent to treatment

124. Given the size of Strenči Psychiatric Hospital and the profile of patients, the CPT was surprised to note that, at the time of the visit, not a single civil patient was being held in the hospital on an involuntary basis. According to the management, there had only been five involuntary admissions in 2015 and two during the first four months of 2016, and the patients concerned had been discharged in the meantime. The large proportion of voluntary patients was explained by the fact that medical staff often succeeded in persuading patients to agree to their placement and to sign upon admission the relevant consent form. In this connection, the delegation received a number of allegations from patients that they feared more restrictive treatment if they did not consent to their placement/treatment. A number of patients also claimed that, upon admission, they had been told by staff to sign a paper without knowing its contents. Moreover, on several occasions, patients who had been taken to the hospital by the police whilst handcuffed were required to sign the consent form in the presence of police officers (see paragraph 128).

125. As already indicated in paragraph 104, most wards were closed, and the great majority of “voluntary” patients were subjected to various types of restrictions. In particular, many patients were only allowed to leave the hospital premises when accompanied by a member of staff (or family member). Further, a number of patients were held, for their own protection or the protection of others, in “restricted units” (in Wards 1, 3 and 10) where they were subjected to a confinement regime⁶⁸ for days or even weeks. Moreover, it was not uncommon for patients to be subjected to means of restraint, despite the fact that they were formally “voluntary” (see paragraph 123).

From the information gathered through interviews with patients and staff and the consultation of relevant documentation it transpired that, as in 2007 and 2011, a formal involuntary placement procedure under Section 68 of the LMT was usually only initiated in respect of those patients who actively resisted their hospitalisation.

Moreover, the delegation found that, in several cases, the consent forms contained in patients’ files were incomplete (e.g. missing signature or date). **Steps should be taken to remedy this shortcoming.**

126. At the time of the visit, the hospital was accommodating a significant number of patients (in particular in the geriatric wards) who were clearly unable to give an informed consent to their hospitalisation and treatment. Hardly any of them had a court-appointed guardian.

⁶⁸ The “restricted units” consisted of a multiple-occupancy room where a member of staff was usually present around the clock. The patients concerned were only allowed to leave the room (e.g. for outdoor exercise) whilst being accompanied by a member of staff.

In this regard, the CPT notes with interest that, as one of the first countries in Europe, Latvia has abolished the legal institutions of total deprivation of legal capacity and total guardianship (“trusteeship”) respectively. Following the 2012 amendment to the Civil Code (which entered into force on 1 January 2013), the legal capacity of “persons with health disorders of a mental nature” can only be *restricted* to the extent to which the persons concerned cannot understand the meaning of their actions or cannot control their actions, if it is necessary in the interests of the persons concerned and if it is the only way how to protect them (new Sections 217 (1), 357 and 356.1 of the Civil Code). At the same time, the new Section 356.1 stipulates that the legal capacity of adult persons shall not be restricted in personal non-financial matters.⁶⁹

The delegation was told by various interlocutors (including judges of a guardianship court) that, under the current legislation, guardians can no longer be given the competence to take decisions in the context of hospitalisation and/or medical treatment of adult persons with restricted legal capacity. This acknowledges the underlying precept that persons with restricted legal capacity should as far possible be in a position to lead a self-determined life and, more specifically, to decide themselves on most personal non-financial matters such as freedom of movement and physical integrity. Notwithstanding this, it is inevitable that persons suffering from severe mental disorders (or learning disabilities) are sometimes not at all capable of giving an informed consent to their hospitalisation and/or medical treatment. At the time of the visit, a number of such persons were also being held at Strenči Psychiatric Hospital. The CPT has serious misgivings about the fact that the patients concerned were considered by the management to be “voluntary”.

127. In the light of the above, the CPT gained the distinct impression that many patients at Strenči Psychiatric Hospital were *de facto* deprived of their liberty, without benefiting from the safeguards provided for by law to involuntary patients. As regards patients who are not or no longer able to give informed consent and who may be subjected to partial guardianship, the CPT considers that the only appropriate solution is to treat them like persons who have full legal capacity and to apply to them the involuntary placement procedure set out in the LMT. It is recalled that Section 68(1) of the LMT explicitly refers to in-patient “psychiatric assistance *without*⁷⁰ the consent of a patient”.

The CPT recommends that steps be taken by the management of Strenči Psychiatric Hospital and, where appropriate, of other psychiatric hospitals, to ensure that the legal status of all civil patients be reviewed, in the light of the above remarks. More specifically, steps should be taken to notify to the competent court all patients who:

- **have been voluntarily admitted and who express a wish to leave the hospital, but still require in-patient care;**
- **are held in “restricted units”;**
- **are not or no longer able to consent to their hospitalisation and/or medical treatment (irrespective of whether they have been partially deprived of their legal capacity).**

⁶⁹ According to Section 364.1 of the Civil Code, restrictions of a person’s legal capacity must be reviewed by the competent court at least once every seven years.

⁷⁰ Emphasis added.

128. Upon admission, all newly-arrived patients were requested to sign a consent form which contained a pre-printed statement (a) that they agreed to be treated at Strenči Psychiatric Hospital and committed themselves to complying with internal regulations and (b) that they had been informed of the objectives, consequences and methods of treatment.

From the wording of the above-mentioned consent form, as well as from consultations with medical staff, it became apparent that no distinction was made in practice between consent to placement and consent to treatment. In the same vein, doctors interviewed by the delegation appeared not to distinguish clearly between the notions of involuntary placement and involuntary treatment.

The CPT wishes to stress once again that psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment as well as to withdraw their consent at a later stage. The admission of a person to a psychiatric establishment on an involuntary basis – be it in the context of civil or criminal proceedings – should not preclude seeking informed consent to treatment. Every patient, whether voluntary or involuntary, should be informed about the intended treatment. Further, every patient capable of discernment should in principle be given the opportunity to refuse (or withdraw) his/her consent to treatment or any other medical intervention.⁷¹ To this end, newly-admitted patients should always be requested to express their position regarding their hospitalisation and subsequent treatment separately.

The CPT reiterates its recommendation that steps be taken at Strenči Psychiatric Hospital as well as in all other psychiatric hospitals to ensure that:

- **the above-mentioned precepts are effectively implemented in practice;**
- **newly-admitted patients are not subjected to any form of pressure before confirming their consent to hospitalisation and that police officers are not present when the patients' consent is sought.**

⁷¹ Section 69.1 (1) of the LMT in connection with Section 6 (4) of the Law on the Rights of Patients.

b. placement and discharge procedures

129. Whilst acknowledging that, following the 2014 amendment to the LMT (new Section 68 (20)), civil psychiatric patients are now entitled to request a judicial review of their placement every two months, the CPT must express its serious concern that virtually none of the specific recommendations regarding the involuntary hospitalisation of a civil nature made by the Committee after the 2007 visit and reiterated after the 2011 visit have been implemented.

130. From the examination of individual files of patients who had previously been hospitalised at Strenči Psychiatric Hospital, as well as from consultations with patients and staff, it transpired that involuntary civil placement procedures were usually carried out in accordance with the requirements set out in Section 68 of the LMT.⁷² It is particularly noteworthy that all patients had an *ex officio* lawyer appointed who was present during the court hearing. The hearings always took place at the hospital, and patients were usually heard by the judge in person.

That said, the CPT has misgivings about the fact that, in several cases, the hospital's Consilium of doctors had informed the court in writing that, due to his/her state of health, the patient concerned was not fit to be brought before the judge. Given that judges are required to hold a hearing on the hospital premises, there can normally be no justification for the issuance of such statements. If the patient concerned is in an acute state, he/she should at least be seen by the judge, as has taken place on several occasions in the past.

The CPT recommends that the Latvian authorities take the necessary steps to ensure that civil psychiatric patients at Strenči Psychiatric Hospital as well as in other psychiatric hospitals are as a rule heard in person by the judge in the context of involuntary hospitalisation of a civil nature and extensions thereof.

131. Further, despite the specific recommendation repeatedly made by the Committee, judges were not required to and in practice never did seek an opinion from a psychiatrist outside the hospital concerned during civil involuntary placement procedures. As the CPT has repeatedly stressed, the procedure by which involuntary placement in a psychiatric establishment is decided should offer guarantees of independence and impartiality, as well as of objective psychiatric expertise.

⁷² According to Section 68, if it is necessary to place a patient in a psychiatric establishment without his/her consent, a Consilium of three psychiatrists shall examine him/her within 72 hours from the moment of his/her involuntary admission. If the Consilium decides that involuntary hospitalisation is necessary, the hospital shall inform the competent judge in writing within 24 hours, attaching a copy of the decision and other relevant documents. If the patient has no legal representative, the judge shall immediately request the Latvian Bar Association to appoint a lawyer to represent the patient's interests. Within the following 72 hours, the judge shall review the case material in a closed meeting on the premises of the hospital, attended by the patient (if his/her state of health so permits), his/her representative or lawyer and a representative of the hospital. 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/her 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 Consilium of psychiatrists, following the same procedure as for the initial placement.

The CPT reiterates its recommendation that the Latvian authorities take steps to ensure that, in the context of involuntary hospitalisation of a civil nature and extensions thereof, the court always seeks an opinion from a psychiatrist who is not attached to the psychiatric institution admitting the patient concerned. To this end, the relevant legal provisions should be amended accordingly.

132. All court decisions examined by the delegation contained relevant information on the avenues and deadline to lodge an appeal, as well as an instruction to the hospital management to deliver the decision to the patient concerned and to explain to him/her the existing appeal procedures.

However, in none of the patients' files consulted by the delegation could an acknowledgement of receipt or other trace be found that the patients had been informed accordingly. **The CPT recommends that this shortcoming be remedied.**

133. As regards forensic psychiatric patients,⁷³ the necessity of continued placement under Sections 68 to 70 of the Penal Code must be reviewed by the competent criminal court *ex officio* at least once a year unless a request has been submitted by the patient, his/her lawyer or close relative.⁷⁴ The relevant procedures are regulated in Sections 607 and 608 of the CCP.

134. An examination of a number of individual files of forensic patients at Strenči Psychiatric Hospital revealed that, in accordance with the relevant legislation, the patients concerned always had a private or *ex officio* lawyer appointed who was always present during court hearings. Further, the CPT welcomes the fact that court hearing usually took place on the premises of the hospital.

135. That said, a number of shortcomings were observed by the delegation.

Firstly, court hearings often took place without the patient concerned being present. According to the relevant legislation, the person concerned shall be summoned to the court hearing "if necessary". In this regard, the CPT has misgivings about the routine practice of the hospital management of issuing an attestation that the patient concerned had been assessed as not being "fit to appear in court". As already stressed in paragraph 130 regarding involuntary placements of a civil nature, the patients concerned should as a rule be heard or seen by the judge, all the more so when hearings take place on hospital premises.

Secondly, court decisions were usually taken on the basis of assessments provided by the hospital, without the involvement of external experts in the field of psychiatry.

Thirdly, regular review procedures were often not carried out in a timely manner by the court. In a number of cases, court decisions were only taken after a delay of two months or even longer.⁷⁵

⁷³ I.e. patients declared not to be (fully) criminally responsible for the crime(s) they had committed.

⁷⁴ A judicial review may be requested at the earliest three months after every court decision in which a request for discharge has been rejected by the court.

⁷⁵ It is noteworthy that assessment reports were usually submitted by the hospital to the court in due time before the expiry of the twelve-month deadline.

Fourthly, the documentation in patients' files was not always complete. In several cases, there were no traces of certain key documents (such as assessment reports drawn up by the hospital). In some other cases, relevant documents related to judicial review procedures were completely missing in respect of certain years. Thus, it remained unclear to what extent a judicial review procedure had actually been carried out.

Fifthly, all forensic patients interviewed by the delegation confirmed that they had been informed of the court decision. However, some patients alleged that they had not been given a copy of the court decision (which also contained relevant information on the modalities to lodge an appeal).

The CPT recommends that the Latvian authorities take the necessary measures, through appropriate channels, to ensure that, in the context of judicial review procedures throughout the country:

- **forensic patients are as a rule heard in person by the judge during court hearings;**
- **the patients concerned receive a copy of the court decision (with relevant information on appeal procedures). The patients should be requested to sign a statement acknowledging receipt of it;**
- **existing legal time limits are fully respected in practice.**

Further, the CPT considers that commissioning, at reasonable intervals, in the context of the review of the measure of compulsory hospitalisation in a psychiatric establishment, a psychiatric expert opinion which is independent of the hospital in which the patient is held would offer an additional, important safeguard. This is of all the more relevance in respect of patients who have already spent lengthy periods of time in that hospital.

Finally, **steps should be taken by the management of Strenči Psychiatric Hospital to ensure that relevant documents related to judicial review procedures are systematically kept in patients' files.**

c. safeguards during placement

136. At Strenči Psychiatric Hospital, newly-admitted patients usually received information on the rights of patients and the house rules orally and they were given an opportunity to read the relevant information sheets. Patients were also required to sign in a logbook that they had been informed of their rights. That said, patients were usually not given a copy of these information sheets, and a number of patients claimed that they had not received any such information.

The CPT reiterates its recommendation that steps be taken in all psychiatric hospitals in Latvia to ensure that a brochure or information sheets is systematically provided to newly-admitted patients (and their families) and that patients unable to understand the brochure/information sheets receive appropriate assistance.

137. Patients could lodge complaints with various outside bodies, including the Ministry of Health, the Health Inspectorate and the Ombudsman, all of which also carried out inspections on a regular basis.

However, a number of patients interviewed by the delegation appeared to be generally unaware of the existing avenues of complaints. An effective complaints procedure is a basic safeguard against ill-treatment in psychiatric establishments. To this end, **the CPT recommends that steps be taken in all psychiatric hospitals to ensure that psychiatric patients are systematically informed of existing avenues to lodge complaints (including in the above-mentioned brochure/information sheets).**

138. The existing arrangements made Strenči Psychiatric Hospital for contact with the outside world were satisfactory. Patients were able to send and receive correspondence, to have access to the telephone, and to receive visits from their family and friends. It is also praiseworthy that many patients could keep their own mobile phones.

D. Social care establishments

1. Preliminary remarks

139. The delegation visited the Litene Branch of Latgale Social Care Centre (hereinafter: “Litene Social Care Institution”). Litene Social Care Institution is a public establishment administered under the authority of the Ministry of Welfare, located in the far north-east of the country (some 200 km from Riga). Opened in 1930 as a home for persons in need, the Centre was transformed in 1954 into a social care centre. It comprises two buildings surrounded by a large park.

In recent years, the official capacity has been reduced from 310 to 260, with a view to complying with the national standards for minimum living space in social care institutions, namely 4 m²/person for residents with a 1st (very mild) or 2nd (mild) degree of disability and 6 m²/person for residents with a 3rd (medium) or 4th (severe) degree. At the time of the visit, the Centre was accommodating 260 adults (including 145 males and 115 females). All residents/patients had an officially certified disability classification: 104 with a 1st or 2nd degree and 156 with a 3rd or 4th degree. 130 patients had a diagnosis of schizophrenia. Residents/patients suffering from more severe disabilities (3rd and 4th degrees) were accommodated in House 1 and those who were more autonomous (1st and 2nd degrees) in House 2.

140. Latvian legislation does not provide for an involuntary placement procedure in social care institutions. The relevant provisions of the Law on Social Services and Social Assistance (LSSSA) and the Cabinet of Ministers’ Regulation No. 228 of 21 April 2008 remained by and large unchanged since the 2011 visit.

As indicated in paragraphs 126, following an amendment to the Civil Code in 2012, the legal institutions of total deprivation of legal capacity and total guardianship (“trusteeship”) respectively have been abolished. Thus, persons suffering from a mental disorder or learning disability can only be subjected to partial guardianship, and their guardians can no longer be entrusted with the taking of decisions regarding “non-financial matters” (such as placement to a health-care or social care institution and treatment).

All residents/patients had been admitted to the Centre on the basis of contract signed between themselves (or their guardians) and the management. Consequently, all residents/patients were considered to be “voluntary”. However, from the information gathered by the delegation, it transpired that many residents/patients (i.e. most of those with a 2nd degree disability and virtually all of those with a 3rd or 4th degree disability) were not usually allowed to leave the establishment without being accompanied by a member of staff or relative and were thus *de facto* deprived of their liberty (for further details, see paragraphs 154 to 156).

141. At the outset, the CPT must stress that its delegation gained the distinct impression that many of the below-mentioned shortcomings regarding Litene Social Care Institution were related to a major disagreement between the health-care sector and the social-care sector, not only at the local but also at the national level. As indicated in paragraph 139, about half of the residents had a psychiatric diagnosis and also a considerable number of the other residents regularly received psychotropic medication. The delegation was informed that the profile had not changed significantly in recent years. Notwithstanding that, the CPT is struck by the fact that, in the context of recent reforms, the health-care component of the institution and, more specifically, health-care staffing levels have been downscaled drastically (see paragraph 147).

The Committee would like to receive the Latvian authorities' comments on this matter.

2. Ill-treatment

142. The overwhelming majority of residents/patients interviewed by the delegation spoke positively about the manner in which they were treated by staff. That said, the delegation received some allegations from residents/patients of verbal abuse and/or disrespectful behaviour by staff.

The CPT recommends that the management of Litene Social Care Institution exercise continuous vigilance and remind all staff that any form of ill-treatment (including verbal abuse) and disrespectful behaviour towards residents/patients is unacceptable and will be sanctioned accordingly.

143. The delegation received some allegations of inter-resident/patient violence (such as verbal and/or physical abuse and threats thereof). Further, a review of the institution's register on transfers to a psychiatric hospital showed that there had been a number of instances of residents/patients displaying aggressive and physically violent or threatening behaviour towards fellow residents/patients.

The delegation gained the impression that staff remained vigilant and usually intervened promptly whenever incidents of inter-resident/patient violence occurred. **The CPT trusts that the management of Litene Social Care Institution will pursue its efforts to prevent such instances. This requires not only adequate staff presence and supervision at all times, including at night and on weekends, but also specific arrangements being made for particularly vulnerable residents/patients.**

3. Living conditions

144. Material conditions in the Litene Social Care Institution were on the whole satisfactory in terms of state of repair, access to natural light and hygiene, and the CPT welcomes the ongoing refurbishment process. Patients were usually accommodated in rooms with two, three or four beds. Throughout the establishment, the national standard of 6 m² and 4 m² respectively per person was adhered to.⁷⁶ Rooms and communal areas were well-equipped and pleasantly decorated (in particular, in the Units for residents/patients suffering from most severe disabilities). Patients were also allowed to keep their personal belongings and to personalise their living environment.

That said, many residents'/patients' rooms were rather austere. Considering the objective of de-institutionalisation, **the CPT recommends that the institution's management provide a more personalised environment for residents/patients and that residents/patients themselves also be encouraged to that effect.**

145. The CPT is pleased to note the good opportunities for recreation for residents/patients which appeared to be frequently taken advantage of by residents/patients. Most residents/patients had daily access to the garden, and efforts were being made to ensure that persons in wheelchairs received the necessary support to go into the open air.

146. That said, as regards the allocation of residents/patients, it is a matter of concern that persons with mental disorders were frequently accommodated together with persons suffering from a learning disability. **The CPT reiterates its recommendation that this practice be discontinued at Litene Social Care Institution and, where appropriate, in other social care establishments.**

4. Staff and care of residents/patients

147. The CPT is pleased to note that the staff working at Litene Social Care Institution was very committed and made considerable efforts to engage with residents/patients and involve them in various kinds of recreational and rehabilitative activities.

However, the Committee must express its serious concern about the extremely low health-care staffing levels at Litene Social Care Institution. Psychiatric care was provided by one part-time psychiatrist working one day per week. Bearing in mind that the Institution was accommodating a total of 180 patients receiving psychotropic medication, including 130 with a psychiatric diagnosis (schizophrenia), the working hours of the psychiatrist amounted to the equivalent of a doctor/patient ratio of one full-time psychiatrist per 900 mentally ill in-patients, or one psychiatrist for 650 in-patients suffering from schizophrenia. It is a matter of serious concern that, in 2015, the presence of the psychiatrist had been reduced from two days to one day per week. Moreover, the presence of only one full-time psychologist for 260 patients/residents was clearly insufficient.

⁷⁶ See paragraph 139.

Further, the overall number of nurses (seven full-time nurses with mental-health training, working in 24-hour shifts)⁷⁷ was also far too low to provide acceptable health care for the patients/residents, both as regards mental health care and somatic care. In practice, it was not uncommon that only one nurse was present in the entire Institution (including during the day). This shortage led to frequent calls for an ambulance and transfers of residents/patients to both psychiatric and somatic hospitals (120 in 2015 and 31 during the first four months of 2016). In many such cases, it would have been preferable for the residents/patients concerned if they could have benefited from continuous observation and care locally by health-care staff who knew them well and could thus have better addressed their health-care needs. This is especially important in the case of seriously disabled residents/patients.

The CPT recommends that the Latvian authorities take steps as a matter of urgency to ensure that at Litene Social Care Institution:

- **one or more psychiatrists are present to the equivalent of at least one full-time post;**
- **the number of nurses (preferably with mental-health training) is significantly increased;**
- **the psychological services are reinforced.**

Further, **the Committee considers that the pattern of 24-hour shifts for health-care staff in social care institutions will inevitably have a negative effect on professional standards; no-one can perform in a satisfactory manner the difficult tasks expected of health-care staff for such a length of time.**

148. As regards general health care, the Institution was visited once a week by a general practitioner, and one physiotherapist, one assistant physiotherapist and one masseur were employed. Moreover, residents'/patients' somatic state of health was regularly reviewed (weight, height, blood pressure/pulse, blood tests, X-ray of the thorax to screen for tuberculosis).

149. In the CPT's view, there are a number of issues related to deaths⁷⁸ of residents/patients of Litene Social Care Institution which give rise to particular concern (see also paragraph 116).

First and foremost, the corpses of deceased residents/patients were not systematically seen by a doctor. Deaths were declared by a nurse, to be certified by a doctor at a later stage. In some cases, the body of the deceased was not seen at all until the funeral.

⁷⁷ In addition, there were some 30 caretakers who provided care to residents/patients suffering from various types of impairments (including four bedridden residents/patients and many in wheelchairs).

⁷⁸ According to the institution's death register, four residents/patients died in 2016 (including two at the hospital), 18 in 2015 (including twelve at the hospital), 13 in 2014 (including seven at the hospital).

Further, with the exception of one death in 2016, no autopsies have been performed in recent years of residents/patients who had died at Litene Social Care Institution (or in a hospital following a transfer from the social care institution), even if the actual cause(s) of death remained unclear.⁷⁹ The delegation was informed that autopsies were usually refused by the person's family or guardian and that, even if the person concerned had no relatives/guardian, the institution itself would not request an autopsy. The practice of placing the responsibility of assessing whether an autopsy is called for on the shoulders of a guardian becomes even more problematic when the guardian is a member of staff of the social care institution (in this regard, see also paragraph 157).

Moreover, in the very few cases where an autopsy had been carried out, it was not ensured that the social care institution was informed of its outcome; nor did the management receive a copy of the autopsy report.

The CPT recommends that the Latvian authorities take the necessary steps – including at the legislative level – to ensure that, whenever a resident/patient dies in a social care institution or, following a transfer from a social care institution, in a hospital:

- **the death is promptly certified by a medical doctor on the basis of a physical examination;**
- **an autopsy is carried out unless a clear diagnosis of a fatal disease has been established prior to death by a doctor;**
- **whenever an autopsy is performed, its conclusions are systematically communicated to the management of the institution, with a view to ascertaining whether there are lessons to be learned as regards operating procedures;**
- **a record of the clinical causes of residents'/patients' deaths is kept at the social care institution.**

⁷⁹ For instance, in several cases, the doctor indicated as cause of death an illness or a state that does not lead to death by itself (e.g. "old age", "sudden death"). In addition, when patients died in the hospital, the most common "cause" of death was reportedly "*exitus letalis*" (i.e. death).

5. Means of restraint

150. According to the LSSSA,⁸⁰ restrictions may be placed on the rights of a person in a social care institution. In order to prevent a person leaving without supervision and to protect the rights of other persons, the head of a social care institution (or a person authorised by him/her) may restrict the resident's right to move freely. In addition, if the resident's actions endanger his/her life or health or that of other persons, the head of the social care institution (or a person authorised by him/her) may decide, making note in the person's file, upon isolation (seclusion) of the person for a period not exceeding 24 hours in a room specially arranged for such purposes, whilst ensuring continuous supervision of the person concerned.

151. Means of mechanical restraint were never used at Litene Social Care Institution. Agitated and/or violent residents/patients were usually transferred to Strenči Psychiatric Hospital.

152. As regards the use of rapid tranquillisers (chemical restraint), the CPT has some misgivings about the practice of issuing blanket *pro re nata* (as needed) prescriptions of diazepam injections (10 mg) for all residents/patients, to be given by nurses to any person considered to need it, without first consulting a doctor. The delegation was informed that such medication had not been administered in recent times (except in the case of epileptic fits).

The CPT would like to receive more detailed information on the modalities of this practice (including on its legal basis).

153. At the outset of its visit to the establishment, the delegation was informed by the management that seclusion rooms no longer existed in the establishment. However, the delegation received a number of consistent allegations of the use of "isolators" (in the past used for isolating infectious residents/patients), including for punishment, in both buildings. Although denied by some staff, this practice was later confirmed by other members of staff.

The CPT acknowledges that it may on occasion be necessary to segregate agitated and/or violent residents/patients from others for the prevention of self-harm or harm to others. However, under no circumstances should residents/patients be subjected to seclusion as (informal) punishment.

The Committee recommends that steps be taken at Litene Social Care Institution and, where appropriate in other social care establishments, to ensure that:

- a clear policy is introduced on the use of seclusion (including on the continuous supervision of the person concerned);
- residents/patients are never subjected to seclusion as punishment;
- every instance of seclusion is recorded in a special register established for that purpose.

⁸⁰ Section 31 (1) and (2).

6. Safeguards

154. As indicated in paragraph 140, Latvian legislation does not provide for an involuntary placement procedure in social care institutions. Residents/patients were usually selected from a waiting list by the Social Integration State Agency (hereinafter: “Agency”). All admissions took place pursuant to Section 28 (1) of the LSSSA and Section 19 of the Cabinet of Ministers Regulation No. 228 of 21 April 2008, which require a written application by the person concerned (or his/her guardian), as well as the signing of a contract for the provision of care between the applicant and the management of the Institution. Thus, all residents/patients were considered to be voluntary.

However, pursuant to Section 31 (1) of the LSSA, the Director of a social care institution may take a decision to “restrict the rights of the person to move freely” in order to prevent the leaving of the person concerned without supervision and to protect the rights and freedoms of other persons. According to the management of Litene Social Care Institution, many residents/patients (i.e. most with 2nd degree disability and virtually all with 3rd or 4th degree disability) were usually not allowed to leave the establishment without being accompanied by a member of staff or relative. As far as the delegation could ascertain, such decisions were usually taken without any formal procedure. The delegation was told that in the event that residents/patients left the Institution without permission, the police would be called to search for them and bring them back to the establishment.

In accordance with Section 28 (2) of the LSSA, residents/patients could in principle terminate the contract for the provision of care at any time. However, the delegation was told that the persons concerned would only be discharged on condition that an alternative accommodation was ensured by a local social welfare authority. Given the nationwide shortage of accommodation in social care institutions and community-based structures, such discharges usually remained a purely theoretical possibility.

155. Moreover, the delegation was told that, in the event that residents/patients were admitted to the social care institution on a voluntary basis but, at a later stage, lost their faculty to give an informed consent (due to a deterioration of their mental state), the persons concerned would be prevented from leaving the establishment without any formal procedure.

156. In the light of the above, the CPT cannot but conclude that many residents/patients were *de facto* deprived of their liberty, without being offered any safeguards. In the CPT’s view, residents/patients should have an effective right to bring proceedings to have the lawfulness of restrictions which amount to a deprivation of liberty reviewed by a court and, in this context, must be given the opportunity to be heard in person by the judge.

The CPT recommends that the Latvian authorities take the necessary steps to put in place a clear and comprehensive legal framework governing the involuntary stay of residents/patients (including the imposition of restrictions amounting to deprivation of liberty) in social care homes, in the light of the preceding remarks.

157. At the time of the visit, 69 residents/patients at Litene Social Care Institution had a court-appointed guardian. In this regard, the CPT notes with concern that 41 of them had a member of staff as their guardian.⁸¹ The Committee wishes to stress once again 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. Thus, entrusting guardianship to a member of 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 reiterates its recommendation that the Latvian authorities strive to find alternative solutions which would better guarantee the independence and impartiality of guardians.

158. The delegation was informed that virtually all residents/patients who had a court-appointed guardian had been admitted to Litene Social Care Institution on the basis of the consent given by their guardian (prior to the revision of the guardianship legislation referred to in paragraph 126). Following a ministerial instruction, all guardians were required to request by the end of 2016 a review of the guardianship by the competent court, with a view to transforming the full guardianship into a partial one (or restoring full legal capacity). That said, from the consultation of a number of individual files of residents/patients it transpired that hardly any such reviews had been carried out (or no traces could be found in the file).

The CPT would like to receive confirmation that judicial reviews have in the meantime been carried out in respect of all residents/patients held at Litene Social Care Institution.

159. The arrangements made at Litene Social Care Institution to allow residents/patients to have contact with the outside world were generally satisfactory. It is praiseworthy that visitors coming from far away could stay in the establishment overnight.

160. Residents/patients could lodge complaints with various outside bodies, including the Ministry of Welfare and the Ombudsman. However, a number of residents/patients appeared to be unaware of the existence of these possibilities.

The CPT reiterates its recommendation that steps be taken in all social care institutions to ensure that residents/patients are informed of their rights of the possibilities to lodge formal complaints.

⁸¹ Some staff members were even guardians for up to nine patients/residents.

APPENDIX

**LIST OF THE NATIONAL AUTHORITIES, OTHER BODIES
AND NON-GOVERNMENTAL ORGANISATIONS
WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS**

A. National authorities

Ministry of Justice

Dzintars RASNAČS	Minister of Justice
Raivis KRONBERGS	State Secretary
Laila Medin	State Secretary
Ilona SPURE	Head of the Prison Administration

Ministry of the Interior

Dmitrijs TROFIMOVS	Deputy State Secretary
Ints ĶUZIS	Head of the State Police
Mārtiņš VALKOVSKIS	Deputy Head of the Internal Security Bureau
Inese BUTĀNE	Head of the Pre-Trial Investigation Unit, Internal Security Bureau
Ilja BORONOVSKIS	Head of Strategic Planning, Internal Security Bureau

Ministry of Health

Biruta KLEINA	Deputy Head of the Health Care Department
Anita BAIKOVA	Health Inspectorate
Ieva REIKTERE	Health Inspectorate

Ministry of Welfare

Ieva JAUNZEME	State Secretary
Kaŗina KORNA	Parliamentary Secretary
Danute JASJKO	Head of the Department of Social Services and Social Assistance
Egita Dorozŗkina	Head of the Social Services Organisation Unit, Department of Social Services and Social Assistance

Ministry of Foreign Affairs

Kāŗlis PANTELĒJEVS	Third Secretary, Human Rights Policy Division, CPT's liaison officer
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B. Office of the Latvian Ombudsman

Ineta PIĻĀNE Deputy Ombudsman, Head of the Civil and Political Rights Division

Ruta SILIŅA Head of the Communication and International Co-operation Division

C. Non-governmental organisations

Latvian Centre for Human Rights

Resource Centre for People with Mental Disability "ZELDA"