



EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE
AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

The President

Strasbourg, 22 November 2005

Dear Sir, Madam,

Subject: Visit by the European Committee for the prevention of torture and inhuman or degrading treatment or punishment (CPT) to Norway, from 2 to 10 October 2005

I have the honour to enclose herewith the text of the statement made on 10 October 2005 by Mr Aleš BUTALA, the Head of the delegation which carried out the CPT's fourth visit to Norway.

Yours faithfully,

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**Statement made on 10 October 2005 by Mr Aleš BUTALA, Head of delegation,
during the talks with the Norwegian authorities
at the end of the fourth visit of the European Committee for the Prevention
of Torture and Inhuman or Degrading Treatment or Punishment (CPT) to Norway**

I. Co-operation and establishments visited

At the outset, I would like to thank you for the excellent co-operation received both from the national authorities and from staff at the establishments visited. The delegation enjoyed immediate access to all places visited (including those not notified in advance), was provided with the information necessary for carrying out its task, and was able to speak in private with persons deprived of their liberty.

The delegation visited the following establishments:

- Oslo Police District Headquarters
- Trondheim Police Station
- Trandum Aliens Holding Centre

- Ila Preventive Detention and Security Prison
- Ringerike Prison
- Trondheim Prison

- Sør-Trøndelag Psychiatric Hospital, Brøset, Trondheim

In addition, the delegation went to Stavanger Prison to interview remand prisoners held under conditions of very high security.

II. Police establishments

The delegation heard no allegations of ill-treatment from the persons it interviewed who were or had been detained by the police. However, the delegation learned that, during the night of 3 October 2005, a person had died in police custody in Kristiansand. The Norwegian authorities immediately informed the delegation that an investigation had been initiated. The delegation would like the outcome of this investigation to be sent to the CPT in due course.

Material conditions were generally adequate. However, no food was served during the first eight hours of police custody, and detained persons held overnight were not systematically provided with blankets. Immediate action should be taken to ensure that all persons in police custody are given food at appropriate times, including at least one full meal every day, and that all persons obliged to spend the night in police custody are provided with blankets. Reference should also be made to metal rings fixed to the wall beside the beds in some cells at the Police Station in Trondheim. The CPT has already stressed that, in cases where a person is or becomes agitated, the police should immediately contact a doctor and act in accordance with his or her opinion, rather than shackle the person concerned to the wall.

It should also be noted that the delegation observed some improvement as regards the implementation of the "24-hour rule", according to which remand prisoners should be transferred to prison within 24 hours after a court has ordered their remand in custody.

The CPT has always placed particular emphasis on three fundamental safeguards which should be offered to all persons from the very outset of their deprivation of liberty, namely the right to inform a close relative or another person of their choice of their situation, to have access to a lawyer, and to have access to a doctor. The situation still remained problematic in respect of access to a lawyer. Persons detained by the police were only allowed to exercise that right from the moment they were first questioned by the police or even later, when they were brought before a judge. Moreover, police officers still occasionally screened requests from detained persons to have access to a doctor. In addition, persons apprehended under the Police Act (for up to four hours) still did not enjoy any of the above safeguards. Twelve years after its first visit to Norway, the delegation feels obliged to remind the Norwegian authorities that the principle of co-operation enshrined in Article 3 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment implies that decisive action should be taken to implement the CPT's recommendations.

Notwithstanding this, the delegation has observed some improvement since the 1999 visit. By way of example, the right of notification of custody was granted to a larger number of detained persons - although not to all. Further, the authorities have introduced a leaflet setting out the rights of persons detained by the police, and - at least in the Oslo area - persons in police custody have been receiving it.

I must inform you that the delegation heard a number of complaints from different sources that uniformed police officers were routinely handcuffing and even ankle-cuffing persons whom they escorted to psychiatric establishments from their homes, even when the persons in question were offering no resistance. Such a practice criminalises and stigmatises the patient, and is often unnecessary from a security point of view. This practice should cease forthwith.

Trandum Aliens Holding Centre

Material conditions at the Trandum Aliens Holding Centre were generally acceptable for short-term custody. However, the delegation observed that rooms measuring some 27 m² were being used to accommodate eight persons (even though many other rooms were unoccupied); such an occupancy rate does not offer a satisfactory amount of space.

Further, regime activities (outdoor exercise for a maximum of two hours a day, television, a limited number of board games and books/magazines, table tennis) were under-developed for persons held at the Centre for prolonged periods of time. In this respect, the delegation was informed that, in September 2005, the average stay in the Centre was two or three days. However, the delegation found that certain persons had been or were being held at the Centre for prolonged periods (in one case, for longer than one year).

The delegation was informed that immigration detainees had been injected with medication having a tranquillising or sedative effect, in order to ensure that their deportation proceeded without difficulty. The delegation wishes to stress that the administration of medication to persons subject to a deportation order must always be carried out on the basis of a medical decision taken in respect of each particular case.

III. Prisons

The delegation heard no allegations of ill-treatment of prisoners by staff at **Ila** and **Ringerike Prisons**. At Ila Prison in particular, staff-inmate relations appeared to be of a very positive and constructive nature.

Material conditions of detention at both establishments were of a high standard, and the majority of inmates enjoyed generous out-of-cell time, engaged in various activities. However, at Ringerike Prison, the delegation was concerned by the situation of the inmates detained in A-Wing, as the vast majority of them spent up to 23 hours a day locked up in their cells. Further, the low staff-inmate ratio and the high level of absenteeism (40% amongst prison officers) regularly resulted in the reduction or the temporary suspension of the activities offered to inmates detained in other wings of this establishment.

According to Section 186a of the Criminal Procedure Act - which entered into force in 2002 - isolation of remand prisoners must be decided by a court, is subject to certain conditions and cannot be extended beyond fixed time-limits. This is a welcome development. However, in the course of the visit, it became clear that, despite this new provision, many prisoners (on remand or sentenced) were being held in involuntary isolation by a decision of the prison authorities on the basis of the Act relating to the Execution of Sentences. The situation was particularly critical in A-Wing and in the High Security Unit of Ringerike Prison. The seriousness of this situation cannot be overemphasised, as the delegation met prisoners who had been or were being held in isolation for prolonged periods of time (more than one-and-a-half years). A number of them displayed symptoms - including anxiety, sleeping problems and depression - which could be attributed to this situation.

Turning now to health care services, the recent reduction in the availability of medical doctors at Ringerike Prison resulted in insufficient medical resources in this establishment. As regards Ila Prison, the existing resources in terms of psychiatric care made it difficult to fully meet the needs of the inmate population. Moreover, the delegation was concerned by the difficulties experienced in transferring prisoners in need of psychiatric care to a mental health institution, and, in some cases, their premature discharge from the institution.

The delegation has serious concerns about certain aspects of the treatment of foreign inmates who speak neither Norwegian nor English, in particular as regards their contact with the outside world and the information provided by staff. By way of example, the delegation was informed that, in order to limit interpretation costs, such prisoners were entitled to only one 20-minute phone call per month at Ringerike Prison, and that at Ila Prison, they could make no phone calls whatsoever. Measures should be taken to improve this situation.

No allegations of ill-treatment of prisoners by staff were received at **Trondheim Prison**; on the contrary, staff-inmate relations were quite relaxed. However, the delegation received a significant number of allegations of inter-prisoner violence, including of both physical ill-treatment and verbal abuse with racial connotations. Decisive action by the authorities is needed to eradicate this problem.

Conditions of detention are of a high standard. Cells are spacious and well equipped, and there are ample workshops and varied recreational and educational facilities.

However, the delegation was concerned by low staffing levels at the establishment, particularly at night. This might have serious consequences. Such a state of affairs can for example hinder the prevention of inter-prisoner violence. The authorities should take measures to remedy this shortcoming.

The delegation must express its serious misgivings as regards medical care. The prevalence of mental disorders within the prison's population (more than 50% of the inmates are on psychotropic medication) calls for the regular presence of a psychiatrist. This is all the more necessary as inmates with mental disorders are occasionally restrained (seclusion and/or mechanical means). The same could be said as regards nursing cover, i.e. no nurses were present on week-ends and at night.

Further, the delegation must stress that all newly-arrived prisoners should be interviewed and examined by a doctor or a nurse reporting to a doctor without delay (ideally, within 24 hours of arrival).

The delegation has some concerns about certain aspects of the treatment of foreign inmates, especially as regards access to medical care and prison leave.

The delegation was also informed about the case of a Norwegian female prisoner who died on 8 September 2005 at St Olav's hospital, two days after being transferred from the prison. The CPT would like to receive the autopsy report in due course.

At **Stavanger Prison**, the delegation interviewed twelve persons remanded in custody in relation to the so-called "Nokas case". The long periods of isolation to which these prisoners were subjected, combined with routine handcuffing and ankle-cuffing (even in the courtroom), transport difficulties, strip searches twice daily on court days, and constant cell changes, can have debilitating effects on their mental state and has already led to obvious deterioration in the mental health of a number of them. The systematic use of iron ankle-cuffs can have no justification and should be abandoned. In addition, the delegation would like to stress that these prisoners should have ready access to a doctor.

IV. Psychiatric establishments

The delegation visited Sør-Trøndelag Psychiatric Hospital in Brøset. It should be stated from the outset that the delegation received no allegations of deliberate physical ill-treatment of patients by staff. On the contrary, it was impressed by relaxed staff-patient relations and the commitment of staff to provide the best possible care. To a large extent, this was facilitated by a very high staff-patient ratio (four staff members for one patient).

In any psychiatric establishment the restraint of agitated and/or violent patients will - on occasion - be necessary. Nevertheless, if recourse is had to instruments of physical restraint, they should be removed at the earliest opportunity. In this respect, the delegation found that a psychotic patient had been held under restraint for some 750 hours over a period of 40 days (approximately 30 days out of 40). Such a situation could easily amount to ill-treatment. The delegation took note of the intention of the hospital management to review the treatment offered to the patient in question. It would like to be informed in due course of the conclusions of that review and of the measures taken to avoid a repetition of such a case.

Patients' living conditions were of a very high standard; rooms were well equipped, spacious, well lit and ventilated, and enjoyed adequate access to natural light and artificial lighting.

As regards treatment, the delegation found that, in addition to psychopharmacological drugs, genuine efforts were being made to involve as many patients as possible in a wide range of therapeutic and rehabilitative activities. However, on their arrival at the hospital, patients were not informed of the security level given to them, which affected their rights and the degree of restrictions under which they were placed. This shortcoming should be rectified.

In its 1999 report, the CPT was quite critical as regards safeguards in the context of involuntary placement. The delegation therefore welcomes the adoption of the new mental health legislation which provides a number of basic safeguards to psychiatric patients. The new legislation also increases the role of the Control Commissions (inter alia in charge of inspection, complaints and appeals against the initial decision on placement). The quality of work of the Commission at Sør-Trøndelag Psychiatric Hospital in Brøset, and its frequent presence at the establishment, deserve to be highlighted. However, the work of the Commission (and of other such commissions in Norway) was seriously hampered by the fact that the medical doctor within the Commission was not a qualified psychiatrist. The CPT will elaborate upon this issue in detail in its report.

Although commendable efforts were made to inform orally all patients of their rights and the treatment offered, the delegation recommends that an introductory brochure setting out the establishment's routine and patients' rights be issued to each patient on admission, as well as to their families.

Finally, the delegation was informed about plans to transfer the hospital and merge it with the psychiatric ward of a neighbouring general hospital. The uncertainty regarding the timing and conditions of this transfer was creating a certain amount of tension within the establishment. The delegation would like to be kept informed of any developments in this respect (and in particular of material conditions and treatment offered to patients after the transfer, staffing levels, etc.).

For the first time in Norway, the CPT's delegation paid a visit to forensic psychiatric patients, held on Ward F of the Sør-Trøndelag Psychiatric Hospital in Brøset. Two patients were held pursuant to criminal legislation and enjoyed the same material conditions as the rest of the patients. They were being cared for by the National Institute for Mandatory Care, a recently created institution. The issues relevant to Ward F will be dealt with in detail in the CPT's report.

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This concludes the delegation's preliminary remarks which, as always, are made in a constructive spirit. The visit report to be sent to the Norwegian authorities in due course will go into greater detail and cover certain issues not addressed today. Any additional information provided by the Norwegian authorities in the meantime will be taken fully into account when the report is drawn up. We look forward to continuing our work in a spirit of positive co-operation with the Norwegian authorities.