

CPT/Inf (2003) 1

**Report to the Government of Cyprus  
on the visit to Cyprus  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)  
from 22 to 30 May 2000**

The Cypriot Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2003) 2.

Strasbourg, 15 January 2003



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Copy of the letter transmitting the CPT's report

Strasbourg, 20 December 2000

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 have the honour to enclose herewith the report to the Government of Cyprus drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Cyprus from 22 to 30 May 2000. The report was adopted by the CPT at its 43rd meeting, held from 7 to 10 November 2000.

I would like to draw your attention to paragraph 96, in which the CPT requests the Cypriot authorities to provide within six months a report on action taken upon its visit report. It would be most helpful if the Cypriot authorities could provide a copy of the report in a computer-readable form.

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

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours faithfully,

Silvia CASALE  
President of the European Committee for the  
Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment

H. E. Ambassador M. ATTALIDES  
Permanent Secretary of the  
Ministry of Foreign Affairs of the  
Republic of Cyprus





## **I. INTRODUCTION**

### **A. Dates of the visit and composition of the delegation**

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to Cyprus from 22 to 30 May 2000.

The visit formed part of the Committee's programme of periodic visits for 2000. It was the CPT's third periodic visit to Cyprus.

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

- Mr John OLDEN (Head of Delegation)
- Ms Maria Teresa BELEZA
- Mr Eugenijus GEFENAS
- Mr Andres LEHTMETS
- Mr Ole Vedel RASMUSSEN.

They were assisted by:

- Mr James McMANUS (Senior Lecturer in Law, University of Dundee, United Kingdom) (expert)

and were accompanied by the following members of the CPT's Secretariat:

- Mr Mark KELLY
- Mr Hugh CHETWYND.

**B. Establishments visited**

3. The delegation visited the following places:

**Police establishments**

Nicosia Division

- Police Prison (Block 9 of the Central Prisons)
- Lakatameia-Orini Regional Police Station
- Ayios Dhometios Police Station
- Lykavitos Police Station
- Omophitas Police Station
- Pera Chorio Police Station

Larnaca Division

- Town Police Station
- Oroklini Police Station
- Holding facilities for aliens at Larnaca International Airport

Limassol Division

- Central Police Station
- Ayios Ioannis Police Station
- Yermasoyeia Police Station

Famagusta Division

- Ayia Napa Police Station
- Dherynia Police Station
- Paralimni Police Station

Paphos Division

- Central Police Station
- Police Station at Paphos International Airport

**Prisons**

- Nicosia Central Prisons

**Psychiatric institutions**

- Athalassa Psychiatric Hospital

**C. Consultations held by the delegation**

4. The delegation held consultations with the national authorities and with representatives of non-governmental organisations and other persons active in areas of concern to the CPT. In addition, numerous meetings were held with local officials in charge of the places visited.

A list of the national authorities, non-governmental organisations and other persons with whom the delegation held talks is set out in Appendix II to this report.

**D. Cooperation between the CPT and the Cypriot authorities**

5. As had been the case during the Committee's two previous visits to Cyprus, the CPT's delegation's meetings with the national authorities at the beginning and the end of the visit took place in a spirit of close cooperation.

The delegation was received by the Acting Minister for Justice and Public Order, Minister for the Interior, Mr Christoloulos CHRISTODOULOU, and held constructive talks with senior officials from the Ministry of Foreign Affairs, the Ministry of Justice and Public Order, and the Ministry of Health.

Further, in the course of the visit, the delegation held productive meetings with other authorities, including the Attorney General, Mr Alecos MARKIDES, and the Ombudsman, Ms Iliana NICOLAOU.

6. With one exception, the delegation received a satisfactory reception at - and rapid access to - the establishments visited, including places which had not been notified in advance of the CPT's intention to carry out a visit.

The one exception occurred at the outset of a visit to Limassol Central Police Station, when - notwithstanding the fact that the national authorities had disseminated detailed information about the Committee's mandate to the police authorities in the Limassol area - the CPT's delegation was delayed for some 40 minutes before being allowed to enter the establishment's detention area. This delay is of all the more concern to the Committee given that its delegation subsequently met two persons who complained that they had been ill-treated by police officers in Limassol on the previous evening, both of whom alleged they had been moved from the establishment's detention area while the delegation was waiting. Should that be the case, it would represent a very serious breach of the duty of cooperation which is set out in Article 3 of the Convention.

This incident also serves to highlight the importance of State Parties to the Convention appointing liaison officers who have the authority to intervene rapidly and effectively when CPT delegations are confronted by such difficulties.

7. Specific reference should also be made to discussions held between the Cypriot authorities and the Committee on the subject of a possible visit by the CPT to the occupied part of the island.

An initial meeting on this topic was held between the Permanent Representative of Cyprus to the Council of Europe and the President of the CPT in Strasbourg in April 2000. During the visit, further consultations took place between the CPT's delegation and relevant authorities, including the Attorney General and the Permanent Secretary of the Ministry of Foreign Affairs. All of these meetings took place in a highly cooperative atmosphere, on the basis of a shared understanding that the Republic of Cyprus is the sole legitimate Government of the island, and of the need to avoid taking any action which could be construed as recognition of the so-called "Turkish Republic of Northern Cyprus".

On the basis of all the information gathered during consultations with the Cypriot authorities, the CPT's delegation decided not to carry out a visit to the occupied part of the island during its 2000 visit to Cyprus. Nevertheless, in the interests of avoiding a vacuum as regards the protection of human rights in that part of Cyprus, the CPT hopes that - in the future - appropriate ways and means will be found to enable the Committee to exercise its mandate throughout the island.

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

### **A. Police establishments**

#### **1. Preliminary remarks**

8. The legal and administrative framework governing deprivation of liberty by the police in Cyprus remains essentially unchanged since the CPT's last visit in 1996<sup>1</sup>.

One potentially significant development of relevance to the CPT's mandate is that the power of the Council of Ministers under Section 4 (2) of the 1959 Criminal Procedure Law to appoint independent investigators in cases involving complaints of ill-treatment by the police has been delegated to the Attorney General<sup>2</sup> (cf. paragraph 13).

#### **2. Ill-treatment**

9. In the course of the third periodic visit to Cyprus, the CPT's delegation again interviewed a wide range of persons about their experiences while in the hands of the police. These included persons who were actually in police custody, those who had recently been released from police custody and persons being held on remand in Nicosia Central Prisons.

10. Many allegations were received of physical ill-treatment of detainees by police officers. The forms of alleged ill-treatment included kicks and punches to the body and head; banging heads against a wall; blows with truncheons or wooden bats; placing a pistol to the head and issuing death threats; applying electric shocks to the body, in particular the arm and ear. In certain cases, the severity of the ill-treatment alleged was such that it could be qualified as torture.

By way of example, reference might be made to the following cases:

##### Case one:

Two men arrested together on 22 May 2000 each alleged that, during a series of interrogations at Paphos Central Police Station, they had been repeatedly ill-treated by a plainclothes police officer, while another plainclothes police officer held their hands behind their backs.

- The first man alleged that he had been threatened with death, struck on the face with an open hand and with fists, punched on the upper left side of his back and kicked on the inner frontal part of both thighs and on the lower left leg. He also alleged that the back of his head was struck violently against a wall, twice or three times.

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<sup>1</sup> cf. CPT/Inf(97)5, Part I, paragraphs 9 and 10, and Part II, paragraph 12.

<sup>2</sup> cf. Decision N° 44.874 of the Council of Ministers, 3 October 1996.

Upon examination by one of the delegation's doctors on 26 May 2000, he was found to display the following injuries: small blueish haematomas under both eyes (on the right, 1cm and on the left, 1.2cm at their broadest points); two small reddish-blue marks on the back of the left side; a blueish-brown haematoma (3cm in diameter) on the upper part of the right thigh; a large, blueish-brown haematoma (2cm x 10cm) on the left thigh, and a blueish-brown haematoma (3cm x 6cm) on the frontal part of the left lower leg. All haematomas were tender upon palpation.

These findings are consistent with the detainee's allegations of ill-treatment.

- The second man alleged that he had been punched on the face, left shoulder and left side of the neck; violently struck (he believed, with an elbow) in the right kidney region, and trampled on the right foot. In addition, he alleged that his head had been forced backwards towards a wall several times, until he became unconscious. When he regained consciousness, he felt dizzy and nauseous, but could not vomit. Other symptoms described by the detainee included pain at the points on which he had allegedly been struck and, over a period of approximately two days, blood in his urine.

Upon examination by one of the delegation's doctors on 26 May 2000, he was found to display the following injuries: blueish haematomas under both eyes (on the right, 2cm and, on the left 1.8cm at their broadest points) ; a blueish-brown haematoma (2cm x 2.3cm) on the left side of the neck ; two blueish-brown haematomas (roundish, 1cm and 3cm in diameter) on the left shoulder ; a blueish mark (3cm in diameter) in the kidney area at the back of the right side. The kidney area was found to be very tender and painful on palpation.

These findings are consistent with the detainee's allegations of ill-treatment.

#### Case two:

- A foreign national arrested in early May 2000 by Drug Law Enforcement Unit officers based in Ayia Napa Police Station alleged that he was severely beaten upon his arrest and that, in consequence, he defecated in his clothes. He was then allegedly kept handcuffed in his soiled clothes for several hours and subjected to further abuse, including kicks and punches. In the course of subsequent interrogations he was allegedly punched and kicked, beaten with a baseball bat, had a gun put to his head and was threatened with death, and received electric shocks from a hand-held device. Any injuries which the person concerned might have sustained would almost certainly have healed by the time he was seen by the CPT's delegation; however, eyewitnesses interviewed by the delegation asserted that the person concerned had suffered visible injuries during the period to which the alleged ill-treatment could be ascribed.

11. In the report on the 1996 visit to Cyprus, the CPT stated that there had been "a very positive evolution" as regards the treatment of persons detained by the police. It would appear that such a proposition is not sustainable today. In the light of all the information gathered by its delegation in the course of the 2000 visit, the CPT concludes that physical ill-treatment of persons deprived of their liberty by the police remains a serious problem in Cyprus.

12. As emphasised in the CPT's previous reports, the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. This implies strict selection criteria at the time of recruitment of police officers and the provision of adequate professional training.

As regards the former, **the CPT wishes to receive detailed information on the selection criteria currently applied.**

As regards the latter, **the CPT recommends that the Cypriot authorities seek to integrate human rights concepts into practical professional training for high-risk situations, such as the apprehension and interrogation of suspects.** This will prove more effective than separate courses on human rights.

13. The existence of effective mechanisms to tackle police misconduct is a crucial safeguard against ill-treatment of persons deprived of their liberty. The CPT considers that, in those cases where evidence of wrongdoing emerges, the imposition of appropriate disciplinary and/or criminal penalties can have a profound dissuasive effect on police officers who might otherwise be minded to engage in ill-treatment.

In this respect, the CPT welcomes the fact that the Attorney General now has the power to appoint independent investigators in cases involving complaints of ill-treatment by police officers. However, the delegation was told that some of the "independent" investigators who have been appointed by the Attorney General were formerly police officers. It is axiomatic that the investigations conducted into such cases should not only be, but also be seen to be, totally independent and impartial. **The CPT recommends that steps be taken to ensure that this is the case.**<sup>3</sup>

14. Moreover, at present, the Attorney General can only appoint independent investigators upon receipt of a complaint alleging ill-treatment; he has no ex officio power to appoint independent investigators should allegations of ill-treatment come to his attention in some other way.

**The CPT recommends that the Attorney General be accorded the power *proprio motu* to appoint independent investigators, in cases where he deems this necessary.**

15. Further, in the light of information gathered during the visit, **the Committee also wishes to reiterate its recommendation that whenever an apprehended person brought before a judge alleges ill-treatment by the police, the judge immediately request a forensic medical examination of the person concerned and bring the matter to the attention of the relevant public prosecutor, irrespective of whether the person concerned bears visible injuries.**

Moreover, **even in the absence of an express allegation of ill-treatment, a judge should request a forensic medical examination and inform the relevant public prosecutor whenever there are grounds to believe that an apprehended person brought before him could have been the victim of ill-treatment.**

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<sup>3</sup> By letter of 4 December 2000, the Office of the Attorney General informed the CPT about the 35 cases in which the Attorney General had appointed an independent investigator. Further, the CPT was informed of the establishment of a Committee to review the system of appointing independent investigators by the Attorney General.

### 3. Safeguards against the ill-treatment of detained persons

16. The CPT's delegation's findings during its 2000 visit again highlight the importance of an effective system of formal safeguards against ill-treatment which are both set out in law and applied in practice.

17. It should be recalled that the CPT attaches particular importance to three rights for persons deprived of their liberty by the police:

- the right of those concerned to inform a close relative or another third party of their choice of their situation;
- the right of access to a lawyer;
- the right of access to a doctor.

The CPT considers that these rights constitute three fundamental safeguards against the ill-treatment of persons detained, which should apply from the very outset of custody (that is, as soon as those concerned are obliged to remain with the police).

18. The CPT also considers it to be fundamental that those concerned should be immediately informed of all their rights, including those referred to above, in a language which they understand.

#### a. notification of custody

19. In the report on its 1996 visit, the CPT recommended: that the right of a detained person to inform a relative or a third party of his choice of his situation be expressly guaranteed by law, and be accorded to the person concerned as from the very outset of custody; that any possibility exceptionally to delay the exercise of that right be clearly circumscribed and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons for the decision, and the authorisation of the prosecuting authorities or of a judge to be sought).

The interim report of the Cypriot authorities in response indicated that "the Attorney General with the Minister of Justice and Public Order are examining the issue with the purpose of enacting appropriate legislation".<sup>4</sup> However, the Cypriot authorities' follow-up report indicated that this process had not been completed and, at the time of the delegation's 2000 visit, it remained the case that notification of custody was a practice followed by the police rather than an obligation provided for by law; in other words, the matter was still at the discretion of the police. Moreover, as had been the case in 1996, the offer to inform someone, and the ensuing notification of custody, was often delayed until the person concerned had given a statement or made a confession to the police.

**The CPT recommends that the Cypriot authorities take the necessary steps - without further delay - formally to entrench in law the right of a detained person to notify someone of his situation as from the very outset of custody.**

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<sup>4</sup> cf. CPT (98) 8 p. 2.



b. access to a lawyer

20. As in 1996, the delegation found that a detained person's right of access to a lawyer, while guaranteed in principle, appeared, in practice, to be limited. The delegation ascertained that, in many cases, a detained person would only be informed of his right of access to a lawyer when being cautioned, after having spent some time in police custody.

Furthermore, the delegation heard a number of credible allegations to the effect that detained persons had been denied the right of access to a lawyer until after they had signed a formal statement or until after they had been remanded in custody by a court. In one such case, the delegation found that a Criminal Investigation Department (CID) officer had actually written on the "detainees movement form" that the detainee was not to be granted access to a lawyer without the prior permission of the CID.

21. The delegation findings in the course of the 2000 visit strongly suggest that action is required in order to ensure that the right of access to a lawyer is effectively guaranteed in practice from the very outset of police custody. **The CPT recommends that such action be taken without further delay.**

c. access to a doctor

22. In the course of the 2000 visit, the delegation received numerous complaints from detained persons to the effect that their requests to police officers to see a doctor had not been granted. In some of those cases, the persons concerned were found to bear injuries which were consistent with allegations which they made about having been ill-treated. Moreover, certain lawyers interviewed by the delegation alleged that clients who bore injuries which they ascribed to ill-treatment by police officers had been refused access to a doctor for a number of days, by which time their bruises had faded.

In its 1996 report the CPT recommended that the right of access to a doctor be given a firm legal basis and that the results of every medical examination, as well as any relevant statements by the detainee, be recorded in writing by the doctor and made available to the detainee and his lawyer.<sup>5</sup> However, action has yet to be taken to implement this recommendation. In the light of its delegation's most recent findings, the CPT remains convinced that such a measure is necessary and **recommends that specific legal provision be made for a person taken into custody by the police to have the right to be examined by a doctor including, if he so wishes, by a doctor of his own choice.**

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<sup>5</sup> cf. CPT/Inf (97) 5, Part II, paragraph 42.

d. conduct of interrogations

23. The CPT has noted with concern that its longstanding recommendation regarding the introduction of a code of conduct for interrogations has yet to be implemented. The findings during the 2000 visit serve again to highlight the necessity for such a code.

**The Committee calls upon the Cypriot authorities to introduce a code of conduct for police interrogations without further delay.**

e. custody records

24. In the report on its 1996 visit, the CPT noted the introduction of a new custody record which, if used correctly, would permit all relevant aspects of a person's detention to be recorded. However, in the course of the 2000 visit, it emerged that these forms were not always being completed in a diligent fashion and on occasion were not being filled in at all.

**The CPT recommends that the Cypriot authorities make a concerted effort to ensure that police officers fulfil their obligation to complete the relevant custody record for every person deprived of his liberty.**

#### **4. Conditions of detention**

a. introduction

25. Custody by the police is, in principle, of relatively short duration. Consequently physical conditions of detention cannot be expected to be as good in police establishments as in other places of detention where persons may be held for lengthy periods. However, certain elementary material requirements should be met.

26. All police cells should be clean, of a reasonable size for the number of persons they are used to accommodate, and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably, cells should enjoy natural light. Further, cells should be equipped with a means of rest (e.g. a fixed chair or bench), and persons obliged to stay overnight in custody should be provided with a clean mattress and clean blankets.

Persons in police custody should be allowed to comply with the needs of nature in clean and decent conditions, and offered adequate washing facilities. They should have ready access to drinking water and be given food at appropriate times, including at least one full meal (i.e. something more substantial than a sandwich) every day. Persons held for extended periods (24 hours or more) should be provided with appropriate personal hygiene items and, as far as possible, be offered outdoor exercise every day.

b. police stations

27. In principle, all of the cells seen by the delegation in the police stations visited provided acceptable conditions for criminal suspects in police custody for short periods, i.e. a few days. However, many of the facilities visited were being used to hold persons who had been remanded in custody and/or immigration detainees, and for much longer periods. For reasons outlined in detail by the CPT in the reports on its 1992 and 1996 visits<sup>6</sup>, a police station is, by definition, not an appropriate place in which to hold persons on remand or immigration detainees. Further, material conditions in many of the police stations visited were such as to render them inappropriate for detention of any category of person for longer than a few days (lack of outdoor exercise facilities, poor or non-existent natural light in cells, inadequate food etc.).

**The CPT recommends that the Cypriot authorities put an end to the practice of holding persons in police stations for periods of longer than a few days.**

c. the Police Prison (Block 9 of Nicosia Central Prisons)

28. The former Police Prison (Block 10 of Nicosia Central Prisons), is no longer in service, and has been replaced by a new building, Block 9, with a capacity to accommodate 70 male detainees. At the time of the visit, the Police Prison was being used almost exclusively as an aliens detention facility (16 of the 17 detainees were being held with a view to deportation).

In general, the material conditions in Block 9 were of a good standard (adequate furniture, sufficient lighting and ventilation, clean bedding and appropriate sanitary conditions). Each 7m<sup>2</sup> cell could accommodate two detainees; living space was limited at that level of occupancy, but the negative effects of this upon detainees were somewhat mitigated by the fact they were only confined to their cells from 11pm to 7am. However, there was no secure outdoor exercise facility nor were there any activities for the detainees, who could be held in the police prison for periods exceeding several months.

29. A prison is by definition not a suitable place in which to detain someone who is neither convicted nor suspected of a criminal offence. In the view of the CPT, in those cases where it is deemed necessary to deprive persons of their liberty for an extended period under aliens legislation, they should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation and staffed by suitably qualified personnel.

The staff of centres for immigration detainees have a particularly onerous task. First, there will inevitably be communication difficulties caused by language barriers. Secondly, many detained persons will find the fact that they have been deprived of their liberty when they are not suspected of any criminal offence difficult to accept. Thirdly, there is the risk of tension between detainees of different nationalities or ethnic groups.

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<sup>6</sup> c.f. CPT/Inf (97) 5, Part I, paragraphs 37, 41 and 42 and Part II, paragraphs 18, 19, 33, 34 and 35.

The CPT places a premium upon supervisory staff in centres for the detention of foreigners being carefully selected and receiving appropriate training. As well as possessing well-developed qualities in the field of interpersonal communication, the staff concerned should be familiarised with the different cultures of the detainees and at least some of them should have relevant language skills. Further, they should be taught to recognise possible symptoms of stress reactions displayed by detained persons (whether post-traumatic or induced by socio-cultural changes) and to take appropriate action.

30. As matters stand, the Police Prison cannot – by any stretch of the imagination – be considered to comply with these criteria. Immigration detainees were being held for months on end, together with criminal suspects remanded in custody, without any organised activities, under the supervision of police officers who had received no specialist training for this task.

**The CPT recommends that the Cypriot authorities carry out an urgent review of the use being made of the Police Prison, in the light of these remarks. In the event that it is decided that it should continue to be used to hold immigration detainees, appropriate steps must be taken to ensure that it complies with the criteria outlined in paragraph 29.**

Further, the CPT recommends that immediate action be taken to ensure that all persons held at the Police Prison, for whatever reason, are offered at least one hour of outdoor exercise every day.

## **B. Nicosia Central Prisons**

### **1. Preliminary remarks**

31. The 2000 visit was the third occasion on which a CPT delegation has visited the Nicosia Central Prisons<sup>7</sup>, which is the only prison facility on the island. On the first day of the visit, there were 267 prisoners in the establishment (41 on remand and 226 sentenced) of whom 12 were women, and 2 were aged under 21.

Plans are underway to renovate the abandoned Blocks 5 and 8 of the prisons, which will have the capacity to hold an additional 80 inmates. The intention is for Block 5 to be used for reception and young offenders, while Block 8 will be for short term prisoners. As regards the once infamous Block 11 (cf. CPT/Inf (97) 5, Part II, paragraph 56), it has now been definitively transformed into storage space.

32. The most significant legal change since 1996 has been the adoption by the Council of Ministers of the new Prisons (General) Regulations of 1997 (hereinafter, the Prison Regulations), which are both clear and comprehensive. The CPT welcomes this development.

33. The delegation heard no allegations of torture of prisoners by prison staff, nor were any allegations of other physical ill-treatment received. The overall impression of the CPT's delegation was that staff-inmate relations at the prisons were relaxed.

### **2. Conditions of detention**

#### **a. material conditions**

34. Material conditions throughout the establishment were, on the whole, of a good standard. In particular, the level of cleanliness throughout the premises was commendable. Conditions in the women's block could be qualified as excellent.

35. However, overcrowding continues to be a problem in several of the multi-occupancy rooms in the male accommodation area of the prison (e.g. 10 prisoners being held in rooms measuring some 20m<sup>2</sup>). Other rooms which were not, in themselves, overcrowded, were cluttered by unoccupied beds, which rendered living space very cramped. The CPT would recall, in this respect, that section 58(8) of the new Prison Regulations states: "The size of the individual cells must be at least 7 square meters and the size of the chambers must be such that a space of at least 4 square meters corresponds to every prisoner". **The CPT recommends that the Cypriot authorities continue to make efforts to tackle the problem of overcrowding at Nicosia Central Prisons, and that all beds which are surplus to requirements be removed.**

<sup>7</sup>

See Part I, paragraph 72 of CPT/Inf (97) 5 for a description of the establishment.

b. regime

36. The CPT was pleased to note that time out-of-cell for prisoners continues to be generous. However, while work (such as metalwork, carpentry, bookbinding) is available for some prisoners in the main part of the closed prison, many inmates appeared to spend their time in an unconstructive fashion.

As regards, more particularly, Block 4 (which accommodates prisoners sentenced to life imprisonment for the first 5 years of their sentences as well as inmates removed from ordinary location pending the investigation of disciplinary charges) no constructive activities were provided for prisoners. More could - and should - be done to encourage inmates at Nicosia Central Prisons to make positive use of their time.

Reference should also be made to the women's block where the work being offered to inmates, such as sewing and gardening, was of a less vocational kind than that potentially available to male prisoners. Women deprived of their liberty should enjoy access to meaningful activities (work, training, education, sport etc.) on an equal footing with their male counterparts.

37. In this respect, the CPT wishes to refer to the following sections of the new Prison Regulations:

- "The prisoners' work must aim at the creative exploitation of the time spent in prison, and must contribute to their vocational training, and maintain or increase their potential for employment after their release; and aim at their smooth reintegration in society." (section 89 (2));
- "The organisation and methods of work must be similar, to the extent possible, to those of free society, so as to prepare the prisoners for the conditions of work they will meet after release." (section 92);
- "Prisoners and especially young prisoners must be vocationally trained, to the extent possible, in wage earning occupations." (section 94).

Further, sections 106 to 108 and 110 to 112 of the Prison Regulations detail ways and means of maintaining the physical and mental health of prisoners, by ensuring the creative utilisation of their time in prison, through educational, vocational, physical and entertainment programmes and the development of social skills.

**These are laudable aims, and the CPT recommends that vigorous efforts be made to render them meaningful for all inmates at Nicosia Central Prisons.**

c. discipline

38. A review of the establishment's disciplinary register indicated that there were relatively few formal proceedings and that the sanctions imposed were, on the whole, proportionate to the nature of the offence. However, the CPT's delegation was concerned about two matters in this regard.

39. Firstly, the delegation received allegations to the effect that certain prison officers tended to resort to the informal sanction of restriction to a cell, without applying the formal disciplinary procedure; this would be completely unacceptable. **The CPT recommends that the Cyprus authorities take steps to ensure that prison officers do not impose informal sanctions.**

40. Secondly, it was apparent that the safeguards of due process were not being fully applied during formal disciplinary hearings. In this respect, section 158 (1) of the new Prison Regulations provides that, "The prisoner shall not be punished without first being informed of the offence with which he is charged and without being given the possibility to defend himself." However, in practice, prisoners received no written notification of the charges they faced or of the timing of the hearing. Further, they had no right to call witnesses on their own behalf; and there was no provision for legal representation.

This situation is of all the more concern given the scope of the powers available to the Director with regard to loss of remission of sentence, as laid down in Appendices A-D of the new Prisons Regulations. The CPT's delegation noted a recent case in which a prisoner had thirty days loss of remission imposed upon him by the Director and, in serious cases of violence or of an escape, the Director can impose loss of remission for up to one year.

**The Committee recommends that, in addition to the provisions of section 158 (1) of the Prison Regulations, all prisoners facing disciplinary charges be formally guaranteed the following rights:**

- **to call witnesses on their own behalf and to cross-examine evidence given against them;**
- **to be heard in mitigation of punishment, in cases where found guilty by the Governor;**
- **to remain seated during adjudications and to have facilities to take notes;**
- **to appeal to a higher authority against any sanctions imposed.**

**The CPT recommends that the question of the right of prisoners to be legally represented also be addressed.**

### 3. Complaints

41. The right for prisoners to have confidential access to appropriate authorities is an important additional safeguard against ill-treatment. In this respect, the CPT's delegation noted that the prison authorities have installed locked boxes through which inmates may have direct access to the Director of Nicosia Central Prisons and to the Prison Board.

This is a welcome development, which should be extended to allow prisoners direct access to bodies which are entirely independent of the prison system. In particular, no barriers should be placed in the way of access to the Ombudsman. **The CPT recommends that appropriate action be taken to ensure that this is the case.**

### 4. Staffing issues

42. Notwithstanding the CPT's previous recommendations on the subject of staff training<sup>8</sup>, the delegation which carried out the 2000 visit noted that there appeared to have been little progress in this area. The Committee wishes to stress that full initial and in-service training are crucial to maximising the potential of staff and, in particular, in preparing the right staff for promotion to senior posts in the prison.

**It recommends that the Cypriot authorities take steps to develop structured training programmes (both initial and ongoing) for prison staff.**

43. The delegation also noted that there was a high level of staff absence through sickness. In the CPT's experience, pronounced absenteeism can be an indicator of a more profound malaise within an establishment, and the reasons which underly it should be investigated and tackled.

**The CPT invites the Cypriot authorities to examine the underlying reasons for the high level of absenteeism at Nicosia Central Prisons. In this connection, particular attention might be given to the efficacy of the current staff attendance system.**

### 5. Health care services

#### a. health care in general

44. A prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy, rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community. Provision in terms of medical, nursing and technical staff, as well as premises, installations and equipment, should be geared accordingly.

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<sup>8</sup> c.f. CPT/Inf (97) 5, Part I, paragraph 112 and 113, Part II, paragraph 81.



45. The health care team at Nicosia Central Prisons consisted of one half-time medical officer, a psychologist, present in the establishment on weekdays, four medical orderlies and a social worker. In addition, a dentist visited the establishment once a week and a psychiatrist was present twice a week.

However, the delegation was concerned to find that, in practice, the medical officer only attended the prison on three days a week, for a few hours on each occasion, and that, in his absence, there appeared to be no replacement medical cover. This level of attendance makes it unlikely that the doctor will be able to fulfil the full range of his functions, which ought to include hygiene inspections of the premises (for which provision is made in section 73 of the Prison Regulations), and health education for prisoners and staff.

In this respect, the relevant sections of the new Prison Regulations provide that:

- "At least one General Pathologist (who will be referred to as "Medical Officer") and who is appointed by the Ministry of Health shall offer his services in the prisons on a daily basis" (section 63);
- "If prevented from attending to his duties due to regular leave or illness or other unavoidable cause, the Medical Officer shall immediately inform the Director of the arrangements that have been made for his replacement" (section 79).

**The CPT recommends that urgent steps be taken to ensure that the provision of medical cover by a doctor at Nicosia Central Prisons is in accordance with sections 63 and 79 of the Prison Regulations.**

46. The medical officer was assisted by four prison officers acting as medical orderlies, who had received some training in first aid and basic health care. The medical orderlies carried out various tasks which ought to be the prerogative of qualified nurses.

Consequently, the CPT was pleased to learn that the Council of Ministers had made budgetary provision for the appointment of four full-time qualified nurses to Nicosia Central Prisons, and that the Ministry of Health had now selected the nurses concerned. **The CPT trusts that they will take up their posts forthwith.**

Further, the Committee understands that at least some of the persons to be appointed have a background in psychiatric nursing. **It would like to receive confirmation that the nurses appointed to the prisons will provide both somatic and psychiatric care.**

47. The CPT considers that the smooth operation of a health care service presupposes that doctors and nursing staff are able to meet regularly and to form a working team under the authority of a senior doctor in charge of the service. Such teamwork was definitely lacking among the medical staff in Nicosia Central Prisons at the time of the third periodic visit; in particular, there were no regular meetings of the staff to discuss the health care situation in the prison. **The CPT recommends that concrete action be taken to ensure that the health care service at Nicosia Central Prisons begins to operate effectively as a team.**

b. medical screening

48. The CPT considers that every prisoner should be properly interviewed and physically examined by a medical doctor as soon as possible after his admission; save for in exceptional circumstances, the interview/examination should be carried out on the day of admission, especially insofar as remand establishments are concerned. However, a newly-arrived prisoner's first point of contact with the health care service could also be a fully-qualified nurse reporting to a doctor.

In this respect, Section 65 (1) of the Prisons Regulations provides that:

"The Medical Officer examines each prisoner –

(a) Immediately after his introduction in the prisons for the purpose of ascertaining his mental and bodily health and the level of his capacity for work."

However, the CPT's delegation was concerned to note that the medical examination of newly arrived prisoners in fact often took place some days after their reception, and was allegedly rather cursory and superficial.

**The CPT recommends that the Cypriot authorities take the necessary steps to address this problem.**

c. confidentiality

49. The medical members of the delegation observed that, despite the recommendation made after the Committee's 1996 visit<sup>9</sup>, confidentiality of medical information at Nicosia Central Prisons was still not guaranteed. Medical information continued to be recorded in two files. One was the prisoner's personal file, which contained information from the medical examination the inmate underwent after admission, and included such information as a case history and details of any transmissible diseases. This medical information in the prisoners' personal file is kept in the records office and is available to all staff. The other file was opened after the first medical consultation with the inmate and was kept in a locked cabinet in the health care services room. Access was limited to the medical officer and the medical orderlies.

The CPT recalls that medical confidentiality should be observed in prisons in the same way as in the community. Keeping patients' files should be the doctor's responsibility. Once again, **the CPT recommends that immediate steps be taken to guarantee the confidentiality of medical information at Nicosia Central Prisons.**

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<sup>9</sup> See CPT/Inf (97) 5, Part II, paragraph 70.

d. transmissible diseases

50. In the reports on its 1992 and 1996 visits, the CPT recommended that the Cypriot authorities put an end to the practice of segregating prisoners who are hepatitis /HIV positive from other inmates at Nicosia Central Prisons. However, at the time of the 2000 visit, segregation of such prisoners was still taking place.

In their most recent formal response to this recommendation (a letter sent to the CPT on 4 February 1998), the Cypriot authorities asserted that "there is no segregation policy from the part of the prison's staff, but a reaction from the "healthy" prisoners to share accommodation and washing facilities with hepatitis B and HIV positive prisoners". Further, while the need to implement this recommendation is recognised, reference is made to "serious objective difficulties" in doing so. "These difficulties pertain to the safety of the staff and other prisoners which is inherent to the prison environment that enhances the probability of traumatic transmission of infectious agents".

In this connection, the CPT must once again emphasise that there is no medical justification for the segregation of a prisoner solely on the grounds that he has tested positive for HIV or hepatitis.

51. In order to dispel misconceptions on this matter, it is incumbent on the Cypriot authorities to ensure that there is a full educational programme about transmissible diseases (in particular hepatitis, AIDS, tuberculosis, dermatological infections) both for prisoners and prison staff.

From the information gathered by its delegation during the third periodic visit, the CPT concludes that the educational programme instituted pursuant to its recommendation made after the 1996 visit is insufficient. One lecture per year to staff and prisoners cannot be considered as an "educational programme". There appears to be still no clear understanding of the difference between someone who is diagnosed HIV positive but is well and someone who has AIDS.

**The CPT recommends that the health education programme in the prisons be reviewed and a more comprehensive attempt made to ensure that both staff and inmates are provided with suitable information on transmissible diseases. The goal of that programme must be to ensure that the current segregation of prisoners who are hepatitis or HIV positive is brought to an end.**

52. As regards screening for transmissible diseases, the medical officer informed the delegation that the medical examination of newly admitted inmates included, in all cases, taking of a blood sample (with a view to performing serological tests for hepatitis and HIV). It appeared that at least some prisoners, particularly those of foreign origin, were not informed of the nature of the tests to be carried out. **The CPT recommends that the informed consent of inmates should be sought prior to any screening for transmissible diseases.**

## C. Athalassa Psychiatric Hospital

### 1. Preliminary remarks

53. The essential characteristics of Athalassa Psychiatric Hospital were described in the report on the CPT's 1992 visit<sup>10</sup>. However, the number of patients continues to fall. At the time of the 2000 visit, 189 persons were being cared for at the hospital, of whom some 45 were psycho-geriatric<sup>11</sup>, 55 classified as mentally handicapped and 89 were psychiatric patients. The patients are now housed in 12 wards, spread over a large area.

The Cypriot health authorities plan to reduce further the number of patients and are aware of the fact that a number of patients continue to reside in the hospital due to the lack of community-based services. In this respect, the delegation was informed that one more ward shall be closed before the end of 2000. Further, the 2001 budget included the creation of an additional Day Centre in Nicosia, the setting up of a Day Centre in Paphos and the upgrading of existing centres in Larnaca and Limassol.

The CPT welcomes the ongoing trend to transfer patients who do not require hospitalisation from Athalassa Psychiatric Hospital to community-based establishments. As regards, more particularly, the diminishing number of mentally handicapped patients, it is clear to all concerned that such persons should not be held at a psychiatric hospital. **The CPT recommends that the transfer of mentally handicapped patients to centres within the community where they can receive appropriate care from properly trained personnel be accorded a very high priority.**

It has also noted that it is proposed to transform Athalassa Psychiatric Hospital into a Mental Health Centre by 2003, and **would like to be kept informed of developments in this respect.**

54. The legal framework governing involuntary admission to and treatment in psychiatric institutions in Cyprus has evolved with the adoption of the 1997 Law on Psychiatric Care<sup>12</sup>.

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<sup>10</sup> See CPT/Inf (97) 5, Part I, paragraphs 121-123

<sup>11</sup> At the time of the second periodic visit in May 1996 there were 170 psycho-geriatric patients, since when 84 have been placed in old people's homes and hostels in the community or were returned to their families, and 41 have died.

<sup>12</sup> Law N° 77(1) of 1997 Providing for the Establishment and Operation of Psychiatric Centres for the Care of Mentally-Ill Persons, the Safeguarding of such Persons' Rights and the Determination of Duties and Responsibilities of Relatives. The Law replaces the 1931 Law relating to the Custody and Maintenance of Mental Patients, Criminal Mental Patients and Insane Prisoners and the Administration of the Property of Such Patients.

With regard to the procedures for the provision of temporary care, Article 10.1(c) and (d) of the 1997 Law state:

- " (1) The procedure for the provision of compulsory care is the following :
- (c) the order for temporary care is for a period of up to two weeks;
- (d) the court on issuing the order, sets a date at which it will investigate whether the issue of a continuing care order is required."

Provision for continuing care is made in Article 10.1(e) and (f), which state that:

- " (e) if on the date set under section (d) above, the court rules that, on the evidence furnished, the issue of a continuing care order is not recommended, then the patient is released. However, if the court deems that the patient must be detained in a centre for care, then it issues a continuing care order;
- (f) the continuing care order is for an initial period of two months and may be renewed according to the provisions of Article 11." - that is for periods up to twelve months at a time (Article 11).

55. The CPT welcomes the fact that this mental health legislation has now entered into force. However, at the time of its delegation's visit, the precise manner in which the 1997 Law is to be applied remained unclear, including as regards the Supervisory Committee established by the Law. The delegation was also unable to obtain clarification as to whether any regulations with regard to the implementation of the Law had been adopted.

**The CPT would like to receive detailed information on the manner in which it is intended to apply the 1997 Law and, in particular, whether any regulations governing its implementation have been adopted, or are envisaged.**

## **2. Patients' living conditions and treatment**

56. The aim in any psychiatric establishment should be to offer material conditions which are conducive to the treatment and welfare of patients: in psychiatric terms, a positive therapeutic environment. Creating such an environment involves, first of all, providing sufficient living space per patient as well as adequate lighting, heating and ventilation, maintaining the establishment in a satisfactory state of repair and meeting hospital hygiene requirements.

57. Efforts had been made to improve the patients' living conditions at Athalassa Psychiatric Hospital. Nevertheless, more could be done to render their living accommodation homely and to provide them with additional visual stimulation. The provision of bedside tables and wardrobes is highly desirable, and patients should be allowed to keep certain personal belongings (photographs, books, etc.). It is also important that patients be provided with lockable space in which they can keep their belongings; the failure to provide such a facility can impinge upon a patient's sense of security and autonomy. **The CPT recommends that appropriate steps be undertaken to improve further patients living conditions, having regard to the above remarks.**

58. Large-capacity dormitories are scarcely compatible with the norms of modern psychiatry. Provision of accommodation structures based on small groups is a crucial factor in preserving/restoring patients' dignity, and also a key requirement of any policy for the psychological and social rehabilitation of patients. Such structures also allow patients to be divided into relevant categories for therapeutic purposes.

A limited number of patients were being held in small capacity rooms (e.g. in ward N° 9 for psychotic patients, 8 small dormitories, with a combined capacity of 30 beds, had been brought into service, and there were a few single rooms in wards N° 12 and 13 for disruptive female and male mentally handicapped patients). However, most patients were still being accommodated in large capacity dormitories.

**The CPT recommends that, in the context of the above-mentioned transformation of Athalassa Psychiatric Hospital into a mental health centre, efforts be made to ensure that patients can be provided with accommodation structures based on small groups.**

59. As regards the treatment of patients, there appeared to be an overreliance on pharmacotherapy and some cases of apparent overmedication of patients were found. **The CPT would like to receive the comments of the Cypriot authorities on this question.**

Concerning other forms of treatment, the Hospital's Occupational Therapy Department provides various activities (educational, creative, light industrial work) for some 40 to 50 patients. Further activities are organised by the assistant occupational therapists and nurses in the wards during the afternoons, and various outings, excursions and sport take place continually throughout the year. However, there are no individualised treatment programmes. **The CPT recommends that an individualised therapeutic programme be drawn up for each psychiatric patient. It should involve a wide range of rehabilitative and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, drama, music and sport.**

60. Certain patients at Athalassa Psychiatric Hospital received electroconvulsive therapy (ECT) subject to appropriate safeguards (in particular all use of ECT was recorded in detail in a special register). This treatment was normally provided at Nicosia General Hospital. The delegation noted, however, that on those occasions when ECT treatment was not administered in the General Hospital, one of the patient's rooms in Athalassa Psychiatric Hospital was used.

The CPT wishes to stress that ECT must be administered out of the view of other patients and that it is preferable for such treatment to be provided in a room that has been specifically set aside and equipped for this purpose.

**The CPT recommends that the Cypriot authorities review practice concerning the provision of ECT at Athalassa Psychiatric Hospital, in the light of these remarks.**

### 3. Means of restraint

61. Every instance of the physical restraint of a patient ought to be recorded in a specific register established for that purpose. The entry should include the times at which the measure began and ended, who ordered the measure, the circumstances of the case, the reasons for resorting to the measure and an account of any injuries sustained by patients or staff. This will greatly facilitate both the management of such incidents and the oversight into the extent of their occurrence.

In this connection, the CPT is pleased to note that Athalassa Psychiatric Hospital has recently introduced an amended register of the use of restraints, which provides a very clear picture of the incidence and duration of, and the reasons and authorisation for, resort to that measure. On the basis of the information set out in that register, it would appear that there is no excessive resort to the use of means of restraint and that, when restraints are applied, they are removed at the earliest opportunity.

### 4. Safeguards

#### a. on placement

62. The procedure by which an initial involuntary placement decision is taken should offer guarantees of independence and impartiality as well as of objective medical expertise. Except in emergency situations, the decision to place persons in a psychiatric hospital should always be based on the opinion of at least one doctor with professional qualifications in psychiatry, and preferably of two. These requirements would appear to be met by current Cypriot legislation.

Article 10 on the 1997 Law on Psychiatric Care spells out in detail the procedure by which involuntary placements are to be decided. In particular, it specifies that, further to an initial two-week care order issued by the Court, supported by a psychiatric opinion, a continuing care order can only be issued further to a full court hearing in which the patient may be accompanied by a lawyer and a psychiatrist of the patient's choice. Article 10(2) provides for a Supervisory Committee to be informed of the issuing of any temporary care order and the date on which the Court will decide on whether to issue a continuing care order.

The Committee welcomes the existence of these procedures.

63. An introductory brochure setting forth the hospital routine and patients' rights should be issued to each patient on admission, as well as to their families. Any patients unable to understand this brochure should receive appropriate assistance.

At the time of the visit, no such brochure existed at Athalassa Psychiatric Hospital. **The CPT recommends that an introductory brochure be drawn up and systematically issued to patients and their relatives.**

b. during placement

64. An effective complaints procedure is another basic safeguard against ill-treatment in psychiatric establishments. Specific arrangements should exist enabling patients to lodge formal complaints with a clearly designated body, and to communicate on a confidential basis with an appropriate authority outside the establishment.

The CPT also attaches considerable importance to psychiatric establishments being visited on a regular basis by an independent outside body (e.g. a judge or supervisory committee) which is responsible for the inspection of patients' care. This body should be authorised, in particular, to talk privately with patients, receive directly any complaints which they might have and make any necessary recommendations.

65. The Supervisory Committee established under Part V of the 1997 Law on Psychiatric Care is endowed with wide range of duties and powers in relation to psychiatric services and patients, which are laid down in Article 21 as follows:

- " (a) it monitors the implementation of the Law and identifies any shortcomings with the purpose of seeking suitable amendments through established procedures;
- (b) it submits reports regarding the suitability of care provision centres;
- (c) it inspects the centres where patients are provided with care and the premises wherein they reside or the centres providing out-of-hospital care, following termination of their hospitalisation;
- (d) it provides all kinds of advice or guidance concerning the Law's provisions and patients' rights;
- (e) it investigates complaints concerning the detention and care provision at any centre, and submits its findings and recommendations to the Minister;
- (f) it submits recommendations to the Minister for any licence revocation of a centre."

In principle, therefore, the Supervisory Committee would appear to have the necessary powers to provide an appropriate complaints procedure and to oversee patients' care at Athalassa Psychiatric Hospital.

However, some three years after it was created, the Supervisory Committee still has neither its own premises nor staff. In consequence, it cannot properly fulfil its functions. The CPT wishes to recall, in this context, that Article 20, paragraph 6, of the 1997 Law provides that : "The Committee has its own premises and staff. The Committee Secretary is a permanent public employee".

**The CPT recommends that the Supervisory Committee be allocated the resources necessary to enable it effectively to fulfil its duties under the Law on Psychiatric Care.**



66. Further, with regard to the composition of the Supervisory Committee, the CPT's delegation was surprised to learn that it includes staff from the Athalassa Psychiatric Hospital and, in particular, the Director. The CPT considers that this may compromise the independence of the Committee, especially when many of the decisions which it is charged with reviewing are taken by the Director. **The Committee would welcome the comments of the Cypriot authorities on this point.**

67. The CPT considers that the maintenance of patients' contact with the outside world is essential, not only for the prevention of ill-treatment but also from a therapeutic standpoint. Patients should be able to send and receive correspondence, to have access to the telephone, and to receive visits from their family and friends. Confidential access to a lawyer should also be guaranteed

In this respect, Article 33 of the 1997 Law foresees the right of "freedom of communication", though it does not go into detail as to the nature of this right or the manner in which it is to be guaranteed. **The CPT would like to receive further details on this subject.**

c. discharge

68. Involuntary placement in a psychiatric establishment should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for such a placement should be reviewed at regular intervals. In addition, the patient should be able to request at reasonable intervals that the necessity for placement be considered by a judicial authority.

Article 15, paragraph 1, of the 1997 Law provides that compulsory care shall terminate when:

- "(a) the person in charge of the centre, after consultation with the multi-disciplinary team, wherever feasible, deems that the reasons for which compulsory care was ordered no longer exist;
- (b) there is a relevant request of a patient or his personal representative with which the psychiatrist in charge agrees."

Where the person in charge of the centre refuses a request made under Article 15, paragraph 1(b), a reasoned written refusal must be sent to the requester, which should include notification of the right to challenge such a decision before a Court within 30 days. Copies of the exchange are forwarded to the Supervisory Committee (Article 15, paragraph 2). The person in charge of a centre is liable to a fine if s/he does not comply with these provisions.

69. As regards the issue of review of the need to continue involuntary placement, Article 11, paragraph 1, of the 1997 Law states :

"if at the end of the initial period of continuing care order, the continuation of care is justified, the court may each time renew the order on the request of the patient's personal representative, or of the police, or of the social worker, for a period of up to twelve months."

However, Article 11, paragraph 2 specifies that:

"the request is accompanied by a medical opinion of the treating psychiatrist after consultation with the centre's inter-professional team, whenever feasible. In case of disagreement, this fact is reported in the psychiatrist's opinion."

At face value this would suggest that there is a lack of independent medical expertise in the review process. **The CPT recommends that, henceforth, a court required to decide whether to continue an involuntary psychiatric placement should, in every case, have access to objective psychiatric expertise (e.g. a reasoned report from an independent psychiatrist).**

## **5. Treatment of mentally ill prisoners**

70. Article 37 of the 1997 Law states that:

"The Minister, at the Prison Governor's request, may order in writing the transport of a person serving a prison sentence to a state secure detention centre on the basis of a psychiatric opinion, should reason requiring his compulsory care be evident, when such care cannot be provided in prison."

In practice, prisoners are only transferred to Althalassa Psychiatric Hospital when their condition is judged acute and, after a period of treatment, they are almost invariably returned to Nicosia Central Prisons.

The CPT's delegation was also concerned to learn that there is no procedure which allows for mentally ill persons who commit crimes to be placed directly at Athalassa Hospital, without first being sent to prison .

71. In this context, the Committee is also aware of the report of 31 May 2000 by the Ombudsman, Ms Iliana Nicolaou, on the state of inmates in Nicosia Central Prisons. The Ombudsman's report highlights the fact that there is no systematic analysis of the mental state of inmates, with a view to ensuring that those prisoners who are in need of specialised care are transferred to Athalassa Psychiatric Hospital. It also suggests that the management and staff of the Hospital may be reluctant to receive prisoners with psychiatric conditions.

72. The CPT wishes to stress that a mentally ill prisoner should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. That facility could be a civil mental hospital or a specially equipped psychiatric facility within the prison system.

Whichever course is chosen, the accommodation capacity of the psychiatric facility in question should be adequate. The transfer of a mentally ill prisoner to a psychiatric facility should be treated as a matter of the highest priority.

**The CPT recommends that, in the light of these remarks, the Cypriot authorities review the manner in which mentally ill prisoners are treated.**



### III. RECAPITULATION AND CONCLUSIONS

#### A. Police establishments

73. The information gathered in the course of the 2000 visit to Cyprus suggests that the positive evolution noted in the report on the 1996 visit as regards the treatment of persons detained by the police has not been maintained. Many allegations were received of physical ill-treatment of detainees by police officers. The forms of alleged ill-treatment included kicks and punches to the body and head; banging heads against a wall; blows with truncheons or wooden bats; placing a pistol to the head and issuing death threats; applying electric shocks to the body. In certain cases, the severity of the ill-treatment alleged was such that it could be qualified as torture.

In the light of all the information gathered in the course of the 2000 visit, the CPT has concluded that physical ill-treatment of persons deprived of their liberty by the police remains a serious problem in Cyprus.

74. The CPT has recalled that the best possible guarantee against ill-treatment is for its use to be unequivocally rejected by police officers. This implies strict selection criteria at the time of recruitment and the provision of adequate professional training. As regards the latter, the CPT has recommended that the Cypriot authorities seek to integrate human rights concepts into practical professional training for high-risk situations, such as the apprehension and interrogation of suspects.

75. The CPT has welcomed the fact that the Attorney General now has the power to appoint independent investigators in cases involving complaints of ill-treatment by police officers, but has stressed that investigations conducted into such cases should not only be, but also be seen to be, totally independent and impartial. Moreover, the CPT believes that the Attorney General should be accorded the power *proprio motu* to appoint independent investigators rather than having to wait to receive a complaint alleging ill-treatment.

Further, the CPT has made recommendations designed to ensure that a forensic medical examination is carried out without delay and the relevant public prosecutor informed, whenever an apprehended person brought before a judge alleges ill-treatment by the police or if there are other grounds to believe that such a person could have been the victim of ill-treatment.

76. As regards safeguards against ill-treatment, the CPT has reiterated its previous recommendations that the Cypriot authorities entrench in law the right of a detained person to notify someone of his situation, and that steps be taken to ensure that the right of access to a lawyer is guaranteed in practice from the very outset of custody. Likewise, the right of access to a doctor should be given a firm legal basis, and the results of any medical examination should be recorded in writing and made available to the detainee and his lawyer. Further, the CPT's delegation's findings during the 2000 visit serve again to highlight the necessity for the introduction of a code of conduct for interrogations.

77. Material conditions of detention in the cells visited by the delegation were acceptable for criminal suspects being held in police custody for short periods. However, many of the facilities visited were being used to hold persons who had been remanded in custody and/or immigration detainees, and for long periods. As was stressed by the CPT in the reports on its 1992 and 1996 visits, a police station is, by definition, not an appropriate place in which to hold persons on remand or immigration detainees. Further, material conditions in many of the police stations visited were such as to render them inappropriate for detention of any category of person for longer than a few days. The CPT has recommended that no one be held in a police station beyond such a brief period.

Material conditions in the Police Prison (Block 9 of Nicosia Central Prisons) were of a good standard. However, there were no activities for the detainees nor any outdoor exercise facility, notwithstanding the fact that persons could be held in the prison for periods of months. As a matter of urgency, all detainees should be provided with at least one hour of outdoor exercise every day.

78. The Police Prison was being used primarily as an aliens detention facility. However, it cannot be considered to comply with the relevant criteria for performing such a task (i.e. an appropriately designed centre, offering material conditions and a regime appropriate to the legal situation of such detainees and staffed by suitably qualified personnel). Immigration detainees were being held for months on end, together with criminal suspects remanded in custody, without any organised activities, under the supervision of police officers who had received no specialist training for this task. Consequently, the CPT has recommended that the Cypriot authorities undertake an urgent review of the use being made of the Police Prison.

## **B. Nicosia Central Prisons**

79. The CPT has welcomed the adoption by the Council of Ministers of the new Prisons (General) Regulations of 1997, which are both clear and comprehensive.

80. The delegation heard no allegations of torture of prisoners by prison staff, nor were any allegations of other physical ill-treatment received. The overall impression of the CPT's delegation was that staff-inmate relations at the prisons were relaxed.

81. Material conditions throughout the establishment were, on the whole, of a good standard. In particular, the level of cleanliness throughout the premises was commendable. Conditions in the women's block could be qualified as excellent.

However, overcrowding continues to be a problem in several of the multi-occupancy rooms in the male accommodation area of the prison. The CPT has recommended that the Cypriot authorities continue to make efforts to tackle this problem.

82. Time out-of-cell for prisoners continued to be generous. However, while work was available for some prisoners in the main part of the closed prison, many inmates appeared to spend their time in an unconstructive fashion. As regards Block 4 (which accommodated *inter alia* prisoners sentenced to life imprisonment for the first 5 years of their sentences), no constructive activities were provided for prisoners. Further, work being offered to prisoners in the women's block, such as sewing and gardening, was not of a similar vocational kind as that potentially available to male prisoners.

More could - and should - be done to encourage inmates at Nicosia Central Prisons to make positive use of their time, and to ensure that female prisoners enjoy access to meaningful activities on an equal footing with their male counterparts. In this connection, the CPT has recommended that vigorous efforts be made to give full effect to the provisions of the new Prison Regulations dealing with activities for prisoners.

83. With regard to discipline, the CPT has recommended that the Cyprus authorities take steps to ensure that prison officers do not resort to imposing informal sanctions.

Further, it has made a number of recommendations designed to ensure that the safeguards of due process are fully applied during formal disciplinary hearings.

84. Notwithstanding recommendations made in previous reports, the CPT's has noted that there appears to have been little progress in the area of staff training. The Committee has stressed that full initial and in-service training are crucial to maximising the potential of staff, and in particular, in preparing the right staff for promotion to senior posts in the prison.

85. With regard to health care there is an urgent need to ensure the necessary provision of medical cover by a doctor at Nicosia Central Prisons, in accordance with Sections 63 and 79 of the Prison Regulations. The level of attendance by a doctor at the time of the visit was not adequate.

The medical officer was still assisted by four prison officers acting as medical orderlies. However, the CPT was pleased to learn that budgetary provision had been made for the appointment of four full-time qualified nurses to Nicosia Central Prisons; it trusts that they will be taking up their posts forthwith and will be providing both somatic and psychiatric care.

The medical examination of newly arrived prisoners often took place some days after their reception, and was allegedly rather cursory and superficial. The CPT has recommended that the necessary steps be taken to remedy this shortcoming and to bring the situation into conformity with Section 65 (1) of the Prisons Regulations. In the light of the delegation's findings, the CPT has also recalled that medical confidentiality should be observed in prisons in the same way as in the community.

86. At the time of the 2000 visit, the practice of segregating prisoners who are hepatitis/HIV positive from other inmates was still in use. The CPT has emphasised once again that there is no medical justification for the segregation of a prisoner solely on the grounds that he has tested positive for HIV or hepatitis. In order to dispel misconceptions on this matter, it is incumbent on the Cypriot authorities to ensure that there is a full educational programme about transmittable diseases (in particular hepatitis, AIDS, tuberculosis, dermatological infections) both for prisoners and prison staff. The CPT has recommended that the existing health education programme be developed, and have as its goal bringing to an end the current segregation of hepatitis/HIV positive prisoners.

### **C. Athalassa Psychiatric Hospital**

87. The CPT has welcomed the ongoing trend to transfer patients who do not require hospitalisation from Athalassa Psychiatric Hospital to community-based establishments. The Committee has also noted that it is proposed to transform Athalassa Psychiatric Hospital into a Mental Health Centre by 2003.

The entry into force of the 1997 Law on Psychiatric Care is another positive development. However, at the time of its delegation's visit, the precise manner in which the 1997 Law was to be applied remained unclear, including as regards the Supervisory Committee established by the Law.

88. Efforts had been made to improve the patients' living conditions at Athalassa Psychiatric Hospital. However, more could still be done to render their living accommodation homely and to provide patients with additional visual stimulation. The CPT has also reiterated that large-capacity dormitories are scarcely compatible with the norms of modern psychiatry, and has urged that further progress be made towards substituting dormitories for smaller living units.

89. As regards the treatment of patients, the CPT has recommended the introduction of an individualised treatment programme for such patients. The Committee has also proposed that practice concerning the providing of electroconvulsive therapy (ECT) at the hospital be reviewed on a number of points and has requested comments on the apparent overreliance on pharmacotherapy and overmedication of some patients.

90. The CPT was pleased to note the recent introduction of an amended register of the use of restraints, which provides a clear picture of the incidence and duration of, and the reason and authorisation for, resort to that measure. It would appear that there is no excessive resort to the use of means of restraint and that, when restraints are applied, they are removed at the earliest opportunity.

91. Article 10 of the 1997 Law on Psychiatric Care spells out in detail the procedures by which involuntary placements are decided. However, the CPT has recommended that an introductory brochure setting forth the hospital routine and patients' rights should be issued to each patient on admission, as well as to their families.



92. The CPT has welcomed the establishment of the Supervisory Committee, which would appear to have the necessary powers to provide an appropriate complaints procedure and to oversee patients' care at Athalassa Psychiatric Hospital. However, the CPT has recommended that the Supervisory Committee be allocated the necessary resources in order to carry out its duties effectively; three years after it was created, the Committee still has neither its own premises nor staff.

With regard to the composition of the Supervisory Committee, the CPT has expressed concern that the inclusion of staff from the Athalassa Psychiatric Hospital and, in particular, the Director, may compromise the Committee's independence.

93. As regards the issue of review of the need to continue involuntary placement, the CPT has recommended that a court required to decide such an issue have in every case access to objective psychiatric expertise (e.g. a reasoned report from an independent psychiatrist).

94. Finally, the CPT was concerned to learn that there is no procedure which allows for mentally ill persons who commit crimes to be placed directly at Athalassa Hospital, without first being sent to prison. Further, a recent report of the Ombudsman highlights the fact that there is no systematic analysis of the mental state of inmates, with a view to ensuring that those prisoners who are in need of specialised care are transferred to Athalassa Psychiatric Hospital.

In this regard, the CPT has stressed that a mentally ill prisoner should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff.

#### **D. Action on the CPT's recommendations, comments and requests for information**

95.. The various recommendations, comments and requests for information formulated by the CPT are listed in Appendix I.

96. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Cyprus authorities to provide within six months a report providing a full account of action taken to implement them.

The CPT trusts that it will also be possible for the Cyprus authorities to provide in the above-mentioned report reactions to the comments formulated in this report which are listed in Appendix I as well as replies to the requests for information made.



## APPENDIX I

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

#### A. Police establishments

##### 1. **Ill-treatment**

###### recommendations

- human rights concepts to be integrated into practical professional training for high-risk situations, such as the apprehension and interrogation of suspects (paragraph 12);
- steps to be taken to ensure that investigations into cases involving complaints of ill-treatment by police officers are, and are seen to be, totally independent and impartial (paragraph 13);
- the Attorney General to be accorded the power *proprio motu* to appoint independent investigators, in cases where he deems this necessary (paragraph 14);
- whenever an apprehended person brought before a judge alleges ill-treatment by the police, the judge to immediately request a forensic medical examination of the person concerned and to bring the matter to the attention of the relevant public prosecutor, irrespective of whether the person concerned bears visible injuries (paragraph 15);
- even in the absence of an express allegation of ill-treatment, a judge should request a forensic medical examination and inform the relevant public prosecutor whenever there are grounds to believe that an apprehended person brought before him could have been the victim of ill-treatment (paragraph 15).

###### requests for information

- the selection criteria currently applied for the recruitment of police officers (paragraph 12).

##### 2. **Safeguards against the ill-treatment of detained persons**

###### recommendations

- the Cypriot authorities to take the necessary steps - without further delay - formally to entrench in law the right of a detained person to notify someone of his situation as from the very outset of custody (paragraph 19);

- action to be taken without further delay to effectively guarantee in practice access to a lawyer from the very outset of police custody (paragraph 21);
- specific legal provision to be made for a person taken into custody by the police to have the right to be examined by a doctor including, if he so wishes, by a doctor of his own choice (paragraph 22);
- a code of conduct for police interrogations to be introduced without further delay (paragraph 23);
- concerted efforts to be made to ensure that police officers fulfil their obligations to complete the relevant custody record of every person that they deprive of their liberty (paragraph 24).

### **3. Conditions of detention**

#### recommendations

- the Cypriot authorities to put an end to the practice of holding persons in police stations for periods of longer than a few days (paragraph 27);
- the Cypriot authorities to carry out an urgent review of the use being made of the Police Prison. In the event that it is decided that it should continue to be used to hold immigration detainees, appropriate steps to be taken to ensure that it complies with the criteria outlined in paragraph 29 (paragraph 30);
- immediate action to be taken to ensure that all persons held at the Police Prison, for whatever reason, are offered at least one hour of outdoor exercise every day (paragraph 30).

## **B. Nicosia Central Prisons**

### **1. Conditions of detention**

#### recommendations

- the Cypriot authorities to continue to make efforts to tackle the problem of overcrowding at Nicosia Central Prisons, and all beds which are surplus to requirements to be removed (paragraph 35);
- vigorous efforts to be made to render the provisions in the new Prison Regulations concerning activities for prisoners meaningful for all inmates at Nicosia Central Prisons (paragraph 37);
- steps to be taken to ensure that prison officers do not impose informal sanctions (paragraph 39);

- in addition to the provisions of section 158(1) of the Prison Regulations, all prisoners facing disciplinary charges to be formally guaranteed the following rights:
  - to call witnesses on their own behalf and to cross-examine evidence given against them;
  - to be heard in mitigation of punishment, in cases where found guilty by the Governor;
  - to remain seated during adjudications and to have facilities to take notes;
  - to appeal to a higher authority against any sanctions imposed (paragraph 40);
- the question of the right of prisoners to be legally represented to be addressed (paragraph 40).

### **3. Complaints**

#### recommendations

- appropriate action to be taken to ensure direct access for prisoners to bodies which are entirely independent of the prison system, including the Ombudsman (paragraph 41).

### **4. Staffing issues**

#### recommendations

- steps to be taken to develop structured training programmes (both initial and ongoing) for prison staff (paragraph 42);

#### comments

- the underlying reasons for the high level of absenteeism at Nicosia Central Prisons should be examined. In this connection, particular attention might be given to the efficacy of the current staff attendance system (paragraph 43).

### **4. Health care services**

#### recommendations

- urgent steps to be taken to ensure that the provision of medical cover by a doctor at Nicosia Central Prisons is in accordance with sections 63 and 79 of the Prison Regulations (paragraph 45);

- concrete action to be taken to ensure that the health care service at Nicosia Central Prisons begins to operate effectively as a team (paragraph 47);
- the necessary steps to be taken to ensure the prompt and proper medical examination of newly arrived prisoners (paragraph 48);
- immediate steps to be taken to guarantee the confidentiality of medical information at Nicosia Central Prisons (paragraph 49);
- the health education programme in the prisons to be reviewed and a more comprehensive attempt made to ensure that both staff and inmates are provided with suitable information on transmissible diseases. The goal of that programme must be to ensure that the current segregation of prisoners who are hepatitis or HIV positive is brought to an end (paragraph 51);
- the informed consent of inmates to be sought prior to any screening for transmissible diseases (paragraph 52).

#### comments

- the CPT trusts that the four new full-time qualified nurses will take up their posts forthwith (paragraph 46).

#### requests for information

- confirmation that the nurses appointed to the prisons will provide both somatic and psychiatric care (paragraph 46).

### **C. Athalassa Psychiatric Hospital**

#### **1. Preliminary remarks**

#### recommendations

- the transfer of mentally handicapped patients to centres within the community where they can receive appropriate care from properly trained personnel to be accorded a very high priority (paragraph 53).

#### requests for information

- developments in respect of transforming Athalassa Psychiatric Hospital into a Mental Health Centre by 2003 (paragraph 53);

- detailed information on the manner in which it is intended to apply the 1997 Law on Psychiatric Care and, in particular, whether any regulations governing its implementation have been adopted, or are envisaged (paragraph 55).

## **2. Patient's living conditions and treatment**

### recommendations

- appropriate steps to be undertaken to improve further patients' living conditions, having regard to the remarks in paragraphs 56 and 57 (paragraph 57);
- in the context of the above-mentioned transformation of Athalassa Psychiatric Hospital into a mental health centre, efforts to be made to ensure that patients can be provided with accommodation structures based on small groups (paragraph 58);
- an individualised therapeutic programme to be drawn up for each psychiatric patient. It should involve a wide range of rehabilitative and therapeutic activities, including access to occupational therapy, group therapy, individual psychotherapy, art, drama, music and sport (paragraph 59);
- practice concerning the provision of electroconvulsive therapy (ECT) at Athalassa Psychiatric Hospital to be reviewed, in the light of the remarks in paragraph 60 (paragraph 60).

### requests for information

- the comments of the Cypriot authorities on the apparent overreliance on pharmacotherapy and overmedication of some patients (paragraph 59).

## **3. Safeguards**

### recommendations

- an introductory brochure to be drawn up and systematically issued to patients and their relatives (paragraph 63);
- the Supervisory Committee to be allocated the resources necessary to enable it effectively to fulfil its duties under the Law on Psychiatric Care (paragraph 65);
- a court required to decide whether to continue an involuntary psychiatric placement to have access, in every case, to objective psychiatric expertise (e.g. a reasoned report from an independent psychiatrist) (paragraph 69).

requests for information

- the comments of the Cypriot authorities on the advisability of staff of Athalassa Psychiatric Hospital being members of the Supervisory Committee (paragraph 66);
- further details on the right of "freedom of communication", as provided for in the new Law on Psychiatric Care (paragraph 67).

**4. Treatment of mentally ill prisoners**

recommendations

- the manner in which mentally ill prisoners are treated to be reviewed (paragraph 72).



## APPENDIX II

### NATIONAL AUTHORITIES AND NON-GOVERNMENTAL ORGANISATIONS WITH WHICH THE CPT'S DELEGATION HELD CONSULTATIONS

#### A. National authorities

##### Ministry of Justice and Public Order

Mr Christoloulos Christodoulou	Minister for the Interior, Acting Minister for Justice and Public Order
Mr Lazaros Savvides	Permanent Secretary
Ms Anni Shiakalli	Administrative Officer
Mr Charis Themistocleous	Director of Central Prisons
Mr Nicos Serdaris	Deputy Chief of Police
Mr Andreas Panayiotou	Chief Superintendent of the Police
Mr Andreas Aristeidis	Director of Department for Aliens and Immigration

##### Ministry of Foreign Affairs

Mr Michalis Attalides	Permanent Secretary
Mr Alexis Vikis	Director of Political Affairs - Multilateral Division
Ms Salina Shambos	Liaison Officer, Political Affairs - Multilateral Division

##### Ministry of Health

Mr Andreas Demetriou	Director of Mental Health Services
Mr Charalambos Panayides	Chief Nursing Superintendent at Athalassa Psychiatric Hospital
Ms Lygia Poullou	Senior Clinical Psychologist at Athalassa Psychiatric Hospital

##### Legal Office (Office of the Attorney General)

Mr Alecos Markides	Attorney General of the Republic
Ms Maro Tsiappa	Case Officer

Office of the Commissioner for Administration

Ms Iliana Nicolaou  
Mr Aristos Tsiartas

Commissioner for Administration (Ombudsman)  
Case Officer

**B.     Non-governmental organisations**

Committee for the Restoration of Human Rights in Cyprus  
International Association for the Protection of Human Rights in Cyprus