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Report

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

from 5 to 15 October 2015

The Armenian Government has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2016) 32.

Strasbourg, 22 November 2016

In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, certain names have been deleted.

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Copy of the letter transmitting the CPT's report

Mr Armen PAPIKYAN
Ambassador
Permanent Representative of Armenia
to the Council of Europe
40, allée de la Robertsau
67000 Strasbourg

Strasbourg, 24 March 2016

Dear Ambassador,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Armenian Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to Armenia from 5 to 15 October 2015. The report was adopted by the CPT at its 89th meeting, held from 7 to 11 March 2016.

The various recommendations, comments and requests for information formulated by the CPT are highlighted in bold in the body of the report. As regards more particularly the CPT's recommendations, having regard to Article 10, paragraph 1, of the Convention, the Committee requests the Armenian authorities to provide **within six months** a response giving a full account of action taken to implement them.

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

As regards the information requested in paragraph 64, the CPT asks that it be provided **within one month**.

The CPT would ask, in the event of the responses being forwarded in Armenian, that they be accompanied by an English or French translation.

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

Yours sincerely,

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

EXECUTIVE SUMMARY

The CPT's 4th periodic visit to Armenia provided an opportunity to assess the measures taken by the Armenian authorities in response to the recommendations made by the Committee after previous visits. In this connection, particular attention was paid to the safeguards against ill-treatment of persons in police custody and the material conditions, regime and health care service in prisons. The delegation also visited psychiatric establishments in order to examine the treatment and legal safeguards offered to patients hospitalised on an involuntary basis.

Police establishments

The delegation received a small number of allegations of police ill-treatment, most of them referring to excessive use of force upon apprehension, which would suggest that there had been an improvement in this area. The delegation, however, did gather other indications, including of a medical nature, that the phenomenon of ill-treatment by the police was not entirely eradicated. A key factor in this respect was that the procedure for recording injuries observed on persons brought to police detention facilities failed to perform the function of preventing ill-treatment. In particular, such examinations routinely took place in the presence of police officers who had brought in the person, the explanations of the detained persons as to the origin of their injuries were usually not sought and not recorded, and the health-care staff did not attempt to assess the degree of consistency between any such explanations that were given and the objective medical findings.

The delegation examined in detail a number of cases involving allegations of ill-treatment under investigation by the Special Investigation Service (SIS), established in 2007 as a separate agency specialised in the carrying out of preliminary investigations of cases possibly involving abuses by public officials, and formed a generally positive view of the professionalism of the SIS investigators. That said, the Committee called upon the Armenian authorities to significantly reinforce the SIS in terms of operational staff, thereby removing its need to rely on local police officers, and to ensure that all formal complaints about police ill-treatment as well as all cases in which other information indicative of ill-treatment by the police has emerged, are promptly forwarded to and processed by the SIS.

Concerning the legal safeguards against ill-treatment (in particular, notification of custody, access to a lawyer and information on the aforementioned rights), the delegation gained the overall impression that once the police custody was formalised and duly recorded, these safeguards were operating adequately. The safeguards, however, were not applicable in cases where persons were "invited" to come to the police for "informal talks" (the purpose being to elicit confessions and/or collect evidence) and had to stay at police establishments for several hours or even up to two days, before being formally declared a criminal suspect and informed of their rights (and thus enabled to exercise them).

As for access to a doctor, the CPT reiterated its long-standing recommendation that persons deprived of their liberty by the police be expressly guaranteed such access (including to a doctor of their own choice) from the very outset of their deprivation of liberty.

The material conditions in the detention areas of police establishments visited were generally satisfactory or even very good. That said, the Committee called upon the Armenian authorities to take immediate measures to ensure that offices or corridors are not used as a substitute for proper detention facilities.

Military detention facilities

The delegation carried out a follow-up visit to the Isolator of the Military Police Headquarters in Yerevan. As regards material conditions, all the cells were of a good size for their intended occupancy and in a good state of repair. By contrast, the offer of activities was extremely poor, limited to some theoretical military training and reading other books or newspapers/magazines, as well as playing board games inside the cell. For this reason, and also due to problems with providing adequate psychiatric care and psychological assistance, it was clear to the delegation that the Isolator was not a suitable place for prolonged detention. More generally, using the facility as a *de facto* remand prison could, in the CPT's view, raise an issue of conformity with the European Prison Rules.

Penitentiary establishments

The delegation visited for the first time Armavir and Vanadzor prisons. Further, it paid follow-up visits to Nubarashen Prison, Yerevan-Kentron Prison and the Central Prison Hospital (with a focus on the psychiatric ward).

On a general note, while there was no longer any overcrowding at the national level, the fact remained that some establishments (especially Nubarashen Prison) were overcrowded. In this context, the CPT noted the various legislative and organisational measures (both already taken and planned) to combat prison overcrowding, and strongly encouraged the Armenian authorities to pursue them. Further, the delegation again observed striking differences in conditions of detention in different cells in the prisons visited. It was also clear that corruption remained a problem in the Armenian prison system; the Committee called upon the Armenian authorities to step up their efforts to combat this phenomenon.

No allegations of ill-treatment by staff were received at any of the penitentiary establishments visited, and staff-prisoner relations appeared generally free of visible tension. However, the delegation again observed that there was a general tendency for the management to partially delegate authority to a select number of inmates (the so-called "watchers") who were at the top of the informal prison hierarchy and use them to keep control over the inmate population. The CPT called upon the Armenian authorities to take resolute steps to put an end to this practice.

As concerns prisoners sentenced to life imprisonment, the delegation noted as a positive development that they were no longer routinely handcuffed when outside their cells and during outdoor exercise. The delegation also noted that, for the first time since the CPT had started visiting Armenia, a number of life-sentenced prisoners had been transferred from closed to semi-closed regime; this was a positive development.

By contrast, the visit entitlement of life-sentenced prisoners had remained significantly lower than those of other sentenced prisoners and visits under closed conditions (with a glass partition) remained the rule.

The CPT noted the ongoing transfer of life-sentenced prisoners to Armavir Prison and, in this context, called upon the Armenian authorities to ensure that life-sentenced prisoners at the aforementioned establishment are offered a range of purposeful out-of-cell activities (such as work, education, sports, recreational activities). The CPT also asked the authorities to confirm that life-sentenced prisoners would no longer be segregated from the rest of the prisoner population.

The material conditions of detention at Nubarashen Prison had remained unacceptable; the prison was severely overcrowded and in a state of advanced dilapidation. Most of the cells at Yerevan-Kentron Prison remained dilapidated and overcrowded too. The standard cells at Vanadzor Prison were generally well lit and ventilated, and adequately equipped; however, many of them offered only cramped conditions.

As regards the new Armavir Prison, the cells were not overcrowded and were well lit and suitably equipped, though the absence of efficient ventilation was a problem in the cells, the showers and the kitchen. However, signs of wear-and-tear were already clearly visible in the operational units, although the prison had only been in operation for some eight months.

As to the activities for prisoners, the Committee remains seriously concerned by the almost total absence of anything even remotely resembling a regime of activities in any of the prisons visited. The CPT once again called upon the Armenian authorities to take decisive steps to develop the programmes of activities for both sentenced and remand prisoners.

Health-care services in the prisons visited remained understaffed (the situation had actually worsened at Nubarashen Prison) and poorly equipped, and there were problems with access to specialist care, especially psychiatric (while there were many inmates in need of such care, including lifers). There was also a serious shortage of medication, with a heavy reliance on inmates' families.

Furthermore, the procedure of medical screening on admission, especially recording and reporting of injuries, remained totally inadequate: it was still a part of the initial handover procedure and both police convoy officers and custodial prison staff were routinely present during such examinations, in violation of the principle of medical confidentiality.

At the Central Prison Hospital, the delegation observed a very limited treatment regime, lack of occupational activities and generally poor material conditions on the psychiatric ward. Further, the CPT reiterated its view that it is not acceptable to accommodate somatic patients together with the psychiatric patients.

The CPT also made recommendations on other issues, such as the low prison staffing levels, disciplinary procedure (inmates were not informed in writing about the charges, there was no oral hearing, they had no access to legal assistance, were not given a copy of the decision and were not informed of the possibilities of appeal), contact with the outside world (insufficient visiting entitlement which remained attached to the sentence and type of regime) and inefficient complaints procedures.

Psychiatric establishments

The delegation carried out a first-time fully fledged visit to the Nubarashen Psychiatric Medical Centre in Yerevan and visited, for the first time, the Gyumri Mental Health Centre.

The delegation received no allegations of ill-treatment of patients by staff at the two psychiatric establishments visited. The general atmosphere between staff and patients appeared relaxed and patients spoke positively about staff. Further, inter-patient violence did not appear to be a significant problem at either institution.

Patient accommodation at both hospitals visited was bleak, dilapidated, impersonal and lacking privacy. At the Gyumri Centre, the patient rooms were overcrowded, with some beds touching.

Notwithstanding the CPT's clear recommendations in the report on the 2010 periodic visit, there was still no dedicated and separate accommodation area for female forensic patients in the Forensic Psychiatric Unit of the Nubarashen Hospital. Indeed, the sole female patient was being held in a small room in full view of male patients with no other gender-specific facilities for her. The Committee stressed once again that this was absolutely unacceptable.

Concerning staffing, in both establishments the numbers of ward-based staff were insufficient to provide adequate care, assistance and supervision and to ensure a safe environment for patients (and staff).

The treatment was still almost exclusively based on pharmacotherapy and containment, with no psycho-social rehabilitation and occupational/creative activities and only very limited recreational activities available. Furthermore, it transpired from the delegation's interviews with the patients that opportunities for outdoor exercise on the general wards of Nubarashen Hospital and the Gyumri Centre were very limited, with some patients not going outside for months on end.

The delegation noted that seclusion was not used and that there appeared to be no excessive resort to means of mechanical restraint in either establishment. However, at Nubarashen Hospital, the delegation gained the impression that the relevant registers did not reflect the actual use of mechanical restraint. Furthermore, it transpired that some types of restraint (e.g. fixation of patients onto their beds with sheets around their abdomen) were not considered as such by the staff. The CPT made several recommendations, including as regards the duration of mechanical restraint, the recording of instances of any means of restraint and the supervision of patients under restraint.

Concerning safeguards, the delegation noted that none of the civil psychiatric patients at the Gyumri Centre and just two at Nubarashen Hospital, accommodating over 300 patients, were the subject of involuntary hospitalisation under the civil mental health legislation. However, significant numbers of patients appeared to be *de facto* deprived of their liberty in both establishments; they stated that, although they had signed that they agreed to voluntary admission, they did not actually wish to remain in the hospitals or receive treatment.

The Committee reiterated its view that persons admitted to psychiatric establishments voluntarily should be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently and leave the establishment whenever they want. Furthermore, the CPT stressed once again that consent to hospitalisation and consent to treatment are two separate issues and patients should be requested to express their position on both of these issues separately.

As regards involuntary hospitalisation, the CPT recommended taking measures to ensure that all compulsory placements of criminally irresponsible patients are subjected to regular court review. Moreover, the Committee called upon the Armenian authorities to amend the Law on Psychiatric Assistance with a provision on the periodic review of involuntary civil hospitalization, which should take place at least once every six months.

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 visited Armenia from 5 to 15 October 2015. The visit formed part of the Committee's programme of periodic visits for 2015. It was the CPT's fourth periodic visit to Armenia.[1]

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

- Marzena KSEL (Head of delegation)
- Mark KELLY
- Vytautas RAŠKAUSKAS
- Therese RYTTER
- George TUGUSHI
- Victor ZAHARIA.

They were supported by Borys WÓDZ, Head of Division, and Dalia ŽUKAUSKIENĖ of the CPT's Secretariat, and assisted by:

- Clive MEUX, forensic psychiatrist, Oxford, United Kingdom (expert)
- Khachatur ADUMYAN (interpreter)
- Aram BAYANDURYAN (interpreter)
- Anahit BOBIKYAN (interpreter)
- Gevork GEVORKYAN (interpreter).

[1] The previous periodic visits took place in October 2002, April 2006 and May 2010. In addition, ad hoc visits were carried out in April 2004, March 2008, December 2011, April 2013 and May 2014. The Committee's reports on these visits, as well as the responses of the Armenian authorities, have been made public at the request of the Armenian authorities and are available on the Committee's website (http://www.cpt.coe.int).

B. Establishments visited

3. The delegation visited the following places:

Police establishments

- Detention Centre of Yerevan City Police Department
- Kentron District Police Division, Yerevan
- Shengavit District Police Division, Yerevan
- Akhuryan Police Division
- Ani Police Division, Maralik
- Armavir Police Division
- Ashtarak Police Division
- Dilidjan Police Division
- Echmiadzin Police Division
- Hrazdan Police Division
- Mush Police Division, Gyumri
- Sevan Police Division
- Spitak Police Division
- Talin Police Division

Military establishments

- Isolator of the Military Police Headquarters, Yerevan

Penitentiary establishments

- Armavir Prison
- Nubarashen Prison
- Vanadzor Prison
- Yerevan-Kentron Prison
- Central Prison Hospital

The delegation also went to Artik Prison in order to interview remand prisoners.

Psychiatric establishments

- Nubarashen Psychiatric Medical Centre
- Gyumri Mental Health Centre.

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

4. During the visit, the CPT's delegation held consultations with Ms Arpine HOVHANNISYAN, Minister of Justice, and Mr Armen MURADYAN, Minister of Healthcare. It also held consultations with Mr Ara NAZARYAN, Deputy Minister of Defence, Mr Hunan POGHOSYAN, First Deputy Head of Police, Mr Hrachya BADALYAN and Mr Armen HARUTUNYAN, Deputy Prosecutors General, and other senior officials. The delegation further met Ms Yeranuhi TUMANYANTS, Head of the Torture and Violence Prevention Division (NPM Division) at the Office of the Human Rights Defender (Ombudsman), as well as representatives of non-governmental and international organisations active in areas of concern to the CPT.

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

5. The delegation generally received very good co-operation in the establishments visited, including those not notified in advance. In particular, the delegation enjoyed rapid access to all the premises, was able to study all the relevant documentation and speak in private with persons deprived of their liberty.

That said, some of the requests for information on the notified establishments, made in advance of the visit, have not been met and the information provided during the visit (including as regards the lists of police and Military Police establishments) turned out to be incomplete and/or partially inaccurate. The CPT trusts that future delegations of the Committee will be provided with such information including full and up-to-date lists of all places where persons may be deprived of their liberty, even for a short period of time, in accordance with Article 8, paragraph 2 (b) of the Convention.

6. More generally, the CPT wishes to stress that the principle of co-operation set out in Article 3 of the Convention establishing the Committee is not limited to steps taken to facilitate the task of visiting delegations. It also requires that decisive measures be taken in response to the CPT's recommendations. In this connection, the CPT welcomes the prominence given to combatting ill-treatment and impunity, as well as to penal reform in the 2015-2018 "Action Plan for Armenia" agreed between the Council of Europe and the Armenian authorities.[2]

Nonetheless, the Committee notes with concern that some of the CPT's long-standing recommendations, e.g. those concerning Nubarashen Prison (where hardly any improvements were observed since the previous visits) and Central Prison Hospital, the regime and activities in prisons and the safeguards for persons in police custody and for psychiatric patients, remain unimplemented.

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[2] Document GR-DEM (2015) 20rev, 10 September 2015, as approved by the Committee of Ministers of the Council of Europe on 15-16 September 2015 [CM/Del/Dec (2015) 1235].

At the outset of the visit, the delegation was informed by Mr Arman TATOYAN, Deputy Minister of Justice and the CPT's Liaison Officer, that the Armenian authorities intended to adopt, by 2016, comprehensive plans for the implementation of the Committee's standards and recommendations.[3] The CPT very much hopes that the adoption and subsequent implementation of the above-mentioned plans will render unnecessary any consideration of possible recourse to Article 10, paragraph 2, of the Convention.[4] The Committee looks forward to receiving detailed information on the plans and implementing steps, in due course.

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

7. At the end of the visit, the CPT's delegation met senior Government officials in order to acquaint them with the main facts found during the visit. On that occasion, the delegation made three immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, in respect of Nubarashen Prison.

As regards the first two immediate observations, the Armenian authorities were requested to confirm, within three months, that every prisoner at Nubarashen Prison has his own bed and that all prisoners are offered outdoor exercise every day.

As regards the third immediate observation, concerning the life-sentenced prisoner A., the Armenian authorities were requested to take urgent action to provide psychiatric re-assessment and relevant treatment for him without further delay and to inform the CPT on the concrete measures taken within three months.

8. The above-mentioned immediate observations were subsequently confirmed by the CPT's Executive Secretary in a letter of 20 October 2015. By letters dated 9 November 2015 and 20 January 2016, the Armenian authorities informed the Committee of measures taken in response to the delegation's immediate observations. These measures will be assessed later in the report.

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[3] Including, within the framework of the aforementioned Council of Europe "Action Plan for Armenia", joint Council of Europe and European Union projects "Supporting the Criminal Justice and Fight Against Ill-Treatment and Impunity in Armenia" and "Strengthening the Health Care and Human Rights Protection in Prisons in Armenia", see http://www.coe.int/en/web/yerevan/field-office/national-projects.

[4] "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

E. National Preventive Mechanism

9. In 2008, the task of performing the function of the National Preventive Mechanism (NPM)[5] was assigned to the Office of the Human Rights Defender (Ombudsman). The Office has a Torture and Violence Prevention Division (NPM Division) which is assisted in its activities by an Expert Council on Torture Prevention composed of nine NGO representatives and four independent experts, including doctors, psychologists and social workers.

As already mentioned (see paragraph 4), at the outset of the visit the delegation met the Head of the NPM Division and other staff of the Ombudsman's Office to discuss the current challenges facing the NPM. One of the problems identified was that, according to the current legislation, members of the above-mentioned Expert Council were performing their activities as volunteers and could not be paid from the budget of the Ombudsman's Office (including as regards costs of travel, accommodation and meals); this was particularly problematic outside Yerevan and other major towns. These costs were at present covered by international donors (currently by the OSCE), which was however not a solution guaranteeing necessary sustainability and independence (and which, moreover, appeared to be contrary to Article 18, sub-paragraph 3, of the OPCAT and to the SPT Guidelines).[6]

The delegation was informed that draft amendments to the Act on Human Rights Defender, aimed at addressing the above-mentioned *lacuna*, were expected to be adopted before the end of 2015. The Committee takes note of these forthcoming legislative changes and, in this context, trusts that sufficient funds will be made available for the functioning of the NPM from the State budget. **The CPT would like to receive confirmation that the aforementioned amendments have now entered into force.**

10. Regarding the focus of the NPM's activities, the delegation was told that in 2013 visits (most of them unannounced) had been carried out to penitentiary establishments and, to a lesser degree, to police and psychiatric establishments; further, there had been a few visits to social care homes and child institutions (special and boarding schools, orphanages). The situation had been similar in the course of 2014, although there had been more numerous (i.e. over 60) visits to police establishments.[7] In 2015, the NPM had again focussed mainly on penitentiary establishments although the Ombudsman had *inter alia* issued a thematic report on child institutions.

The delegation was also told that reports on NPM visits to places of detention were as a rule not published and relevant information was instead reflected in the Ombudsman's annual report (which was a public document); further, the delegation noted that the most recent annual report (in respect of 2014) was – as far as the delegation could ascertain – not available in languages other than Armenian. In the Committee's view, it would be advisable to consider such publication and translation, in order to increase further the impact and outreach of the NPM's activities.

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5 In order to comply with Armenia's obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), ratified in September 2006.

6 Article 18, sub-paragraph 3, of the OPCAT reads as follows: "The States Parties undertake to make available the necessary resources for the functioning of the national preventive mechanisms." SPT Guideline 12 reads as follows: "The NPM should enjoy complete financial and operational autonomy when carrying out its functions under the Optional Protocol".

7 All police detention facilities in Armenia had been visited at least once.

11. The CPT noted that in the report on its visit to Armenia,[8] the SPT (Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) had pointed out, among other issues, that Armenia was characterised by a proliferation and fragmentation of bodies aimed at the prevention of torture and ill-treatment.[9]

In the SPT's opinion, the mandates of public monitoring groups overlapped to a large extent with that of the NPM, both on the substance and regarding types of places of detention. Moreover, there appeared to be a lack of co-ordination in the activities of these bodies despite the fact that most members of the NPM Expert Council were also members of one of the public monitoring groups. The SPT stressed that this reduced the effectiveness of the work undertaken by the NPM, and risked leading to incoherent results due to parallel monitoring.

As far as the delegation could ascertain, the situation continued unchanged at the time of the CPT's October 2015 visit. **The Committee would therefore like to be informed of the steps being taken to address this problem, also in the light of the SPT's comments in the above-mentioned report.[10]**

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8 Carried out in September 2013. See document CAT/OP/ARM/1, published on 22 May 2015.

9 These include, in particular, the Prison Monitoring Group established by the order of the Ministry of Justice (with members appointed by the Minister of Justice), the Police Monitoring Group (monitoring police temporary detention facilities, with members appointed by the Head of Police) and a group monitoring special boarding schools, set up by the order of the Minister of Education.

10 "The SPT therefore deems it crucial that the State party first of all articulate a unified vision of its work of torture prevention, a vision that takes into account the best practices, challenges and other experiences accumulated by the different mechanisms that have existed at the national level to monitor places of detention, and that takes into account the differentiated roles of State, civil society and international cooperation. The aim of such an exercise would be to determine how overlapping mandates and duplication of efforts may be avoided and to determine, together with the relevant national stakeholders, which institutional configuration would be the most effective and efficient structure for the prevention of torture in the Republic of Armenia."

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

12. At the time of the visit, the general legal framework governing deprivation of liberty of persons suspected of having committed a criminal offence by the police in Armenia was basically the same as during the previous periodic visit in 2010.[11] It may be recalled here that, according to Article 16 of the Constitution and the relevant provisions of the Code of Criminal Procedure (CCP)[12], criminal suspects may be held in police custody (before being brought before a judge) for a maximum of 72 hours. A protocol of detention must be drawn up within three hours, before the person concerned is taken to the "body of inquiry", investigator or prosecutor.[13]

By contrast, there had been an important change as regards the rules allowing the police to hold persons on administrative grounds: namely, the provisions concerning administrative arrest had been deleted from the Code of Administrative Offences. As a result, detention on administrative grounds (e.g. in order to establish a person's identity or on grounds of violation of public order) is now limited to a maximum of three hours.[14]

13. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice and from the Police about the progress in implementation of the 2012-2016 Strategic Programme for Legal and Judicial Reforms. In the framework of this Programme, a draft new Criminal Code (CC) and a new CCP were in the process of being drafted.[15]

Regarding the former, the delegation was told that it would *inter alia* contain a new definition of torture, fully compliant with the UN and European standards, and that an express ban on pardoning/amnesty for acts of torture would be introduced. Meanwhile, the relevant Section of the existing CC (309.1) had been amended recently, making it clear among other things that the prohibition of torture applied also to acts committed by public officials in the exercise of their official duties. An immediate practical effect of this amendment was to render it possible for public prosecutors to initiate criminal cases involving allegations of this nature even in the absence of a formal complaint by the alleged victim.

As for the new CCP, it was hoped that it would be adopted in March 2016 and enter into force before the end of that year. The new CCP would *inter alia* contain provisions reinforcing the existing safeguards against ill-treatment for persons deprived of their liberty by the police (see paragraph 27 below) and eliminate certain *lacunae* of the present Code.[16] The entry into force of the new CCP would be followed by the adoption of new implementing regulations for the police.

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11 See paragraph 9 of CPT/Inf (2011) 24.
12 Sections 11 (3), 62 and 129 to 131.
13 Section 131 (1) of the CCP.
14 See Section 262 of the Code of Administrative Offences.
15 As well as a new Penitentiary Code, see paragraph 46 below.
16 See paragraph 14 below.

The CPT takes note of these recent legislative efforts and would like to be provided with the texts of the above-mentioned new Codes and implementing regulations as soon as they have been adopted.

14. As had been the case during the Committee's numerous previous visits to Armenia,[17] the delegation again encountered the practice of persons being "invited" (usually by telephone) to come to the police for "informal talks", prior to being officially declared a suspect and prior to drawing up the protocol of detention.[18] According to the information gathered by the delegation, such "talks" usually lasted several hours (including, at times, overnight) but could on occasion take up to two days. During this period, persons "invited" to the police would be held in offices and interviewed on the subject of a criminal offence[19], the purpose being to elicit confessions and/or collect evidence before the apprehended person was formally declared a criminal suspect and informed of his or her rights (and thus enabled to exercise them).

The CPT has stressed in the past that it considers this practice unacceptable because it entails a heightened risk of ill-treatment and is in flagrant contradiction with the legal requirement to draw up a protocol of detention within three hours. In the course of the visit, the delegation was assured that the new CCP and planned amendments to the Police Act would eliminate this *lacuna*, making it clear that the period spent by persons "invited" to police establishments for "informal talks" is to be considered (and recorded) as period of police custody, and that all the relevant safeguards must be applicable accordingly.

The Committee welcomes these planned amendments and requests to be informed of their entry into force in due course. Pending that, the CPT once again calls upon the Armenian authorities to take all the necessary steps to ensure that the legal requirement to draw up a protocol of detention within three hours is strictly complied with in practice and that the procedures of "inviting a person to a police establishment" or of summoning witnesses to an interview are not exploited by police officers to circumvent the legal time-limits and safeguards in respect of the police custody of criminal suspects.

2. Ill-treatment

15. It must be stated from the outset that during the entire 2015 visit and in all the 14 police detention facilities visited in different regions of Armenia, the CPT's delegation met only eight detained persons; therefore, its direct information regarding the treatment of persons in police custody was based essentially on (numerous) interviews with recently-arrived remand prisoners.

The delegation received a small number of allegations of police ill-treatment, most of them referring to excessive use of force upon apprehension (truncheon blows, violently pushing an apprehended person to the ground, applying handcuffs in a too tight and painful manner, etc.).

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17 See, for example, paragraph 15 of CPT/Inf (2004) 25, paragraph 11 of CPT/Inf (2007) 47, paragraph 9 of CPT/Inf (2011) 24 and paragraph 57 of CPT/Inf (2015) 8.

18 In the course of official talks with senior officials of the Police and the Prosecutor's Office, the delegation was again assured that the above-mentioned practice was in conformity with the Act on Operational Activities, which enabled law enforcement officers to take "explanations" from apprehended persons or to subject them to an "operative inquiry" before a protocol of detention is drawn up.

19 Sometimes persons would reportedly be told that they were considered as "witnesses", but more often their status was not explained to them in any way.

A few allegations referred to physical ill-treatment during questioning (consisting of punches, kicks and truncheon blows) with the purpose of extracting a confession or obtaining other information. Further, one allegation was heard concerning forced alcohol intoxication (after which the person had reportedly been made to sign a confession) and a few other allegations concerned psychological violence (i.e. threats and verbal insults).

16. While the above-mentioned would suggest that there had indeed been an improvement in this area since the CPT's 2010 periodic visit and 2013 ad hoc visit[20] (as also expressly stated by several of the remand prisoners interviewed by the delegation), it should be stressed that the delegation did gather other indications, including of a medical nature,[21] that the phenomenon of ill-treatment by the police had not yet been entirely eradicated. **The Committee therefore recommends that the Armenian authorities continue to deliver, at regular intervals and from the highest level, a firm message of "zero tolerance" of ill-treatment to all police officers. As part of this message, it should be made clear that any police officer committing, aiding and abetting or tolerating ill-treatment, in any form, will be punished accordingly.**

Further, **police staff should again be reminded that no more force than is strictly necessary should be used when effecting an apprehension and that, once apprehended persons have been brought under control, there can never be any justification for striking them. At the same time, action to treat persons in custody humanely should be positively recognised.**

17. A key factor in this respect is that the procedure for recording injuries observed on persons brought to police detention facilities[22] still fails to perform the function of preventing ill-treatment and makes it difficult to obtain a clear picture of the situation. In particular, such examinations continue to routinely take place in the presence of police officers who had brought in the person,[23] the explanations of the detained persons as to the origin of their injuries are usually not sought and not recorded, and the health-care staff[24] do not attempt to assess the degree of consistency between any such explanations that are given and the objective medical findings.

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20 See, by comparison, paragraph 12 of CPT/Inf (2011) 24 and paragraph 12 of CPT/Inf (2015) 8.

21 For example, the delegation found in the relevant registers a significant number of entries describing recent injuries (possibly indicative of ill-treatment, e.g. cuts, scratches, haematomas or swelling on forehead, legs, hands, face, jaw, eyes, lips, knees, etc.) observed on persons brought to the Detention Centre of Yerevan City Police Department. Out of the total of 390 arrivals in the period between 10 January and 10 October 2015, 141 had had such injuries observed and recorded.

22 It is to be recalled that Section 21 of the Law on the Treatment of Arrestees and Detainees (LTAD) and Government Decree No. 574-N of 5 June 2008 stipulate that, whenever a bodily injury is detected on a detained person, "the medical personnel of the place of arrest or detention" or an external doctor called by the police shall examine the person concerned immediately.

23 As confirmed by the said officers' signatures on the injury forms (also signed by the health-care staff and/or the receiving duty custodial officer).

24 As previously, the Detention Centre of Yerevan City Police Department was the only police establishment in the country which had its own health-care staff (four full-time nurses ensuring a 24-hour presence). In other police detention facilities visited, injuries which were detected on a detained person in the context of the initial body search were recorded by the (medically untrained) duty police officer in a special logbook. It was within the discretion of the police to decide whether health-care professionals (usually the ambulance team) needed to be called (see also paragraph 28 below).

The CPT reiterates its recommendations that further steps be taken to improve the screening for injuries at police detention facilities, in particular by ensuring that:

- **all medical examinations are conducted out of the hearing and - unless the health-care professional concerned expressly requests otherwise in a particular case - out of the sight of non-medical staff;**

- **the confidentiality of medical documentation is strictly observed.**

Health-care staff may inform custodial officers on a need-to-know basis about the state of health of a detained person; however, the information provided should be limited to that necessary to prevent a serious risk for the detained person or other persons, unless the detained person consents to additional information being given.

Further, **the Committee reiterates its recommendation that steps be taken to ensure that the records drawn up following the medical examination of persons in police detention facilities contain: (i) an account of statements made by the persons concerned which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment), (ii) a full account of objective medical findings based on a thorough examination, and (iii) the health-care professional's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.**[25]

Finally, **the Committee once again encourages the Armenian authorities to take the necessary measures to extend the practice of conducting a systematic medical screening of newly-admitted detained persons to all police detention centres in Armenia.**[26]

18. In the reports on the 2010 periodic and 2013 ad hoc visits,[27] the CPT had expressed its misgivings about the formal position of health-care staff at the Detention Centre of Yerevan City Police Department, who are members of the police service.

It is evident that given both their status as police officers and the presence of other police officers during medical examinations, health-care staff is likely to face a conflict of interest. Further, they are usually not perceived by detained persons as being independent, which clearly has a detrimental effect on the prevention of ill-treatment.

The CPT reiterates its recommendation that the medical screening of newly-admitted detained persons at the Detention Centre of the Yerevan City Police Department be performed by health-care staff who are independent of the police.

The Committee also reiterates its recommendation that the task of recording any injuries displayed by detained persons on admission to other police detention facilities in Armenia (i.e. all those without their on-site health-care staff) be carried out by a health-care professional, if necessary, by having recourse to the emergency services.

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25 See also paragraphs 71 to 84 of the CPT's 23rd General Report, www.cpt.coe.int/en/annual/rep-23.pdf.

26 As is in principle provided by the LTAD as well as by the Statute of police holding facilities which has been established by Government Decree No. 574-N of 5 June 2008.

27 See paragraph 35 of CPT/Inf (2011) 24 and paragraph 29 of CPT/Inf (2015) 8.

19. During the visit, the delegation was informed by senior police officials that, in the first half of 2015, ten police officers (including four senior officials) had been dismissed from the police force for improper conduct (it was unclear to the delegation whether the said conduct referred also/exclusively to ill-treatment of persons in police custody).

In order to be able to form a full view of the current situation, **the CPT requests to be provided with the following information in respect of the whole of 2015 and the first half of 2016:**

- **the number of complaints of ill-treatment by the police received by the Police of Armenia and by the relevant investigative and prosecution services (i.e. the total cumulative number);**

- **the number of criminal/disciplinary proceedings which have been instituted as a result of those complaints;**

- **the number of criminal/disciplinary proceedings which have been instituted *ex officio* (i.e. without a formal complaint) into possible police ill-treatment;**

- **the outcome of all those proceedings, including an account of criminal/disciplinary sanctions imposed on police officers.**

20. The delegation was also informed about new curricula for the Justice and Police Academies,[28] either already introduced or about to be introduced, *inter alia* to reflect the new legislation and international human rights standards. In this connection, the Armenian authorities were co-operating with the Council of Europe on the previously-mentioned multi-year project[29] designed to strengthen the capacity of the Justice Academy to train investigators on criminal justice and human rights. These curricula reportedly included more advanced crime investigation methods and interview techniques.

The CPT had stressed in the past that professional training for police operational officers and investigators should place particular emphasis on a physical evidence-based approach, thereby reducing reliance on information and confessions obtained through questioning for the purpose of securing convictions.[30] In parallel, specific training in advanced, recognised and acceptable interviewing techniques should be regularly provided to the police officers concerned.[31]

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28 The Justice Academy trains judges, prosecutors and investigators.

29 "Supporting the criminal justice reform and combatting ill-treatment and impunity in Armenia", launched on 30 September 2015 and scheduled to run until 31 June 2017.

30 See paragraph 18 of CPT/Inf (2011) 24. In particular, improved initial and in-service training should be given on the seizure, retention, packaging, handling and evaluation of forensic exhibits and continuity issues pertaining thereto.

31 Further, as a rule, police interviews should be conducted by one or two interviewers, in rooms specifically equipped and designed for the purpose. A system of ongoing monitoring of police interviewing standards and procedures should also be implemented. This would require an accurate recording of police interviews which, if possible, should be conducted with electronic (i.e. audio and/or preferably video) recording equipment; such a recording represents an important additional safeguard against ill-treatment of persons in police custody. It should also be required that a record be systematically kept of the time at which interviews start and end, of any request made by a detainee during an interview, and of the persons present during each interview.

In the light of the reports on alleged police misconduct in the context of mass demonstrations in June and September 2015 (referring *inter alia* to allegedly improper and dangerous use of water cannon)[32], the Committee is also convinced of the necessity for improved initial and ongoing training in crowd-control techniques for all potentially concerned police officers.[33]

The CPT trusts that the above-mentioned elements will be duly reflected in the updated curricula of the Justice and Police Academies, and practically implemented in the course of both initial and ongoing training for police officers, prosecutors and investigators (as applicable). It would like to receive further information about the content of those curricula, as well as about any other training reforms envisaged in the context of the aforementioned multi-year joint project.

3. Investigations into cases possibly involving ill-treatment by the police

21. The subject of investigations into cases of possible (and/or alleged) police ill-treatment has been covered extensively and in detail in the reports on the periodic visit in 2010 and (especially) the ad hoc visit in 2013.[34] The delegation that carried out the 2015 visit paid attention to the implementation of the recommendations on this issue set out in the reports on the above-mentioned visits. Among others, the delegation met the leadership of the Special Investigation Service (SIS)[35] and held consultations with senior representatives of the Prosecutor's Office.

22. As regards, more specifically, the SIS, the delegation noted that some steps had been taken recently to bolster its independence and to strengthen its capacity to investigate cases involving allegations of ill treatment.

In 2014, the SIS was relocated from the premises it had shared with the Public Prosecutor to headquarters of its own and a new unit of eight investigators (the "Torture Department") was created to investigate cases of alleged ill-treatment. Action had also been taken to make the SIS more directly accessible to members of the public; complaints could be submitted in person at its headquarters, as well as by telephone, e-mail and via the SIS website.

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32 Reports that the delegation received from various sources (NGOs, International Organisations, NPM, media, etc.) prior to and at the outset of the visit. Formal investigations into the events of June 2015 were on-going at the time of the delegation's visit.

33 This need was acknowledged by senior representatives of the Police and Prosecutor's Office with whom the delegation held consultations.

34 See paragraphs 20 to 27 of CPT/Inf (2011) 24, and paragraphs 32 to 54 of CPT/Inf (2015) 8.

35 It will be recalled here that the SIS was established in 2007 as a separate agency specialised in the carrying out of preliminary investigations of cases possibly involving abuses by public officials. Among other things, the SIS has the exclusive power to carry out pre-trial criminal investigations regarding all criminal offences potentially committed by police officers. In exercising its powers, the SIS is formally independent of any other administrative authority. The Prosecutor General is responsible for controlling the lawfulness of the actions conducted by the SIS. The Head of the SIS is appointed by the President of the Republic, upon the recommendation of the Prosecutor General.

Reference should also be made to the new guidance material produced by the SIS in 2014 and 2015[36] that includes detailed reference to the standards of the CPT and the procedural obligation requirements of the European Court of Human Rights in the relation to the investigation of cases including allegations of ill-treatment.

23. The delegation examined in detail a number of cases involving allegations of ill-treatment under active investigation by the SIS. In each of the cases reviewed, comprehensive case files demonstrated that the available evidence (e.g. records of medical examinations, duty rosters and operational orders) had been swiftly secured, complainants promptly interviewed and police officers robustly questioned based on the evidence gathered by the SIS. The delegation formed a positive view of the professionalism with which SIS investigators carried out their tasks.

24. Having said that, the fact remains that several of the recommendations made in the reports on the 2010 and 2013 visits remain unimplemented. They will be enumerated and reiterated below.

On a more general note, some of the delegation's interlocutors (especially representatives of the NPM, NGOs and International Organisations) pointed out the fact that – so far – hardly any of the investigations into possible police ill-treatment (whether carried out by the SIS or the Prosecutor's Office) had actually led to court proceedings resulting in criminal sanctions.[37] In this context, **the Committee would like to receive information on the outcome of the investigation into the events of June 2015 (referred to in paragraph 20 above) as well as the outcome of any investigations initiated in the course of 2015 under Section 309.1 of the CC (see paragraph 13 above).**

The delegation's attention was also drawn to a practice whereby investigations concerning police officers were closed because the officers concerned had been dismissed (disciplinarily) from the police force (and sometimes, apparently, subsequently reintegrated, thus possibly avoiding responsibility for any misconduct). **Such practices, if indeed they existed, would be unacceptable and would run totally counter to the objective of combating impunity.**

25. Turning to the issue of (non)implementation of CPT's recommendations, the Committee would like to highlight the following points:

Information on injuries detected (whether in police detention facilities or prisons) on newly-arrived detained persons continued to be forwarded to the "body of inquiry"[38] and (on a weekly basis) to supervising prosecutors[39] – but not to the SIS. As stressed in the past, such a practice clearly impedes the prompt initiation of any investigative actions.

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36 "Guidebook for Organisation and Fulfillment of Investigation into Cases over Torture" (2014) and "Methodology of Investigation of Crimes" (2015).

37 According to the data that the delegation obtained from the NPM, in 2014 the SIS had received information on 530 cases of possible police misconduct, of which 235 had led to an investigation and 55 had been sent to the court with an indictment; however, the NPM representatives had no information on the outcome of any of these cases. Reportedly, none of the cases referred expressly to possible ill-treatment/torture and only a few concerned possible excessive use of force.

38 I.e. the police investigator in charge of the criminal case.

39 In the case of the Detention Centre of Yerevan City Police Department, also to the Investigative Committee.

Further, the SIS was still not involved automatically after allegations of ill-treatment had been made or other information indicative of ill-treatment by the police had emerged. Instead, it was formally requested by the Prosecutor General to carry out investigations only once a criminal case had been opened and after relevant information had been scrutinised by supervising or local prosecutors (with the involvement of police officers at local level) as well as by the Prosecutor General.[40]

In addition, due to its limited resources and the lack of operational staff, the SIS was still not in a position to perform all the necessary investigative actions on its own. Consequently, some investigative actions (for example, securing the attendance for interview of potential witnesses) were still being delegated by the SIS to police officers (i.e. police investigators or officers of the local branch of the Internal Security Service).

On 11 March 2014, the Head of the SIS issued instructions that SIS must not engage investigators from the same police establishment as that where the police officers under investigation were employed. Nonetheless, the persistence of the practice of using police officers to assist in investigating other police officers seriously compromises the independence and impartiality of the work of the SIS and also runs counter to the very concept of setting up the SIS as a specialised investigative body.

26. In the light of the above, **the CPT calls upon the Armenian authorities to take urgent steps to review the system of handling cases involving possible ill-treatment by police officers, and in particular to ensure that:**

- **the SIS is significantly reinforced in terms of operational staff, thereby removing the need to rely on local police officers;**

- **increased emphasis is placed on the structural independence of the SIS and the existence of transparent procedures in order to enhance public confidence and ensure that persons alleging ill-treatment have direct and confidential access to the SIS;**

- **all formal complaints about police ill-treatment as well as all cases in which other information indicative of ill-treatment by the police has emerged, are promptly forwarded to and processed by the SIS;**

- **whenever a detained person displays injuries indicative of ill-treatment or makes allegations of ill-treatment, he or she is promptly seen by a doctor with recognised forensic training.**

[40] It was also up for these prosecutors (and police investigators) to request any forensic medical examination.

4. Safeguards against ill-treatment

27. Concerning the legal safeguards against ill-treatment (and, in particular, notification of custody, access to a lawyer – including *ex officio* legal assistance – and information on the aforementioned rights), the delegation gained the overall impression that once the police custody was formalised (by drawing up a protocol of detention) and duly recorded, these safeguards were operating adequately.

However, as already mentioned in paragraph 14 above, the CPT is very concerned by the persistent and widespread practice of the police "inviting" persons for "informal talks", for periods of hours and even days, during which police custody is not recorded and safeguards not applicable. In this context, **reference is made to the comments and recommendation in paragraph 14 above.**

Further, the delegation did hear some allegations of delays in the exercise of the above-mentioned rights, even after the protocol of detention had been drawn up. This was particularly the case with access to a lawyer, which had reportedly on occasion been granted only when the person concerned had been brought to the court or – in any case – after the signature of the confession.[41]

The Committee must thus reiterate its long-standing recommendation that steps be taken by the Armenian authorities to ensure that persons in police custody are effectively in a position to exercise their rights from the very outset of their deprivation of liberty (i.e. as from the moment they are obliged to remain with the police). Concerning the notification of custody in particular, any possibility to delay the exercise of this right should be clearly circumscribed in law and made subject to appropriate safeguards (e.g. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor) and strictly limited in time.

28. As for access to a doctor while in police custody, despite the CPT's numerous and repeated recommendations in the past, the current practice continues to be perceived primarily as a means to protect the staff of police detention facilities against possibly unfounded allegations of ill-treatment, rather than as a fundamental right of the person detained. Consequently, **the CPT reiterates once again its long-standing recommendation that persons deprived of their liberty by the police be expressly guaranteed the right of access to a doctor (including a doctor of their own choice, it being understood that an examination by such a doctor may be carried out at the detained person's own expense) from the very outset of their deprivation of liberty. The relevant provision should make clear that a request by a detained person to see a doctor should always be granted; it is not for police officers, nor for any other authority, to filter such requests. Needless to add, persons in police custody must be informed of the above-mentioned right duly (including in writing) and expeditiously.**

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[41] In at least one case, consultation of the relevant case file (including the filled in protocol of detention) seemed to confirm the allegation – the lawyer's signature was missing at the time of the drawing up of the protocol and his arrival at the police detention facility had been first recorded on the following morning.

Further, **the Committee reiterates its recommendation that persons in police custody be entitled to a forensic medical examination without prior authorisation from an investigator, prosecutor or judge.** This was still not the case in practice, at variance with the existing legislation.[42]

29. Apprehension, arrest and investigation records were generally well kept in the police establishments visited, at least as from the moment at which a detained person was formally apprehended/arrested (see paragraph 27 above).

However, in one police establishment visited – the Shengavit District Police Division in Yerevan – the delegation witnessed a police officer completing the record of the time of release some four hours after the detained person concerned had physically left the premises. Plainly, this creates some legitimate doubts about the accuracy and contemporaneous nature of the information recorded in writing in the other police establishments visited. **The CPT recommends that steps be taken to stop such practices.**

Further, in relation with the phenomenon already referred to in paragraphs 14 and 27 above, **the Committee calls upon the Armenian authorities to ensure that whenever a person is taken/summoned or "invited" to a police establishment, for whatever reason (including for interviews with an operational officer), his/her presence is always duly recorded. In particular, the records should mention who was brought in/summoned/"invited", by whom, upon whose order, at what time, for which reason and in which capacity (suspect, witness, etc.), and when the person left the premises of the police establishment concerned.**

30. As regards external inspection, police establishments were regularly visited by staff of the Office of the Human Rights Defender, the NPM Division and/or the Expert Council (see paragraph 10), as well as the Police Monitoring Group comprising representatives of civil society. On this subject, **reference is made to the comments in paragraphs 9 to 11 above.**

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[42] According to Section 15 of the LTAD, "an arrested or detained person and, in consent of an arrested or detained person, also his/her lawyer have the right to demand the forensic medical examination".

5. Conditions of detention

31. At the outset of the visit, senior police officials informed the delegation of ongoing efforts to refurbish and modernise police detention facilities. Indeed, the material conditions in police establishments visited were generally satisfactory or even very good (as in Mush Police Division in Gyumri).

32. Cells for criminal suspects were of an adequate size (e.g. single cells of at least 8 m², double-occupancy cells of 9 to 16 m²), suitably equipped (e.g. beds, table, stools, lockers, washbasin) and generally in a good state of repair and cleanliness. Detained persons were provided with full bedding for the night, had ready access to decent and clean communal toilets, could take a shower at regular intervals and were provided with basic personal hygiene items. As regards food, arrangements had been made to provide detained persons with three meals a day, including at least one warm meal.

However, access to natural light was somewhat limited in the cells of some of the detention facilities visited (e.g. at the Detention Centre of Yerevan City Police Department, and at Dilidjan and Echmiadzin Police Divisions). Further, some of the cells at the Yerevan Detention Centre were poorly ventilated and the entire detention area in Dilidjan was quite cold. **The CPT recommends that these shortcomings be remedied.**

33. Most police establishments also possessed one or more holding cells, measuring some 3 to 4 m² and intended for detention periods of up to three hours. The cells were in a good state of repair, adequately lit and ventilated, and equipped with a bench.

34. All police detention facilities had outdoor exercise yards (measuring from 25 to 100 m² and fitted with benches and protection against inclement weather) and detained persons interviewed generally confirmed that they were allowed access to them during one hour every day (two hours for women and juveniles). One exception was observed at the Detention Centre of Yerevan City Police Department where the detained person interviewed by the delegation had reportedly not been offered outdoor exercise since his arrival two days before. **The CPT recommends that steps be taken to ensure that all persons held in this facility for more than 24 hours be given the possibility to take at least one hour of outdoor exercise every day.**

35. As already mentioned,[43] information gathered by the delegation in the course of the 2015 visit suggests that persons "invited" for "informal talks" continued to be frequently held in police establishments, in offices or in corridors, for periods of hours, including overnight and occasionally for up to two days. **The Committee calls upon the Armenian authorities to take immediate measures to ensure that offices or corridors are not used as a substitute for proper detention facilities.**

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[43] See paragraphs 14 and 27 above.

B. Military detention facilities

36. The CPT's delegation carried out a follow-up visit to one military detention facility, namely the Isolator of the Military Police Headquarters in Yerevan.[44] The establishment, with a capacity of 50 places, was used for the detention of military personnel under criminal law.[45] This, in principle, included criminal suspects (who could be held there for up to 72 hours), servicemen awaiting the outcome of the appeal of their sentences or serving sentences of up to three months of deprivation of liberty.

However, the only inmate present at the time of the visit[46] had already spent (with several interruptions due to transfers and stays in the psychiatric ward of the Military Hospital) six months at the Isolator.[47] The delegation was told by the Isolator's Commander that the reason behind such an exceptionally long stay was that the inmate's criminal case had been particularly complex and that he was still awaiting the outcome of his cassation appeal. It was clear to the delegation that, due to the lack of organised activities and problems with providing adequate psychiatric care and psychological assistance,[48] the Isolator was not a suitable place for such a prolonged detention (in any case, at least for that particular prisoner). More generally, using the facility as a *de facto* remand prison could, in the CPT's view, raise the issue of conformity with the European Prison Rules.[49] **The Committee would welcome the Armenian authorities' observations on this subject.**

37. It should be stressed that the above-mentioned inmate did not make any allegations of ill-treatment by the staff of the Isolator. On the contrary, he praised the staff (both the custodial officers and the health-care staff) for their humane attitude and for taking time to interact with him on a frequent and daily basis.

38. As regards material conditions, all the cells of the Isolator were of a good size for their intended occupancy,[50] well-lit, adequately ventilated, clean and in a good state of repair. The cells' equipment consisted of beds with full bedding, lockers, a table and stools. The inmate interviewed by the delegation stated that he had ready access to the communal toilet and could take a shower at least twice a week; the above-mentioned sanitary facilities were found to be in a good state of repair and cleanliness. The inmate had no complaints about the food, which was offered three times per day.

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44 Previously visited by the CPT in 2002 and 2010, see paragraphs 195 to 204 of CPT/Inf (2004) 25 and paragraphs 41 to 55 of CPT/Inf (2011) 24.

45 At the outset of the visit, the delegation was informed by senior officials of the Ministry of Defence that, following recent legislative amendments, military detention facilities were no longer used to accommodate servicemen in disciplinary confinement (for breach of military statutes). The sanction of disciplinary confinement had been replaced by transfer to a disciplinary unit where the servicemen concerned continued performing their military duties under a stricter regime.

46 Consultation of the relevant records revealed that the Isolator generally accommodated only a few inmates at a time, and that usually the length of stay did not exceed a few days (in rare cases, up to a month).

47 In the six-month period, he had in total spent 1.5 month in the hospital. He was about to be transferred there again, for further examinations and treatment, within 2 days.

48 See paragraphs 40 and 41 below.

49 And in particular Rule 10.2: "In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories."

50 Ranging from 10 m² for single occupancy to 24 m² for four persons.

The Isolator's Commander told the delegation that there were plans to further improve conditions, e.g. by installing washbasins in the cells. **The CPT would like to receive more detailed information on these plans.**

39. The delegation was informed that detained servicemen had access to at least one hour of outdoor exercise in a spacious (130 m²) and well-equipped yard (including a bench, shelter against inclement weather and some basic sports equipment).

40. By contrast, the offer of activities was extremely poor, limited to some theoretical military training (studying military statutes in a dedicated classroom) and reading other books or newspapers/magazines, as well as playing board games inside the cell. There was not even a radio or a TV set.[51] **The Committee again recommends that military staff remanded in custody or serving sentences be provided with some form of out-of-cell activity (e.g. work, sports), as well as with the possibility to listen to the radio and watch television.**

41. As regards health-care, the Isolator had its on-site doctor and a full-time feldsher[52] who saw prisoners twice a day and distributed any prescribed medication. The inmate interviewed by the delegation had no complaints about access to the doctor and to the feldsher. Based on the consultation of the medical files and other medical documentation (which were well kept), the delegation ascertained that all newly-arrived servicemen were systematically medically screened. Whenever there was the need for specialist examinations/treatments (including dental) or hospitalisations, transfers to the Military Hospital were easily arranged. Arrangements were in place for irregular visits by a psychologist (upon inmates' request) but there was no visiting psychiatrist. **The CPT invites the Armenian authorities to consider providing such a possibility.**

42. The delegation was told that servicemen remanded in custody and those serving sentences for criminal offences had access to a telephone (once a week for 10 minutes, free of charge) and were allowed to receive regular family visits (once a week for one hour, under open arrangements). There were no restrictions on both outgoing and incoming correspondence.

43. The establishment possessed a "kartzer" (a punishment cell) which could theoretically be imposed for up to 10 days but had reportedly not been used for many years. Conditions in the single-occupancy punishment cell, measuring approximately 8 m², were acceptable (it was well lit and ventilated, and equipped with a foldable sleeping platform to be lifted during the day,[53] a table and a stool). **The Committee would like to receive more information on the procedural safeguards applicable to placements in the "kartzer" (information on the charge, right to oral hearing, provision of a copy of the decision with information on the right to appeal, access to legal assistance, etc.).**

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51 The Commander stated that if relatives brought a radio and/or a TV set to the Isolator, he would authorise the inmate to have it in his cell; however, he did not consider that it was his establishment's duty to provide such equipment.

52 I.e. a medical assistant.

53 Bedding would be provided for the night.

44. The custody registers and other relevant documentation were well kept, and information on the house rules and on inmates' rights (including on the avenues of complaint) was posted on the walls in the detention area and inside the cells. This is to be commended.

The independent inspections mechanism seemed to work well, with regular visits by the staff of the Ombudsman/NPM and occasional visits by NGOs (as well as by the supervising military prosecutor).[54]

[54] See also paragraphs 9 to 11 above.

C. Penitentiary establishments

1. Preliminary remarks

45. The delegation visited for the first time Armavir and Vanadzor prisons.[55] Further, it paid follow-up visits to **Nubarashen Prison**, **Yerevan-Kentron Prison** and the **Central Prison Hospital** (with the focus on the psychiatric ward); the general descriptions of these three establishments set out in the reports on previous visits remain on the whole valid.[56]

Armavir Prison, located on extensive grounds some 40 km from Yerevan near the town of Echmiadzin, is the first penitentiary establishment to be constructed completely from scratch since Armenia's regained independence in 1991. At the time of the visit, only one of the three blocks (with 400 places, divided in two wings) was already operational (accommodating 285 male adult prisoners on closed and semi-closed regime[57]), as well as units containing the administration, "quarantine" (admission cells), "kartzers" (punishment cells), health-care service (not yet fully equipped, see paragraph 79 below) and the kitchen. It was planned to open the second block (equally with 400 places) by the end of 2015 and the third block for 400 inmates (including 160 places for life-sentenced prisoners, see paragraph 59 below) by the spring of 2016.[58] The target capacity was thus of 1,200 places.

Vanadzor Prison was opened in 2008 on the reconstructed site of a former bus depot, in an industrial suburb of the town. With a capacity of 245, it was accommodating 192 male adult prisoners (including 27 on remand) on closed and semi-closed regime. Almost all the prisoners (except the few employed in the kitchen) lived in the same main accommodation block.

46. At the outset of the visit, the delegation was informed by senior officials from the Ministry of Justice and the Penitentiary Service of ongoing efforts to combat prison overcrowding.[59]

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55 The delegation also went to Artik Prison, but exclusively in order to interview recently arrived remand prisoners on the subject of their treatment while in police custody. The site of Armavir Prison – back then still under construction and not yet in service – was briefly visited during the 2014 ad hoc visit, see paragraphs 24 and 25 of CPT/Inf (2015) 10. As for Vanadzor, the prison that the CPT had visited in 2006 (see paragraphs 59 to 69 of CPT/Inf (2007) 47) was subsequently closed and replaced with a completely new establishment, constructed on another site.

56 For Nubarashen Prison, see paragraphs 69 to 75 of CPT/Inf (2004) 25; for Yerevan-Kentron Prison, see paragraphs 53 to 61 of CPT/Inf (2004) 25, and paragraphs 24 and 28 of CPT/Inf (2006) 38; for the Central Prison Hospital, see *inter alia* paragraph 131 of CPT/Inf (2004) 25.

57 Including 35 remand prisoners. The main practical differences between the regimes were the time spent on outdoor exercise, the degree of association permitted during the day and the visiting entitlement (see paragraph 107 below).

58 In their letter dated 20 January 2016, the Armenian authorities informed the CPT that the two blocks had been brought into service on 15 December 2015. See also paragraphs 71 and 72 below.

59 At the time of the visit, the total prison population was approximately 3,900 including some 1,100 remand prisoners, some 160 women and 8 juveniles. Although there was a positive trend as compared with the 2010 visit (when the prison population had stood at 4,928) and technically there was no longer any overcrowding at the national level (the total official capacity of the prison system being of 4,395), it remained the fact that some establishments (especially Nubarashen Prison – see paragraph 63) were overcrowded.

In this context, information was provided on work on the draft new Criminal Code and Penitentiary Code. Both draft Codes would stress more firmly the principle that the sanction of imprisonment should be a measure of last resort, further liberalise the rules governing life imprisonment and early/conditional release,[60] and reinforce the principles of individual assessment and individual sentence plans. The plan was to have both drafts ready by the end of 2015 and to have them adopted before the end of 2016.

Further, the draft new CCP (see paragraph 13 above) was expected, once adopted, to decrease the resort to pre-trial detention which at the time of the visit continued to be applied routinely[61] and for long periods, at times as long as 2 years.[62]

Concerning electronic monitoring, a pilot project (financed by the EU) was under way in two localities (in the Shengavit district of Yerevan and in the city of Vanadzor) and it was hoped to expand it to the whole country in the course of 2016.

The delegation was also informed of ongoing plans to set up a fully-fledged Probation Service (although there were reportedly delays due to technical and budgetary reasons).

The CPT strongly encourages the Armenian authorities to implement all the above-mentioned legislative and organisational measures. The Committee would like to be informed of progress in this area in the authorities' response to this report.

47. As for the prison estate, thanks *inter alia* to the resources obtained through the EU budget support programme, it was hoped to complete the construction of Armavir Prison within the deadline (see paragraph 45 above).[63] This would allow transferring all life-sentenced prisoners and the bulk of other inmates from Nubarashen Prison, as well as certain vulnerable inmates from other prisons. In the light of the facts found by the delegation, especially at Nubarashen Prison (see paragraphs 63 to 65 below), **the Committee can only encourage the speedy implementation of these plans.**

It was not yet clear at the time of the 2015 visit whether Nubarashen Prison would eventually be closed down completely or whether it would continue to operate as a facility for remand prisoners from the Yerevan area (due to the proximity to courts in the capital). Further, the delegation was not able to ascertain whether the planned transfer of life-sentenced prisoners to Armavir Prison would also include the lifers currently accommodated at Yerevan-Kentron Prison.[64] **The CPT would like to obtain further clarification of these issues from the Armenian authorities.** In this context, **reference is also made to the recommendations in paragraphs 56 and 58 below.**

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60 Parole commissions would be abolished and decisions on early release taken by the Penitentiary Service with the possibility of appeal to court.

61 According to NPM representatives, 96% of motions for remand in custody submitted by investigators and/or prosecutors were granted by courts.

62 Under the existing CCP, pre-trial detention could not be extended beyond 12 months. However, defendants were sometimes kept for longer periods given that, when trials began, pre-trial detention could run for an unlimited period.

63 The Minister of Justice hoped that more resources would be made available after 2016, when the 2nd stage of EU support programme started.

64 See paragraph 58 below.

48. In contrast with the above-mentioned planned measures concerning the prison population and estate, the CPT is concerned by the limited, if any, progress in drawing up programmes of purposeful, out-of-cell, activities for prisoners. Similar to the situation observed during the 2010 periodic and the subsequent ad hoc visits,[65] prisoners in the establishments visited in 2015 (both those on remand and sentenced) were locked up in their cells for 21 to 23 hours per day, in a state of enforced idleness. This was of particular concern with respect to inmates serving long (including life) sentences.

The Committee once again calls upon the Armenian authorities to take decisive steps to develop the programmes of activities for both sentenced and remand prisoners. The aim should be to ensure that prisoners are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activities of a varied nature (work, education, sport, etc.) tailored to the needs of each category of prisoner (adult remand or sentenced prisoners, inmates serving life sentences, female prisoners, juveniles, etc.). Implementing this standard should be possible, in particular, at Armavir and Vanadzor prisons which both have available space (and Vanadzor Prison has enough staff).[66]

49. The delegation has again noted striking differences in conditions (mainly in the state of repair and equipment, but also as regards occupancy levels) between different cells e.g. at Nubarashen and Armavir prisons (and to a lesser extent at Vanadzor Prison). As already stressed by the CPT in the past, it is essential that the prison administration strives to prevent situations in which certain prisoners exploit their wealth and influence within the informal prisoner hierarchy,[67] and thus undermine the management's efforts to keep firm control of the establishments.

Further, the Committee must stress that it is the responsibility of the State to provide adequate conditions of detention for prisoners, and the authorities should not relieve themselves of this burden by relying on inmates and their families to provide such basic necessities as sufficient food, bedding and hygiene items. This highly questionable practice was indeed observed in all the penitentiary establishments visited.

The CPT calls upon the Armenian authorities to take resolute steps to address the above-mentioned phenomena. It wishes to be informed of the concrete steps that will be taken to bring an end to these practices and of the timeframe within which they will be implemented.

50. It is also clear that corruption remains a problem in the Armenian prison system. The delegation again heard allegations that inmates were expected to make unofficial payments e.g. in order to obtain better material conditions or to be transferred "to rest" in the prison's health-care unit or at the Central Prison Hospital. **The CPT calls upon the Armenian authorities to step up their efforts to combat corruption in the prison system. Tackling it will also require a substantial increase in salaries of (especially junior) custodial staff;** at present these salaries are insufficient to provide decent living conditions for them and their families (see paragraph 96).

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65 See paragraph 62 of CPT/Inf (2011) 24, paragraph 25 of CPT/Inf (2012) 23, and paragraphs 17 and 33 of CPT/Inf (2015) 10. The latter two reports (on the 2011 and 2014 ad hoc visits) focussed *inter alia* on life-sentenced prisoners.

66 See further details in paragraphs 75 and 97 below.

67 See also paragraph 53 below.

2. Ill-treatment and inter-prisoner violence

51. The delegation received no allegations of ill-treatment by staff at any of the penitentiary establishments visited, and noted that staff-prisoner relations appeared generally free of visible tension.

52. In the establishments visited, resort to "special means" (e.g. truncheons and handcuffs) was reportedly very rare;[68] however, in the absence of dedicated registers or otherwise consolidated records,[69] it was impossible for the delegation to verify these assertions. Consequently, **the CPT reiterates its recommendation to ensure that all instances of resort to "special means" vis-à-vis prisoners are adequately recorded in a dedicated journal/register.**

53. The Committee has stressed in the past that it is the responsibility of the staff and of the prison administration as a whole to protect prisoners' physical and psychological integrity, and to take immediate, resolute and even anticipatory action to prevent inter-prisoner violence and intimidation. In the course of the 2015 visit, the delegation again observed that there was a general tendency for the management and staff in the prisons visited[70] to partially delegate authority to a select number of inmates who were at the top of the informal prison hierarchy, the so-called "watchers",[71] and use them to keep control over (and maintain discipline among) the inmate population.[72] In order to exercise their authority, the "watchers" were apparently afforded certain privileges, such as the possibility to move relatively freely within the establishments and to enter any cells.[73]

54. The management at Nubarashen and Armavir prisons openly stated that the very low staff complement rendered this policy almost unavoidable. The situation was different in respect of Vanadzor Prison, where the staffing levels were more adequate.[74]

The CPT must reiterate its view that such an approach constitutes not only a potential threat to good order within prisons but also a high-risk situation in terms of inter-prisoner intimidation, and it leads to a culture of inequality of treatment between inmates. It is noteworthy that the delegation saw in the relevant documentation that requests for voluntary isolation were quite frequent in the prisons visited; at least some of these requests were expressly motivated by the prisoners' fear of their fellow inmates (and of the prisoner hierarchy) and staff acknowledged the existence of the problem.

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68 There had apparently been no case in the preceding 3 years at Nubarashen Prison, no case at all at Vanadzor Prison since its entry into service in 2008, and likewise none at Armavir Prison (since its opening some 8 months previously).

69 The delegation was told that the originals of reports on the use of "special means" would be sent to the Penitentiary Service and copies conserved in inmates' individual administrative files.

70 Especially at Armavir and Vanadzor prisons.

71 In Russian: "*smotryashchiye*".

72 Several prisoners interviewed by the delegation stated that there were "watchers" in their establishment, and could identify their name (or nickname) and location within the prison.

73 They were also offered better conditions in their cells, most strikingly in Armavir (e.g. a "luxury cell" with higher-standard furniture) and to a lesser extent in Vanadzor, see paragraphs 63, 71 and 73 below.

74 See paragraphs 96 and 97 below.

The aforementioned practice is also contrary to the European Prison Rules, according to which no prisoner should be employed, in the service of the institution, in any disciplinary capacity.[75]

The CPT calls upon the Armenian authorities to step up their efforts to combat inter-prisoner violence and intimidation. Prison staff must be especially alert to signs of trouble, pay particular attention to the treatment of vulnerable inmates by other prisoners, and be both resolved and properly trained to intervene when necessary.

Resolute steps must be taken to put an end to the reliance on the informal prison hierarchy to maintain good order in prison establishments. No prisoner should be put in a position to exercise power over other prisoners.

3. Prisoners sentenced to life imprisonment

55. The CPT has paid close attention to the situation of prisoners sentenced to life imprisonment during the majority of its previous visits to Armenia, most recently in the course of the 2010 periodic visit and ad hoc visits carried out in 2011, 2013 and 2014.[76] The 2015 periodic visit provided an opportunity for the Committee to assess progress in this area.

56. As concerns the lifers in Nubarashen Prison,[77] their *material conditions* remained generally better than for the rest of the prison population.[78] They were still accommodated in a few cells of Unit 4 and the whole of Unit 5, located on the highest two floors of the main accommodation building. Cells were of an adequate size for their intended occupancy (e.g. four beds in a cell of some 28 m², including a fully partitioned sanitary annexe with a shower) and were generally in an acceptable state of repair and cleanliness. That said, the cell windows were still fitted with several layers of metal grids and bars which significantly limited access to natural light.

Further, it remained the case that life-sentenced prisoners were not offered any out-of-cell *activities* other than outdoor exercise lasting 1 to 1.5 hour per day (which was now offered every day, including on weekends). There was still no access to work, education,[79] vocational training or sports. In other words, prisoners were locked up in their cells for up to 23 hours a day, the only occupation being watching television, playing board games or reading books.

Given the planned transfer of all prisoners sentenced to life imprisonment to Armavir Prison,[80] the Committee refrains from making here any recommendations concerning the lifers' accommodation at Nubarashen Prison. **The CPT would like to receive confirmation that the above-mentioned transfer has now taken place and that no life-sentenced prisoner remains at Nubarashen Prison.**

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75 Rule 62.

76 See paragraphs 69 to 74 of CPT/Inf (2011) 24, paragraphs 9 to 32 of CPT/Inf (2012) 23, paragraphs 63 to 73 of CPT/Inf (2015) 8, and the entire document CPT/Inf (2015) 10.

77 There were approximately 90 of them at the time of the 2015 visit.

78 See paragraph 63 below.

79 Apart from distance learning courses, which were being followed by three life-sentenced prisoners.

80 See paragraph 47 above and paragraph 59 below.

57. As already mentioned in paragraph 7 above, the delegation was particularly concerned by the situation of A., a life-sentenced prisoner accommodated at Nubarashen Prison under conditions resembling solitary confinement.[81] According to his medical file, he had been psychiatrically assessed in April 2014 as requiring anti-psychotic medication and deemed to be a potential suicide risk. However, there was no record of any subsequent psychiatric assessment or treatment and he was, at the time of the visit, presenting symptoms strongly suggestive of mental illness. At the end of the visit, the delegation made an immediate observation pursuant to Article 8, paragraph 5, of the Convention, and requested the Armenian authorities to take urgent action to provide psychiatric re-assessment and relevant treatment for A. without further delay. The delegation asked to receive within 3 months an account on the concrete measures taken in response to this immediate observation.

In their letter of 9 November 2015, the Armenian authorities informed the CPT that A. had been transferred to the Central Prison Hospital in order to undergo a one-month psychiatric assessment and subsequent treatment. The hospital's Director was instructed to periodically report on A.'s condition to the Head doctor of Nubarashen Prison.

The Armenian authorities provided a further update of the situation in their letter of 20 January 2016, in which they informed the Committee that a follow-up examination of A. had led to a conclusion that he suffered from an "adjustment disorder" and a "mixed anxiety and phobia disorder". He had reportedly been offered to undergo pharmacotherapy but had refused it; nevertheless, the Head of Penitentiary Service decided that he should remain at the Central Prison Hospital "for statutory treatment and further examination".

While welcoming the Armenian authorities' positive reaction to its immediate observation, **the CPT would like to receive more detailed information on the treatment currently provided to A (in particular, whether it includes any other treatment than pharmacotherapy) and on the outcome of the above-mentioned further examination. The Committee would also like to receive a copy of the formal psychiatric report drawn up after the aforementioned one-month assessment period.**

58. At Yerevan-Kentron Prison, the CPT's delegation found some improvements to the *material conditions* in which the three life-sentenced prisoners were accommodated (their cells had been redecorated, there was no more problem with plumbing and disinfestation had been carried out). However, other negative aspects remained: the cells were small, measuring just over 6 m², and were too narrow (i.e. less than 2 m between the walls). Further, there was limited access to natural light and no outside view (as the windows faced a wall).

There had also been some modest improvements as regards the *regime*: lifers could associate with each other (but not with any other prisoners) during outdoor exercise, they had access to a TV set and radio in their cells, and were allowed to use a computer and read books in the library. The delegation noted the provision of regular psychiatric review to those requiring it and the efforts made to mitigate the effects of their very long term isolation through a more individualised approach regarding human contact (including with the psychologist and the social worker).

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[81] A. told the delegation that he had been held alone for at least a year and 7 months.

However, the CPT is of the view that significant concerns remain regarding the fragility of the prisoners' mental state, and that regular psychiatric monitoring with provision of appropriate medication, psychosocial interventions and care should continue. **The Committee recommends that steps be taken accordingly.**

Further, **the CPT would like to know whether the planned transfer of life-sentenced prisoners to Armavir Prison concerns also the lifers at Yerevan-Kentron Prison. Were it not to be the case, urgent steps would be required to address the above-mentioned shortcomings as regards material conditions and out-of cell activities.**

59. The delegation also visited the planned new unit for prisoners sentenced to life imprisonment at Armavir Prison.[82] The Committee believes that the new unit could indeed offer adequate material conditions; **see however the recommendations in paragraphs 71 and 72 below**. Further, **the CPT calls upon the Armenian authorities to ensure that life-sentenced prisoners at Armavir Prison are offered a range of purposeful out-of-cell activities (such as work, education, sports, recreational activities).**

The Committee would also like to receive confirmation from the Armenian authorities that the policy of segregating lifers from the rest of the sentenced prisoner population will not be continued in Armavir Prison.[83] The CPT is aware that avoiding such segregation is the intention of the drafters of the new Penitentiary Code;[84] **the Committee strongly encourages the authorities to implement this new approach as soon as possible.**

60. As regards the conditions and treatment at the Central Prison Hospital, reference is made to paragraphs 91 to 94 below. At this point, mention should be made of the case of B., a life-sentenced prisoner suffering from a serious organic brain condition who, at the time of the visit, was held alone in the security unit of the above-mentioned establishment. Despite his transfer to the Central Prison Hospital and forensic psychiatric assessments following the Committee's immediate observation made in 2014,[85] it appeared that little active care or treatment was being offered to him. As the patient more recently had frequently removed his clothes, he spent significant periods naked in his dilapidated and unhygienic cell. At the end of the visit, the delegation stressed that urgent steps were required to remedy the material deficiencies in B.'s cell and to pursue more actively further therapeutic options, including neurosurgery.

Unfortunately, in their letter dated 20 January 2016, the Armenian authorities informed the CPT that B.'s health condition had drastically deteriorated on 8 November 2015 and he had been transferred to Erebuni Medical Centre in a "state of coma of unknown etiology". He died there in the night from 8 and 9 November 2015. According to his death certificate issued by the Yerevan Forensic Medical Examination Department on 10 November 2015, the cause of death was "severe coronary artery deficiency" caused by "mild overall arteriosclerosis and coronary sclerosis". **The Committee wishes to be informed whether an investigation into the death of B. had been opened and whether an autopsy of his body had been carried out.**

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82 Material conditions in the unit would be in most aspects identical to those in other units of Armavir Prison, see paragraphs 71 and 72 below.

83 And, as a matter of fact, at any other penitentiary establishment.

84 In line with Recommendation Rec (2003) 23 on the management by prison administrations of life sentence and other long-term prisoners, adopted by the Committee of Ministers on 9 October 2003. See also paragraph 46 above.

85 See paragraphs 13 to 15 of CPT/Inf (2015) 10.

The CPT wishes to receive, in due course, full and detailed information about the outcome of the above-mentioned investigation, as well as a copy of the autopsy report.

61. The delegation noted as a positive development that life-sentenced prisoners at Nubarashen and Yerevan-Kentron prisons were no longer routinely handcuffed when outside their cells (such measures only being applied in exceptional cases, after individual risk assessment) and never during outdoor exercise. **The Committee welcomes this and hopes that this approach will also be continued at Armavir Prison.**

The delegation also noted that, for the first time since the CPT had started visiting Armenia, a number of life-sentenced prisoners had been transferred from closed to semi-closed regime.[86] The delegation was told that after such transfer, the lifers concerned would no longer be segregated from the remaining prisoner population. This positive development is to be welcomed. **The Committee would like to receive an update on the number of inmates concerned, in due course.**

62. By contrast, as regards contact with the outside world[87], the visit entitlement of life-sentenced prisoners had remained significantly lower than those of other sentenced prisoners,[88] and limited to three short-term visits and one long-term visit per year. Further, visits under closed conditions (with a glass partition) remained the rule.

At the end of the visit, the delegation was informed by the Minister of Justice that it was planned to adopt amendments doubling the lifers' visiting entitlement after 10 years of sentence. While this would indeed be a step in the right direction, **the CPT nevertheless calls upon the Armenian authorities to ensure that life-sentenced prisoners benefit from the same visit entitlement as other sentenced prisoners and are, as a rule, allowed to receive short-term visits under open conditions (and that visits through a partition are only imposed on the basis of an individual risk assessment).**

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86 Pursuant to Section 102 of the Penitentiary Code. Eight lifers had recently been transferred to Artik Prison and three more were about to be sent there and to Vardashen Prison.

87 Life-sentenced prisoners were usually granted access to the telephone for 15 minutes every two weeks.

88 See paragraph 107 below.

4. Conditions of detention of the general prison population

a. material conditions

i. follow-up visit to Nubarashen Prison

63. Material conditions at Nubarashen Prison had remained basically the same as those observed during the 2010 periodic visit[89] i.e. they were unacceptable. Despite some local efforts to redecorate (mostly by inmates themselves[90] and often using their own resources or the resources of their families), the prison was in a state of advanced dilapidation. Further, it was severely overcrowded (even taking into account the drop in population since 2010),[91] with some inmates not having their own bed and sleeping in shifts. In a number of the standard 12-bed cells seen by the delegation there could be up to 17 prisoners, and it was not exceptional to see 14 inmates, especially in the units for remand prisoners (e.g. in cells Nos. 16, 34 and 51).

Many cells (especially on the ground level) were humid, damp, affected by mould, poorly lit and ventilated, dirty and infested with vermin.[92] There were still serious problems with water supply (water continued to be available at most 4 hours per day).[93] The communal bathrooms/showers were dilapidated[94] and access to a shower offered at most once per week. Most cells had only semi-partitioned sanitary annexes. The kitchen and laundry were dilapidated too.

Further, outdoor exercise was still not available on weekends[95] and – when offered – it reportedly did not always last one hour. The bulk of the inmates had to use the same small and inadequate yards located on the roof of the establishment.

64. As already mentioned in paragraph 7 above, at the end of the visit the delegation invoked Article 8, paragraph 5, of the Convention and requested the Armenian authorities to confirm, within three months, that every prisoner at Nubarashen Prison has his own bed and that all prisoners are offered outdoor exercise every day.

In their letter dated 20 January 2016, the Armenian authorities informed the CPT that the problem of lack of beds at Nubarashen Prison had been solved due to the ongoing process of transferring prisoners to Armavir Prison; the Committee welcomes this.

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89 See paragraphs 81 and 82 of CPT/Inf (2011) 24.

90 Apart from minor repairs in the visiting area and in some of the "quarantine" cells.

91 During the 2015 visit, the establishment was accommodating 1,002 adult male inmates (for the official capacity of 700), as compared with 1,259 inmates at the time of the 2010 visit. There were 231 sentenced prisoners, the rest being on remand.

92 That said, as already mentioned in paragraph 49 above, a number of cells offered strikingly better conditions, with freshly painted walls, tiled floors, new furniture, better artificial lightning and ventilation, and many additional items of equipment (water boilers allowing to take a hot shower in the cell, ventilators, big refrigerators, microwave ovens, cookers, etc.).

93 Inmates collected water for washing and cleaning in plastic bottles.

94 The one in Unit 3 had been out of order for 20 days and was undergoing repairs.

95 Except for the lifers, see paragraph 56 above.

As for daily outdoor exercise, the authorities stated that the issue would be addressed in the near future, given the recent opening of the remaining blocks of Armavir Prison.[96] **The CPT would like to receive confirmation, within one month, that this has now happened.**

65. More generally, the Committee is of the view that the structure and the present condition of Nubarashen Prison are so inadequate that they warrant a serious reflection as to the future of the establishment and the advisability of any further investment (rather than directing the available resources to ensure appropriate conditions of detention at some other location).[97] In any case, were a decision to be taken to continue operating Nubarashen Prison on its current premises, a massive and comprehensive refurbishment would be indispensable, covering issues such as access to natural light, artificial lighting, ventilation, full partition of sanitary annexes, water supply, state of communal bathrooms/showers, repainting, disinfestation, hygiene in the cells and the kitchen. **The Committee calls upon the Armenian authorities to urgently reflect upon these issues and, if a decision is made to continue operating Nubarashen Prison, take the above-mentioned steps without further delay.**

Pending this, **an immediate stop must be made to using the cells (especially Cell "00") on the ground level (which are the most dilapidated and dirty) as prisoner accommodation. Continued efforts should also be made to further decrease occupancy levels, so as to offer a minimum of 4 m² of living space per prisoner in multi-occupancy cells**.[98] Further, **steps should be taken to increase access to a shower (to at least twice a week) and to improve the outdoor exercise facilities, in order to allow prisoners to physically exert themselves.**

ii. follow-up visit to Yerevan-Kentron Prison

66. The CPT had visited Yerevan-Kentron Prison many times in the past.[99] The prison is located in the building of the National Security Service in Yerevan; however, since 2003, it falls under the authority of the Ministry of Justice. With an official capacity of 50, the establishment was accommodating 49 male adult inmates at the time of the visit (eight sentenced prisoners, including three life-sentenced prisoners,[100] and 41 remand prisoners).

67. As regards material conditions, most of the cells remained dilapidated and rather overcrowded, measuring approximately 20 m² (including a sanitary annexe with a makeshift curtain screening) and accommodating five inmates each. The cells were poorly ventilated, though in an adequate state of cleanliness, and reasonably well furnished. Further, inmates were allowed to keep a range of personal items such as television sets, DVD players, refrigerators and electric kettles.

The only "quarantine" cell measured some 7 m², which is barely acceptable for single-occupancy; however, at the time of the visit, it was accommodating two inmates, allegedly held there for one and three months respectively.

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96 See paragraph 45 above.

97 See also paragraph 47 above.

98 See also document CPT/Inf (2015) 44 "Living space per prisoner in prison establishments: CPT standards", http://www.cpt.coe.int/en/working-documents/cpt-inf-2015-44-eng.pdf.

99 In 2002, 2004, 2008, 2010, 2011, 2013 and 2015.

100 See paragraph 58 above.

68. Further, outdoor exercise continued to take place in small and oppressive yards on the roof of the building - enclosed areas surrounded by high walls topped with a wire mesh and fitted with a makeshift shelter against inclement weather and a bench, but no other equipment.[101] As during the previous visits, inmates from different cells were not allowed to associate in the exercise yards, except for the lifers.

69. In the light of the above, **the CPT reiterates its recommendations that steps be taken at Yerevan-Kentron Prison to:**

- **review occupancy levels in the cells to ensure that prisoners are provided with a minimum of 4 m² of living space in multi-occupancy cells (any space taken up by in-cell sanitary facilities should not be included in this calculation);**

- **ensure that cells of 7 m² do not accommodate more than one prisoner;**

- **improve access to fresh air in all the cells;**

- **equip outdoor exercise areas with better shelters against inclement weather and some basic sports equipment.**

70. In its report on the 2011 visit to Armenia, the Committee expressed an opinion that structural limitations of Yerevan-Kentron Prison had a negative impact on the regime of activities for inmates.[102] The CPT remains of the view that this establishment is not suitable to hold prisoners for prolonged periods of time. **The Committee would like to receive the Armenian authorities' observations on this subject.**

iii. Armavir Prison

71. Prisoners at Armavir Prison were accommodated in standard four-bed cells (measuring some 18 m²)[103] which were well lit and suitably equipped[104] (bunk beds with bedding, table, benches, chest, and fully partitioned sanitary annexe with a washbasin, a toilet and a shower[105]). However, the lack of any proper ventilation system was a serious problem inside the cells, the sanitary facilities and the kitchen (which was otherwise well equipped). Another observed deficiency was the absence of call bells, obliging inmates to shout and bang on the doors to attract staff's attention.[106]

Further, although the establishment had only opened some 8 months previously, signs of wear-and-tear (broken and leaking pipes and taps, humidity in the walls, crumbling concrete, broken tiles, etc.) were clearly visible throughout the operational areas.

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101 One of the yards had an exercise bike; prisoners were allowed to use it on rotating basis.

102 See paragraphs 10 to 15 of CPT/Inf (2012) 23.

103 At the time of the visit, there were less inmates than beds in most of the cells.

104 Some cells had additional items like a refrigerator or a ventilator, and one of the cells was much better equipped than all the other cells seen by the delegation, see paragraph 49 above.

105 Hot water was switched on centrally once a week.

106 The resulting noise was multiplied by the echo effect in the large inner areas on each wing.

The CPT calls upon the Armenian authorities to address these deficiencies as a matter of urgency, if possible as long as contractors remain on the site. Steps should also be taken to prevent similar problems from occurring in the two remaining detention blocks (unless this has already been done). Further, **the Committee recommends that all the cells be equipped with a call system and that the supply of hot water be ensured at least twice a week.**

72. Inmates placed under closed regime were offered outdoor exercise every day for at least an hour, in groups of 30 – 40 prisoners. The exercise yards were large (measuring some 200 m²) and equipped with benches and a shelter.[107] However, the delegation noted that in the remaining, not yet operational two blocks the large yards had been divided into several smaller ones (measuring some 25 m² each), apparently to enable more effective staff control. Their limited size was likely to render genuine physical exertion difficult. **The CPT invites the Armenian authorities to reflect upon ways to address this problem, e.g. by doubling the size of at least some of the yards or using them on a cell-by-cell basis only.**

In addition to the above-mentioned entitlement, inmates placed on semi-closed regime could associate in the large open inner areas of the wings for up to 3 hours per day. The delegation was informed that in the two remaining blocks, association would be made possible in rooms set up for this purpose (so to ensure better supervision and security).

iv. Vanadzor Prison

73. The standard 20 m² cells (including a fully screened sanitary annexe) were generally well lit and ventilated, and adequately equipped (bunk beds with full bedding, table, bench and chest).[108] However, despite the recent drop in population,[109] many cells offered only cramped conditions (as they were accommodating five or even six inmates each) and the cells' intended capacity (six places) was too high. Further, Vanadzor Prison was in clear need of refurbishment, especially the toilets, showers and the kitchen (with a leaking roof). **The Committee recommends that steps be taken to ensure that none of the cells accommodate more than four inmates; the extra beds should be removed at the earliest opportunity.** Further, **the CPT recommends that thorough refurbishment work be carried out at Vanadzor Prison, starting with the toilets, the showers and the kitchen (especially the roof).[110]**

Prisoners were allowed to take a shower once a week; **this entitlement should be increased to at least twice a week.**

74. All prisoners had access to at least one hour of outdoor exercise per day (3 hours in semi-closed regime), including on weekends. However, the exercise yards[111] were too small (measuring approximately 15 m²) to offer genuine physical exertion. **The Committee recommends that they be enlarged.**

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107 There was also a smaller yard (some 75 m²) for inmates placed in "quarantine" cells.

108 As mentioned in paragraph 49 above, a number of cells were better equipped (e.g. with less – and single – beds) and in a better condition. Some cells also had additional items such as fridges and ventilators.

109 The Director told the delegation that several inmates had recently been transferred to Armavir Prison.

110 See also paragraph 75 below.

111 Equipped with a bench and a shelter against inclement weather.

b. activities

75. As already mentioned (see paragraph 48 above), the almost total absence of anything even remotely resembling a programme of activities in any of the prisons visited is an issue of the CPT's ongoing and serious concern.

Work was offered only to a very small number of sentenced prisoners assigned to perform various housekeeping tasks in the establishments visited (e.g. seven inmates in Nubarashen, eight in Armavir and nine at Vanadzor Prison). Similarly, access to education and vocational training was extremely limited, if not virtually non-existent.

As to recreational activities, they were in fact reduced to reading books and newspapers, playing board games and watching TV/DVD or listening to the radio inside the cells. There were hardly any possibilities to engage in sports (apart from table tennis, some ball games and basic weightlifting in the yards during exercise periods) despite the existence of unused outdoor spaces in all the prisons visited (except at Yerevan-Kentron Prison). In this context, the delegation was informed by the Director of Armavir Prison that it was planned to open a football pitch within the establishment's secure perimeter. There was a large indoor gym at Vanadzor Prison but it had been closed because the roof was leaking and in danger of collapsing.[112]

In the light of the above, **reference is made to the recommendations in paragraphs 48 and 73. The CPT would also like to receive confirmation that the football pitch at Armavir Prison is now available to inmates.**

[112] In fact, the gym was located in the same part of the prison as the kitchen, see paragraph 73 above.

5. Health care

a. staff and facilities

76. The health-care team at *Nubarashen Prison*[113] comprised nine full-time doctors (including the Head doctor – a neurologist by training, a specialist in internal diseases, a surgeon, a radiologist, a gastroenterologist, two TB specialists, a dentist and a psychiatrist),[114] six feldshers,[115] a nurse and four technicians.[116] As previously, the doctors, two of the feldshers, the nurse and the technicians worked from 9 a.m. to 6 p.m. on week-days, and four of the feldshers ensured a 24-hour presence (including on weekends).

The health-care staff complement had remained unchanged at *Yerevan-Kentron Prison*[117] i.e. it consisted of a full-time GP and a full-time nurse. There was still no 24-hour coverage by a health-care professional.

The health-care service of *Armavir Prison*[118] was staffed with a Head doctor (who was a general practitioner and public health specialist), a specialist in internal medicine and a dentist; another full-time doctor (a surgeon) had been seconded to work at Kosh Prison and there was one more vacant post for a doctor. The doctors worked from 9 a.m. to 6 p.m. from Monday to Friday. Further, the establishment employed four feldshers who worked on 24-hour shifts.[119]

At *Vanadzor Prison*,[120] the health-care team comprised a recently recruited full-time doctor (a surgeon)[121] and four nurses (three of whom worked also on night shifts so as to ensure 24-hour nursing coverage). There was also a visiting dentist and two vacant posts (for a doctor and a nurse).

77. To sum up, *Nubarashen Prison* had a sufficient staff complement as regards doctors but not as regards feldshers/nurses. That said, making any precise recommendations on staffing levels is impossible without knowing the Armenian authorities' plans for the future of the establishment (whether it will be closed or whether it will remain open and if so, what will be its capacity). **The CPT looks forward to receiving this information in the authorities' response to this report.**[122]

Concerning *Yerevan-Kentron Prison*, **the Committee recommends that steps be taken to ensure that a person qualified to provide first aid, preferably someone with a recognised nursing qualification, is present around the clock at the establishment, including on weekends.**

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113 Population at the time of the visit – 1,002.

114 As compared with 13 full-time doctors in 2010, see paragraph 99 of CPT/Inf (2011) 24.

115 Down from seven in 2010, see above. One of the feldshers was specialised in tuberculosis.

116 Including two laboratory technicians, a pharmacy technician and an X-ray technician.

117 Population at the time of the visit – 49.

118 Population at the time of the visit – 285; target capacity – 1,200.

119 That said, none of them had actually trained to be a feldsher: one was a medical student, another a student in dentistry, and two were technicians (dental and pharmaceutical). The reason was reportedly the extreme difficulty to find suitably trained staff willing to work outside Yerevan.

120 Population at the time of the visit – 192, capacity – 245.

121 The doctor's post had been vacant for several years.

122 See also paragraph 47 above.

As for *Armavir Prison*, the health-care staff complement could be considered adequate for the needs of the prisoner population as at the time of the visit (i.e. 285 inmates). However, in view of the expected significant rise in the population (up to the target capacity of 1,200), **the CPT recommends that steps be taken to ensure that all the doctors' posts are filled by doctors actually working in the establishment.** Further, **a significant increase in the number of duly trained feldshers (and/or nurses) will be required.**

Turning to *Vanadzor Prison*, **the Committee recommends that efforts be made to fill the vacant posts for a doctor and a nurse.**

More generally, the CPT must stress once again that **it will be extremely difficult to improve the prison health-care staff complement without significantly increasing staff salaries and offering more opportunities for professional development** (see also paragraph 95 below).

78. Overall, the delegation's impression was that there were no major delays in access to primary care (GP, feldsher, nurse) in the prisons visited, at least at the time of the visit.[123] The same was generally the case with the access to a dentist. That said, the delegation received numerous complaints from prisoners in all the establishments visited about access to specialised care,[124] and noted that, as a rule, inmates were expected to pay for anything more than the most basic care (except in emergency).[125] Moreover, as in the past, there were long delays (up to several months) in the transfer of inmates to outside hospital facilities, including to the Central Prison Hospital.[126] In this context, the delegation gained the impression that there was a lack of clear objective criteria for hospitalisation. **The CPT calls upon the Armenian authorities to ensure that prisoners in need of specialist treatment (including outside consultations/examinations and hospitalisation) are granted access to such care without undue delay and free of charge.**

79. Health-care professionals working at *Nubarashen Prison* had at their disposal a rather limited range of equipment (including an ECG, an ultrasound, a gastroscope, a basic laboratory, and some relatively modern dental equipment), which did not include a manual resuscitator[127] or a defibrillator. The in-patient facility (accommodating, at the time of the visit, 37 inmates) was for the most part in a poor state of repair; however, the delegation observed strikingly better conditions in some of the rooms.[128] If the Armenian authorities decide to continue operating Nubarashen Prison, the above-mentioned equipment shortages and discrepancies as regards facilities will need to be addressed.

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123 See paragraph 76 as regards Vanadzor Prison. Only at Nubarashen Prison did the delegation hear a few complaints about delays in access to a doctor (but not a feldsher).

124 A problem acknowledged by the Directors of the establishments visited (especially Armavir Prison) and confirmed by the relevant documentation.

125 They also had to pay for most of the dental interventions.

126 The procedure, as seen *inter alia* at Vanadzor Prison, was that an expert medical commission appointed by the Head of the penitentiary health-care service visited the establishments once a month, saw patients and examined their medical files, and decided which of the inmates should be transferred and to which hospital. See, in this context, paragraph 50 above.

127 Also referred to as "Ambu bag".

128 Those rooms were very clean, freshly redecorated, equipped with wooden beds, carpets, kitchenettes, large refrigerators, big flat-screen TVs and well-appointed sanitary annexes.

Further, the delegation again found that the above-mentioned in-patient facility was accommodating (sometimes for up to 6 months) several prisoners who did not have any obvious health problems necessitating such prolonged stays. The Committee would welcome the Armenian authorities' clarification of this matter.

The spacious health-care premises at *Armavir Prison*[129] were still virtually empty at the time of the delegation's visit[130] although some equipment was already available (ECG, ultrasound, blood pressure machine, a modern dental surgery, etc.). In the CPT's view, once these new premises are properly staffed, equipped and furnished, the Armenian authorities should seriously consider the idea of transferring there the present in-patient facility from **Nubarashen Prison.**

At *Vanadzor Prison*, the delegation was struck by poor working conditions for the health-care staff, who had to use very cramped rooms and did not even have proper access to a toilet. The equipment at their disposal was also quite basic (merely a stethoscope and a blood pressure machine, with no manual resuscitator and defibrillator). The dental chair was old and dilapidated, and the visiting dentist relied on portable equipment. **The Committee recommends that steps be taken to address these deficiencies.**

80. The CPT notes with great concern the lack of progress as regards the supply of medicines (other than for tuberculosis) in prisons. The relevant budget remained very limited[131] and inmates frequently had to rely on their own financial resources or those of their relatives in order to receive the medication prescribed to them.[132] **The CPT calls upon the Armenian authorities to ensure that all prisons are supplied with appropriate medication, free of charge for the inmates.**

b. medical screening on admission/prevention of violence

81. On the positive side, the initial medical screening was generally performed systematically and quickly in the prisons visited. However, despite the CPT's long-standing recommendations,[133] the procedure of medical screening on admission, especially the recording and reporting of injuries, remained inadequate: it was still part of the initial handover procedure and both police convoy officers and custodial prison staff were routinely present during such screening, in violation of the principle of medical confidentiality.[134]

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129 Including an in-patient facility with the intended capacity of 120 (comprising bright and airy rooms measuring up to some 60 m²), several offices and a space foreseen for an operating theatre.

130 Only one prisoner was staying in the infirmary.

131 For example, the average budget for medication at Nubarashen and Vanadzor prisons was the equivalent of one EUR/prisoner/month, half of which came from the State budget and the rest from "humanitarian aid".

132 E.g. some 300 inmates at Nubarashen Prison had received prescription medicines from home in the month preceding the visit.

133 See, in particular, paragraph 107 of CPT/Inf (2011) 24, and paragraphs 20 and 25 of CPT/Inf (2015) 8.

134 Clearly, the relevant instructions (in particular, Point 13 of Government Decree No. 574-N of 5 June 2008) issued by the Armenian authorities in the past, were not implemented in practice.

It was self-evident that, under such circumstances, detained persons being examined were not likely to speak openly about injuries inflicted by police officers.[135] **The CPT once again calls upon the Armenian authorities to take immediate steps to ensure that, in <u>all</u> prisons in Armenia, medical examinations of detained persons are always conducted out of the hearing and – unless the health-care staff concerned request otherwise in a particular case – out of the sight of police/prison officers.**

The Committee also reiterates its recommendation that the Armenian authorities take the necessary steps (including through the issuance of instructions and the provision of training to relevant staff) to ensure that in <u>all</u> prisons in Armenia:

- **members of the health-care staff are as a rule[136] not directly involved in the administrative procedure of handover from police custody;**

- **prisoners who are found to display injuries upon their admission to prison are not questioned by anyone about the origin of those injuries during the above-mentioned handover procedure;**

- **all newly-arrived prisoners are subjected as soon as possible, and no later than 24 hours after their admission, to a comprehensive medical examination by a health-care professional in a medical unit of the prison.**

82. As for the quality of the recording of injuries, it was generally rather low, with descriptions limited to mentioning the type of injury (e.g. "bruise", "haematoma", "scratch", "swelling") but with no further detail as to the precise location, size, colour, etc. Further, in those cases where a statement of a prisoner regarding the origin of injuries was recorded,[137] no conclusions were made by the doctor at any stage of the procedure as to the consistency of the injuries with the statements made. Consequently, **the CPT reiterates its long-standing recommendation that steps be taken to ensure in all prisons that:**

- **the record drawn up after the comprehensive medical examination of a newly-arrived prisoner contains (i) an account of statements made by the person concerned which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment); (ii) a full account of objective medical findings based on a thorough examination, and (iii) the health-care professional's observations, in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;**

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135 Strikingly, whenever mention was made of the origin of injuries in the relevant documentation consulted in the prisons visited (which was not frequently the case), the explanations provided by detained persons were almost always very succinct and stereotyped, referring to a "work related injury", an "accidental fall" or "injury at sports", invariably "prior to arrest".

136 Naturally, a health-care staff member should be consulted immediately whenever a newly-arrived prisoner requires urgent medical assistance or if there are doubts as to whether the state of health of the person concerned is compatible with admission to prison.

137 Which, as already mentioned, was by far not always the case.

- **the results of every examination, including the above-mentioned statements and the health-care professional's conclusions, are made available to the prisoner and his/her lawyer;**

- **the procedure described above is also followed whenever a prisoner sustains a traumatic lesion while in prison.**

The record should also contain the results of any additional examinations performed, detailed conclusions of any specialised consultations and an account of treatment given for injuries and of any further procedures conducted.

The recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with "body charts" for marking traumatic injuries that will be kept in the medical file of the prisoner. If any photographs are made, they should be filed in the medical record of the inmate concerned. This should take place in addition to the recording of injuries in the special trauma register.

83. Regarding the procedure of reporting injuries to competent authorities, which should be the duty of health-care professionals, **reference is made to the comments and recommendations in paragraphs 25 and 26 above**.

c. transmissible diseases

84. The procedure for medical screening on arrival to the establishments visited included TB screening,[138] which was in general performed shortly after arrival and subsequently every six months. Further, the TB treatment provided to prisoners was in accordance with the WHO recommendations (DOTS and DOTS+), and the necessary medication was supplied without interruptions. The CPT welcomes this.

85. Newly-arrived prisoners were also tested, on a voluntary basis, for the presence of hepatitis B and C virus but there were no treatments available. **The Committee would like to be informed whether there are any plans to introduce such treatments (and, if yes, which treatments).**

86. Voluntary screening for HIV was also available in the prisons visited,[139] and those found to be seropositive were offered counselling and antiretroviral therapy. However, the delegation understood that inmates known to be seropositive were systematically transferred to the Central Prison Hospital, separately from the general prisoner population.[140]

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138 Including a chest X-ray. There was a relatively new stationary X-ray machine at Nubarashen Prison (although old cassettes were used, which negatively impacted upon the image quality) while the other prisons relied on visiting mobile X-rays.

139 In their letter of 20 January 2016, the Armenian authorities stated that 275 voluntary HIV tests had been carried out during the first 7 months of 2015.

140 There were 20 such prisoners at the Central Prison Hospital at the time of the visit.

The CPT wishes to stress that there is no medical justification for the segregation of a prisoner solely on the grounds that he is HIV positive. **The CPT recommends that the Armenian authorities devise a policy aimed at putting an end to the practice of segregating HIV-positive prisoners. That policy should provide *inter alia* for a programme of education and information for both prison staff and inmates about methods of transmission and means of protection as well as the application of adequate preventive measures. More particularly, the risks of HIV or hepatitis B/C infection through sexual contacts and intravenous drug use should be highlighted and the role of body fluids as the carriers of HIV and hepatitis viruses explained. Prison staff in particular should be provided with on-going training in the attitudes to be adopted regarding HIV-positivity and given appropriate instructions concerning non-discrimination and confidentiality.**

d. psychiatric care and psychological assistance

87. As on previous visits,[141] the delegation observed that there were problems with inmates' access to psychiatric care, while all prisons visited accommodated prisoners – including lifers[142] – with a psychiatric diagnosis and clearly in need of such care. There were no resident psychiatrists at Armavir and Vanadzor prisons, and visits by outside consultants appeared to be at best sporadic.[143] By contrast, Yerevan-Kentron Prison was now visited once a month by a psychiatrist from the Central Prison Hospital.[144]

Nubarashen Prison did employ a psychiatrist, but the treatment options were severely limited (almost exclusively to pharmacotherapy) and negatively affected by the still inadequate material conditions under which prisoners under psychiatric observation were held.[145] In this context, it was striking that for the third consecutive time at Nubarashen Prison the CPT's delegation met a prisoner whose mental care needs were not addressed to such an extent that the delegation was obliged to make an immediate observation pursuant to Article 8, paragraph 5, of the Convention.[146]

The CPT calls upon the Armenian authorities to improve the provision of psychiatric care to prisoners, in particular by securing regular visits by psychiatrists to Armavir and Vanadzor Prisons and by ensuring adequate standards of care at Nubarashen Prison. As regards prisoners under psychiatric observation at Nubarashen Prison, reference is made to the recommendation in paragraph 65 above, which applies *mutatis mutandis*.

Further, **the Committee recommends that steps be taken to ensure that all mentally disturbed prisoners who require in-patient psychiatric treatment are promptly transferred to appropriate hospital facilities.**

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141 See e.g. paragraphs 109 and 110 of CPT/Inf (2011) 24

142 See, for example, paragraph 57 above.

143 There had been no arrangements for visits by a psychiatrist to Vanadzor Prison for the past several years, but the Director told the delegation that a consultant psychiatrist would start visiting the prison soon.

144 In addition, the Chief Psychiatrist of the Ministry of Health (who was also Director of Nubarashen Psychiatric Medical Centre, see paragraphs 116 to 120 below) occasionally visited the two life-sentenced prisoners referred to in paragraph 27 of CPT/Inf (2015) 10.

145 As was the case in 2010 (see paragraph 109 of CPT/Inf (2011) 24), the prisoners concerned were accommodated on the ground floor of the main detention block. These cells were in a poor state of repair, had insufficient access to natural light and were poorly ventilated. See also paragraph 63 above.

146 For the two previous cases, see paragraphs 13 – 14 of CPT/Inf (2015) 10 and paragraph 28 of CPT/Inf (2012) 23.

88. As regards psychological assistance, all prisons visited employed at least one psychologist.[147] However, the psychologists continued to be essentially involved in risk assessment of prisoners[148] but much less so in any therapeutic clinical work.[149] This is regrettable, especially given that several prisoners interviewed by the delegation (in Armavir and Nubarashen prisons in particular) stated that they would have wished to be provided with psychological assistance. **The CPT recommends that the Armenian authorities reinforce the provision of psychological assistance in prisons and develop the therapeutic role of prison psychologists.**

89. The Directors of prisons visited acknowledged that addiction to illicit drugs and other intoxicating substances (such as alcohol) continued to be a problem affecting a significant proportion of the prisoner population. The establishments visited accommodated many inmates with a known drug problem, and a number of them were following methadone detoxification programme (e.g. ten at Armavir Prison, twelve at Vanadzor Prison).[150] However, as far as the delegation could ascertain there were no harm-reduction measures (e.g. substitution therapy, syringe and needle exchange programmes, provision of disinfectant and information about how to sterilise needles) and no specific psycho-socio-educational assistance.

The CPT wishes to stress that the management of drug-addicted prisoners must be varied – combining detoxification, psychological support, socio-educational programmes, rehabilitation and substitution programmes – and linked to a real and effective prevention policy. This policy should highlight the risks of HIV or hepatitis B/C infection through drug use and address methods of transmission and means of protection.

It goes without saying that health-care staff must play a key role in drawing up, implementing and monitoring the programmes concerned and co-operate closely with the other (psycho-socio-educational) staff involved.[151] **The CPT recommends that the Armenian authorities take duly into account the above remarks and review their current practice vis-à-vis prisoners with drug-related problems.**

90. At Vanadzor Prison, the delegation saw the so-called "calming down" cell. Measuring some 9 m² and deprived of access to natural light, it was poorly lit and ventilated, covered with old blankets on the walls and the floor, dilapidated and dirty. Staff asserted that the above-mentioned cell had not been used for several years; however, in the absence of any registration of placements in the cell, it was impossible for the delegation to verify these assertions.

At the end of the visit to the prison, its Director assured the delegation that the cell in question would be taken out of service permanently and transformed into storage premises for use by the health-care staff. **The Committee would like to receive confirmation that this has indeed happened.**

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147 There were even six of them at Vanadzor Prison.

148 As previously, they also played a key role in the management of inmates presenting suicide risks or on hunger strike.

149 Lifers interviewed at Nubarashen Prison stated that the psychologist hardly ever came to see them, see paragraph 56 above. Also inmates interviewed at Armavir Prison said that none of them had ever seen a psychologist.

150 According to the information in the letter of 20 January 2016, 159 prisoners had followed the methadone programme in the first 7 months of 2015.

151 See also "Drug Dependence Treatment: Interventions for Drug Users in Prison", UN Office on Drugs and Crime, www.unodc.org/docs/treatment/111_PRISON.pdf.

e. follow-up visit to the Central Prison Hospital

91. The follow-up visit to the Central Prison Hospital was mainly focussed on the psychiatric ward and aimed at assessing progress made since the 2010 visit.[152]

As during the 2010 visit, somatic patients were still being accommodated together with the psychiatric patients. With an official capacity of 42, at the time of the 2015 visit, the psychiatric ward was accommodating 29 patients, ten of whom were non-psychiatric patients with infectious diseases (HIV, hepatitis C, etc.). Staff explained this by the fact that there were no premises available for the infectious diseases ward, thus the ward's 25 patients were spread throughout the hospital.

When asked about the reasons for such a situation when there were almost 100 empty beds in the establishment,[153] the management explained that the majority of empty beds were on the tuberculosis ward, built with the financial assistance of the ICRC. According to the management, the donor had not approved the use of the tuberculosis ward for other patients.

The CPT recalls that after raising the issue of joint accommodation of psychiatric and somatic patients in its report on the 2010 visit to Armenia, the Committee was informed by the Armenian authorities that the psychiatric ward was no longer accommodating somatic patients.[154] Since this was clearly no longer true at the time of the 2015 visit, the CPT wishes to reiterate its view that it is not acceptable to accommodate somatic patients together with psychiatric patients due to the negative effect it may have on the provision of care to both groups. **The Committee would like to receive the Armenian authorities' observations on the possibilities to rationalise the use of the Central Prison Hospital's estate, in the light of the above remarks.**

92. As regards living conditions, patient's rooms on the psychiatric ward measured between 9 and 16 m² and accommodated one to three patients each; they were thus not overcrowded. Access to natural light, artificial lighting and ventilation were generally adequate. However, the delegation observed that some patients on the ward enjoyed living conditions which were strikingly better than those of the rest of the inmates. They were placed in renovated, pleasantly decorated and well furnished rooms while other patients were accommodated in small, dilapidated and austere rooms, in some cases with only a bare minimum of furniture.

When asked for clarification, the management of the establishment explained that patients were welcome to renovate and furnish their rooms using materials provided to them by the prison administration upon their request. However, according to the management, not many patients were interested in improving their living conditions.

Yet, during its interviews with the patients, the delegation was told the opposite – nothing was provided by the administration, all the necessary materials as well as all the furniture (except for beds and bed tables) had to be brought by the families of the patients. In this regard, **reference is made to the comments and recommendation in paragraph 49 above.**

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152 See paragraphs 112 to 116 of CPT/Inf (2011) 24.

153 With the official capacity of 242, at the time of the visit, the Central Prison Hospital was accommodating 136 patients.

154 See paragraph 112 of CPT/Inf (2011) 24.

93. At the time of the visit, the ward-based health-care staff consisted of three psychiatrists, one feldsher and two orderlies.[155] There was also one psychologist who was serving the whole hospital.

As during the previous visit in 2010, the treatment on the psychiatric ward was almost exclusively based on pharmacotherapy. There were no problems with the supply of psychiatric medication; however, only older-generation anti-psychotic drugs were available. As for psycho-social rehabilitative programmes, they remained virtually non-existent and there were no individual written treatment plans.

Patients had free access to the hospital garden during the day; however, no other recreational activities were available and, as a consequence, patients spent most of the time in their rooms, watching television and playing board games, or wandering around in the garden.

The CPT reiterates its recommendations made in the reports on its visits in 2002 and 2010 and therefore calls upon the Armenian authorities to ensure that:

- **there is a regular presence of specialists qualified to provide therapeutic and rehabilitative activities, such as psychologists and occupational therapists, in the psychiatric ward. Further, the number of ward-based feldshers and orderlies should be increased;**

- **the treatment of patients in the psychiatric ward is improved, the objective being to offer a range of therapeutic and rehabilitative activities, including access to occupational therapy, group and individual psychotherapy and possibly educational activities and suitable work. This will require the setting up of appropriate facilities within the ward and the drawing-up of individual treatment plans.**

Furthermore, efforts should be made to ensure the availability of newer generation anti-psychotic and anti-depressant medication.

94. The delegation was informed that seclusion or use of mechanical restraint was not practised on the psychiatric ward and that medication (in form of injections which could be forced) was used to calm down agitated patients. However, it transpired that the use of chemical restraint was not recorded in any specific register, apart from the individual patient's file.

In the Committee's view, every instance of the use of means of restraint – whether mechanical or chemical – of a patient must be recorded in a specific register established for that purpose, in addition to the individual's file. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by the person or staff. This will greatly facilitate both the management of such incidents and oversight into the extent of their occurrence.

The CPT recommends that the Armenian authorities introduce a specific register for recording every instance of restraint of a patient on the psychiatric ward of the Central Prison Hospital.

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155 The post of the head nurse was vacant.

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95. At the end of the 2015 visit to Armenia, the Minister of Healthcare informed the delegation that, pursuant to a Memorandum of Understanding signed with the Ministry of Justice in 2014, the prison health-care service was to become covered by the national health-care policy and standards, which would also help improve and align the training and qualifications of staff, as well as extend the treatment protocols and guidelines to prison health-care services. It was also planned to improve the licensing system and quality control as concerns the above-mentioned services.[156] **The CPT welcomes these plans and recommends that their implementation be considered a matter of high priority.**

Further, in the light of the observations made by the delegation in the course of this visit, the Committee remains of the view that a transfer of the responsibility for prison health-care services to the Ministry of Healthcare would help address a major deficiency of the current system[157], namely the lack of professional independence of prison health-care staff. Therefore, **the CPT strongly encourages the Armenian authorities to give a serious consideration to such a transfer of responsibility.[158]**

Finally, the Committee notes that a new well-funded joint EU/Council of Europe project concerning health care in prisons[159] has been initiated recently, and **it very much hopes that the Armenian authorities will seize this opportunity to address the above-mentioned *lacunae* of the current system and to ensure respect for the principle of equivalence of care. The CPT would like to receive information of the progress made in this respect.**

6. Other issues of relevance to the CPT's mandate

a. prison staff

96. As already mentioned in paragraph 54 above, the number of custodial staff working in prisoner accommodation areas at Nubarashen and Armavir prisons was very low. For example, at Nubarashen Prison there were 141 "controllers" (junior custodial officers), most of them working on 24-hour shifts,[160] for the population of over 1,000 prisoners; this meant that, in practice, the total

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156 It is noteworthy that, at the time of the visit, health-care facilities in prisons were not licensed by the Ministry of Healthcare.

157 See also paragraphs 81 to 83 above.

158 See also the "Strasbourg Conclusions on Prisons and Health", issued at the end of the May 2014 joint World Health Organization (WHO)/Council of Europe international expert meeting "Prison Health in Europe: Missions, Roles and Responsibilities of International Organizations", http://www.coe.int/T/DG3/Pompidou/Source/Activities/Prisons/Strasbourg-Conclusions-on-Prisons-and-Health.pdf.

159 See http://www.coe.int/en/web/yerevan/strengthening-the-health-care-and-human-rights-protection-in-prisons-in-armenia.

160 Followed by three days off. 24-hour shifts were applied to all controllers employed on custodial tasks inside the accommodation units; there was also a number of custodial staff employed on convoy duty (escorting prisoners inside and outside the prison) and in the admission area, who were working on 8-hour shifts.

number of custodial staff effectively deployed in the accommodation units hardly ever exceeded 30.[161] The situation was markedly worse (even dramatic) at Armavir Prison,[162] where there were only eight to fifteen custodial officers on each day shift and five at night.[163]

This shortage of staff put at risk the security of both staff and prisoners. It was clear that effective control by staff was impossible in these circumstances; accordingly, as already mentioned in paragraph 53, staff relied to a great extent on prisoners to assist them in performing certain custodial tasks.

The CPT calls upon the Armenian authorities to take urgent steps to increase significantly custodial staffing levels and presence in accommodation areas of the prisons visited. Naturally, recruiting more (especially junior level) custodial staff will be very difficult, if not impossible, without increasing salaries[164] (see also paragraph 50)**.** Further, **implementation of the recommendation set out in paragraph 48 above will require recruiting more qualified staff (work instructors, teachers, educators, social workers, etc.).**

As regards specifically Armavir Prison, the delegation stated, at the end-of-the-visit talks with the Minister of Justice, that the establishment's new blocks should not be brought into operation before sufficient staffing is secured. **The Committee would like to receive updated information on this subject.**

97. As for the practice of relying on prisoners to assist staff in certain custodial tasks, **reference is made to the comments and recommendation in paragraph 54 above.**

By contrast with Nubarashen and Armavir prisons, staffing levels were more adequate at Vanadzor Prison.[165] **This rendered the above-mentioned practice all the more unacceptable.**

98. As previously stressed by the CPT,[166] the shift pattern requiring some custodial staff to work for 24 hours at a time negatively affects professional standards. Clearly, no one can perform in a satisfactory manner the complex tasks expected nowadays of a prison officer for an unbroken period of this length. **The Committee recommends that the Armenian authorities review the 24-hour shift system for custodial staff.**

99. Concerning prison staff training, the delegation was informed at the outset of the visit that new training curricula were under preparation. **The CPT would like to receive more detailed information on this subject. Reference is also made to the recommendation in paragraph 54 above**.

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161 The total staff complement (including the management, administration, perimeter, logistics, etc.) was the equivalent of 283 full-time posts (including 236 for uniformed staff); there were 26 vacancies.

162 Population 285 at the time of the visit, but target capacity of 1,200.

163 The total staff complement was the equivalent of 200 full-time posts, including posts for 92 perimeter security and 25 for administrative staff. There were 11 vacant posts.

164 The delegation was told at Armavir Prison that the start-of-career monthly salary for a junior custodial officer was of 89,000 AMD (the equivalent of some 170 EUR). The national average salary in Armenia in 2014 was 158,580 AMD (roughly equivalent to 300 EUR), see http://www.armstat.am/en/?nid=126&id=08001.

165 194 posts (11 vacancies) for the population of 192 (and the capacity of 245); this included 50 custodial staff.

166 See, for example, paragraph 119 of CPT/Inf (2011) 24.

b. discipline and segregation

100. The general rules concerning disciplinary segregation had remained unchanged since the CPT's previous visits to Armenia: remand prisoners could be placed in a disciplinary cell ("kartzer") for up to 10 days and sentenced prisoners for up to 15 days. Upon examination of the relevant documentation in the prisons visited, the delegation came to the overall conclusion that formal disciplinary punishments (including the placement in a "kartzer") were not resorted to excessively.[167] The impression, also based on what several inmates told the delegation, was that there was an expectation amongst both prisoners and staff that any discipline-related issues would first of all be dealt with informally between the prisoners themselves. In this context, **reference is made to the comments and recommendations in paragraphs 54 and 110.**

101. The disciplinary procedure continued to display the *lacunae* described in previous reports; in particular, inmates were still not informed in writing about the charges, there was no oral hearing (the procedure was exclusively document-based),[168] they had no access to legal assistance, could not call witnesses and cross-examine evidence against them, were not given a copy of the decision[169] and were not informed of the possibilities of appeal. **The Committee calls upon the Armenian authorities to take resolute steps to eliminate all the above-mentioned *lacunae*.**

102. As regards the involvement of prison health-care staff in the disciplinary procedure, the delegation was pleased to note that the health-care staff at Nubarashen and Armavir prisons no longer certified that prisoners were fit for placement in a "kartzer". However, the old practice, criticised by the CPT in the past,[170] continued at Vanadzor Prison. **The CPT recommends that it be stopped immediately.**

103. Conditions in "kartzer" cells were still unacceptable at *Nubarashen Prison.*[171] Despite earlier assurances by the Armenian authorities,[172] the cells continued to be dark, humid, dilapidated, filthy and infested by vermin. **The Committee calls upon the Armenian authorities to stop using these cells immediately; they must not be brought back into operation unless thoroughly refurbished.**

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167 E.g. there had been some 200 placements in a "kartzer" at Nubarashen Prison in the period between 1 January and 6 October 2015 (the reasons most frequently mentioned being the refusal to obey legitimate staff orders, including refusal to undergo search or to enter/leave the cell). Recourse to the "kartzer" was more frequent at Armavir Prison, with 244 placements (usually for 5 to 10 days) between 12 January and 8 October 2015; the reason often being the possession and/or consumption of self-distilled alcohol, the so-called "braga", but also refusal to obey staff – including refusal to undergo search, insulting staff, playing cards or other games for money, and possession of a mobile phone or a SIM card. Placements were rare (and for short periods, mostly up to 5 days) at Vanadzor Prison, the reasons being mostly the possession/consumption of "braga" and possession of a mobile phone/SIM card. As for Yerevan-Kentron Prison, there had been only one formal disciplinary sanction (a reprimand) between 21 May and 5 October 2015.

168 It is noteworthy that, at the end of the visit, the Minister of Justice stressed that this aspect would be dealt with in the draft new Penitentiary Code, see also paragraph 46.

169 They were asked to sign the document but it was then taken away from them and put to their administrative file.

170 See, for example, paragraph121 of CPT/Inf (2011) 24.

171 Seven inmates were placed in "kartzer" cells at the time of the 2015 visit.

172 In their letter of 6 September 2010, see paragraph 122 of CPT/Inf (2011) 24.

Armavir Prison possessed 20 "kartzer" cells but only half of them (along one side of the corridor) were already operational at the time of the visit. The cells were sufficiently large,[173] well lit and adequately equipped: foldable sleeping platform(s) with bedding provided for the night, table and stool(s). However, as elsewhere in the establishment (see paragraph 71 above), efficient ventilation was lacking, obliging the administration to remove window panes in order to allow some fresh air. **The CPT recommends that the Armenian authorities take steps to remedy the above-mentioned deficiency.**

At *Vanadzor Prison*, the four "kartzer" cells seen by the delegation were of an adequate size (i.e. single-occupancy cells measuring some 13 m², including a fully screened annexe with a toilet and a washbasin), well lit and ventilated, suitably equipped (foldable platform with bedding provided for the night, stool, shelf, wooden floor), clean and well kept. The Committee has no particular concerns regarding these cells.

104. Prisoners placed in "kartzer" cells at Armavir and Vanadzor prisons were offered the possibility to take one hour of outdoor exercise every day.[174] By contrast, inmates interviewed at Nubarashen Prison denied having access to outdoor exercise while in the "kartzer".[175] **The Committee calls upon the Armenian authorities to ensure that all prisoners placed in "kartzer" cells at Nubarashen Prison are provided with at least one hour of outdoor exercise every day.**

Some (but not all) inmates who were or had recently been placed in a "kartzer" cell in the establishments visited confirmed having been granted access to reading material during the placement. **The CPT invites the Armenian authorities to ensure that such access is offered to all prisoners placed in "kartzer" cells, without exception.**

105. Despite the Committee's long-standing recommendations, inmates placed in "kartzer" cells continued to be automatically deprived of contact with the outside world (i.e. visits, phone calls and letters). **The CPT once again calls upon the Armenian authorities to ensure that prisoners placed in a "kartzer" are not subjected to a total prohibition on family contacts, and that any restriction on family contacts as a form of punishment is imposed only when the offence relates to such contacts.**[176]

106. The Committee is concerned by the fact that self-harm continues to be considered as a disciplinary offence and punished accordingly. In the CPT's view, this is not a correct approach; acts of self-harm may frequently reflect problems and conditions of a psychological or psychiatric nature, and should be approached from a therapeutic rather than repression-oriented standpoint. **The Committee recommends that the Armenian authorities develop a policy on the treatment of persons having committed acts of self-harm, having regard to the above remarks.**

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173 10 m² for single occupancy, 15 m² for double-occupancy and 25 m² for four inmates, including a fully screened annexe with a toilet and a washbasin.

174 Those at Armavir Prison had access to a separate exercise yard measuring some 65 m² and equipped with a bench and a shelter against inclement weather.

175 As on previous visits, see e.g. paragraph 21 of CPT/Inf (2015) 10.

176 See also Rule 60 (4) of the European Prison Rules.

c. contact with the outside world

107. The inmates' visiting entitlement had remained the same as on previous visits: remand prisoners could receive two short-term visits (of up to three hours) per month[177] and sentenced inmates were generally entitled to one short-term visit twice a month and one long-term visit (of up to 72 hours) every two months; that said, the visiting entitlement of prisoners serving sentences for serious crimes was restricted to between three and twelve short-term visits per year, and one to two long-term visits per year, according to the gravity of the offence and the regime under which they were serving the sentence.

The CPT has stressed many times in the past that a system under which the extent of a prisoner's contact with the outside world is determined as part of the sentence imposed (and by the regime under which he/she serves his/her sentence) is fundamentally flawed. In the Committee's view, all categories of prisoners, irrespective of the sentence and regime, should be entitled to the equivalent of at least one hour of visiting time per week; preferably, they should be able to receive a visit every week.

There should also be the possibility of accumulating visit entitlements for periods during which no visits have been received.

The CPT calls upon the Armenian authorities to amend the relevant legislation accordingly.[178]

108. As regards the visiting facilities, those for short-term visits at *Yerevan-Kentron and Vanadzor prisons* were of an open type (i.e. with tables and chairs, without a physical separation between inmates and visitors). By contrast, no such open-type visiting facilities existed at *Nubarashen and Armavir prisons*, where short-term visits took place in booths with a glass partition.[179] **The CPT reiterates its long-standing recommendation that short-term visiting facilities be modified in all prisons so as to enable prisoners to receive visits under reasonably open conditions. Visits under closed conditions should be exceptional, only if there is a well-founded and reasoned decision following individual assessment of the potential risk posed by a particular prisoner or visitor.**

The facilities for long-term visits generally offered adequate conditions in the establishments visited;[180] that said, the premises at *Armavir Prison* were already showing clear signs of wear-and-tear[181] and were not very clean. **The Committee recommends that steps be taken to remedy the above-mentioned deficiencies.**

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177 Unless a particular visit was prohibited by a written and reasoned decision of the body conducting the criminal proceedings.

178 See also paragraphs 62 and 105 above.

179 There were six such booths at Nubarashen Prison and eight at Armavir Prison.

180 E.g. the facilities at Nubarashen Prison had been recently refurbished and consisted of well-furnished bedrooms, a communal kitchen, a living room with a TV and toys for children, and a communal bathroom with a shower.

181 As were all other accommodation areas in the establishment, see paragraph 71 above.

109. As for access to a telephone, inmates at *Nubarashen and Armavir prisons* could make a 15-minute telephone call once a week[182] and those at *Vanadzor Prison* twice a week. However, at *Yerevan-Kentron Prison*, the delegation was informed that prisoners were only allowed one 10-minute telephone call every 10 days. **The Committee recommends that steps be taken to align this entitlement to at least that of Nubarashen and Armavir prisons.**

d. complaints and inspection procedures

110. Prisoners were, in principle, entitled to submit complaints to a number of bodies including the prison Director, the Penitentiary Service and the Human Rights Defender. However, there was a general lack of information on complaints procedures among the inmates interviewed in the establishments visited, and a clear reluctance to make complaints, apparently out of fear of reprisals and possibly also due to the influence of informal prisoner hierarchy which was expected to "solve all the problems between the inmates themselves".[183] **The CPT calls upon the Armenian authorities to take all necessary steps to ensure that the right of prisoners to lodge confidential complaints is fully respected in practice (this includes the provision of accurate written information to inmates about the complaints procedures), and that complainants are free from any pressure and reprisals.**

Further, **the Committee recommends that an information brochure be supplied to all prisoners upon their arrival, describing in a straightforward manner the main features of the prison's regime, prisoners' rights and duties, complaints procedures, basic legal information, etc. This brochure should be translated into an appropriate range of foreign languages.**

The CPT also recommends that the Armenian authorities review the internal complaints procedures in prisons, so as to ensure that inmates are able, at any time, to place written complaints in locked complaints boxes (located in each accommodation unit) to which only the Director or one of designated Deputies holds the key. All such complaints should be registered centrally within a prison before being allocated to a particular service for consideration. In all cases, internal complaints should be processed expeditiously (with any delays duly justified in writing) and prisoners should be informed within clearly defined time periods of the action taken to address their concerns or of the reasons for considering the complaint not justified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the prison.

111. Regarding the inspection procedures, penitentiary establishments were visited frequently by staff of the Human Rights Defender's Office, the NPM Division and/or the Expert Council (see paragraph 9),[184] as well as the Prison Monitoring Group. On this subject, **reference is made to the comments and recommendations in paragraphs 9 to 11 above**.

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182 Local area calls were free of charge; for other calls, prisoners could buy phone cards in the prison shop or receive them from home.

183 See also paragraph 100 above. Not surprisingly, there were virtually no complaints about conditions of detention and/or treatment by staff recorded at any of the establishments visited.

184 E.g. Nubarashen Prison was visited at least once a month and the last visit to Vanadzor Prison had taken place a few days before the delegation's visit.

D. Psychiatric establishments

1. Preliminary remarks

112. The delegation carried out a first-time fully fledged visit to the **Nubarashen Psychiatric Medical Centre**[185] (including a follow-up visit to its Forensic Psychiatric Unit[186]) in Yerevan and visited, for the first time, the **Gyumri Mental Health Centre**.

With an official capacity of 350 beds, at the time of the 2015 visit Nubarashen Psychiatric Medical Centre was accommodating 328 patients, including 82 women and 31 conscripts (undergoing psychiatric assessment to determine whether they were fit for military service). Formally speaking, there were only two civil involuntary patients.[187] Further, 89 forensic patients had been admitted for compulsory treatment pursuant to the provisions of the Code of Criminal Procedure, including 64 patients (63 men and one woman) on the compulsory treatment ward of the Forensic Psychiatric Unit and another 25 (including eight women) accommodated with other patients on the general wards. The forensic assessment ward of the Forensic Psychiatric Unit was accommodating four male patients at the time of the visit.

Gyumri Mental Health Centre, with an official capacity of 65 beds (including 10 in narcology[188]), was accommodating 53 patients at the time of the visit, 17 of whom were female psychiatric patients and three were male narcology patients. There were (officially) no civil involuntary patients but seven forensic male patients were undergoing compulsory treatment.

According to the management of the two establishments, the main diagnosis of the patients was schizophrenia, followed by organic disorders, learning disability, epilepsy and affective disorders.

113. The average length of hospitalisation in the establishments visited was approximately 24 to 30 days. However, in both establishments there was a number of patients[189] who had been staying there for much longer (sometimes up to 16 years) and not because they actually needed to be hospitalised, but because of the lack of adequate care/accommodation in the community. In the Committee's view, for persons to remain deprived of their liberty as a result of the absence of appropriate community facilities is unacceptable.

It is noteworthy in this context that, at the outset of the visit, the Armenian authorities informed the delegation of their intention to promote de-institutionalisation and to substantially develop psychiatric care in the community.

The Committee welcomes these plans[190] which, if properly implemented, should improve the quality of life of service users and reduce the potential for ill-treatment. **The CPT recommends that the Armenian authorities make every effort to implement these plans as soon as possible.**

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185 Previously known as Nubarashen Republican Psychiatric Hospital.

186 The Forensic Psychiatric Unit of Nubarashen Psychiatric Medical Centre had previously been visited by the CPT in 2002 and 2010, see paragraphs 161 to 194 of CPT/Inf (2004) 25 and paragraphs 129 to 154 of CPT/Inf (2011) 24.

187 See, however, paragraph 133 below.

188 I.e. treatment for substance use disorders.

189 E.g. 86 at Nubarashen Psychiatric Medical Centre.

190 They should also be seen in the context of Armenia's obligations stemming from the UN Convention on the

2. Ill-treatment

114. The delegation received no allegations of ill-treatment of patients by staff at the two psychiatric establishments visited. The general atmosphere between staff and patients appeared relaxed and patients spoke positively about staff. Further, inter-patient violence did not appear to be a significant problem at either institution.

115. The outer perimeter of the Forensic Psychiatric Unit of Nubarashen Psychiatric Medical Centre, consisting of Wards 6 and 7, was still guarded by security staff employed by the police.[191] However, the security staff were now prohibited from entering the wards under any circumstances. Further, patients were no longer exposed to the view of firearms. The CPT welcomes these changes.

3. Patients' living conditions

116. Patients at Nubarashen Psychiatric Medical Centre were accommodated on nine wards: Wards 1 and 9 for female patients, Wards 2, 4, 5 and 8 for male patients, Ward 3 for conscripts undergoing psychiatric assessment, Ward 6 for persons under forensic psychiatric assessment, and Ward 7 for forensic patients admitted for compulsory treatment.

The *general wards*, with 40 beds each, were located in five two-storey blocks, patient accommodation consisting of large, impersonal, dilapidated dormitories without doors, offering no privacy.[192] The conditions on the male wards were generally poorer than on the female wards. The dormitories were not overcrowded and every patient had their own bed. However, the rooms only contained old beds with worn out mattresses, and were very bleak. Patients had no lockers for storing their personal belongings. On a positive note, the delegation noted that windows had been changed throughout the establishment, including on the "forensic" wards.

117. On the general wards the delegation saw a number of older and physically frail patients who were bedridden and seemed only to be able to get out of bed with the assistance of the staff. However, due to quite limited staff presence on the wards (see paragraph 123 below), these patients appeared to be lying in bed all day long, with very restricted access to sanitary facilities. It is also noteworthy that some areas of the above-mentioned wards smelled of urine.

The Committee wishes to emphasise that the needs of elderly and/or disabled patients should be given due consideration. Basic hospital equipment enabling staff to provide adequate care (including personal hygiene) to bedridden patients must be made available; the absence of such equipment can lead to wretched conditions.

Rights of Persons with Disabilities, ratified by Armenia on 22 September 2010.

191 See paragraph 133 of CPT/Inf (2011) 24.

192 The Centre had not undergone any major refurbishment since its opening in 1979.

118. As for the *Forensic Psychiatric Unit (Wards 6 and 7)*, it was situated in a separate building surrounded by a secure perimeter wall. Apart from installing new windows and a central hot water supply, almost none of the shortcomings identified during the 2010 visit had been addressed. On both wards, patients were still accommodated behind locked barred gates in dormitories that were mostly dilapidated, impersonal and offered no privacy.

The ground floor, which was supposedly to undergo renovation several years ago, was still derelict, resulting in significant overcrowding on Ward 7, as well as an absence of a day room and occupational facilities.

Notwithstanding the CPT's clear recommendations in the report of 2010, there was still no dedicated and separate accommodation area for female forensic patients. Indeed, the sole female patient was being held in a small room in full view of the male patients with no other gender specific facilities for her. This is absolutely unacceptable.

Further, the rooms had many ligature points (as had also the rooms on general wards). In fact, just three days prior to the Committee's visit a second female patient under compulsory treatment had tragically been found hanged in her room. This apparently totally unexpected suicide was being investigated. **The CPT would like to receive, in due course, information about the outcome of the investigation, including the copy of autopsy report.**

119. In comparison with 2010, the fenced *exercise yard* for patients from Ward 7 was almost twice its previous size (approximately 80 m²); however, there was still no shelter against inclement weather apart from a large tree inside the yard.

The facility for outdoor exercise for patients from Ward 6, on the other hand, was totally unacceptable. Patients were provided with a small (approximately 15 m²) cage, with no bench and shelter against inclement weather.

120. During the 2015 visit, the delegation was informed about the project "For support to the mental health service reforms in Armenia" which was apparently supposed to be signed with the World Bank by the end of 2015.[193] According to the project implementation plan, approximately 21 million USD out of an almost 26 million USD project budget would be assigned for the modernisation and optimisation of the inpatient mental health providers, with approximately 9 million USD being foreseen for the modernisation of Nubarashen Psychiatric Medical Centre. The Committee hopes that these very significant funds will be obtained and the substantial planned improvements to the establishment will therefore take place, allowing the re-organisation of the patient accommodation areas that would ensure an appropriately therapeutic environment and rectify the environmental failings.[194]

The CPT would like to receive, in due course, information on whether the project has been approved and its implementation started.

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193 The planned duration of the project was 5 years, from 2016 till 2020.

194 In this connection, reference is also made to the recommendations in the 2002 and 2010 reports, in particular paragraph 173 of CPT/Inf (2004) 25 and paragraph 134 of CPT/Inf (2011) 24.

In the meantime, **the Committee recommends that the Armenian authorities, as a matter of urgency:**

- **provide bedridden patients at Nubarashen Psychiatric Medical Centre with custom-made plastic covered mattresses, as well as diapers, in sufficient numbers;**

- **review the environment of the dormitories in order to reduce ligature risks and improve their safety for patients presenting a suicide risk;**

- **provide female patients from Ward 7 with appropriate segregated accommodation that would ensure their privacy, dignity and security;**

- **provide patients from Ward 6 with an appropriate facility for outdoor exercise.**

121. Gyumri Mental Health Centre had occupied the existing premises since 2002. Located on the outskirts of Gyumri, it consisted of a three-storey building surrounded by a walking area with green grounds and a perimeter wall. Patients were accommodated on three wards: male, female and narcology ward. The narcology ward was situated on the second floor at one end of the building, the female ward on the same floor at the other end (with no direct connection allowed); the male ward was situated on the third floor.

The living conditions on the *narcology ward* were satisfactory. There were two rooms for patients' accommodation, with adequate natural light and ventilation, furnished with beds and cupboards. However, the size of the rooms was not suitable for the number of beds provided.[195]

The patient accommodation on both *female and male wards* was impersonal and lacked privacy; in particular, patients did not have personal lockable space. The rooms were well lit, ventilated and clean, but contained essentially only beds, and sometimes one cupboard per room. Furthermore, the rooms were overcrowded, with some beds touching.[196]

In addition, there was a pervasive smell of urine in one of the rooms on the female ward despite the fact that windows had been left open. In this regard, the delegation was told that the establishment no longer had special mattresses for incontinent patients, which posed problems for their personal hygiene and dignity.[197]

Moreover, during the interviews with female patients, the delegation was told that patients had access to a shower only once in 10 days and that they were not provided with any hygiene items, including sanitary towels, toilet paper or even soap. To deprive female patients of the basic items necessary to maintain their dignity amounts, in the CPT's view, to degrading treatment.

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195 Room No. 1, with four beds, measured approximately 11 m^2 and Room No. 2, with six beds, measured approximately 23 m^2.

196 E.g. three rooms in the female ward measured approximately 22 m^2 and contained seven beds each; the fourth room measured approximately 17 m^2 and had four beds.

197 Instead, ordinary mattresses covered with pieces of plastic were used.

122. **The CPT calls upon the Armenian authorities to take the necessary measures to improve the living conditions at Gyumri Mental Health Centre, and in particular to ensure that:**

- **occupancy levels in the patients' dormitories are reduced;**
- **conditions in the rooms are conducive to the treatment and welfare of the patients, in the light of the above remarks;**
- **all patients are provided with personal lockable space in which they can keep their belongings;**
- **incontinent patients are provided with custom-made plastic covered mattresses, as well as diapers, in sufficient numbers;**
- **patients' access to a shower is not restricted;**
- **every patient is provided with basic personal hygiene items (soap, toothbrush and toothpaste, towel, sanitary towels, etc.).**

4. Staff and treatment

123. *Nubarashen Psychiatric Medical Centre* had the following number of full-time equivalent health-care staff: 17 psychiatrists (including three duty psychiatrists), 68.5 nurses and 131.5 orderlies; two positions of psychiatrists were vacant. There was also one full-time general practitioner, one half-time neurologist, one full-time pulmonologist, one half-time dentist, one half-time radiologist, 2.5 full-time psychologists, and one full-time occupational therapist (one half-time position of the social worker was vacant).

The delegation was told that on wards in the Forensic Psychiatric Unit, a psychiatrist and a head nurse were present during working hours and the ward shift (working 24 hours) comprised one nurse and two orderlies on Ward 6 and one nurse and three orderlies on Ward 7.

The health-care staff complement at *Gyumri Mental Health Centre* comprised five psychiatrists (one working with out-patients only), 29 nurses and 16 orderlies, all working full-time. There was also one part-time general practitioner (who was also a radiologist), one narcologist, one medical psychotherapist, one psychologist, and one social worker. The shift on the wards comprised a head nurse (working only during the day), one nurse and one orderly (with 24-hour shifts on psychiatry wards and 12-hour shifts on narcology ward).[198]

To sum up, in both establishments the numbers of ward-based staff were insufficient to provide adequate care, assistance and supervision and to ensure a safe environment for patients (and staff).

Furthermore, the lack of staff of appropriate different clinical disciplines (e.g. psychologists, occupational therapists, social workers, etc.), employed to work as part of a multidisciplinary team together with medical and nursing/orderly staff, precluded the emergence of a therapeutic milieu based on a multidisciplinary approach which could offer a full range of bio-psycho-social treatments.

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198 On the male ward, one nurse and one orderly were caring for 34 male patients for the majority of the time.

124. In this context, it was hardly surprising that the treatment at both Centres was almost exclusively based on pharmacotherapy and containment, with no psycho-social rehabilitation and occupational/creative activities and only very limited recreational activities available. The majority of the patients spent most of the time just sitting, lying or wandering idly around in ward areas and, in the Forensic Psychiatric Unit, in their small locked dormitories, such routine being broken only by meals, sporadic outdoor exercise (see below, paragraph 127) and perhaps TV access in the corridor in the evening. As described by a female patient at Gyumri Mental Health Centre, "we just eat, take pills and lie in bed".

There were reportedly no problems with the supply of basic psychotropic medication at both establishments. However, there was limited newer-generation anti-psychotic medication available. There was no evidence of the overmedication of patients. However, the delegation was concerned to learn at *Gyumri Mental Health Centre* that there were no formal instructions as regards carrying out regular blood tests whenever Clozapine was administered to patients. Clozapine can have as a side-effect a potentially lethal lack of white blood cells (granulocytopenia); therefore, regular blood tests should be mandatory.

125. The delegation noted the absence of individual written treatment plans at either psychiatric establishment visited.

The CPT has repeatedly stressed in the past that psychiatric treatment should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients, including, with respect to the latter, the need to reduce any risk they may pose), indicating the diagnosis, the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.

126. In the light of the above remarks, **the CPT recommends that the Armenian authorities take necessary measures to:**

- **increase the number of ward-based staff at both establishments;**

- **ensure the availability of newer generation anti-psychotic and anti-depressant medication;**

- **develop, at both centres, a range of therapeutic options and involve patients in rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families; psychological and occupational therapy should be an important part of the long-term treatment programme, providing for motivation, development of learning and relationship skills, acquisition of specific competences and improving self-image. It is axiomatic that this will require the recruitment of more specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, and social workers) in the two Centres; further, there needs to be a much fuller and more multi-disciplinary clinical team treatment approach, including multi-disciplinary clinical meetings where patients cases can be regularly discussed;**

- **as applicable, in all psychiatric establishments in Armenia, draw up an individual written treatment plan for each patient (taking into account the special needs of acute, long-term and forensic patients), including the diagnosis, the goals of the treatment, the therapeutic means used and the staff members responsible. Patients should be involved in the drafting of their individual treatment plans and be informed of their progress.**

The Committee also recommends that regular blood tests be rendered mandatory at Gyumri Mental Health Centre (and, as appropriate, in all other psychiatric establishments in Armenia) whenever Clozapine is administered to a patient.

127. It transpired from the delegation's interviews that some patients on the general wards of *Nubarashen Psychiatric Medical Centre* had had no access to outdoor exercise for months and in a number of cases even for years. At *Gyumri Mental Health Centre*, patients were apparently told that outdoor exercise was available during the summer only.

The CPT recommends that the Armenian authorities take immediate steps to ensure that all patients at Nubarashen Psychiatric Medical Centre and Gyumri Mental Health Centre benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward. Additional restrictions on access to outdoor exercise for involuntarily admitted patients should only be applied to those patients who represent a danger to themselves or others, and only for as long as that danger persists.

5. Means of restraint

128. The delegation noted that seclusion was not used and that there appeared to be no excessive resort to means of mechanical restraint in either establishment.[199]

That said, at *Nubarashen Psychiatric Medical Centre*, four out of five registers on the use of mechanical restraint consulted on five different wards visited by the delegation were completely empty and with no indication of the period they covered. The register on Ward 5 had five entries during the period of mid-May – mid-September 2015; in all five cases the recorded duration of mechanical restraint was between 10 and 20 minutes. None of the entries contained, regrettably, any information on the reasons for using the restraint measure.

However, during interviews with the patients, the delegation gained the impression that the above-mentioned registers did not reflect the actual use of mechanical restraint. Furthermore, it transpired that some types of restraint (e.g. fixation of patients onto their beds with sheets around their abdomen) were not considered as such by the staff. Indeed, on Ward 1 the delegation saw an elderly female patient fixated to her bed in the corridor of the ward, in full view of other patients, with a sheet around her waist; no record about this measure was found in the relevant register.

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[199] At both centres, the means of mechanical restraint used consisted of fixation to a bed with canvas belts; in addition, wrapping patients in sheets or fixating to a bed with a sheet was resorted to at Nubarashen Psychiatric Medical Centre.

When asked for clarification, staff claimed that this was a security measure to prevent the patient from falling out of bed because there was not enough staff to look after her. As further explained by the staff, other patients would sometimes be asked to assist in the supervision of the patients under restraint.

The examination of the relevant registers at *Gyumri Mental Health Centre* revealed that in 2015 there had been 21 incidences of mechanical restraint recorded on the male ward and 10 incidences on the female ward. The duration varied between 15 minutes and maximum (and commonest) two hours. The delegation found during the interviews that patients had often been restrained in full view of other patients.

129. The CPT has stressed many times in the past that the use of physical/mechanical restraint measures should be the subject of a comprehensive, carefully developed, policy on restraint. During its 2010 visit, the Committee was informed by the Armenian authorities about adoption of the Guidelines for applying physical restraint to individuals with mental disorders in organisations providing psychiatric medical assistance and service.[200]

In the light of the findings of its delegation during the 2015 visit, **the CPT recommends that the Armenian authorities take measures to strengthen the implementation of the above-mentioned Guidelines in both Centres visited (and, more generally, in all psychiatric establishments in Armenia) and ensure that they include the following points:**

- **regarding their appropriate use, means of restraint[201] should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options would fail to satisfactorily contain that risk; they should never be used as a punishment or to compensate for shortages of trained staff;**

- **any resort to means of restraint should always be either expressly ordered by a doctor or immediately brought to the attention of a doctor;**

- **staff must be trained in de-escalating techniques and in the use of restraint. Such training should not only focus on instructing staff as to how to apply means of restraint but, equally importantly, should ensure that they understand the impact the use of restraint may have on a patient and that they know how to care for a restrained patient;**

- **appropriate devices should be used for the mechanical restraint (fixation) of patients such as purpose-made straps. Old, worn and easily removable devices causing harm to patients should be immediately replaced;**

- **the duration of the application of means of restraint should be for the shortest possible time. The prolongation of mechanical restraint should be exceptional and warrant a further review by a doctor;**

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200 See paragraph 144 of CPT/Inf (2011) 24.

201 Restraint measures include: mechanical restraint, physical restraint, seclusion and chemical restraint, see paragraph 130 below.

- **a patient subject to mechanical restraint should not be exposed to other patients unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient;**

- **as regards supervision, whenever a patient is subjected to means of mechanical restraint, a trained member of staff should be continuously present in order to maintain the therapeutic alliance and to provide assistance. Such assistance may include escorting the patient to a toilet facility or helping him/her to drink/consume food;**

- **every instance of the use of means of restraint – whether physical/mechanical or chemical – of a patient must be duly recorded in a specific register established for that purpose, in addition to the individual's file. The entry should include the times at which the measure began and ended, the circumstances of the case, the reasons for resorting to the measure, the name of the doctor who ordered or approved it, and an account of any injuries sustained by the person or staff. This will greatly facilitate both the management of such incidents and oversight into the extent of their occurrence;**

- **once means of restraint have been removed, a debriefing of the patient should take place. This will provide an opportunity to explain the rationale behind the measure, thus reducing the psychological trauma of the experience as well as restoring the clinician-patient relationship. It also gives the patient an occasion to explain his/her emotions prior to the restraint, which may improve both the patient's own and the staff's understanding of his/her behaviour.**

The implementation of the above-mentioned guidelines should be accompanied by practical training on approved control and restraint techniques, which must involve all staff concerned (doctors, nurses, orderlies, etc.) and be regularly updated.

The Committee also wishes to stress that, **if it is deemed necessary to restrain a voluntary patient,[202] the procedure for re-examination of his/her legal status should be initiated immediately.**

130. As it transpired from the interviews both with the staff and the patients at the establishments visited, there were cases when patients had been chemically restrained. Unfortunately, the delegation was not in a position to obtain a clear overview of the frequency and duration of the use of chemical restraint, as well as to clarify whether injections had been performed with the consent of the patient, since both Centres did not have dedicated registers.

In the CPT's view, if recourse is had to chemical restraint such as sedatives, antipsychotics, hypnotics and tranquillisers, they should be subject to the same safeguards as mechanical restraints. The side-effects that such medication may have on a particular patient need to be constantly borne in mind, particularly when medication is used in combination with mechanical restraint. Further, patients subjected to mechanical restraint should never be medicated without consent, except in situations where they may be in danger of suffering serious health consequences if medication is not administered.

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202 It should be recalled here that, formally speaking, there were no involuntary patients at Gyumri Mental Health Centre and only two at Nubarashen Psychiatric Medical Centre at the time of the delegation visit; see however paragraph 133 below.

The Committee recommends that the Armenian authorities take necessary measures to ensure that the above-mentioned principles are respected when deciding to administer chemical restraint to a patient. Further, **a dedicated register on the use of chemical restraint should be created at all psychiatric establishments.**

6. Safeguards

131. The legal provisions governing the procedures for placement and discharge for persons subject to a compulsory treatment under the criminal legislation have not changed since the CPT's previous visits.[203] It is recalled that the relevant legal framework is set out in Chapter 15 of the Criminal Code and Chapters 52 and 53 of the Code of Criminal Procedure. The placement is ordered by a court for an indefinite period of time, but the hospital's internal psychiatric commission, which performs six-monthly assessments of the patient, can recommend to the court that the patient be discharged. Further, any interested persons (including the patients' relatives and legal representatives) can apply for a court review of the placement order.

Based on the examination of patients' files and interviews, the delegation concluded that reviews of forensic patients' cases by the hospitals' internal psychiatric commissions were indeed as a rule carried out every six months and that the competent courts were notified if, following the re-examination of the case, the commission concluded that a change of the compulsory hospitalisation measure was to be recommended. Patients were generally heard in person by the commission during the review; that said, they were not provided with a copy of the psychiatric commission's findings and/or the court decision and were not informed about the legal remedies available to challenge them.

Further, at *Gyumri Mental Health Centre* the delegation came upon the case of a forensic patient whose placement was not reviewed every six months as required, allegedly because the centre had been informed that the patient "would not be discharged anyway".

The CPT reiterates its recommendations that the Armenian authorities take measures to ensure that:

- **all compulsory placements of criminally irresponsible patients are subjected to regular court review;**

- **forensic patients are systematically informed of the decision of the psychiatric commission and the court decision (and given a copy of these documents), as well as of the legal remedies available to challenge them.**

In addition, **the Committee wishes to be informed whether the current review procedure provides for a possibility for the patient to ask for an independent opinion by an outside psychiatrist, and whether judges routinely request such opinions in the context of review of the compulsory placement measure.**

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[203] See paragraph 146 of CPT/Inf (2011) 24.

132. The procedure for subjecting a person to involuntary civil placement in a psychiatric institution is established by the Law on Psychiatric Assistance (LPA).[204] According to Section 22 of the LPA, in order to subject a person to involuntary placement, he/she must first be examined by the institution's psychiatric commission.

If the commission reaches one of the following conclusions – that the person concerned represents a danger to him/herself or others, or that a failure to provide treatment (or its termination) may worsen the health condition of the patient – and the person concerned refuses to undergo treatment or demands its termination, the commission immediately informs the head of the institution who must in turn apply to a court (within 72 hours) for authorisation to subject the person concerned to placement and involuntary treatment.

Since 2005, the LPA had been amended seven times, most recently in April 2013. The amendments *inter alia* spelled out more clearly and reinforced some of the patients' rights.[205] However, despite the CPT's long-standing recommendations, the LPA still lacks provisions on the periodic review of involuntary civil hospitalisation. **The Committee calls upon the Armenian authorities to complete the LPA accordingly; periodic review of involuntary civil hospitalisation should take place at least once every six months.**

133. As already mentioned in paragraph 112 above, only two of approximately 300 patients at *Nubarashen Psychiatric Medical Centre* and none at *Gyumri Mental Health Centre* were formally subjected to involuntary psychiatric hospitalisation.[206] However, as became apparent from the interviews with the patients and the staff, many of the patients had signed consent for "voluntary" admission because they believed that involuntary hospitalisation that would follow after refusal would last much longer. Still, when talking to the delegation, a significant number of patients in both establishments appeared to be *de facto* deprived of their liberty; they stated that, although they had signed that they agreed to voluntary admission, they did not actually wish to remain in the establishments or receive treatment. The Committee must state with regret that the above-mentioned findings only confirm that its concerns raised in the previous reports[207] were not effectively addressed by the authorities.

The CPT reiterates its long-standing recommendation that the Armenian authorities take steps to ensure that the legal provisions of the Law on Psychiatric Assistance on involuntary civil hospitalisation are fully implemented in practice. The Armenian authorities must also ensure that proper information and training is given, as a matter of priority, to all structures and persons involved (in particular, psychiatrists, hospital management and judges) on the legal provisions pertaining to civil involuntary placement of patients in psychiatric hospitals in Armenia. Further, an independent review (of a judicial nature) of the implementation of the above-mentioned provisions should be carried out.

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204 Adopted on 25 May 2004, in force as from 2005. See paragraphs 104 and 121 to 132 of CPT/Inf (2007) 47.

205 E.g. the right to legal assistance, the right to make complaints, the right to communicate with the outside world and the right to information on the above rights, see also paragraphs 147 to 150 of CPT/Inf (2011) 24.

206 The delegation was informed by the Ministry of Healthcare that there were only 15 involuntarily hospitalised psychiatric patients in the whole country (out of the total of approximately 1,200 patients).

207 See paragraph 124 of CPT/Inf (2007) 47 and paragraph 148 of CPT/Inf (2011) 24.

Persons admitted to psychiatric establishments should be provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, on the possibility to withdraw their consent subsequently and, for as long as they are formally voluntary, their right to leave the establishment at any moment. Further, as regards more specifically Nubarashen Psychiatric Medical Centre and Gyumri Mental Health Centre, the CPT recommends that the legal status of all patients currently considered as voluntary be urgently reviewed by an independent external authority.

134. There had been no progress since the Committee's previous visits as concerns ensuring that involuntary patients (whether "civil" or forensic) have the possibility to give their free and informed consent to treatment (as opposed to their consent to hospitalisation). The opinion prevailing among psychiatrists in both establishments visited was that a patient's consent to hospitalisation or a motion of involuntary placement of a patient would entitle them to impose any medical treatment they judged necessary for the patient in question. Furthermore, the patients themselves believed that it was better for them to "consent" to medication, rather than being forcibly medicated in the case of refusal.

The CPT wishes to reiterate its view that consent to hospitalisation and consent to treatment are two separate issues and patients should be requested to express their position on both of these issues separately. Psychiatric patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. Every patient, whether voluntary or involuntary, should be informed about the intended treatment. Further, every patient capable of discernment should be given the opportunity to refuse treatment or any other medical intervention. Any derogation from this fundamental principle should be based upon the law and only relate to clearly and strictly defined exceptional circumstances.

The Committee calls upon the Armenian authorities to take appropriate steps to ensure that the above-mentioned precepts are effectively implemented at Nubarashen Psychiatric Medical Centre and Gyumri Mental Health Centre, as well as in all other psychiatric establishments in Armenia. The relevant legal provisions should be amended accordingly.

135. During the 2015 visit, the CPT's delegation was informed that according to an amendment to the Law on the Profession of Advocate adopted in 2013,[208] involuntary psychiatric patients had been given the right to *ex officio* legal assistance. While welcoming this amendment, **the Committee would like to receive information on the number of cases in which such *ex officio* legal assistance had been provided to involuntary psychiatric patients in the course of 2014 and 2015.**

136. Some written information on patients' rights was available in both establishments visited; however, there was still no comprehensive introductory brochure. **The CPT reiterates its previous recommendation that an introductory brochure setting forth the hospital routine and patients' rights (including information on avenues for complaint) be devised and issued to each patient on admission, as well as to their families/guardians. In addition, all patients should receive such information orally and any patients unable to understand either oral or written information should receive appropriate assistance.**

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208 In force as from 1 January 2014.

137. As regards patients' contact with the outside world, the arrangements at both establishments did not seem to pose any particular problems. Patients were able to send and receive correspondence, make telephone calls and receive visits from their family and friends without restrictions.

138. As already mentioned above (see paragraph 132), the LPA grants psychiatric patients the right to submit complaints, in person or through a lawyer or legal representative, to the head of the psychiatric institution, to a higher administrative instance, to the court, the Prosecutor's Office, the Office of the Human Rights Defender, public and municipal bodies, non-governmental organizations, media, as well as international human rights organisations.

At *Gyumri Mental Health Centre*, there were reportedly complaint boxes on the wards; however, the establishment had no dedicated complaints register. As for *Nubarashen Psychiatric Medical Centre*, the only complaint box was located in a place which was hardly accessible for the patients i.e. in the administration block.[209] The complaints register examined by the delegation did not contain any entries on complaints submitted in the course of 2015.

The CPT calls upon the Armenian authorities to ensure that patients at Nubarashen Psychiatric Medical Centre and Gyumri Mental Health Centre (as well as in all other psychiatric establishments in Armenia) are effectively put in a position to send confidential complaints to outside authorities. Patients should have unrestricted access to confidential complaint boxes (to which only the institution's head or designated deputy has the key) and all complaints should be duly recorded in a designated register.

As regards external supervision, both establishments received visits from staff of the Human Rights Defender's Office and/or the NPM and were also visited by a number of NGOs (see also paragraphs 9 to 11).

[209] Furthermore, the box had been damaged shortly before the visit.

APPENDIX

LIST OF THE NATIONAL AUTHORITIES AND ORGANISATIONS MET BY THE CPT'S DELEGATION

A. National authorities

Ministry of Justice

Ms Arpine HOVHANNISYAN	Minister
Mr Suren KRMOYAN	Deputy Minister
Mr Arman TATOYAN	Deputy Minister
Mr Artyom SEDRAKYAN	Head of Department for Relations with the European Court of Human Rights
Ms Lusine MARTIROSYAN	Head of Department for Information and Public Affairs

Police of the Republic of Armenia

Mr Hunan POGHOSYAN	First Deputy Head of Police
Mr Aram ZAKARYAN	Head of the Police Headquarters
Mr Vahe HARUTYUNYAN	Head of Department for Internal Security
Mr Vahram ABRAHAMYAN	Head of Department for Duty Service
Mr Hovhannes KOCHARYAN	Head of Legal Department
Mr Armen SEDRAKYAN	Head of Division for International Police Co-operation
Mr Norayr ABGARYAN	Deputy Head of Division for International Police Co-operation

Ministry of Healthcare

Mr Armen MURADYAN	Minister
Mr Tigran SAHAKYAN	Deputy Minister
Mr Samvel TOROSYAN	Chief Psychiatrist
Mr Hayk GRIGORYAN	Head of Division for International Relations
Ms Tamara GHUKASYAN	Leading Specialist, Department for Coordination of Medical Care Policy

Ministry of Defence

Mr Ara NAZARYAN	Deputy Minister

Prosecutor General's Office

Mr Hrachya BADALYAN	Deputy Prosecutor General
Mr Armen HARUTYUNYAN	Deputy Prosecutor General

Special Investigation Service

Mr Vahram SHAHINYAN	Head
Mr Mushegh BABAYAN	Deputy Head
Mr Varuzhan GHARHRAMANYAN	Head of the Department of Torture and Crimes against Person

Office of the Human Rights Defender (Ombudsman)

Ms Yeranuhi TUMANYANTS	Head of the Torture and Violence Prevention Division (NPM Division)
Mr Davit HAKOBYAN	International Relations Division

B. International Organisations

Council of Europe Office in Yerevan
Delegation of the European Union to Armenia
Delegation of the International Committee of the Red Cross (ICRC) in Yerevan
Office of the Organization for Security and Co-operation in Europe (OSCE) in Yerevan

C. Non-Governmental Organisations

Public Monitoring Group on the observance of the rights of persons held in police detention facilities
Armenia's Helsinki Committee
Civil Society Institute
Helsinki Citizens' Assembly – Vanadzor branch
Mental Health Foundation