

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

CPT/Inf (2020) 7

## **Response**

### **of the Albanian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Albania**

**from 20 to 30 November 2018**

The Albanian Government has requested the publication of this response. The CPT's report on the November visit to Albania is set out in document CPT/Inf (2019) 28.

Strasbourg, 27 February 2020

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**Response provided by the Albanian authorities to the recommendations contained in paragraphs 108 and 118 of the CPT's report on the November 2018 visit**

**Paragraph 108**

1. The measures taken for improving the conditions of the patients in the Prison Hospital;
2. The confirmation that women and the only minor patient are transferred from the Prison Hospital to Lezha Prison;
3. Provide treatment, psychosocial activities and daily human contact for the minor patient above.

**The measures taken for improving the conditions of the patients in the Prison Hospital<sup>1</sup>.**

1. Measures undertaken till now:
  - It is completed the reconstruction of the prison hospital (Prison Hospital Center) with a value of ALL 28.8 million<sup>2</sup>;
  - With the reconstruction of the Prison Hospital the wards of psychiatry, pathology 1 and 2, infectious, surgery and resuscitation have been reconstructed.
  - Heating system is also installed, solving this problem permanently.
  - In March 2019, 8 specialized doctors who have completed their specialization for the needs of the prison system are appointed. Two of them, psychiatric doctors, were appointed to the Kruja Institution.
  - In the context of developing motivational policies for health care staff in the prison system, in collaboration with the Ministry of Justice, the classification of doctors' salaries in the prison system is being reviewed.
2. Currently, female and juvenile forensic psychiatric patients are accommodated in the prison hospital. This is a temporary transitional measure until the material conditions (furnishing) of the hospital premises of the two buildings in Lezha Prison, where this category will be accommodated<sup>3</sup>, are fully completed. The health service in the new hospital premises for forensic psychiatric patients in the Lezha Prison will be transferred to the administration of the Ministry of Health and Social Protection. Aspects of reciprocal commitments towards the treatment of this category in the new hospital facilities at the Lezha Penitentiary Institution will be set out in a Cooperation Agreement between the Ministry of Justice and the Ministry of Health and Social Protection.

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<sup>1</sup> Information provided by Ministry of Justice (General Directorate of Prisons).

<sup>2</sup> <https://www.drejtesia.gov.al/newsroom/lajme/rikonstruktiohet-spitali-i-burgjeve-kushte-dinjitoze-per-sherbimin-shendetesor-per-te-denuarit/>

<sup>3</sup> Investment to adapt two buildings to hospital standards for forensic psychiatric patients worth ALL 95 million

3. The administration of new hospital facilities in the Lezha prison by the Ministry of Health and Social Protection (MoHSP) will enable the provision of specialized services for this category according to MoHSP protocols to create access for these patients to meaningful out-of-cell activities, necessary care and human contact with the specialists of the field (psychiatrists, psychologists, caregivers, etc.).

**Confirmation that the female patients and the only minor patient have been transferred from the Lezha Prison into the Prison Hospital.**

4. As we have reported reconstruction in Buildings 4 and 5 in Lezha prison have been completed and they have an infrastructure according to the treatment standards of this category. Currently, we are in the procurement phase of furnishing them with the necessary material basis, a process that is expected to be quickly defined.
5. Women patients and the juvenile B.G. continue to be and treated in the Prison Hospital. We note that thanks to the investment made in this Institution, infrastructure conditions and services are without equivocation fully provided according to the standards of treatment of this category, as well as services to be provided in the Institution of Lezha.
6. The prison hospital has the full capacity of specialized health staff, and being physically within the territory of the University Hospital Center the cooperation is uninterrupted for the timely delivery of any other specialized health services.
7. This cooperation is already standardized not only in the context of good practices in the interest of the forensic patients under 'compulsory medical treatment' and 'temporary hospitalization', but is also regulated in the Cooperation Agreement between the Ministry of Justice and the Ministry of Health and Social Protection for cooperation between the subordinate structures, as a result of which every need for health care, which for various reasons cannot be provided with the current capacities of the Prison Hospital, is met. This Agreement is in the process of being revised to further strengthen the cooperation between public health structures and prisons across the country.

**Provide treatment, psychosocial activities and daily human contact for the minor patient above,**

8. In April 2019, the General Directorate of Prisons has requested to the staff of the Prison Hospital Institution to improve measures for professional psychological treatment and health service for the juvenile citizen B.G.

9. This juvenile is continuously treated by a psychologist and the Institution's psychiatrist. Treatment has been provided taking into consideration the dynamic of his health issues<sup>4</sup> and the age when mental disorders have been appeared which tend to aggravate with eldering. However, it is evident that the approach offered by the staff to handle the case has been human and professional.
10. The Directorate General of Prisons has periodically requested official information from prison hospital and was informed monthly about this patient health, the psychiatric status, services provided and the progress made in the treatment of this case.
11. At the early stages of therapeutic intervention, the multidisciplinary team identified the need for immediate intervention in relation to health problems and mental health problems. The juvenile was presented to the prison hospital with a severe psycho-emotional state, low emotional well-being, severe cognitive and behavioral problems, poor communication and social interaction, associated with somatic disorders, aggressiveness and adjustment problems. The initial state of health has been extremely poor with frequent epileptic seizures and difficulties in articulating basic needs.
12. *Cause of Problems:* The juvenile comes from a family context of psychological, social and cultural problems, as well as inherited mental health issues. There is a lack of education and certain cognitive deficits. Coming from a large family and disorganized concept of life, with divorced parents. Economic difficulties and unsustainable lifestyle.
13. In the treatment of juveniles, the focus is pointed on:
  - Individual psychological counseling for the development of social and communication skills, since during the interaction with the juvenile there are evidenced fluctuating psycho-emotional states, difficulties in interactivity, and a low desire to interact with staff, which is also affected by pathological problems (frequent epileptic and behavioral disorders). Generally, treatment programs are geared to reducing obvious behavioral symptoms such as aggressiveness.
  - Aggression Replacement Training (ART) program was initially attempted to manage aggression with the juvenile, but was difficult due to severe cognitive-behavioral disorders, low level of insight and low emotional intelligence of the juvenile.
  - In the therapeutic aspect, work has been done on the application of practical techniques on the identification of objects, colors, numbers and letters, involvement in occupational therapy and art therapy (drawing and painting and puzzle applications). The juvenile has an interest in art therapy and has done some simple

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<sup>4</sup> The patient is diagnosed with "refractory epilepsy" with frequent crises, "behavior disorder" and "mental retardation".

- drawings and paintings. This therapy aims to increase selective attention. His drawings show the use of dark colors and disorganized expression through paintings.
- Multidisciplinary treatment by providing support with intervention in behavior modification in terms of internalizing the prosocial rather than aggressive skills; social skills training as well as pharmacological interventions (with medications).
14. *Family Relations:* Meetings are held regularly with his grandmother with whom staff has been met as a mediator to support and provide the most effective ways of communicating with the juvenile. He has rare contact with his biological mother and father and a strong need for attachment, which has affected his emotional problematics.
15. *Risk Assessment:* Based on personal values, opinion, attitude, and criminal behavior and not only, the juvenile is rated at high risk of harm and high likelihood of recidivism, argued by a lack of empathy for the harm it causes to others, a poor correlation of emotions and thoughts, unmanageable aggression (physical force), as a result the damage can be at high level, mainly towards others. The juvenile has low awareness and low motivation to change and this affects the tendency to repeat criminal behavior.
16. *Court proceedings:* At the Court proceedings held on 02.09.2019 it was decided to postpone the 'Compulsory Treatment' medical measure for one year for the patient B.G., as his grandmother (the only family person who cares for him) stated that because of her age and juvenile's aggressive behavior she is unable to accept custody for outpatient treatment monitoring. We emphasize that against this juvenile on 29.06.2018 was imposed medical measure "Compulsory treatment", due to his not-fulfillment of the measure given by the Court of Tirana "Compulsory outpatient treatment".

**Paragraph 118. The CPT recommends that Albanian authorities take steps as a matter of priority to ensure that all patients at Elbasan Psychiatric Hospital are offered daily access to outdoor exercise (with appropriate supervision if required). The Committee wishes to receive, within three months, an account of concrete measures taken to this end.**

17. As regards to the daily access to outdoor exercises/activities of all patients at Elbasan Psychiatric Hospital, the Ministry of Health and Social Protection is undertaking concrete steps for improving the care and treatment of this patient are taken, following the visit of the Committee, as below:
18. During 2019 new hospital premises has been adapted to facilitate the process of outdoor activities. Specifically a tent is set up and a small kitchen for the preparation and serving of coffee and tea is installed. Patients of two chronic wards (ward 1 and 7 with a total of

140 patients) have daily bases access to this area. Other activities of a sportive nature are offered to these patients in the same area. These outdoor activities are appropriately supervised by staff.

19. As the Delegation had the opportunity to visit two Day Care Centers, within the psychiatric hospital, where a lot of rich outdoor activities are offered for around 150 other patients. The plans are to involve more patients in the activities of these centers, specially by empowering the capacities of the oldest center, which will function as an outpatients day care center too. This will give the opportunity to patients of the hospital to have more contact with the outside world.
20. Also, the plans for the reconstruction of the building of Psychiatric Hospital of Elbasan, will carefully follow the recommendations of the CPT, aiming the improvement of treatment and care of its patients.

## **Full response of the Albanian authorities to the CPT's report**

### **A. Ministry of the Interior**

The responsible structures of the State Police are committed in implementing the recommendations made during the last visit of the CPT from 20 to 30 November 2018.

During his visit, the delegation visited / monitored the premises of the security rooms at the Tirana Police Station, Police Commissariats no. 1, 2, 3, 5 Tirana, Mat, Durres, Elbasan, Fier, Kavaja and the Center for Foreigners in Kareç, to closely monitor and verify on-site conditions, treatment provided to persons deprived of their liberty and respect of their rights by police personnel.

Referring to the findings presented in the report and recommendations made to improve the situation and eliminate shortcomings in the treatment and respect of the rights of persons deprived of their liberty and the scope of work of public order structures;

***We inform you of the measures taken to implement the CPT's recommendations:***

#### **1. Recommendation:**

- a. Albanian authorities should make efforts to put an end to the practice of holding in police custody of persons with a security measure of "*arrest in prison*" and convicts with imprisonment by a final decision.

#### **Measures taken:**

To this end, the cooperation with the structures of the General Directorate of Prisons has been increased and intensified for the immediate acceptance and handover of persons with the security measure "*Arrest in prison*" and the transfer of convicts with imprisonment by a final decision no later than 24 hours after submission of the request by local State Police structures.

The procedures and deadlines for the transfer of sentenced prisoners by final decision from the State Police to the premises of the Penitentiary Institutions are set out in the Cooperation Agreement between the State Prosecutor's Office and the General Directorate of Prisons no. 897/3, dated 04.03.2019 and no. 2194, dated 05.03.2019 "*On the transfer to the IECD of detainees / detainees with the security measure "detention on remand"*" and the convicts with imprisonment by a final decision in absentia, increasing the security of IECDs and ensuring prisoners and detainees who are treated with permission and during their escort".

## 2. Recommendation:

- a. Be informed and regularly brought to the attention of police personnel:
  - All forms of physical or psychological abuse of detained / arrested individuals are unlawful and punishable by law.
  - They should not use more force than is necessary in the arrest, conduct of searches, handcuffs, and handcuffs should not be made by tightening them more than necessary and should be kept for as long as possible is necessary.
  -
- b. Duplicate efforts to combat police maltreatment, as well as cases of potential maltreatment, to be the subject of a prosecution investigation to bring accountability and punishment to responsible police officers.
- c. In order to obtain comprehensive and up-to-date situation information on the treatment of detained / arrested individuals by the police, the CPT seeks to make information available for the period from 01.01.2017 to the present (cases handled by the Directorate of Professional Standards):
  - Number of complaints of ill-treatment by the police; the number of criminal and disciplinary proceedings and the results of the proceedings, whether criminal or disciplinary, imposed on police officers.
  - The number of criminal and disciplinary proceedings initiated mainly (ie without formal complaint) regarding possible ill-treatment by police officers and the results of both criminal and disciplinary proceedings imposed on police officers.

### Measures taken:

Prepared and sent for recognition and implementation of central and local structures of State Police some acts of the General Director of State Police:

- Rogatory Letter - no. 6104/3, dated 02. 09.2019 “*On the recognition of the report and implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty in the premises of the State Police*”, General Directorate of State Police, presenting the findings made by the CPT delegation and assigning them to implement and comply with the CPT recommendations.
- Attention Attraction no. 5669/2, dated 15.08.2016 “*On the respect of human rights during the use of force in the performance of legal duties and responsibilities by the State Police*”.
- For human rights violations (such as unlawful detention, unlawful use of force, etc.), the following disciplinary measures are recommended for police officers:

**For 2017:**

|  |    |
|--|----|
| Exemption from Police                            | 5  |
| Extension of promotion deadline up to 2years     | 13 |
| Recommended for RPDs and RBMDs for light measure | 7  |
| Preventive measures (" Attention ", "Advice")    | 2  |

**For 2018:**

|  |    |
|--|----|
| Exemption from Police                            | 2  |
| Extension of promotion deadline up to 2years     | 12 |
| Recommended for RPDs and RBMDs for light measure | 7  |

**For 2019:**

|  |    |
|--|----|
| Exemption from Police                            | 4  |
| Extension of promotion deadline up to 2years     | 13 |
| Recommended for RPDs and RBMDs for light measure | 7  |
| Preventive measures (" Attention ", "Advice")    | 2  |

**3. Recommendation:**

- a. Further efforts should be made to ensure that the right to be informed of detention / arrest is guaranteed in practice from the beginning of deprivation of liberty. According to Article 255/4 of the Criminal Code, the police inform the family of the detained / arrested person without delay.

**Measures taken:**

In the Rogatory Letter - order no. 6104/3, dated 02. 09.2019 “*On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police*”, all attention has been drawn to local police structures and have been required to: notify family members / relatives / legal guardians of the fact of arrest / detention of a person in the early moments of deprivation of liberty, pursuant to Article 255/4 of the Criminal Code.

#### **4. Recommendation:**

- a. The police officers should have in mind to allow detainees / arrestees to have access to a lawyer (the right to have a private lawyer, speak with him or her and be present during interrogation) from the beginning of deprivation of liberty and guarantee in practice this right.

#### **Measures taken:**

In the Rogatory Letter no. 6104/3, dated 02. 09.2019 “*On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police*”, all attention has been drawn to local police structures and were required to:

- Guaranteeing the right to a lawyer for persons deprived of their liberty, for the timely assurance of the selected defense lawyer and his presence in the course of the procedural actions for the interrogation of detainees / arrestees as provided in the CPC criminal

#### **5. Recommendation:**

Albanian authorities to take measures to:

- a. Taking the necessary steps to ensure the implementation of the provisions set out in the manual / procedure for the treatment and assurance of detainees / arrestees for the rigorous conduct of the initial medical examination of detained / arrested persons, taking into account the above observations.
- b. Measures to ensure that all medical examinations of arrested / detained persons are conducted without the presence and out of hearing by police officers, unless otherwise requested by medical personnel.
- c. Instructing, providing clarifications and conducting trainings with police medical care staff on conducting visits, identifying / recording physical injuries, and reporting them to the prosecution for further procedural treatment.

#### **Measures taken:**

Rogatory Letter no. 6104/3, dated 02. 09.2019 “*On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police*”, attention has been drawn to all local police structures and was required to:

- Conducting and documenting medical visits to the relevant file and compiling a record containing:
  - An account of objective medical findings, based on a thorough examination of traumatic injuries and possibly photographed;

- An account of the statements made by the person examined on the circumstances of causing injury, complaints and allegations of ill-treatment;
- The doctor's observations in light of the findings and statements of the injured person, indicating the consistency between any claims made and objective medical findings.
- Cases of finding injuries / ill-treatments which are in accordance with the statements of the injured should be forwarded to the prosecution body, pursuant to Article 282 of the Criminal Code, despite objections by the injured person.
  - Conduct medical visits without the presence and out of hearing of police officers, unless required by medical personnel.
  - The training on "Prevention of torture and ill-treatment of detainees / detainees through the health service" was conducted with the medical staff of the Local Police Directorates and the Closed Center for Foreigners in the Border and Migration Department.

### **6.Recommendation:**

- a. Ensure that persons detained / arrested by the police are fully informed of their rights from the very beginning of their deprivation of liberty, by providing clear verbal information about the legal / procedural rights they have at the beginning of the arrest or detention / arrest.
- b. Arrested / detained persons must be given and sign a statement certifying that they have received a copy of the fact sheet with their rights.

### **Measures taken:**

In the Rogatory letter no. 6104/3, dated 02. 09.2019 *“On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police”*, all attention has been drawn to the local police structures and were required to:

- Providing clear and complete verbal information about their rights, from the very first moment of deprivation of liberty, completing and providing a copy of the written form / statement with their rights and signature upon recognition.

### **7. Recommendation:**

- a. Ensure that persons detained / arrested by the police are fully informed of their rights from the very beginning of their deprivation of liberty, by providing clear verbal information about the legal / procedural rights they have at the beginning of the arrest or detention / arrest.
- b. Arrested / detained persons must be given and sign a statement certifying that they have received a copy of the fact sheet with their rights.

### **Measures taken:**

In the Rogatory Letter no. 6104/3, dated 02. 09.2019 *“On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police”*, all attention has been drawn to local police structures and were required to:

- Providing clear and complete verbal information about their rights, at the first moment of deprivation of liberty, completing and providing a copy of the written form / statement with their rights and signature upon recognition.

## 8. Recommendation:

- a) Take urgent steps for the premises of the Elbasan and Mat police stations to ensure that:
  - Keep cells / safety rooms in satisfactory condition, have adequate lighting including natural light and ventilation / ventilation.
  - Maintain hygiene and cleanliness in the toilets and other premises of the security rooms.
  - Providing tools and equipment to guarantee heating in the winter in the security rooms where detainees / arrested persons are held by the police.
  - Providing detained / arrested individuals with basic personal hygiene products , including those for female detainees (sanitary towels).
- b) Special attention and priority should be paid to the implementation of projects / plans for the construction of the building / block of security rooms for LPD Tirana detainees / arrested, for which information is required on the timing of the start of work, completion and opening / making this facility operational.
- c) Until the completion and commissioning of this facility, the premises of the security rooms in the police stations no. 1, 2, 3, 5 in Tirana.
- d) Not keeping arrested / detained persons in premises / rooms that are less than 5m<sup>2</sup>.
- e) In rooms / security areas of 6 - 8 m<sup>2</sup> use only for one person.
- f) Resolve the situation at the Mat Police Station to complete the detention room with the necessary furniture and equipment for a seated stay.

## Measures taken:

- In Rogatory Letter - order no. 6104/3, dated 02. 09.2019 “*On the recognition of the report and the implementation of the recommendations of the CPT Committee on the respect and guarantee of the rights of persons deprived of their liberty, in the premises of the State Police*”, attention has been drawn to all local police structures and have been required to take and implement measures for:
  - Providing and making available to arrested / detained persons personal hygiene products and products such as soaps, detergents, cleaning cloths and buckets, sanitary towels for women, bathing in hot water, etc.
  - Creation of minimum conditions for aeration and natural lighting in the premises of the security rooms of police stations no. 1, 2, 3, 5 Tirana, Shkodra, Dibër, Mat, Elbasan, Vlora and Saranda, intervening and expanding the security of the windows of the security rooms, with the standards approved for this purpose.
  - Not holding persons arrested / detained in rooms less than 5m<sup>2</sup> and in dimensions of 5 - 8m<sup>2</sup> - not holding more than one person.
  - Completion of the detention rooms with the necessary equipment and furniture for the sitting of the citizens in the Police Station and other police units where such deficiencies are lacking.
- Concerning the completion of the construction of the building / block of security rooms for the arrested / detained DV.P Tirana, we explain that:

1. It has been signed the Contract No.1412 dated 14.08.2019 with the economic operator “HASTOCI” Ltd for the construction of the Security area in LPD Tirana.
  2. It has been approved the demolition of the existing building for the premises of Kitchen and warehouse at the former police station no.3, at the Tirana Local Police Directorate under Order No. 563, dated 31.10.2019, where the security area will be built.
  3. It has been completed the demolition of the existing facility, the land has been leveled by the implementing company and some building materials needed for the start of works have been approached.
  4. The deadline for completion of the works will depend on the progress of the works by the implementing firm.
  5. The deadline for completion of works under the contract concluded with the Economic Operator is 24 months from the date of conclusion of the contract.
- There are closed, sealed and not used for holding and treating arrested / detained persons /rooms that are less than 5m<sup>2</sup>, in Police Station no. 1, 2, 3 in RPD Tirana.

The closure is done by order no. 1010, dated 14.08.2019 *“On the Prohibition of Holding and Treating Accompanied and Detained / Arrested Persons in Premises and Rooms with Insufficient Surface and Inadequate Conditions and Inappropriate Conditions”*, by the State Prosecutor's Office.

Pursuant to this order, these rooms were closed in the premises of the security rooms:

- At the Police Station no. 1, 2 (two) rooms are closed.
- At the Police Station no. 2, 2 (two) rooms are closed.
- At the Police Station no. 3, 1 (one) room is closed.
- Department of Public Safety, in line with the recommendations made by the CPT Delegation in the report of the visit to our country in November 2018; reports and recommendations of the Ombudsperson Institution and the European Commission Report 2019 on Albania, drafted, adopted and sent for implementation to all central and local police structures:
- Work Program no. 5949, dated 09.07.2019 *“On the fulfilment of the recommendations of the European Commission report on Albania 2019, the recommendations of the Ombudsman and the European Committee Against Torture (CPT) on improving the treatment and respect for the rights of persons deprived of their liberty, in premises of the State Police”*. This program is still being implemented and pursued by the State Police structures.

### **Closed reception center for foreigners**

The Closed Center for Foreigners is not a detention facility. In this center are accepted irregular foreign nationals in the territory of the Republic of Albania, against whom a measure of restraint has been taken in accordance with the legislation in force.

12 foreign nationals were accommodated in CCF.<sup>5</sup>

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<sup>5</sup> In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, names of individuals have been deleted.

The first ten citizens have a very different problem than the foreigners previously accommodated in the CCF and their stay at the center is maximal (these citizens are under investigation by the Directorate of Anti-Terrorism Intelligence Service and Serious Crimes Prosecution). This has led to an aggravated situation at certain times (reflected in our information). These aliens have been very violent breaking and burning furniture, doors and windows of their rooms or common areas. It should be noted that even in the isolation rooms these foreign nationals have broken windows, toilets, heaters and sinks, all of which are reflected in information, service reports and service books. Some of these citizens have attempted to flee several times using force from inside CCF premises, but police services detected and neutralized them. There have also been cases when foreign nationals have violently opposed police officers in the performance of their duties.

In terms of the force exerted by the police officers it was used as a last resort and by applying the regulation, never without cause and in opposition to it. Decision No. 1083 dated 28.10.2009 on the Establishment of the Closed Center and the Adoption of its Rules of Procedure Chapter V Article 1, paragraphs 1, 2 and 3 a, b clearly indicates cases of the use of force.

The CCF has a daily schedule of activities consisting of eating meals, cleaning rooms, ventilation, outdoor activities such as table tennis or outdoor games, watching television indoors, sharing and reading different books in the library. In terms of watching television this is no longer possible as Citizen X has broken it and no other device has been made available. For security reasons a group from Delta has been deployed near the CCF which performs 24/7.

**The number of complaints regarding ill-treatment by police officers and the number of criminal/disciplinary proceedings which have been instituted as a result<sup>6</sup>.**

For the reporting period (September 2017-December 2019), at the Internal Affairs and Complaints Service of the Ministry of Interior, were referred as follows:

**78** complaints / denunciations of alleged ill-treatment or violence by police officers while taking the detainees to the police station or holding them in custody. Following the administrative investigation of these complaints, it resulted that no physical violence or verbal abuse were exercised. However, due to police misconduct regarding inappropriate communication with these citizens, in **13** (from 78 complaints in total) cases the Internal Affairs and Complaints Service suggested to initiate disciplinary proceedings against **20** police officers.

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

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<sup>6</sup> Information provided by the Ministry of Interior

During the period 2017-2019, the Internal Affairs and Complaints Service sent 36 criminal referrals to the prosecution of judicial districts against 47 police officers for ill-treatment or exercise of violence while taking the detainees to the police station. These officers were charged by the prosecution office in accordance to the criminal offence on “conducting arbitrary actions”, in accordance with the provisions of article 250 of the penal Code.

→ **All these referrals were initiated by citizens charges.**

In a total of **36** criminal referrals, the Prosecutor's Office:

- decided to not to initiate proceedings in **8** cases
- decided to dismiss charges in **15** cases
- **11** referrals for which the investigation is ongoing
- Found guilty in **2** cases **3** police officers

All the data is to find in the following table:

| <b>Nr.</b> | <b>Year</b>  | <b>Nr. of penal referrals</b> | <b>Nr. of police officers</b> | <b>Decision not to initiate proceedings</b> | <b>Decision to dismiss charges</b> | <b>Ongoing investigation</b> | <b>Verdict</b> | <b>Nr. of police officers found guilty</b> |
|------------|--------------|-------------------------------|-------------------------------|---|------------------------------------|------------------------------|----------------|--|
| <b>1.</b>  | <b>2017</b>  | <b>10</b>                     | <b>8</b>                      | <b>3</b>                                    | <b>6</b>                           | <b>-</b>                     | <b>1</b>       | <b>2</b>                                   |
| <b>2.</b>  | <b>2018</b>  | <b>10</b>                     | <b>17</b>                     | <b>2</b>                                    | <b>7</b>                           | <b>-</b>                     | <b>1</b>       | <b>1</b>                                   |
| <b>3.</b>  | <b>2019</b>  | <b>16</b>                     | <b>22</b>                     | <b>3</b>                                    | <b>2</b>                           | <b>11</b>                    | <b>-</b>       | <b>-</b>                                   |
| <b>4.</b>  | <b>Total</b> | <b>36</b>                     | <b>47</b>                     | <b>8</b>                                    | <b>15</b>                          | <b>11</b>                    | <b>2</b>       | <b>3</b>                                   |

## B. Ministry of Justice

### 1. Preliminary Notes<sup>7</sup>

**55. In the CPT'S view the visiting entitlement for persons held in the 41 bis regime is too restrictive and should be increased significantly. Further, these prisoners should be allowed to make telephone calls every month, irrespective of whether they receive a visit during the same month. The Committee would also like to receive detailed information on the practical implementation of the detention regime under Section 13/1, in particular as regards the number of prisoners who are currently subject to this regime, out-of-cell activities available to them and the possibilities for the prisoners concerned to associate with other inmates of the same unit.**

The purpose of Law 108/2018 (41bis regime)<sup>8</sup> is to establish a special regime for a category of convicts and pre-trial detainees, with the aim of implementing a mechanism limiting the opportunities for the establishment and participation in a criminal organization, terrorist organization, armed or structured criminal group, or for committing acts of terrorist intent.

The establishment of a special regime in a high security prison is based solely on maintaining order and security and / or preventing the convicts from communicating with the criminal organization they are part of, or with other organizations, by taking internal and external measures of high security, mainly related to the need to prevent: a) contacts with the criminal organization they are part of or with other organizations with which they cooperate; b) potential conflicts with elements of other organizations; (c) interaction with other prisoners or detainees belonging to the same organization or other organizations with which they cooperate; ç) communication or exchange of items between convicts or pre-trial detainees belonging to different groups.

Potential subjects of this law are high security convicts and pre-trial detainees being investigated or tried for certain offenses<sup>9</sup> committed within the framework of participation in a structured criminal group, criminal organization, armed gang, terrorist organization or offenses with terrorist intentions.

The procedural guarantees for the application of the 41 bis regime are fully provided, because:

- the accommodation into the 41bis regime<sup>10</sup> is conducted only when there is data / information from the special structures provided by law - the Director General of the State Police, the State Intelligence Service, the Director General of Prisons and specialized bodies in the fight against organized crime and terrorism according to areas of responsibility.

<sup>7</sup> Response provided by the Ministry of Justice ,General Directorate of Prisons.

<sup>8</sup> Law No. 108/2018 on an addendum to Law No. 8328, dated 16.4.1998, "On the Rights and Treatment of Convicts and Pre-trial detainees", as amended.

<sup>9</sup> Provided in Articles 79/ç, 79/a, 79/b, 230, 230/a, 234/b, 283-paragraph 3, 283/a-paragraph 3, 284-paragraph 3, 284/a, 284/c- paragraph 3, 284/d-paragraph 3, 333, 333/a and 334 of the Albanian Criminal Code.

<sup>10</sup> Duration up to 1 (one) year

- the decision to place the convicted person or the pre-trial detainee in a special regime in a high security prison is taken by the Minister of Justice, based on the reasoned request of the Special Prosecutor, after consulting the Minister of Interior.
- The decision of the Minister of Justice to place the convicted person or the pre-trial detainee in a special regime in a high security prison may be reviewed by the Court.

The special regime consists on:

- a) permitting a monthly family meeting, which is held at regular intervals and in specified environments, prohibiting the entry of other persons or objects, and is subject to audio and video recording. The term "family" means the ancestors, the offspring, the spouses and the cohabitants. Meeting with persons other than family members for convicted persons is permitted upon the proposal of the director of the institution and with the approval of the Minister of Justice. For pre-trial detainees, meeting with persons other than family members is permitted only with the consent of the prosecutor. The provisions of this paragraph shall not apply to meetings with defense lawyers.
- b) allowing the convict or pre-trial detainee, who does not have family meetings, to conduct a telephone conversation per month, with a maximum duration of ten minutes, which shall be recorded. Conducting telephone conversations for convicted persons is authorized by a reasoned decision of the General Director of Prisons, whereas for pre-trial detainees, it is authorized by a reasoned decision of the prosecutor. The provisions of this paragraph shall not apply to telephone conversations with the Ombudsman Institution and with domestic or foreign organizations operating in the field of human rights.
- c) prohibition of use of monetary values, items and objects that the convict or pre-trial detainee may obtain from abroad, as provided in the internal rules of the institution;
- d) the control of correspondence, other than with the entities referred to in Article 43 of this Law<sup>11</sup>, or with international organizations exercising their activity in the field of human rights protection.
- e) reducing the stay in open air, up to 2 hours, but not less than 1 hour per day.
- f) exclusion from the representative bodies of convicts or pre-trial detainees.

By Order No. 380, dated 19.07.2019, the Minister of Justice has approved the Internal Regulation of the Special High Security Regime in the Institutions for the Execution of Criminal Decisions”.

Based on the provisions of this Regulation:

- the fresh-airing hours are 8 hours during the summer months and 6 hours during the winter months.

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<sup>11</sup>President of the Republic, Head of the Assembly, Prime Minister, Head of the Constitutional Court, Vice-Head of the Assembly, Deputy Prime Minister, Minister of Justice, Head of the Supreme Court, General Prosecutor, Members of Parliament, Deputy Minister of Justice, Ombudsman, its Commissioners and Assistant Commissioners, Director General of Prisons and his deputies, Director of Prison Police, director and inspectors of internal control of prisons, members of the supervisory committee for the execution of criminal decisions, judges and prosecutors in the exercise of their duties, and lawyers of convicts and pre-trial detainees.

- ventilation and daily activities are performed individually. In addition to fresh-airing, inmates will be involved in rehabilitation programs aimed at modifying criminal behavior, through 'Introducing Thinking' and 'Social Skills' rehabilitation programs.
  - accommodation is performed in single rooms, with lighting, artificial light, heating and ventilation according to European standards, providing surface of not less than 6m<sup>2</sup> and a space of 9m<sup>3</sup>.
  - the complaint-requests procedure is the same as for convicts of other prisoner regimes.
  - the health service is guaranteed as for prisoners of other regimes, according to the legal and sub-legal provisions for the prison system.
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- Currently, there are no prisoners under the 41 bis regime.

## **2. Ill-treatment**

### **57. Investigations into allegations of ill-treatment by prison staff should be conducted by a body which is totally independent of the prison system.**

This issue is of a very high sensitivity and is one of the basic criteria of our work for prevention and monitoring of the cases.

Meanwhile, in addition to internal inspection mechanisms, allegations of ill-treatment by prison staff are verified by the Ombudsman through the National Mechanism Against Torture, the Internal Control Service in Prisons (ICSB) - a structure subordinate to the Minister of Justice and the civil society organizations operating in the field of human rights such as the Albanian Helsinki Committee. Alleged cases of ill-treatment by the prison administration are addressed to the Prosecutor's Office, which decides to initiate further investigations to verify the case (s).

During 2019 we have not had any cases of illtreatment in the prison system.

## **3. Conditions of detention**

### **a. material conditions**

### **59. Taking measures to regulate the situation in the observation and isolation facilities in Fier prison<sup>12</sup>.**

The situation in the observation and isolation facilities at the Fier Prison has been improved, by performing floor waterproofing and eliminating moisture. Also, the disinfection of all inmates' cells was carried out.

### **60. The CPT requests up-to-date information on the putting into operation and inmate population of the two reconstructed facilities at the “Jordan Misja” prison<sup>13</sup>.**

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<sup>12</sup>There were signs of depreciation and lack of hygiene in the shower facilities and the presence of insects in the prisoners' cells.

<sup>13</sup> Prison no. 313

The two new buildings ('B' and 'C' buildings) built at the “Jordan Misja” prison were put into operation and populated in April 2019,

- The 'C' building, with a capacity of 40 persons, will accommodate prisoners under the 41 bis regime.
- The 'B' building, with a capacity of 176 persons, currently accommodates about 140 pre-trial detainees<sup>14</sup>.

**61. The CPT recommends taking measures ensuring a standard of 4m<sup>2</sup> for every prisoner in the Durres Prison<sup>15</sup>.**

The accommodation capacity of the Durres Penitentiary Institution is 300 persons, while currently it accommodates 298 inmates. With the decrease of the number of prisoners in this prison, the standard of 4m<sup>2</sup> space for each prisoner has been reached, a standard that will be maintained by the prison administration in the future.

**62. CPT requests comments from Albanian authorities on the issue of accommodation of pre-detainees in Building 'B' at the Durres Prison<sup>16</sup>.**

Since February 2019, both floors of the 'B' building in the Durres Penitentiary Institution have been adapted to accommodate prisoners and pre-trial detainees with mental health problems in the prison system. The accommodation capacity of this building is 60 persons and currently there are 25 inmates on the first floor of the building, and 33 inmates on the second floor.

Referring also to the CPT's recommendation for the Durres Penitentiary Institution, the identified problems have been eliminated, enabling a proportional distribution of prisoners in cells and providing a standard of 4m<sup>2</sup> for each prisoner.

**63. The CPT would like to receive confirmation that measures have been taken to ensure that at “Mine Peza” prison<sup>17</sup>:**

- **the rate of accommodation in cells has been reduced to provide at least 4m<sup>2</sup> of living space per person in most cells (excluding toilet space);**
- **rooms on the ground floor accommodate no more than 3 persons;**
- **the cells in this prison should be properly ventilated.**

**The Committee would also like to be provided with a timetable for the implementation of the above-mentioned refurbishment plan for Prison No. 302. Pending such**

<sup>14</sup> According to the data of the GDP, dated 30.12.2019.

<sup>15</sup> The overcrowding situation has led to the accommodation of 4 persons in a cell of 12m<sup>2</sup> (without toilets).

<sup>16</sup> At Durres Prison, the cells on the upper floor of Building B offered the most favourable conditions, notably in terms of living space. At the time of the visit, eleven cells located on this floor – which were of the same layout as those being used to accommodate up to four persons in other parts of the prison – were occupied by a total of some 20 prisoners.

<sup>17</sup> Prison no.302

**refurbishment, the broken window panes in prisoner accommodation areas should be replaced.**

The accommodation capacity of the 'Mine Peza' prison is 166 persons, while there are currently accommodating 162 pre-trial detainees (2% below capacity). By lowering the accommodation rate, a standard of 4m<sup>2</sup> has been provided for each pre-trial detainee, enabling the rooms on the first floor to accommodate up to 3 persons.

Regarding the renovation of this institution it is foreseen in the budget fund for the year 2020-2021 to perform the works for reconstruction and maintenance of physical (construction) infrastructure and engineering works in this prison. Part of the reconstruction will be the ventilation system and window reconstruction, in order to create access to natural light according to the standards.

**64. The CPT recommends that steps be taken by the Albanian authorities at Burrel Prison to bring the general conditions of detention in the accommodation blocks for sentenced prisoners to an acceptable standard. This will require carrying out substantial renovation work which should also include measures to reduce the dampness in the cells (e.g. by improving cell ventilation, putting in place a fully functional heating system, etc.).**

Further, **the Committee reiterates its recommendation that steps be taken in Section C to ensure that all cells have adequate access to natural light.**

The current situation in this Institution is within acceptable standards of living.

The problem of humidity in the cells, especially in the high security sectors, has been completely eliminated as the old domestic water supply line (the main cause of humidity in the regime and in the rooms) has finally been discontinued in this respect and thanks to the investment made by the GDP this drinking water supply line has been replaced by a new one. This investment has completely eliminated the humidity on the walls of the convicts' rooms.

Hot water showers have been installed in the high security sectors.

Currently, the heating of convicts and pre-trial detainees is provided with electric heaters and we have no concern from prisoners in this regard.

The institution was monitored by the Ombudsman and the Parliamentary Commission on Human Rights, who assessed the improvements made to this IECED in terms of improving living conditions for prisoners.

**65. Conditions in Cell No. 10 in Section C of the Burrel Prison were among the worst in the whole institution<sup>18</sup>.**

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<sup>18</sup>The cell, which accommodated eight people at the time of the visit, was in a deplorable condition (eg humid walls, tiled floors and broken tiles, lack of natural light and heavy odor).

**The CPT recommends that urgent steps be taken to remedy these deficits - by the time the cell repair work is completed, it should be out of service.**

An intervention was carried out in the 'C' section and in the cell concerned, with complete elimination of moisture, complete painting of the detention section ('C' section), paving of the floor and complete hygiene of the sector.

In terms of greater access to natural light, it cannot be technically achieved at this stage without a full prison refurbishment.

**66. During the end-of-visit talks with the Albanian authorities, the delegation requested that the existing rules regarding nocturnal cell lighting in prisons be reviewed and that it be made possible, at the very least, to dim artificial lighting during sleeping periods. The CPT recommends that the above-mentioned rule be abolished without delay.**

As we have informed you through our letter of April 2019, we reiterate the view that although there is no study of the extent of its effect on prisoners' health or a specific standard in relation to artificial lighting during the late hours of the night, we are considering options for resolving issues and preparing financial studies on the possible effects of the options on the state budget.

**67. The CPT would like to receive updated information regarding the implementation of the above-mentioned temporary measures to improve conditions of detention at Saranda Prison and the precise timeline for its planned closure<sup>19</sup>.**

Following the information provided by us through the letter dated 16.04.2019, the Saranda prison has undergone a complete reconstruction, a process that ended in October 2019.

**b. Regime**

**71. The CPT calls upon the Albanian authorities to improve substantially the regime of activities for all inmates in the prisons visited (and in all other prisons in Albania where a similar situation prevails). The aim should be to ensure that all prisoners are able to spend a reasonable part of the day (i.e. eight hours or more) outside their cell, engaged in purposeful activities of a varied nature (such as work, preferably with vocational value, education and sport).**

We consider the rehabilitation and reintegration of prisoners as the core of the mission of the prison system. In pursuit of this goal we have undertaken continuous measures to enable the implementation of a meaningful regime of activities for this category, namely,

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<sup>19</sup>In its 2017 report, the CPT has expressed serious concern about the very poor material conditions at the Saranda Prison. Unfortunately, the Albanian authorities have not been able to address this issue. In its latest visit, due to major structural problems in the Saranda Prison, the CPT urged the Albanian authorities to close this prison as soon as possible.

- rehabilitation programs are implemented for each category of inmates, which aim at modifying criminal thoughts and behavior<sup>20</sup>.
- in cooperation with the Ministry of Education, Sport and Youth (MESY), this year it has been possible to expand the prison's mapping where the educational process for prisoners is taking place<sup>21</sup>.
- Vocational training process takes place in several prisons: "Jordan Misja", Durrës, Korça, Rrogozhina, Kavaja, Vlora, Fushë-Kruja, Berat, 'Ali Demi', Lushnja and Fier.
- Convicted juveniles and women are engaged in employment activities in pirography, painting and art kraft.
- 'Made in Prison Albania' website<sup>22</sup> is implemented for the first time in the history of the prison system. Convicted women exhibit and sell their hand-made artwork via this website.
- To promote the employment of inmates from third-party, we organized a roundtable discussion<sup>23</sup> with representatives of the business community and civil society organizations on 21 November 2019.
- We have undertaken a formal communication process with all Municipalities to facilitate the preparation for freedom and reintegration following the release of prisoners. We are in the process of establishing cooperation mechanisms in this regard.
- Sports activities<sup>24</sup> are organized on a daily basis in the prisons.
- Special facilities have been adapted to each penitentiary institution where prisoners develop their skills in artistic and handicraft works.
- We have set up 3 artistic groups with women prisoners and men who organize artistic performances in different prisons.
- Religious activities take place regularly in special environments.

It is evident that despite the measures taken, the regime of activities for prisoners still remains a challenge for our prison system, in terms of increasing the number of prisoners who are motivated to engage in these activities.

To this purpose, with the support of the Council of Europe, the project 'Strengthening human rights in the Albanian prison system' is being implemented under the Horizontal Facility II Program. Component of this project are rehabilitation programs and activities for prisoners. CoE experts will assist the prison system with the expertise needed to strengthen the capacity of the prison system to develop adequate policies for education, vocational training and employment of prisoners.

**72. As regards Prison No. 313, the CPT would like to receive detailed information on the possibilities for organised out-of-cell activities for remand prisoners in the new accommodation blocks.**

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<sup>20</sup>Presentation Thinking' and 'Social Skills' programs - programs are implemented through the application of specific techniques such as motivational interviewing.

<sup>21</sup>Education proces is implemented in prisons of: Fier, Rrogozhina, Peqin, Korça, Kavaja, Durrës, Lezha, 'Jordan Misja'. In order to implement this process in other prisons we have addressed to the MESY with letter no. 7463, dated 17.10.2019.

<sup>22</sup> <https://madeinprison.al/about-me/>

<sup>23</sup> This activity was supported by OSCE Prezence in Tirana

<sup>24</sup> Football, volleyball and table games

The facilities in this Institution have been adapted for the realization of educational, religious and sports activities. In addition, special facilities have been created in each sector for the development of therapeutic and social activities.

**73. The CPT would like to receive comments from the Albanian authorities on keeping prisoners' cells open during the day<sup>25</sup>.**

According to the practice, which has been followed for years on this issue throughout the prison system, cell doors are kept open during the summer months (from May to October of each year), due to high temperatures. After October, due to climate change, the door closes again.

**4. Health care**

**76. The CPT recommends that steps be taken to ensure the regular presence of a general practitioner at Durres Prison and to recruit at least one additional half-time general practitioner at Fier Prison. Further, the Committee once again calls upon the Albanian authorities to increase nursing staff resources at Prison No. 313.**

We note that the medical staff organigram of the Durres Penitentiary Institution is composed of 5 (five) doctors. Currently, two of them are general practitioner doctor and two specialist doctors (one psychiatrist and one rheumatologist) appointed full time. Therefore, in the Durres Prison there is only one doctor missing.

The medical staff organigram at the Fier Penitentiary Institution consists of two doctors. Currently, there is one full-time doctor employed. We note that the appointment of a part-time doctor is in process.

Regarding the “Jordan Misja” prison, we highlight that we have made a proposal for organic additions in this Institution with 1 (one) doctor and 4 (four) assistant doctors.

One of the problems faced by us was the lack of health care staff in the prison system and difficulties in recruiting them. Through letter no. 2037 prot, dated 28.02.2019 we have reflected the problems of the health system in the prison system, and addressed those efforts to fulfill health care for prisoners and increase its level, suggesting as necessary solutions:

- The necessity for changes in the Cooperation Agreement with the Ministry of Health for the latter's commitment to the delivery of inmates' health services by public health system physicians in some prisons where there is a shortage of medical staff - so far it is imperative that health care is provided to prisoners by public health structures as it is objectively impossible to access it from the prison health system.

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<sup>25</sup> The CPT was concerned to note that, by order of the Director General of Prisons, the opendoor regime in prisons, whereby inmates could freely associate with other prisoners within their unit throughout the day, had been abolished as of 1 October 2018. Admittedly, inmates in some of the establishments visited were still generally permitted to visit other cells within their unit to play board games or chat, for up to several hours per day; however, it was no longer allowed to keep the cell doors open.

To address this situation, we have made the appropriate budget forecast for the period 2020 - 2022, detailing, not only as a need but as a necessity, the problem of lack of doctors in the prison system.

**77. The CPT requires detailed information on which extent the in-service prison doctors receive ongoing training<sup>26</sup>.**

Specialist doctors recruited in the penitentiary system have the opportunity to attend all trainings organized by the respective specialties organized by the structures of the Ministry of Health, organized both at home and abroad, with the same access as specialists of the civil health system and there were never any obstacles to their ongoing qualification.

As part of the continuing career education process, training is mandatory for their re-licensing as specialists, as well as for improving the provision of services to prisoners.

**78. The CPT recommends that steps be taken to supply every prison health-care service in the country with such basic life-saving equipment<sup>27</sup>. Further, the outdated and very noisy dental equipment at Burrel Prison should be replaced.**

Regarding this recommendation:

- in each institution the nursing room is completed with the emergency medications.
- prisons of Rec-Shkodra, Peqin, Fier<sup>28</sup> and Prison Hospital Center (Prison Hospital) are completed with electrocardiograms (ECG).
- we are in the process to supply the institutions with the medical device "defibrillator".
- during the second six months of 2019 new dental equipments have been provided for Burrel, Tepelena, Peqin, Kavaja, Rrogozhina and "Mine Peza" prisons.

**79. The CPT recommends that the Albanian authorities take the necessary steps to ensure that prisoners are provided free of charge with the medication which their state of health requires.**

Prisoners receive free of charge all the services provided by the health insurance scheme, based on the Council of Ministers' Decision no. 337, dated 06.04.2011, "On the inclusion of convicted persons and pre-trial detainees in the economically inactive category" and the Memorandum of Understanding between the Ministry of Justice and the Ministry of Health<sup>29</sup>.

In the interest of this objective<sup>30</sup>, we note that for the first time in the prison system, a check-up is carried out for all prisoners aged 35-70, in cooperation with the Ministry of Health and Social Protection.

<sup>26</sup>The CPT has noted with interest the information provided by the Albanian authorities in their letter of 16 April 2019 that a number of health-care professionals had recently been recruited by the Directorate General of Prisons, after having completed specialised training in prison health care.

<sup>27</sup>As before, the prison health service lacks important equipment such as defibrillator, oxygen and ECG.

<sup>28</sup> These institutions have a considerable number of prisoners

<sup>29</sup> No. 4726 Prot., dated 27.06.2014 and no. 4205 Prot., dated 26.06.2014.

<sup>30</sup> to ensure that all inmates undergo a comprehensive medical examination

- This process started in April 2019 and by the end of 2019 there we conducted check-up for prisoners at prisons of “Ali Demi”, Tepelena, Durrës, Lushnja, Elbasan and Kruja.
- In addition to timely identification, diagnosis and treatment of prisoners in the prison system, this process can identify the health problems of this population, to address the preventive measures at national level.

Citizens with acute or chronic health problems in the prison system are treated with the same standards of public health institutions and treated as recommended by specialist doctors. 24 hour health service is provided in all prisons.

**80. At Prison No. 302, the delegation observed that the overall prescription of benzodiazepines was rather high. In particular, it was noted that, in recent months, the prison doctor frequently prescribed diazepam through intravenous injections. Moreover, it appeared that a nurse could, without the doctor’s prescription, administer or distribute to prisoners a wide range of medicines, including diazepam. The CPT would like to receive the comments of the Albanian authorities on these matters.**

It is true that there have been cases of medical staff being given benzodiazepines but this is a stalemate caused by deficits in specialist doctors prescribing them.

Regarding the administration of Diazepam by the institution's physician, it should consider that there is a contingent of people coming from the free life with this substance abuse and it is difficult to reduce their drug use immediately.

Regarding this recommendation, we note that measures have been taken, strictly adhering to the prescription of medicines by assistant doctors only in accordance with the prescription of the doctors.

Currently, even because of the increasing number of consultations by psychiatrists, the administration of benzodiazepines has been severely restricted.

**81. The CPT recommends taking steps to make regular visits by a psychiatrist to the Burrel and Lezha prisons.**

During 2019<sup>31</sup>,

1. Detailed analyzes and verifications were carried out at each prison for:
  - new cases for prisoners with mental health problems
  - their treatment and health status
  - assessment of needs for additional health support
  - transfer to the Special Care Sector (SCS) at prisons where there is a psychiatrist.
2. In January 2019 there were a total of 322 prisoners with mental health problems - 184 inmates with mental health problems of standard security, of whom 31 were in aggravated health conditions (agitated), thus in order to maximize their health and psycho-social needs 27 of them were transferred to the SCS of the Durrës Prison.

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<sup>31</sup> Concretely, on January, May and November of 2019.

3. In May 2019, 15 other inmates with mental health problems were transferred to the SCS of the Durrës Prison.
4. The situation of convicts of high security with mental health problems has also been verified and dealt with. It has resulted that there are in total 138 inmates of such category with mental health problems – who are periodically consulted by psychiatric doctors of the prison system and those of the regional hospitals and are treated according to their recommendations in the respective SCS or in special rooms in prisons where their numbers are low.
5. Due to staff shortages, but also to inspect and evaluate the work of the current medical staff at prisons, during November 2019 we set up a working group with specialist doctors from the prisons and Prison Hospital Center - this working group conducted 160 visits with inmates at prisons of Fushë-Kruja, Peqin, Shkodra, "Mine Peza" and "Jordan Misja". Out of the total number of visits of this working group, 104 visits were mental health consultations.
6. The large number of visits by a group of specialist physicians in addition to the increasing impact of prisoners' trust in prison administration had a direct effect on deeper recognition of needs, but also on the professionalism diagnosis and recommendations for further treatment especially of newly arrived prisoners.

As mentioned above, this recommendation has been fully implemented.

**83. The CPT recommends that the Albanian authorities review the health-care staff resources<sup>32</sup> in all prisons which have an SKV, in the light of the above remarks. It would also like to receive a copy of the protocol concerning the functioning of SKVs in prisons.**

We would like to inform you that based on the measures taken to improve the provision of health care in prisons<sup>33</sup>, a part of the institutions having SCS have been completed with a psychiatrist.

- Durrës prison, where SCS set up in 2011, is completed with a full-time psychiatrist
- Kruja prison is completed with two full-time psychiatrists
- Peqin prison is completed with a part-time psychiatrist, and
- Korça prison is completed with a part-time psychiatrist.

All prisons that have prisoners with mental health problems are instructed on how to manage and monitor them, in cooperation with regional public mental health structures.

**86. The CPT once again calls upon the Albanian authorities to take the necessary steps – including through the issuance of instructions and the provision of training to relevant staff – to ensure that in all the establishments visited as well as in other prisons in Albania, medical examinations for prisoners are carried out<sup>34</sup>.**

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<sup>32</sup> Sufficient and trained health care staff

<sup>33</sup> Although this is an issue that has always been in our focus

<sup>34</sup> all newly-arrived prisoners are subject to a comprehensive medical examination (including systematic TB screening and voluntary testing for HIV and hepatitis B/C) by a doctor (or a qualified nurse reporting to a doctor) within 24 hours of admission; - the record drawn up after the medical examination of a prisoner contains: (i) a full account of objective medical findings based on a thorough examination (supported by a “body chart” for

In the light of this recommendation, we note that, we have standardized this process and provided training to all doctors in the prison system.

Currently, in each prison is performed:

- all newly arrived inmates undergo a medical check-up within the first 24 hours of admission;
  - o In each case, at the conclusion of the medical examination, a record is kept, in accordance with the Istanbul Protocol and the CPT's recommendations. Data in each case are also documented in the prisoner's clinical record;
- through the check-up process we have initiated this year the voluntary screening and testing for TB, HIV and hepatitis B / C, a process that is conducted by qualified doctors and will continue to be systematically carried out;
- all medical examinations of prisoners are carried out in the special premises of medical staff - out of sight and presence of non-medical staff;
- each prison administers a separate trauma register, where all types of injuries examined are registered;
- medical staff in prison institutions have been informed of the legal obligations to report to the competent prosecutor, of any injury showing ill-treatment within 48 hours.

**87. CPT would like to know if screening for transmissible diseases was offered to all newly-arrived inmates and in which prisons and if any treatment was offered to those who were tested positive<sup>35</sup>.**

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marking traumatic injuries and, preferably, photographs of injuries), (ii) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment), and (iii) the doctor's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings. The record should also contain the results of additional examinations carried out, detailed conclusions of specialised consultations and a description of treatment given for injuries and of any further procedures performed. Further, the results of every examination, including the above-mentioned statements and the doctor's conclusions, should be made available to the prisoner and his/her lawyer; all medical examinations of prisoners are conducted out of the hearing and – unless the health-care professional concerned requests otherwise in a particular case – out of the sight of non-medical staff; - a special trauma register is kept, in which all types of injury observed are recorded; - whenever injuries are recorded by a health-care professional which are consistent with allegations of ill-treatment made by the prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record is systematically brought to the attention of the relevant prosecutor, regardless of the wishes of the person concerned. The health-care staff should advise prisoners of the existence of the reporting obligation and that the forwarding of the report to the relevant prosecutor is not a substitute for the lodging of a formal complaint; - all medical staff working in prison establishments are reminded of their legal obligations to report, within 48 hours, any injuries indicative of ill-treatment to the competent prosecutor.

<sup>35</sup> By letter of 16 April 2019, the Albanian authorities informed the CPT that, in co-operation with the NGO "Stop AIDS", 430 prisoners had undergone voluntary screening for transmissible diseases (such as syphilis, HIV and hepatitis B/C) at the end of 2018 and health-care staff had received training in transmissible diseases and screening techniques. The CPT welcomes this development.

We note that,

- in collaboration with the STOP AIDS Association<sup>36</sup> we have provided training to health and psychosocial staff on the management and treatment of prisoners with infectious diseases (such as Hepatitis B and C, HIV / AIDS and other sexually transmitted diseases)
- voluntary screening of prisoners for infectious diseases continues.
- the screening and training of multidisciplinary staff have been valuable not only for the early diagnosis of prisoners, but also for the prevention and management of infectious disease cases.
- by the end of 2018, we carried out 430 voluntary screenings of prisoners for infectious diseases (such as Hepatitis B and C, HIV / AIDS, sexually transmitted diseases).
- during 2019 we conducted 432 voluntary screenings of prisoners for infectious diseases.
- persons with suspected HIV / AIDS are promptly screened by the Public Health Institute and, if positive, are consulted by an infectious disease specialist and treated according to the antiretroviral treatment protocol provided free under the reimbursement scheme.

## 5. Other issues

### a. prison staff

#### **89. The Committee would like to receive detailed information on both the initial and in-service training received by prison officers.**

We consider the issue of staff training a priority, especially initial recruitment training in the prison system. Initial training has been improved in terms of curricula, with the support of Council of Europe projects under the Horizontal Support Program for Western Balkans and Turkey, phases I and II. In recent years we have been collaborating with the Security Academy for the initial training of new staff, offering accommodation near the Academy premises.

Basic (initial) training takes 240 hours and is followed by practice. The most important topics of the initial training relate to issues of prisoners' rights, prevention of violence, incident management, treatment of vulnerable groups etc.

In addition to basic training there is also on-the-job training, referring to the needs of the staff that have been assessed during the exercise of their duty.

In the Action Plan for the prison system for the period 2020-2022, among the 8 main pillars is planned the strengthening of the training center mainly through: 1. review of the initial and on-going curricula related to the Code of Ethics, health and first aid aspects, use of force and physical restraint, aspects of management, crisis management, substance abuse and drug awareness etc.; 2. special needs training program for women prisoners and prison

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<sup>36</sup> At the end of 2018, 430 voluntary inmates were screened.

management for women; 3. training program for prison staff on managing high / violent prisoners.

Training component will continue to be supported by the CoE.

**90. During its visit to the prisons, the CPT received complaints from police officers that they had no lunch break during the eight-hour shift. Another complaint was working overtime without being paid. The Committee would like to be informed of the consideration of this matter.**

Work and its duration in the prison system is organized based on the provisions of the Labor Code<sup>37</sup> for both the civil administration and police officers. The normal duration of work is determined by the decision of the Council of Ministers (DCM)<sup>38</sup>, in the collective contract or in the individual employment contract, within the limits of the maximum weekly working time. The normal daily working time for police officers in the prison system is 8 hours per day, continuous with no anticipated break.

According to this DCM the overtime hours are compensated:

- a. with a break equal to overtime plus 25 percent of their time when these hours are worked on normal business days, or with overtime plus 50 percent of their time when hours are worked on vacation, holiday, or hour 22:00-6:00. Vacation is carried out within 2 (two) months of additional hours.
- b. In cases where it is impossible to give leave for extra hours, the employee has the right to be compensated with supplements above the normal salary.

The practice followed by the prison system administration is that set out in point (a). In any case of overtime, police officers are compensated with days off, as stipulated in the DCM.

**91. The CPT was informed that through a pilot project in some prisons officers would be provided with body cameras. This would bring security against abuses or force by prison staff. The CPT requests updated information on this matter.**

The pilot project has been initiated to provide body cameras to employees of the General Directorate of Prisons (GDP) operational intervention forces, who carry out controls on security elements in the prisons inmates' cells. This initiative was taken in reference to the CPT's recommendation in its 2017 monitoring report, following allegations by some inmates of incorrect control procedures conducted by the GDP's operational intervention forces.

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<sup>37</sup> Labor Code No. 7961/1995, as last amended by Law no.136/2015

<sup>38</sup> CMD No. 511, dated 24.10.2002, as amended

**b. discipline**

**92. The CPT recommends that the relevant legislation be revised regarding the disciplinary sanctions for prisoners<sup>39</sup>.**

According to the new Juvenile Criminal Justice Code<sup>40</sup>, disciplinary measures should be the last choice that can be made for juvenile conduct. The administration of the juvenile detention facility is authorized to use disciplinary measures against the juvenile in the case of a disciplinary offense committed by him.

The use as a disciplinary measure of these actions is prohibited: a) physical or corporal punishment; b) placement in an isolation site; c) removal or restriction of food; ç) removal or limitation of health care; d) the prohibition or restriction of meetings with family members or contact with them.

The types of disciplinary measures are: a) remark in the form of a warning; b) limitation of up to one month of the right to use permitted items, with the exception of foods and medication prescribed by a physician; c) restriction of the right to use the shop located in the juvenile justice enforcement environment (prison) for up to one month, with the exception of those articles that guarantee the rights provided for in Article 116 of this Code; ç) limitation of up to one month of the right to receive packages. The disciplinary measures provided for in letters 'c' and 'ç' shall not exceed 3 months within one year.

It is forbidden for the juvenile to be placed in secluded/isolated areas while serving his sentence.

**93. The CPT recommends that steps be taken at Burrel and Fier Prison (and, where appropriate, in other prison establishments in Albania) to ensure that prisoners subjected to a disciplinary sanction are systematically given a copy of the decision, as required by law<sup>41</sup>.**

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<sup>39</sup> It is recalled that disciplinary sanctions which may be imposed on adult prisoners include placement in a disciplinary cell for up to 20 days. As for juvenile prisoners, the maximum possible period of disciplinary confinement is 10 days. The CPT must reiterate its view that the maximum possible period of disciplinary isolation of 20 days for adult prisoners is excessive. Given the potentially very damaging effects of solitary confinement on the mental and/or physical well-being of the prisoners concerned, this period should be no more than 14 days for a given offence, and preferably shorter. Further, the CPT wishes to stress that any form of isolation may have an even more detrimental effect on the physical and/or mental well-being of juveniles. In this regard, the Committee observes an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of juveniles. Particular reference should be made to the revised United Nations Standard Minimum Rules for the Treatment of Prisoners (*Nelson Mandela Rules*) which were adopted in 2015 by a unanimous Resolution of the General Assembly and which stipulate in Rule 45 (2) that solitary confinement shall not be imposed on juveniles as disciplinary sanction.<sup>63</sup> The CPT fully endorses this approach.

<sup>40</sup> Approved by Law no.37/2017

<sup>41</sup> Gjatë vizitës në burgun e Fierit dhe burgun e Burrelit vihet re se masat disiplinore të dhëna janë në përputhje me ligjin. KPT thekson se të dënuarve duhet t'u jepet një kopje e masës së tyre disiplinore siç kërkohet nga ligji. KPT është e shqetësuar pasi mjekët e burgjeve vazhdojnë të marrin pjesë në mbledhjet e komisioneve disiplinore dhe lëshojnë vërtetime se të dënuarit mund ta përballojnë masën e dhënë. Mjekët nuk duhet të marrin pjesë në asnjë proces vendimmarrës për masa, përveç rasteve kur masa aplikohet për arsye mjekësore. Mjeku

Through the guideline dated 31.10.2019 we have brought to the attention of all prisons the implementation of the obligations related to the disciplinary proceedings for prisoners. We have already standardized this process in every prison, as well as the responses given to prisoners, specifically:

- in each case, the prisoner is immediately informed and sign (for being informed) for the order of starting a disciplinary proceedings against him.
- a copy of the decision given by the Disciplinary Commission is given immediately to him - prisoner sign (for taking a copy of the decision)<sup>42</sup> and also writes the date of taking it.
- the prisoner is informed during the meeting of the Disciplinary Commission on the right and the time limits for appealing to the GDP of the disciplinary measure. This right and the 15-day deadline for appealing the disciplinary measure are written in the decision of the Disciplinary Commission, a copy of which is provided to the prisoner.
- in cases of appeal of a disciplinary measure, a copy of the decision of the Appeals Commission in the GDP is officially sent to the prisoner.

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

The doctor is not part of the Disciplinary Commission at prisons. He/she issues a report containing only the prisoner's<sup>43</sup> medical condition. In no case shall the doctor state whether or not the prisoner is able to face the disciplinary action. This report directs the Disciplinary Commission to determine the place where the disciplinary sanction will be carried out. In case the prisoner has health problems he / she performs the disciplinary measure in his / her cell, otherwise the disciplinary measure is carried out in solitary confinement facilities as stipulated in the law.

**c. contact with the outside world**

**97. The Committee reiterates its recommendations that the Albanian authorities review the visiting arrangements in prisons in order to ensure that short-term visits last at least one hour and that they take place, as a rule, under open conditions (e.g. with prisoners and their visitors sitting around a table).**

The duration of visits is determined by the prison daily work schedule and the number of meetings with family members during the day. Given these factors, meetings may not exceed 30 minutes, as they would cause overtime and not all daily meetings could be completed.

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duhet të jetë prezent një herë në ditë tek i dënuari, i cili ndodhet në veçim, për t'i siguruar asistencë mjekësore. Mjeku duhet të raportojë te drejtori i burgut në rastet kur shëndeti i të dënuarit në veçim është në rrezik.

<sup>42</sup> The prisoner is clarified that the signature does not imply agreement with the measure given, but that he received notice of the procedure followed and the decision rendered to him.

<sup>43</sup> Who is under disciplinary proceedings

Concerning meetings with families with minor children, the prison administration implements the 'Distance parenting' program, enabling meetings of up to 1 hour in special and open meeting rooms<sup>44</sup>.

One-hour meetings are regularly provided for convicted and pre-trial detained women and juveniles.

**d. Situation of forensic psychiatric patients**

**105. CPT would like to receive:**

- **detailed information on the opening of the temporary forensic psychiatric facility at Lezha Prison (including the management structure, number of health-care and mother specialised staff, training of staff, security arrangements, provision of therapeutic and recreational activities, arrangements for outdoor exercise, etc.);**
- **confirmation that all forensic psychiatric patients have been transferred to Lezha;**
- **a copy of the revised concept of the future forensic psychiatric institution in Tirana.**

We note that the forensic psychiatric patients continue to be accommodated in the Kruja prison.

You are also aware of the solution that the Albanian Government is providing to this issue, by accommodating them in the 2 buildings adapted to the Lezha prison.

- real estate investment procedures have been carried out with the funds of the Albanian Government, achieving the best standards of accommodation and health services for this category.
- currently, we are in the phase of reallocation of funds for the furnishing of the premises, the procedure being accelerated by us, to be completed as soon as possible.

In December 2019, the Ministry of Health issued a joint draft-order "On the adoption of the transitional measures plan in the context of improving the conditions and treatment of persons with "compulsory medication".

In this draft have been set the measures to be undertaken, responsible institutions and deadline for implementation. Currently, we are consulting the plan of measures in cooperation with experts from the Ministry of Health.

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<sup>44</sup> The premises are appropriately designed for minors, painted with different colors, with toys, thus creating a friendly and open parent-child meeting environment without the presence of railings or windows.

## C. Ministry of Health

### Forensic psychiatric patients<sup>45</sup>

As regards to the improvement of conditions and care for forensic psychiatric patient, subject to “compulsory treatment”, as a court measure, Ministry of Health and Social Protection and Ministry of Justice are committed to take urgent transitory steps, as formally planed in the “Joint Action Plan for Function of the "Lezha Transitory Special Institution”, approved with joint order of both ministers, with specific actions on human resources structure (administrative and clinical staff, trainings, etc.), services regulation (the function of health services and care and security arrangements), etc. There are specific provision on transfer process of all forensic patients and its timetable.

Knowing that Albania lack expertize in forensic psychiatry, MoHSP has addressed a kind request to Ministry for Europe and Foreign Affairs, for provision of technical support for function of transitory institution of Lezha as well as for the revision of actual plans for establishment of the Special Medical Institution, implementing its specific provisions on Mental Health Law No. 44/2012 and health standards needed. Part of the letter was also the request of financial support from donors for establishment of this new institution.

Parts of the above request are addressed through the support of CoE, planned under the Programme of Horizontal Facility II – Component: Enhancing the protection of human rights of prisoners in Albania. In the Intermediate Outcome 2 of this plan “*The provision of healthcare in prison, particularly for prisoners with mental problems and for forensic patients is improved*” the activities have been redrafted based on the suggestions of our institution, focusing on the formulation of SOP and piloting of the latter in “Lezha transitional facility” with the aim of developing a functional methodology that improves healthcare and particularly mental healthcare in prisons.

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<sup>45</sup> Response provided by the Ministry of Health and Social Protection.

## **Civil patients with mental health disorders**

### **Preliminary remarks**

From several years Albania is implementing the community mental health approach, which aims to provide mental health services and positive mental health support, as close to the population. This approach is foreseen in the strategic and legal framework on mental health that has been drafted under this reform. More specifically Albania has adapted Law no.44/2012 "On Mental Health", which aims the promotion and protection of mental health, prevention of mental health related problems, guaranteeing rights and improving the quality of life for persons with mental health disorders, protection against discrimination, torture and inhuman treatment as well as promotes the community based treatment. MHSP also has adapted a rich bylaw package that facilitates the implementation of specific legal provisions of mental health law.

In addition, a ten-year action plan for development of mental health services in Albania is adapted in 2013 (2013-2020). The vision for the future continues to be inspired by the philosophy of protection of the rights of persons with mental disorders and special needs in mental health and the fight against exclusion and discrimination through the establishment of an integrated network of mental health services for treatment, rehabilitation and social reintegration. The establishment of this Integrated Mental Health Services Network is based on the fulfilment of two major strategic objectives, namely the *Decentralization* of Mental Health Services by extending and enriching the existing network with services closer to the community and *Deinstitutionalisation* through the reduction of the number of psychiatric beds and establishment and strengthening of community mental health services. In this framework 10 Community Mental Health Centres and 14 Supported Homes are established in Albania, enriching the mental health system in Albania.

The MoHSP has planned to review the Mental Health Action Plan next year, in order to further improve the actions in the mental health field and to integrate the health and social support services.

### **Living Conditions of patients in the Psychiatric Hospital of Elbasan**

As we already mentioned in the previous answer, a reconstruction intervention of Psychiatric Hospital of Elbasan is planned for the next years and the Delegation recommendation on living conditions will be part of the ToR of the reconstruction project.

As regards to pharmacotherapy in Psychiatric Hospital of Elbasan, we confirm that not only this hospital, but also all inpatient psychiatric institutions, are normally supplied and there are no such deficiencies.

### **Staff and trainings**

As regards to the need to increase the number of psychiatrist and nurses, as well as other psychosocial staff, MoHSP and the Department of Psychiatry, Faculty of Medicine, in the post-university specialization course of this year, 23 new doctors have joined this course, while 28 are on ongoing phase of psychiatric residency.

As regards the need for ongoing training of the clinical staff of mental health services, we kindly inform the Delegation that continuing education for health professionals is the process by which health professionals update their knowledge and skills to meet the needs of patients, health services and their professional development. Their professional development relates to the multidisciplinary context of patient care that, in addition to medical knowledge and skills, includes managerial, social and personal skills. In addition to the need for professional development, health professionals are required to engage in continuing education activities to respond to the related Certification and Re-licensing requirements. Continuing education activities are related to the specialty, professional role and responsibilities of the professional in the current job position and within the minimum training session required to attend each health professional (doctors and nurses), around 80% of them must be of their typology of work and the other can be of a general nature of health care. The combination of needs and obligations is at the core of the continuing education system that Albania is implementing from several years know.

Meanwhile, aiming to address gaps identified by the Delegation related to lack of specific capacities of mental health clinical staff, MoHSP in collaboration with World Health Organization and Psychiatric Department of Medicine Faculty is evaluating the possibilities to implement a national training programme for all mental health professional part of public mental health institutions.

### **Involuntary hospitalization of a civil nature**

The MoHSP has established a working group for the amendment of Mental Health Law, within the first quarter of 2020. The working group will refer to recommendation of the Delegation as regard to the legal protection of persons with mental disorders (involuntary treatment, its review and discharge procedures, consent to hospitalization and consent to treatment, seclusion and restraint procedures, legal status of chronic residents).

### **Means of Restraint**

As regards to means of restraint, all inpatient psychiatric institutions have initiated an in-house staff training program on restraint procedures and de-escalation techniques, following specific provisions of protocol No. 586, issued on 30 October 2013, by the Minister of Health. Meanwhile, MoHSP has brought to attention of psychiatric inpatient institutions the urgent need for implementation of recommendations that every patient subject of mechanical restrain or seclusion benefits from continues supervision, not being subject of this procedure in view of other patient, the necessary debriefing with patients after removal of means of restraint and that all instances of restraint, including physical holding, seclusion and chemical restraint are recorded in the dedicated restraint register (appendix of Order No. 586, of MoHSP). In this regard, a specific order was given to all above-mentioned institutions to avoid interventions of police officers within hospitals/wards.

The data of restraint reported from each inpatient psychiatric institutions for the period January – December 2019, seems to have some problems, mainly related to the documentation of all instances of restraint, as Delegation already has prescribed in their report.

- Inpatient Psychiatric Services of Tirana: 21 cases with Straightjackets and 1 in seclusion;
- Psychiatric Hospital of Elbasan: 3 cases of chemical and mechanical restraint;
- Psychiatric Hospital of Vlora; 32 mechanical restraint and 1 seclusion;
- Inpatient Psychiatric Services of Shkodra: 1 case of mechanical restraint.

In this context, the proper implementation of the above-mentioned measures will be subject of a regular monitoring of all inpatient psychiatric institutions form MoHSP, next year.

APPENDIX

Form for admission to special care units



REPUBLIC OF ALBANIA  
MINISTRY OF JUSTICE  
DIRECTORATE GENERAL OF PRISONS  
INSTITUTION OF EXECUTION OF CRIMINAL DECISION \_\_\_\_\_

Format of proposal to entrance into SKV<sup>46</sup>

Name Surname \_\_\_\_\_

Date of entrance into SKV \_\_\_\_\_

Generalities: \_\_\_\_\_  
\_\_\_\_\_

Problematics/health condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKV ADMISSION NOTES

Psychologist<sup>47</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Sector<sup>48</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>46</sup> This format is proposed to the Director of the prison who takes the decision to accommodate one prisoner into SKV. The same format is used to propose him the exiting from SKV.

<sup>47</sup> Relevant information on the continuation of the treatment kept by the psychologist is administrated in the psycho-social file of the prisoner.

<sup>48</sup> The health information kept by doctor is administrated in the prisoner's personal health file



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REPUBLIC OF ALBANIA  
MINISTRY OF JUSTICE  
DIRECTORATE GENERAL OF PRISONS  
INSTITUTION OF EXECUTION OF CRIMINAL DECISION \_\_\_\_\_

Social Affairs Sector: \_\_\_\_\_

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Security Sector: \_\_\_\_\_

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Summary of the assessment of the Commission for entering the SKV:

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REPUBLIC OF ALBANIA  
MINISTRY OF JUSTICE  
DIRECTORATE GENERAL OF PRISONS  
INSTITUTION OF EXECUTION OF CRIMINAL DECISION \_\_\_\_\_  
Periodic reporting system<sup>49</sup>

Report of the Security Sector

Name /surname (of the prisoner in SKV) \_\_\_\_\_

Date (of completion of the form) \_\_\_\_/\_\_\_\_/\_\_\_\_.

The first turn (06:00-14:00) time: \_\_\_\_:\_\_\_\_.

- Failure to comply with regulations
  - Failure to communicate with the staff
  - Failure to attend the fresh air and daily activities
  - Failure to access food
  - Failure to keep the hygiene
  - Failure to conduct any phone calls
  - Refuse to meet with the family members
  - Any other issue noted
- \_\_\_\_\_

The second turn (14:00-22:00) time: \_\_\_\_:\_\_\_\_.

- Failure to comply with regulations
  - Failure to communicate with the staff
  - Failure to attend the fresh air
  - Failure to access food
  - Failure to keep the hygiene
  - Failure to conduct any phone calls
  - Any other issue noted
- \_\_\_\_\_

The third turn (22:00-06:00) time: \_\_\_\_:\_\_\_\_.

- Failure to comply with regulations
  - Failure to communicate with the staff
  - Failure to access food
  - Failure to keep the hygiene
  - Failure to sleep
  - Any other issue noted
- \_\_\_\_\_

Name of the specialist who completes the form:

First turn \_\_\_\_\_

Second turn \_\_\_\_\_

Third turn \_\_\_\_\_

<sup>49</sup> The security staff report is administrated in SKV in order that each specialist dealing with the SKV has access in the information. The report is completed on daily basis (during the three tournaments) according to the formats for relevant services (security, social and health care staff)



REPUBLIC OF ALBANIA

MINISTRY OF JUSTICE

DIRECTORATE GENERAL OF PRISONS

INSTITUTION OF EXECUTION OF CRIMINAL DECISION \_\_\_\_\_

Report of the Psycho-Social Sector on the the daily therapy, counseling and activities offered to the prisoner in SKV

Name of the prisoner: \_\_\_\_\_

| Type of activity         | Monday | Twesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------------|--------|---------|-----------|----------|--------|----------|--------|
| 1. Therapy               |        |         |           |          |        |          |        |
| 2. Individual counseling |        |         |           |          |        |          |        |
| 3. Family counseling     |        |         |           |          |        |          |        |
| 4. Art therapy           |        |         |           |          |        |          |        |
| 5. Sports                |        |         |           |          |        |          |        |
| 6. TV shows              |        |         |           |          |        |          |        |