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Report

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

from 25 to 27 September 2012

The Danish Government has requested the publication of this report.

Strasbourg, 22 January 2013

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Copy of the letter transmitting the CPT's report

Mr Martin Bang
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Ministry for Foreign Affairs
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Denmark

Strasbourg, 6 December 2012

Dear Mr Bang,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I enclose herewith the report to the Danish Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to Greenland from 25 to 27 September 2012. The report was adopted by the CPT at its 79th meeting, held from 5 to 9 November 2012.

The recommendations, comments and requests for information formulated by the CPT are set out in Appendix I. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the Committee requests the Danish authorities to provide **within six months** a response giving a full account of action taken to implement them. The Committee trusts that it will also be possible for the Danish authorities to provide, in their response, reactions to the comments formulated in this report as well as replies to requests for information made.

The CPT would ask, in the event of the response being forwarded in Danish, that it be accompanied by an English or French translation.

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

Yours sincerely,

Latif Hüseyinov
President of the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

I. INTRODUCTION

A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a visit to Greenland¹ from 25 to 27 September 2012. It was the Committee’s first ever visit to Greenland².

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

- Haritini DIPLA, Acting 1st Vice-President of the CPT (Head of Delegation)
- Stefan KRAKOWSKI.

They were supported by Borys WÓDZ, Head of Division at the CPT’s Secretariat, and assisted by:

- Tida Jette RAVN (interpreter)
- Hans-Pavia ROSING (interpreter)
- Anne ZOEGA (interpreter).

B. Establishments visited

3. The delegation visited the following places of deprivation of liberty:

- Nuuk Police Station
- Nuuk Prison
- Psychiatric ward of Queen Ingrid Hospital, Nuuk.

¹ Greenland is a semi-autonomous entity within the Kingdom of Denmark.

² The CPT has so far carried out four visits to the mainland Kingdom of Denmark: in December 1990, September/October 1996, January/February 2002 and February 2008. The reports on these visits and the responses of the Danish authorities are available on the Committee’s website (<http://www.cpt.coe.int>).

C. Consultations and co-operation

4. In Greenland, the CPT's delegation held consultations with the High Commissioner, Ms Mikaela ENGELL, the Chief of Police, Mr Bjørn TEGNER BAY, the Director of the Prison and Probation Service, Mr Thomas NICOLAISEN, and the Deputy Minister of Health of the Greenland Government, Ms Ann BIRKEKJÆR KJELDEN.

Further, shortly after the visit to Greenland, on 28 September 2012, the delegation presented its preliminary observations to senior officials in Copenhagen, including Mr Jens-Christian BÜLOW, Deputy Permanent Secretary at the Ministry of Justice.

The delegation also met, while in Nuuk, representatives of the Inuit Circumpolar Council (ICC) in Greenland.

5. The delegation received excellent co-operation from both management and staff in the establishments it visited in Nuuk. This included rapid access to the places visited and the possibility to speak in private with persons deprived of their liberty, in compliance with the provisions of the Convention. Further, the delegation was provided with all the necessary documentation, and additional requests for information made during the visit were promptly met.

The CPT also wishes to put on record the very efficient assistance from Ms Mikaela Engell, who helped the delegation organise the meetings with the relevant authorities in Nuuk.

D. Action requested

6. In the course of the above-mentioned meeting in Copenhagen on 28 September 2012, the CPT's delegation made three requests in relation to certain urgent matters.

The first request concerned the small, oppressive and nearly completely flooded yard, in which inmates from the remand and security sections of Nuuk Prison were expected to take their daily exercise. The delegation asked the Danish authorities to confirm, within one month, that the above-mentioned yard had been taken out of service and that all prisoners were offered the possibility of genuine physical exertion in adequate conditions (e.g. using the larger yard).

The second request referred to the situation of two inmates interviewed by the CPT's delegation at Nuuk Prison. One of them, a female remand prisoner, was accommodated together with the men in the remand section (see paragraph 28). The other inmate was a 17-year old boy (a remand prisoner) who had been accommodated for some time in one of the security cells, in conditions resembling solitary confinement (see paragraph 30). The delegation requested the Danish authorities to inform the CPT, within one month, of steps taken to remedy the situation of these two inmates.

The third request was related with the fact that inmates at Nuuk Prison had hardly any access to psychological and psychiatric assistance. In particular, the delegation interviewed a female prisoner (accommodated in the security section of the prison) whose mental condition clearly required an urgent transfer to the psychiatric ward of Queen Ingrid Hospital in Nuuk (see paragraphs 48 to 51). The delegation requested the Danish authorities to inform the CPT, within one month, of the steps taken in this context.

7. The above-mentioned requests were subsequently confirmed in a letter of 4 October 2012 from the Executive Secretary of the CPT.

By letter of 31 October 2012, the Danish authorities informed the CPT of the measures taken in response to the delegation's requests. The Committee will consider those measures later in this report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police custody

1. Preliminary remarks

8. At the outset of the visit, the delegation was informed by the Chief of Police that the police in Greenland remain directly under the control of the Danish authorities (the Chief of Police is administratively subordinated to the National Police Commissioner in Copenhagen and – to the extent that the police in Greenland perform prosecution functions – to the Danish Chief Prosecutor). The legislation applicable to police custody is almost identical with that applicable in the mainland Kingdom of Denmark. Reference is thus made to the report on the 2008 visit to Denmark³.

In particular, detained criminal suspects must be brought before a judge within 24 hours and the judge may extend police custody for a further 72 hours. However, in practice, police custody tends to be very short (usually no longer than 24 hours). Further, in those very rare cases⁴ when foreign nationals are detained by the police in Greenland under the provisions of the Aliens Act, they can be held in custody under the sole authority of the police for a maximum of 72 hours (after which they are returned to their country of origin, always through Copenhagen).

In addition, pursuant to the Police Act, the police may administratively detain for a maximum of 6 hours a person who endangers public order, peace and security. If it is necessary to detain a person who is unable to look after him/herself due to intoxication, illness or other handicap, the deprivation of liberty should be “as brief and considerate as possible”.

2. Ill-treatment

9. No-one was being held in the cells of Nuuk Police Station at the time of the visit. The delegation nevertheless talked to prisoners at Nuuk Prison about their apprehension and police custody. The delegation received no allegations – and found no other indications – of ill-treatment of persons deprived of their liberty by the police. On the contrary, the persons interviewed by the delegation generally confirmed that they had been treated in a correct manner by police staff.

³ See paragraph 7 of CPT/Inf (2008) 26.

⁴ According to the information received during the official meeting in Nuuk, this happens once or twice per year.

3. Safeguards against ill-treatment of persons detained by the police

10. The legal safeguards against ill-treatment of persons detained by the police in Greenland are essentially identical with those in force in the mainland Kingdom of Denmark; reference is thus made to the relevant paragraphs of the report on the 2008 visit⁵.

11. The delegation was informed that there is no express legal right for persons detained by the police in Greenland to notify their next-of-kin of their custody, although such a notification is usually rapidly performed by the police in practice. That said, a few prisoners interviewed by the delegation at Nuuk Prison complained about delayed notification, and one of the inmates said that he was not sure whether notification had actually been performed at all.

The CPT recommends that steps be taken to ensure that all persons detained by the police in Greenland have a formally recognised right to inform a relative, or another third party of their choice, of their situation, as from the very outset of their deprivation of liberty. Any possibility exceptionally to delay the exercise of this right in order to protect the interests of justice should be clearly circumscribed in law and made subject to appropriate safeguards (i.e. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor).

Further, detained persons should be provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their deprivation of liberty.

12. Concerning the right of access to a lawyer, some of the inmates interviewed at Nuuk Prison indicated that they had not been expressly informed of this right. Further, a few of them stated that the first time they had met a lawyer was in court, when the application of the measure of remand custody was being decided. **The CPT recommends that steps be taken to ensure that the right of all persons detained by the police in Greenland to have access to a lawyer is fully effective as from the very outset of deprivation of liberty.**

A specific Greenlandic problem is the lack of easy access to professional legal assistance⁶; in practice, the task of defending persons detained by the police is performed by lay persons who have followed a two-year course in law. **The CPT invites the Danish authorities to improve the legal assistance available in Greenland to persons in police custody. In this context, particular attention should be paid to the quality and the independence of the legal assistance offered.**

13. According to the information provided to the delegation during the official meeting in Nuuk on 25 September 2012, there are no provisions expressly guaranteeing a detained persons' right of access to a doctor. That said, the delegation received assurances that persons in police custody in Greenland would face no problems with access to medical assistance. In particular, following a number of deaths of intoxicated persons in police custody a few years ago, instructions were issued requiring the police to always call a doctor whenever an intoxicated person was apprehended by the police. The delegation saw in the custody register at Nuuk Police Station that these instructions were duly followed.

⁵ See paragraphs 16 to 20 of CPT/Inf (2008) 26.

⁶ Except at High Court proceedings.

That said, **the CPT recommends that legal provisions be introduced, ensuring that all persons in police custody in Greenland have an effective right to be examined by a doctor (including a doctor of their own choice, it being understood that an examination by such a doctor may be carried out at the detained person's own expense).**

14. As for information on rights, the delegation was pleased to note the presence of information sheets ("Guidelines for persons under arrest"), in Danish and Greenlandic, at Nuuk Police Station. However, a few of the prisoners interviewed by the delegation who had recently been in police custody indicated that they had not been clearly informed of their rights and, more particularly, had not been given a copy of the guidelines.

Consequently, **the CPT recommends that a specific record be kept of the fact that detained persons have been provided with information on their rights; detained persons should be asked to certify with their signature that such information has been provided and, if necessary, the absence of a signature in a given case should be explained. Further, it would be advisable to draw up the above-mentioned information sheets in a range of other languages (e.g. English, Russian, etc).**

15. The custody records seen at Nuuk Police Station were detailed and well kept, both in the electronic form and on paper.

16. The CPT's delegation was informed that the police complaints procedure in Greenland was very similar to the "old" Danish procedure, described in detail in paragraph 44 of the report on the 1996 visit to Denmark⁷. The investigation of complaints about the behaviour of police officers on duty is the responsibility of senior police lawyers at the Headquarters level in Nuuk. Their preliminary findings and conclusions are sent for consultation to the Greenland Police Complaints Board (composed of a private lawyer and two lay persons unconnected with the police). The police are not bound by the Board's opinion; however, if the decision on the complaint is contrary to the opinion of the Police Complaints Board, the complainant, his/her lawyer and the Board may appeal against the decision to the Chief Prosecutor in Copenhagen⁸.

Given the recent adoption of new rules on the handling of police complaints (as far as the mainland Kingdom of Denmark is concerned), **the CPT would like to be informed whether there are any plans to adopt similar rules in respect of Greenland.**

17. At the outset of the visit, the Chief of Police provided the delegation with information on the number of complaints about misconduct of the police in Greenland received in 2010 and 2011 and the outcome of these complaints (including the disciplinary and criminal sanctions imposed)⁹.

However, in order to obtain an updated picture of the situation, **the Committee would like to receive analogous information in respect of 2012.**

⁷ CPT/Inf (97) 4. New rules have entered into force in the mainland Kingdom of Denmark since early 2012.

⁸ There had been no such appeals in the three years preceding the CPT's visit.

⁹ The number of complaints of physical ill-treatment by the police in Greenland (including those concerning physical ill-treatment of persons in police custody) was as follows: 18 (1) in 2010 and 18 (0) in 2011. Sanctions imposed on police officers were as follows: two disciplinary sanctions in 2010 and one 2011.

18. Systems for the monitoring of police detention facilities by an independent authority are capable of making an important contribution towards the prevention of ill-treatment and, more generally, of ensuring satisfactory conditions of detention.

Both the Danish and the Greenlandic Parliamentary Ombudspersons are empowered to inspect places of deprivation of liberty in Greenland. However, the delegation was informed that the last such visit to Nuuk Police Station dated back to 2009¹⁰. In this context, the CPT wishes to stress that, in order for such monitoring to be effective, it must take place frequently. **The CPT would welcome the observations of the Danish authorities on this issue.**

4. Conditions of detention

19. The conditions of detention at Nuuk Police Station were generally adequate for the period of police custody (i.e., in practice, a maximum of 24 hours). The four single cells were clean, of a good size (from just under 7 m² to 9 m²), adequately lit and ventilated, and equipped with a sleeping platform, a mattress and a call bell. Bedsheets, pillows and blankets were provided for the night, and there were arrangements for the provision of food at normal meal times. Further, persons in police custody had access to adequate communal toilets and washing facilities.

20. The delegation was informed that persons remanded in custody could exceptionally be held at Nuuk Police Station, for up to a few days, if there was no suitable accommodation available at Nuuk Prison¹¹. According to the Chief of Police, such prisoners would be granted access, during the day, to the part of the detention area corridor fitted with a sofa, two armchairs and a TV set; further, their cell doors would remain open during the day. Although the police station has no dedicated outdoor exercise yard, the police would normally take remand prisoners (under escort) for a daily walk in the establishment's car park.

The CPT wishes to stress that, as a matter of principle, remand prisoners should not be held in police establishments; this is also enshrined in Rule 10.2 of the European Prison Rules¹². In this connection, **the Committee would like to receive precise information, in respect of the year 2012, on the number of remand prisoners who were held at Nuuk Police Station and, in each case, for how long.**

21. The delegation was informed of plans to thoroughly refurbish Nuuk Police Station. **The CPT would like to receive further details of these plans, including the timeline for their implementation.**

¹⁰ The CPT's delegation requested – prior to its visit – to meet the Greenlandic Ombudsperson (who also performs the function of National Preventive Mechanism, pursuant to OPCAT, in Greenland); however, such a meeting was not possible because the Ombudsperson was not in Greenland at the time of the visit.

¹¹ No such person was held at Nuuk Police Station at the time of the visit.

¹² See Recommendation Rec(2006)2 of the Committee of Ministers of the Council of Europe. Rule 10.2 states as follows: “In principle, persons who have been remanded in custody by a judicial authority and persons who are deprived of their liberty following conviction should only be detained in prisons, that is, in institutions reserved for detainees of these two categories.”

B. Nuuk Prison

1. Preliminary remarks

22. During the initial meeting in Nuuk, the CPT's delegation discussed general problems facing the Greenlandic prison system with the Director of the Danish Prisons and Probation Service in Greenland (the prison system in Greenland remains within the exclusive competence of the Danish authorities). The main issue raised by the delegation was the planned construction of a new closed-type prison in Nuuk. The opening of such an establishment would *inter alia* make it possible to repatriate Greenlandic inmates currently accommodated at Herstedvester Institution (in the mainland Kingdom of Denmark), where they are facing problems related with being far away from their homes, relatives and culture¹³.

The delegation was informed that the new prison, with a planned capacity of 72 places (including 40 in closed regime), would most likely be completed by 2017/18. The concept for this new establishment¹⁴ foresaw that there would be facilities for association, work, education and sports; further, some 60 staff posts were planned in order to make the provision of activities possible.

In the light of what the delegation observed at the current Nuuk Prison (see paragraphs 25 to 30), **the CPT recommends that the construction of the new closed-type prison in Nuuk be treated as a matter of priority. The Committee would like to be kept informed of the progress made in this area (and be provided with more details of the new establishment, especially as regards the material conditions and the facilities for activities, association and visits).**

2. Ill-treatment

23. From the outset, it should be emphasised that the delegation received no allegations – nor any other indications – of deliberate physical ill-treatment by staff at Nuuk Prison¹⁵. On the contrary, the atmosphere seemed to be relaxed, and several prisoners stated that their relations with staff were good. That said, a few allegations were received of the staff using disrespectful language vis-a-vis the inmates. **Staff at Nuuk Prison should be reminded that they must always treat prisoners in their custody with respect.**

Likewise, no allegations were heard of inter-prisoner violence. However, the examination of records of disciplinary sanctions indicated that inter-prisoner violence was a problem at the establishment¹⁶. **The management and staff of Nuuk Prison should be encouraged to exercise continuing vigilance in this context.**

¹³ The issue has been described by the CPT in the reports on its previous visits to Denmark, most recently in paragraphs 79 and 80 of CPT/Inf (2008) 26.

¹⁴ The actual architectural design was not yet prepared – a tender was about to be issued in the near future.

¹⁵ It is noteworthy in this context that the records of use of special means (batons and handcuffs) indicated that such means were rarely employed at Nuuk Prison. For example, there had been no case of use of a baton in the course of 2011, and handcuffs had only been applied eight times during that same year (exclusively in the context of the transfers of inmates to the observation/security cells, see paragraphs 40 and 41).

¹⁶ For example, in seven cases, prisoners had been punished disciplinarily for assaulting a fellow inmate in the period from 1 January to 25 September 2012.

3. Conditions of detention

24. On the first day of the delegation's visit, Nuuk Prison was operating at its full capacity of 64. This included 19 remand prisoners and eight women¹⁷. The establishment had: two "open" sections (North and South, with 10 and 14 places respectively) for sentenced prisoners who were allowed to work outside the prison during the day; a "semi-open" block with two sections (Section A with 12 single cells and Section B with 14 single cells); and two closed sections: the remand section ("Arrest") with a capacity of six places in single cells (but holding nine inmates at the time of the visit) and the security section ("Sikret"), which was operating at its full capacity of eight inmates in single cells¹⁸.

The delegation focused its attention on the "semi-open" and "closed" sections¹⁹.

25. As regards the material conditions of detention, cells in the A and B Sections were rather small (6 m²), though this was largely offset by the open door regime during the day (6 a.m. to 10 p.m.). The cells were well lit and ventilated, and suitably furnished (bed, wardrobe, table, chairs, shelves, washbasin, call bell). No complaints were heard about access to the communal toilets and bathroom, including at night. Further, during the day, inmates could stay in communal areas equipped with a kitchenette, sofas, tables, TV sets, etc.

Conditions were also generally adequate in the "Sikret" section, where the 6 m² single cells were well lit and ventilated, and properly equipped (similar to the cells in A and B Sections). However, given that the inmates spent a large part of the day locked in their cells (except for the daily outdoor exercise totalling one hour; a period each day when they were allowed to meet one other inmate of their choice within the section; and occasional access to the gym), the size of the cells is barely acceptable. Further, the communal toilets and the shower were quite dilapidated.

The single cells in the "Arrest" section measured approximately 7.5 m² each. However, several of them were being used for double occupancy, thereby leading to cramped conditions for the prisoners concerned. That said, cell doors were opened during the day and inmates could associate in a small common room with a kitchenette, seating space, a table and a large TV set. The whole section was damp and poorly ventilated, and the communal toilet and showers were in a poor state of repair. In fact, both closed sections were in need of refurbishment.

The CPT recommends that immediate steps be taken to improve ventilation in the "Arrest" section of Nuuk Prison. Further, both closed sections of the establishment should be refurbished, starting with the toilets and showers. It would also be highly preferable for the cells in the "Arrest" section to be used only for single occupancy.

¹⁷ Two of the women were on remand.

¹⁸ Those eight prisoners consisted of: four inmates undergoing the sanction of disciplinary isolation (see paragraph 39); a remand prisoner who had to be separated from another inmate accused in the same case; a female remand prisoner isolated at her own request (see paragraph 32); a juvenile remand prisoner (see paragraph 30) who had to be segregated from adult prisoners, and a sentenced prisoner segregated on administrative/security grounds.

¹⁹ Conditions in the "open" sections of the prison do not call for any particular comment.

26. The delegation was particularly concerned by the small (measuring some 25 m²), oppressive (surrounded with a high fence topped with barbed wire) and nearly completely flooded yard, in which inmates from the closed sections were supposed to take their daily outdoor exercise. This state of affairs was all the more unacceptable given the presence of a much larger (approximately 200 m²) secure yard, fitted with some sports equipment and a shelter against inclement weather.

As already mentioned in paragraph 6, following the visit the CPT requested the Danish authorities to confirm, within one month, that the above-mentioned small yard has been taken out of service and that all prisoners are offered the possibility of genuine physical exertion in adequate conditions (e.g. using the larger yard). In their letter of 31 October 2012, the Danish authorities informed the Committee that the above-mentioned small yard had been taken out of service, and that inmates from the "Arrest" and "Sikret" sections were now allowed to take their daily outdoor exercise in the large yard of Nuuk Prison. The Committee welcomes this decision.

27. Throughout most of the common accommodation areas of Nuuk Prison, the general rule was mixed-sex accommodation (though there were no mixed-sex cells). Having said that, the delegation noted ongoing work to set up a small sub-section (with the capacity of four places) for females in Section A²⁰.

The Committee is of the view that, in principle, women deprived of their liberty should be accommodated separately from men. Therefore, **the CPT recommends that the Danish authorities ensure that all the prisoners currently accommodated in the mixed-sex sections of Nuuk Prison unequivocally agree to this arrangement and are adequately supervised.**

28. As already mentioned (see paragraph 6), the delegation was concerned by the situation of a female remand prisoner, who was accommodated together with the men in the "Arrest" section. She felt very uncomfortable in this mixed-sex environment and told the delegation that she had not dared to use a shower since her arrival some four days before. Her situation was aggravated by the fact that she had not been provided with any hygiene items (including sanitary napkins). Following the visit, the delegation requested the Danish authorities to inform the CPT, within one month, of steps taken to remedy the situation.

In their letter of 31 October 2012, the Danish authorities informed the Committee that the female prisoner concerned had been provided with hygiene items and that a female guard would always escort her to the shower and remain in front of the shower cabin while the inmate concerned was inside. The CPT welcomes this positive reaction to its concerns.

²⁰ In the above-mentioned letter of 31 October 2012, the Danish authorities informed the CPT that the sub-section in question had been brought into service on 26 October 2012.

29. Regarding activities, efforts were being made to offer a varied programme to the inmates²¹. That said, work was not available to the prisoners in the “closed” sections and, additionally, those accommodated in the “Sikret” section were not allowed access to the school and arts workshops (which were available to prisoners in the “Arrest” section). As already indicated, prisoners in the “Sikret” section spent most of their time inside their cells, with little else to do than reading, watching TV and playing computer games²².

Clearly, it is not easy to provide an appropriate regime for all inmates in a small establishment intended to accommodate different categories of prisoners, usually for short periods of time. However, in the CPT's view, the aim should be to ensure that all inmates are able to spend a reasonable part of the day outside their cells, engaged in purposeful activities of various kinds: work, study, sport and leisure activities. **The CPT recommends that steps be taken to develop the programme of activities available to all inmates at Nuuk Prison, including those placed in the “Sikret” section for other than disciplinary reasons.**

30. In one of the cells of the “Sikret” section, the delegation interviewed a juvenile remand prisoner (a 17-year old boy) who had been accommodated in conditions resembling solitary confinement since his arrival to the establishment five days earlier²³. Following the visit to Greenland, the delegation requested the Danish authorities to inform the CPT, within one month, of steps taken to remedy his situation.

In their letter of 31 October 2012, the Danish authorities informed the Committee that the juvenile inmate in question had been offered individual tuition (as from 1 October 2012) and that the establishment's social workers and pedagogical assistant (see paragraph 36) were visiting him daily in order to engage him in recreational activities (e.g. reading and games). Further, the CPT was informed that the inmate concerned had turned 18 years old on 23 October 2012 and that, as of then, he was allowed to have daily association with one chosen fellow inmate from the section. He was also allowed access to the classroom and to the gym (where he could associate with other prisoners). In addition, the prison's management had taken a decision to grant him an extra hour of daily outdoor exercise.

²¹ As already mentioned, prisoners in the “open” sections could work outside the prison and had access to various distractions (sports, board games, TV, radio, DVD, computer games, etc) after work.

²² The gym, although theoretically available without restrictions, was very small and prisoners had to enrol on a waiting list in order to be able to use it.

²³ He expected that he would remain in such conditions at least until the beginning of his court hearings, scheduled for 18 October 2012.

4. Health care

31. The delegation was concerned to note that Nuuk Prison had no in-house health-care service. In case of need, recourse was had to the general medical services in Nuuk.

One consequence of this situation was that there was no medical screening of newly-arrived inmates. This is unacceptable; such screening is essential, particularly to prevent both the spread of transmissible diseases²⁴ and suicides, and for recording injuries in good time. Save for exceptional circumstances, the medical screening of prisoners should be carried out on the day of admission, especially as regards those entering the prison system. **The CPT calls upon the Danish authorities to take necessary measures to ensure that all prisoners are examined by a doctor, or by a qualified nurse reporting to a doctor, within 24 hours of their admission to Nuuk Prison.**

32. The Committee is also concerned by the fact that inmates at Nuuk Prison had hardly any access to psychological and psychiatric assistance. It was time-consuming to arrange a consultation with an outside psychiatrist (which required each time a referral by a GP from the local health-care centre), and the prison did not employ a psychologist. In this context, the delegation interviewed a female prisoner (accommodated in the “Sikret” section) whose mental condition clearly required an urgent transfer to the psychiatric ward²⁵. After the visit, the delegation requested the Danish authorities to inform the CPT, within one month, of the steps taken in this context. In their letter of 31 October 2012, the Danish authorities confirmed that the female prisoner concerned had been admitted to the psychiatric ward of Queen Ingrid Hospital in Nuuk²⁶ on 9 October 2012.

While welcoming this transfer, **the Committee recommends that steps be taken to ensure access to psychological and psychiatric assistance for the inmates at Nuuk Prison.**

33. During the meeting with representatives of the Greenlandic Ministry of Health, the delegation was informed that many prisoners in Greenland were addicted to drugs and/or alcohol; however, at Nuuk Prison the delegation gained the impression that the management’s approach to this phenomenon was mainly repression-oriented²⁷. In this context, the CPT wishes to stress that the approach to prisoners with alcohol and drug-related problems should include a prevention policy combined with programmes for medical detoxification, psychological support, rehabilitation and substitution. **The Committee recommends that a comprehensive strategy for the provision of assistance to prisoners with alcohol and drug-related problems be developed in Greenland, in the light of these remarks.**

34. The delegation noted the presence of medical documents (results of examinations, certificates, etc.) in the prisoners’ administrative records, which were accessible to non-medical members of the staff. This is a clear violation of the confidentiality of medical data.

²⁴ The delegation was informed at the outset of the visit that tuberculosis was a serious problem, both in prisons and in the community at large.

²⁵ According to the director of Nuuk Prison, there were at least two other inmates suffering from mental disorders, who would have benefited from psychiatric assistance.

²⁶ See paragraphs 49 to 52, below.

²⁷ This was reflected in the statistics of disciplinary sanctions; see paragraph 40.

The Committee recommends that no medical document be placed in prisoners' administrative records, and that measures be taken to guarantee full respect at Nuuk Prison of the confidentiality of medical data.

35. It is clear that Nuuk Prison would benefit from daily visits by a qualified nurse, who could respond to the prisoners' needs for basic care and, where necessary, refer cases to a doctor. Furthermore, the nurse in question could receive prisoners' requests for consultations, administer prescribed medicines and look after prisoners' medical documentation, all tasks currently performed by medically untrained prison officers.

The CPT recommends that a daily visit by a nurse to Nuuk Prison be ensured. Preferably, a doctor should be specifically appointed to be in charge of the health-care aspects of the establishment, and visit the prison at least once a week.

5. Other issues

36. At the time of the visit, Nuuk Prison's custodial staff consisted of 22 prison officers (including eight women). There were five to six custodial officers present during the day and three to four after 9 p.m.²⁸. This staffing complement appeared sufficient.

37. As regards the arrangements for prisoners' contact with the outside world, the general rule was that inmates were allowed two visits of one hour per week, with the possibility of being granted a third visit as a reward for good behaviour (and provided the visiting rooms were available). Further, the two visiting facilities were of a good standard and, in particular, enabled visits to take place under open conditions. The situation as regards telephone contact and correspondence was also satisfactory, at least insofar as sentenced prisoners were concerned.

38. Remand prisoners held in judicially-ordered solitary confinement²⁹ or subject to police-imposed restrictions³⁰ on their contact with the outside world were granted visits under police supervision.

However, it appeared that, due to the shortage of police staff available to supervise such visits, there could be significant delays in arranging them. **The CPT would like to receive the observations of the Danish authorities on this issue.**

²⁸ The establishment also employed two social workers, a pedagogical assistant (in charge of the arts workshop, present eight hours each working day) and a teacher (present five hours each working day).

²⁹ The delegation was told that this was an extremely rare measure in Greenland; there were no such prisoners at Nuuk Prison at the time of the visit.

³⁰ The rules applicable to such restrictions in Greenland are the same as those in force in the mainland Kingdom of Denmark.

39. In the reports on its visits to Denmark³¹, the CPT expressed strong reservations about the practice of police-imposed restrictions on remand prisoners' contacts with the outside world (such as supervised visits, withholding or monitoring of correspondence, and prohibition of telephone calls) and made several recommendations designed to ensure that the adoption of such measures is strictly proportionate to the needs of the criminal investigation.

The delegation was concerned by the high proportion of remand prisoners at Nuuk Prison (14 out of the total of 19) who were subjected to restrictions imposed by the police, referred to as "B&B". The restrictions could be applied throughout the remand period, including any appeal and while awaiting sentence confirmation, which effectively meant that they could continue for months on end.

In addition to their visits being supervised, most of the remand prisoners told the delegation that they had no access to a telephone, except for calls to their lawyers.

The CPT recommends that the following steps be taken in Greenland in respect of police-imposed restrictions on remand prisoners' contacts with the outside world:

- **the police to be given detailed instructions as regards recourse to prohibitions/restrictions concerning prisoners' correspondence and visits;**
- **that there be an obligation to state the reasons in writing for any such measure;**
- **that, in the context of each periodic review by a court of the necessity to continue remand in custody, the question of the necessity for the police to continue to impose particular restrictions upon a remand prisoner's visits and letters be considered as a separate issue;**
- **that the remand prisoners concerned be given the right to appeal to the court against police-imposed prohibitions/restrictions.**

Further, the CPT recommends that the practice of prohibiting access to a telephone be reviewed and made subject to the same safeguards as those referred to above in respect of correspondence and visits.

40. The delegation noted that disciplinary sanctions were imposed relatively frequently at Nuuk Prison³²; that said, the sanctions were generally quite mild³³.

The disciplinary procedure – analogous to that already described in the reports on the visits to Denmark³⁴ – offered adequate safeguards to prisoners (in particular, the right to be heard; the right to legal assistance; the right to appeal against the sanction). Further, the records of disciplinary hearings were scrupulously kept.

³¹ See in particular paragraph 39 of CPT/Inf (2002) 18, paragraph 60 of CPT/Inf (97) 4 and paragraph 43 of CPT/Inf (2008) 26.

³² There had been 117 disciplinary sanctions in the period from 1 January to 25 September 2012, 80% of them for the use and/or possession of illegal drugs (essentially hashish) and/or possession of instruments for their consumption.

³³ Usually a warning, a fine or a confiscation of prohibited items, and on occasion disciplinary isolation of not more than five days in practice.

³⁴ See e.g. paragraph 66 of CPT/Inf (2008) 26.

Nuuk Prison did not possess dedicated disciplinary cells. Inmates subjected to such a measure were usually placed in one of the cells of the “Sikret” section or – in exceptional cases and for short periods – in one of the “observation” cells (see paragraph 40). In either case, prisoners in disciplinary isolation were granted access to daily outdoor exercise of one hour.

41. Nuuk Prison possessed two “observation cells” and one “security cell” (where agitated and/or aggressive inmates could be immobilised by force). The rules applicable to such placements have already been described in the reports on the CPT’s visits to the mainland Kingdom of Denmark³⁵.

The three cells were located in the basement of the establishment. The observation cells measured approximately 9 m² each and were equipped with a bed with a mattress and a blanket, as well as a call button (out of order at the time of the visit, but being repaired); one of the cells also had a table and a bench. There was no access to natural light and artificial lighting was poor, but ventilation was adequate. Both cells were quite dilapidated though not dirty. The security cell measured some 20 m² and was likewise poorly lit and quite dilapidated. It was furnished with a bed, to the side of which were attached leather bracelets designed to immobilise the hands alongside the body, a broad leather strap to immobilise the trunk and leather bracelets to immobilise the ankles.

The CPT recommends that steps be taken to improve material conditions in the observation and security cells at Nuuk Prison, in particular as regards access to natural light, artificial lighting and the general state of repair. The Committee would also like to receive confirmation that the call systems in the three cells have been repaired.

42. The records maintained for placement in the above-mentioned three cells were excellent. A detailed protocol was drawn up in each case, comprising, *inter alia*, the reasons for the placement, an account of the prisoner’s behaviour during the measure (with note taken of frequent – at least once an hour for the observation cells and every 10-15 minutes for the security cell – checks performed by the custodial staff) and mention of the time of the beginning and end of the measure.

The delegation also noted that placements in an observation cell were not frequent³⁶ - and were very rare as regards the security cell³⁷. The CPT welcomes this. That said, **reference is made here to the comments in paragraph 71 of the report on the CPT’s 2008 visit to Denmark.**³⁸

³⁵ See, in particular, paragraph 69 of CPT/Inf (2008) 26.

³⁶ There had been 13 placements in an observation cell between 1 January and 25 September 2012, usually for just a few hours.

³⁷ Once per year in respect of 2009, 2010, 2011 and 2012.

³⁸ “The CPT understands that it is necessary on rare occasions to resort to means of restraint in a prison setting. However, in the Committee’s opinion, the approach to immobilisation in prisons should take into consideration the following principles and minimum standards:

- Regarding its appropriate use, immobilisation should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options would fail satisfactorily to contain those risks; it should never be used as a punishment or to compensate for shortages of trained staff; it should not be used in a non-medical setting when hospitalisation would be a more appropriate intervention.
- Any resort to immobilisation should be immediately brought to the attention of a doctor in order to assess the need for the measure, as opposed to certifying the individual’s fitness for it.
- The equipment used should be properly designed to limit harmful effects, discomfort and pain during restraint, and staff must be trained in the use of the equipment.
- The duration of fixation should be for the shortest possible time (usually minutes rather than hours). The exceptional prolongation of restraint should warrant a further review by a doctor. Restraint for periods of days at a time cannot have any justification and would amount to ill-treatment.

43. Inmates in Nuuk Prison could lodge complaints with the prison's management, the Prison and Probation Administration, and the Greenlandic and Danish Parliamentary Ombudspersons. The prisoners met by the delegation were generally aware of the avenues of complaint available to them (all inmates were provided upon arrival with a brochure – in Danish and Greenlandic – containing information on the house rules and the complaints procedure).

44. As regards independent inspections, the delegation was told that the prison could be visited by the above-mentioned Ombudspersons. However, the establishment's manager (who had worked in the prison for approximately two years) could remember only one visit from the staff of the Danish Parliamentary Ombudsman, and none from the Greenlandic Ombudsperson's Office. In order to perform its preventive function effectively, a prison inspection mechanism must visit each penitentiary establishment on a frequent basis. **The CPT would welcome the observations of the Danish authorities on this issue.**

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- Persons subject to immobilisation should receive full information on the reasons for the intervention.
 - The management of any establishment which might use immobilisation should issue formal written guidelines, taking account of the above criteria, to all staff who may be involved.
 - An individual subject to immobilisation should, at all times, have his/her mental and physical state continuously and directly monitored by an identified member of the health-care staff or another suitably trained member of staff who has not been involved in the circumstances which gave rise to the application of immobilisation. The staff member concerned should offer immediate human contact to the immobilised person, reduce his/her anxiety, communicate with the individual and rapidly respond, including to the individual's personal needs regarding oral intake, hygiene and urination and defecation. Such individualised staff supervision should be performed from within the room or, if the inmate so wishes, very near the door (within hearing and so that personal contact can be established immediately). The supervising staff member should be required to maintain a written running record.
- Further, the person concerned should be given the opportunity to discuss his/her experience, during and, in any event, as soon as possible after the end of a period of restraint. This discussion should always involve a senior member of the health-care staff or another senior member of staff with appropriate training.”

C. Involuntary placement in a psychiatric establishment

1. Preliminary remarks

45. Unlike in the case of the police and prisons, the sector of psychiatry is under the exclusive competence of the Greenland Self-Government³⁹. The legal framework for (civil) involuntary hospitalisation and treatment also differs from that currently applied in the mainland Kingdom of Denmark⁴⁰. At the time of the delegation's visit, the applicable law was still the 1938 (Danish) Act No. 118; however, a new Mental Health Act was expected to be adopted by the Greenlandic Parliament in the autumn of 2012. **The CPT would like to receive confirmation of the adoption of this new Act, and be provided with a copy.**

2. Ill-treatment

46. It should be stressed at the outset that no allegations were heard – and no other evidence was gathered – of ill-treatment of patients by staff at the psychiatric ward of Queen Ingrid Hospital in Nuuk. Indeed, the atmosphere was positive and the staff appeared to be dedicated and attentive.

47. However, the CPT is seriously concerned about the prolonged use of mechanical restraint (“fixation”) at the ward⁴¹. At the time of the visit, a male involuntary patient had been restrained to his bed (albeit with interruptions at meal, toilet and shower times) since approximately a month⁴².

In the report on its 2002 visit to Denmark, the CPT stressed⁴³ that applying instruments of physical restraint to psychiatric patients for days on end cannot have any medical justification and amounts, in the Committee's view, to ill-treatment. As a general rule, a patient should only be restrained as a measure of last resort: an extreme action applied in order to prevent imminent injury or to reduce violence. When, exceptionally, recourse is had to instruments of physical restraint, they should be removed at the earliest opportunity; they should never be applied, or their application prolonged, as a sanction for perceived misbehaviour or as a means to bring about a change in behaviour. The use of immobilisation cannot and should not replace proper psychiatric treatment and care. Furthermore, it should not be a substitute for proper staff resources.

³⁹ Pursuant to the Danish Act on Greenland Self-Government, adopted in June 2009 following a November 2008 referendum held in Greenland, the Greenland Self-Government has gradually assumed responsibility in a number of fields, one of them being the sector of psychiatry.

⁴⁰ Described in paragraph paragraph 69 of the report on the 2002 visit to Denmark, CPT/Inf (2002) 18. As for forensic patients, the legal provisions applicable are basically the same as in the mainland Kingdom of Denmark, and such patients are not placed in Greenland (instead, they are transferred to Risskov forensic psychiatric ward near Aarhus, Denmark, which has 18 places reserved for the Greenlanders).

⁴¹ The delegation was informed by the ward's head doctor that the need to continue the measure was reassessed at 24-hour intervals; that said, there was no maximum duration set in law.

⁴² The relevant records (of the use of means of restraint, including chemical restraint) were well kept and demonstrated, *inter alia*, that “fixation” was used quite frequently at the ward: some 15% of patients had been “fixated” at some stage in the course of 2010, and approximately 14% in 2011. The average length of “fixation” was five days.

⁴³ See paragraph 75 of CPT/Inf (2002) 18.

48. The CPT recommends that the legislation applicable in Greenland as regards the immobilising of psychiatric patients be reviewed as a matter of urgency. In doing so, the authorities should take into consideration the following principles and minimum standards:

- regarding their *appropriate use*, means of restraint should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options would fail to satisfactorily contain that risk; they should never be used as a punishment or to compensate for shortages of trained staff; further, they should never be used as a precautionary measure or as a substitute for adequate medication;
- *staff must be trained* in the use of the equipment. Such training should not only focus on instructing staff as to how to apply means of restraint but, equally importantly, should ensure that they understand the impact the use of restraint may have on a patient and that they know how to care for a restrained patient;
- *qualified staff should be continuously present* whenever patients are subjected to mechanical restraint;
- the *duration* of the application of means of mechanical restraint should be for the shortest possible time (usually minutes to a few hours). Any prolongation of restraint beyond six hours should be the subject of a review by two medical doctors;
- a restrained patient should *not be exposed to other patients* (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient);
- once means of restraint have been removed, a *debriefing* of the patient should take place in order, in particular, to explain to the patient the rationale behind the measure.

3. Psychiatric ward of Queen Ingrid Hospital in Nuuk

49. The psychiatric ward of Queen Ingrid Hospital in Nuuk was opened in 1980. It has a capacity of 10, including a small unit of three places that can be locked if there is a need to accommodate involuntary patients there⁴⁴. There were two such patients present at the time of the delegation's visit, a male⁴⁵ and a female.

50. Living conditions in the ward were excellent. All patients had spacious (some 15 m²) individual rooms, which were well lit and ventilated, suitably furnished and pleasantly decorated. The communal bathrooms were in a very good state of repair and cleanliness. During the day, patients had access to a large (some 350 m²) sheltered outdoor terrace.

⁴⁴ There had been 36 involuntary admissions in 2009, 29 in 2008 and 14 in 2007. In 2010, approximately 10% of all admissions were involuntary; the corresponding figure for 2011 was 9.2%.

⁴⁵ See paragraph 46 above.

51. The delegation also gained a favourable impression of the treatment provided, which was based on an individualised approach. Each patient had a regularly reviewed individual treatment plan, and the care team worked in a multi-disciplinary manner. It is noteworthy that somatic screening⁴⁶ was systematically performed on admission, and access to somatic care posed no problem (given the close proximity of somatic wards of the hospital). The delegation was informed that electro-convulsive therapy (ECT) was occasionally performed in the ward, always in the modified form (i.e. with anaesthetic and muscle relaxants) and with the patient's written consent. However, there was no dedicated register of the use of ECT; **the CPT recommends that such a register be introduced. Further, steps should be taken to ensure that ECT is always performed with EEG monitoring⁴⁷.**

A range of psycho-socio-therapeutic activities and distractions was offered to all patients who were willing and able to participate in them. These included art and music therapy, relaxation, games, reading, etc.

52. Staffing levels appeared fully satisfactory: in addition to four doctors (two full-time psychiatrists and two trainee doctors)⁴⁸, there were five to seven nurses and five to seven auxiliaries (nursing assistants). During the day, there were two doctors and four to six nurses and assistants present on the ward; at night, two to three nurses/assistants were present and a doctor was on call. The care team was completed by a psychologist⁴⁹, a child psychologist, two social workers and three full-time occupational/art therapists. It is noteworthy that at least one Greenlandic-speaking staff member was always present⁵⁰.

4. Safeguards

53. The procedure by which involuntary placement in a psychiatric establishment is decided should offer guarantees of independence and impartiality as well as of objective psychiatric expertise. Further, such placement should cease as soon as it is no longer required by the patient's mental state. Consequently, the need for placement should be reviewed by an appropriate authority at regular intervals. In addition, the patient himself/herself should be able to request at reasonable intervals that the necessity for placement be considered by a judicial authority.

54. At the time of the visit, the legislation in force foresaw the initial (involuntary) admission by decision of the duty psychiatrist of the ward. Within 48 hours from admission, the decision had to be reviewed by the duty psychiatrist after consultation with the head doctor and notification to the Chief Medical Officer (CMO) of Greenland⁵¹.

⁴⁶ Including a CT scan, EEG, X-ray and blood and urine tests.

⁴⁷ Without EEG surveillance it can occasionally be impossible to determine whether any seizure activity has been induced in the patient's brain and what its duration has been. As a consequence, it cannot be ensured, on the one hand, that an adequate seizure is induced and, on the other hand, that a potentially dangerous prolonged seizure activity will be detected.

⁴⁸ A fifth psychiatrist was available occasionally.

⁴⁹ Two more posts for psychologists were vacant.

⁵⁰ This was important given that most of the doctors (except the head doctor), nurses and other staff qualified to provide psycho-social therapeutic activities were Danish-speaking.

⁵¹ Placed administratively within the structure of the Ministry of Health but not subordinated to the Minister.

Further (internal) reviews of the measure had to be performed in 14-day intervals (the delegation was told that, after the new law enters into force, these reviews would be done weekly).

Clearly, the above-mentioned procedure fails to offer the basic guarantees mentioned in paragraph 53: there is no independent psychiatric expertise involved, no decision and review by a body independent from the admitting hospital (e.g. a court), and no regular outside review of the measure by such an independent body. Furthermore, involuntary patients (as well as their relatives and legal representatives) are not informed in writing of the placement decision and of the appeal possibilities, and have no effective access to legal assistance.

The CPT recommends that steps be taken to address these *lacunae*, by introducing relevant legal amendments.

55. The CPT also wishes to stress that patients should, as a matter of principle, be placed in a position to give their free and informed consent to treatment. Every patient, whether voluntary or involuntary, should be given the opportunity to refuse – either in person or through the guardian – treatment or any other medical intervention. Any derogation from this fundamental principle should have a legal basis and only relate to clearly and strictly defined exceptional circumstances. The admission of a person to a psychiatric establishment on an involuntary basis should not be construed (as it is presently the case in Greenland) as authorising treatment without his or her consent.

The CPT recommends that these precepts be taken into account in the preparation of the legal amendments referred to in paragraph 54. Psychiatric patients (and if they are legally incompetent, also their guardians) should be provided with full, clear and accurate information before consenting to treatment (including on the possibility to withdraw their consent), both at the time of hospitalisation and prior to any treatment in the course of hospitalisation. Relevant information should also be provided to patients (and their guardians) during and following the treatment.

56. Maintaining contact with the outside world is essential for psychiatric patients, not only for preventing ill-treatment but also from a therapeutic standpoint. The delegation was pleased to note that visits by patients' relatives to the psychiatric ward of Queen Ingrid Hospital in Nuuk were not only free from restrictions, but also actively encouraged by the management and staff. As a rule, patients also had access to a telephone, except in cases where this was not appropriate given the patient's health condition.

57. Patients at the psychiatric ward of Queen Ingrid Hospital in Nuuk could lodge complaints with a number of outside bodies, in particular the CMO and the Danish and Greenlandic Ombudspersons. That said, it was not clear whether patients were in practice able to send a complaint directly (i.e. other than through one's relatives or lawyer) in a confidential manner. **The CPT recommends that measures be taken to ensure that patients are effectively in a position to send confidential complaints to outside authorities.**

58. Finally, the CPT considers that it is particularly important for psychiatric establishments to be visited on a regular basis by an independent outside monitoring body, such as a judge or a supervisory committee. In this context, the delegation was informed that the ward could be visited by both the Danish and Greenlandic Parliamentary Ombudsperson; however, staff could only remember one such a visit in the last three years. **The Committee would welcome the Danish authorities' observations on this issue.**

APPENDIX I

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

Police custody

Safeguards against ill-treatment of persons detained by the police

recommendations

- steps to be taken to ensure that all persons detained by the police in Greenland have a formally recognised right to inform a relative, or another third party of their choice, of their situation, as from the very outset of their deprivation of liberty. Any possibility exceptionally to delay the exercise of this right in order to protect the interests of justice should be clearly circumscribed in law and made subject to appropriate safeguards (i.e. any delay to be recorded in writing with the reasons therefor, and to require the approval of a senior police officer unconnected with the case at hand or a prosecutor) (paragraph 11);
- steps to be taken to ensure that the right of all persons detained by the police in Greenland to have access to a lawyer is fully effective as from the very outset of deprivation of liberty (paragraph 12);
- legal provisions to be introduced, ensuring that all persons in police custody in Greenland have an effective right to be examined by a doctor (including a doctor of their own choice, it being understood that an examination by such a doctor may be carried out at the detained person's own expense) (paragraph 13);
- a specific record to be kept of the fact that detained persons have been provided with information on their rights; detained persons should be asked to certify with their signature that such information has been provided and, if necessary, the absence of a signature in a given case should be explained (paragraph 14).

comments

- detained persons should be provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their deprivation of liberty (paragraph 11);
- the Danish authorities are invited to improve the legal assistance available in Greenland to persons in police custody. Particular attention should be paid to the quality and the independence of the legal assistance offered (paragraph 12);
- it would be advisable to draw up information sheets given to persons detained by the police in a range of other languages (e.g. English, Russian, etc) (paragraph 14).

requests for information

- whether there are any plans to adopt new rules on handling of police complaints in Greenland (paragraph 16);
- the number of complaints about misconduct of the police in Greenland received in 2012, and the outcome of those complaints (paragraph 17);
- observations of the Danish authorities on the monitoring of police detention facilities in Greenland by an outside authority (paragraph 18).

Conditions of detention

requests for information

- precise information, in respect of the year 2012, on the number of remand prisoners who were held at Nuuk Police Station and, in each case, for how long (paragraph 20);
- further details of plans to thoroughly refurbish Nuuk Police Station, including the timeline for their implementation (paragraph 21).

Nuuk Prison

Preliminary remarks

recommendations

- the construction of the new closed-type prison in Nuuk to be treated as a matter of priority (paragraph 22).

requests for information

- the progress made in the construction of the new prison in Nuuk and more details of the new establishment, especially as regards the material conditions and the facilities for activities, association and visits (paragraph 22).

Ill-treatment

comments

- staff at Nuuk Prison should be reminded that they must always treat prisoners in their custody with respect (paragraph 23);
- the management and staff of Nuuk Prison should be encouraged to exercise continuing vigilance as far as inter-prisoner violence is concerned (paragraph 23).

Conditions of detention

recommendations

- immediate steps to be taken to improve ventilation in the “Arrest” section of Nuuk Prison. Further, both closed sections of the establishment should be refurbished, starting with the toilets and showers (paragraph 25);
- the Danish authorities to ensure that all the prisoners currently accommodated in the mixed-sex sections of Nuuk Prison unequivocally agree to this arrangement and are adequately supervised (paragraph 27);
- steps to be taken to develop the programme of activities available to all inmates at Nuuk Prison, including those placed in the “Sikret” section for other than disciplinary reasons (paragraph 29).

comments

- it would be highly preferable for the cells in the “Arrest” section to be used only for single occupancy (paragraph 25).

Health care

recommendations

- the Danish authorities to take necessary measures to ensure that all prisoners are examined by a doctor, or by a qualified nurse reporting to a doctor, within 24 hours of their admission to Nuuk Prison (paragraph 31);
- steps to be taken to ensure access to psychological and psychiatric assistance for the inmates at Nuuk Prison (paragraph 32);

- a comprehensive strategy for the provision of assistance to prisoners with alcohol and drug-related problems to be developed in Greenland, in the light of the remarks made in paragraph 33 (paragraph 33);
- no medical document to be placed in prisoners' administrative records, and measures to be taken to guarantee full respect at Nuuk Prison of the confidentiality of medical data (paragraph 34);
- a daily visit by a nurse to Nuuk Prison to be ensured. Preferably, a doctor should be specifically appointed to be in charge of the health-care aspects of the establishment, and visit the prison at least once a week (paragraph 35).

Other issues

recommendations

- the following steps to be taken in Greenland in respect of police-imposed restrictions on remand prisoners' contacts with the outside world:
 - the police to be given detailed instructions as regards recourse to prohibitions/restrictions concerning prisoners' correspondence and visits;
 - that there be an obligation to state the reasons in writing for any such measure;
 - that, in the context of each periodic review by a court of the necessity to continue remand in custody, the question of the necessity for the police to continue to impose particular restrictions upon a remand prisoner's visits and letters be considered as a separate issue;
 - that the remand prisoners concerned be given the right to appeal to the court against police-imposed prohibitions/restrictions (paragraph 39);
- the practice of prohibiting access to a telephone to be reviewed and made subject to the same safeguards as those in respect of correspondence and visits (paragraph 39);
- steps to be taken to improve material conditions in the observation and security cells at Nuuk Prison, in particular as regards access to natural light, artificial lighting and the general state of repair (paragraph 41).

comments

- in the context of placements in observation and security cells at Nuuk Prison, reference is made to the comments in paragraph 71 of the report on the CPT's 2008 visit to Denmark (paragraph 42).

requests for information

- observations of the Danish authorities on the apparent delays in arranging visits under police supervision at Nuuk Prison (paragraph 38);
- confirmation that the call systems in the observation and security cells at Nuuk Prison have been repaired (paragraph 41);
- observations of the Danish authorities on independent inspections of prisons in Greenland (paragraph 44).

Involuntary placement in a psychiatric establishment

Preliminary remarks

request for information

- confirmation of the adoption of the new Mental Health Act, and a copy of that Act (paragraph 45).
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Immobilisation of psychiatric patients

recommendations

- the legislation applicable in Greenland as regards the immobilising of psychiatric patients to be reviewed as a matter of urgency. In doing so, the authorities should take into consideration the following principles and minimum standards:
 - regarding their appropriate use, means of restraint should only be used as a last resort to prevent the risk of harm to the individual or others and only when all other reasonable options would fail to satisfactorily contain that risk; they should never be used as a punishment or to compensate for shortages of trained staff; further, they should never be used as a precautionary measure or as a substitute for adequate medication;
 - staff must be trained in the use of the equipment. Such training should not only focus on instructing staff as to how to apply means of restraint but, equally importantly, should ensure that they understand the impact the use of restraint may have on a patient and that they know how to care for a restrained patient;
 - qualified staff should be continuously present whenever patients are subjected to mechanical restraint;
 - the duration of the application of means of mechanical restraint should be for the shortest possible time (usually minutes to a few hours). Any prolongation of restraint beyond six hours should be the subject of a review by two medical doctors;

- a restrained patient should not be exposed to other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient);
- once means of restraint have been removed, a debriefing of the patient should take place in order, in particular, to explain to the patient the rationale behind the measure (paragraph 48).

Psychiatric ward of Queen Ingrid Hospital in Nuuk

recommendations

- a register of the use of electro-convulsive therapy (ECT) to be introduced (paragraph 51);
- steps to be taken to ensure that ECT is always performed with EEG monitoring (paragraph 51).

Safeguards

recommendations

- steps to be taken to address the *lacunae* mentioned in paragraph 54 of the report, by introducing relevant legal amendments (paragraph 54);
- the precepts mentioned in paragraph 55 of the report to be taken into account in the preparation of the legal amendments referred to in paragraph 54. Psychiatric patients (and if they are legally incompetent, also their guardians) should be provided with full, clear and accurate information before consenting to treatment (including on the possibility to withdraw their consent), both at the time of hospitalisation and prior to any treatment in the course of hospitalisation. Relevant information should also be provided to patients (and their guardians) during and following the treatment (paragraph 55);
- measures to be taken to ensure that patients are effectively in a position to send confidential complaints to outside authorities (paragraph 57).

requests for information

- observations of the Danish authorities on independent outside monitoring of psychiatric establishments in Greenland (paragraph 58).

APPENDIX II

**LIST OF THE SENIOR OFFICIALS AND ORGANISATIONS
MET BY THE CPT'S DELEGATION**

A. Senior officials met in Nuuk on 25 September 2012

Ms Mikaela ENGELL	High Commissioner
Mr Bjørn TEGNER BAY	Chief of Police in Greenland
Mr Thomas NICOLAISEN	Director of the Prison and Probation Service in Greenland
Ms Ann BIRKEKJÆR KJELDTSEN	Deputy Minister of Health of the Greenland Government
Ms Birgit V. NICLASEN	Medical Advisor, Ministry of Health of the Greenland Government
Ms Susanne B. HERTZ	Legal Advisor, Ministry of Health of the Greenland Government

B. Senior officials met in Copenhagen on 28 September 2012

Mr Jens-Christian BÜLOW	Deputy Permanent Secretary, Ministry of Justice
Ms Annette ESDORF	Deputy Head of the Department of Prisons and Probation, Ministry of Justice
Mr Frederik GAMMELTOFT	Head of Division, Ministry of Justice
Mr Lennart LINDBLOM	Prosecutor
Ms Pernille Ørum WALTHER	Head of Section, Human Rights Unit, Ministry of Foreign Affairs
Mr Adam WORM	Greenland Representation

C. Organisations

Inuit Circumpolar Council (ICC) in Greenland