



**Convention against Torture  
and Other Cruel, Inhuman  
or Degrading Treatment  
or Punishment**

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**Committee against Torture**

**Sixty-seventh session**

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Item 4 of the provisional agenda

**Consideration of reports submitted by States parties  
under article 19 of the Convention**

**Concluding observations on the eighth periodic report of  
Norway**

**Addendum**

**Information received from Norway on follow-up to the  
concluding observations\***

[Date received: 13 May 2019]

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\* The present document is being issued without formal editing.



1. Reference is made to the Committee Against Torture's concluding observations received 16 May 2018. The Committee requests that Norway by 18 May 2019 provides further information on the following recommendations: 1) prolonged detention in police cells, 2) mental health care for prisoners and on 3) the situation in immigration detention facilities.

#### **Regarding prolonged detention in police cells**

2. New guidelines and procedures introduced within the police and prosecution service, as well as in the prison management system, continue to contribute to a significant reduction in the number and length of breaches of the time limit for keeping a person in police detention.

3. In 2017 a total of 639 breaches were recorded, in comparison to 4250 in 2013. A further reduction was achieved in 2018, with a total of 478 breaches. While breaches previously could have a duration of several days, there are now mainly minor breaches (hours).

4. We wish to draw the Committee's attention to certain findings from the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment (CPT), following their periodic visit to Norway in May/June 2018. The committee visited police headquarters in Oslo, Bergen and Bodø. In their report, the CPT mentions the following:

“14. The CPT is pleased to note that, contrary to the situation found in 2011, the 48-hour time limit for accommodating (adult) detained persons in police detention facilities was generally respected in all the police establishments visited.”.

5. A new regulation on the use of police holding cells was issued by the Directorate of Police and came into effect on 9 November 2018. It contains several measures intended to ease possible strain caused by spending time in a police cell. Detained persons can now to a larger extent receive visits from family members, associate with other detained persons, and keep personal belongings and reading material in the cells. The regulation also sets out stricter requirements for the keeping of custody records, demanding that all movements outside the cell must be recorded.

6. The regulation provides detailed guidelines on pre-trial detention of children, including a clear obligation to seek alternatives to locking children in police cells.

7. At Bergen police headquarters, where material conditions of detention still are substandard, two of the detention cells are being adapted to make them more suitable to prevent the damaging effects of isolation.

#### **Regarding mental health care for prisoners**

8. From 1988 the municipalities have provided primary health care services to prisoners (“The import model”) – before that the justice authorities were responsible (prison hospitals). The municipalities are responsible for the prison health staff (nurses, doctors, physiotherapists) – mainly covered by governmental earmarked grants.

9. The four regional health authorities are responsible to offer all inhabitants within their health region specialised health care services according to their needs and rights – including mental health services to prisoners.

10. A survey undertaken in 2015 among prisoners has made an estimate of mental illness among prisoners in Norway, based on diagnostic interviews:

- 4% suffer from psychosis
- 10% suffer from depression
- 17% has AD/HD
- 50% has a personal disorder
- 50 % has drug related illness/problems

11. There are currently 17 prisons with their own drug treatment units for prisoners with substance abuse problems. In addition, there are separate outpatient clinics in mental health care at the largest prisons.

12. The available capacity in mental health treatment for prisoners will be improved over the coming years by building more new hospitals/units for individuals with serious mental health illness.

13. The Ministry of Health and Care Services is also currently considering giving The Directorate of Health an assignment in 2020 for revising/update the national guidelines for health care to prisoners.

#### **Regarding the situation in immigration detention facilities**

14. There is only one detention center for immigrants in Norway – Trandum Holding Centre. The centre has three modules, as well as a security unit and a separate unit for families. The family unit is especially equipped and staffed to accommodate families with children. The other modules can accommodate single men and women, and there is also a security unit at the premises.

15. Norway confirms that persons held at Trandum Holding Centre are treated according to the law, and held only for the duration prescribed by law. The national rules regulating the duration, conditions and treatments are found in the Immigration Act section 106 – 107, the Immigration Regulation section 18-12a, and the Immigration Detention Centre Regulation.

16. Detainees are safeguarded against being returned to ill-treatment, and this is regulated in the Immigration Act section 73.

17. With regards to offers of medical examinations upon arrival, detainees are, as a general rule, offered medical examination by a nurse or a doctor within the first three days of their stay. Three of the four nurses employed at the detention centre have been trained in the field of psychiatry.

#### **Other issues**

18. Norway is also invited to inform the Committee about other issues regarding the remaining recommendations in the concluding observations. Firstly, we would like to draw the Committee's attention to article 18.

19. The revised guidelines to the Execution of Sentences Act have already been effectively implemented. They entered into force in March 2017. The effects of their implementation can, however, not be properly measured yet.

20. Notwithstanding, Norway is constantly working to ensure a uniform practice in all prisons and in April 2019 the said guidelines were revised again; as a direct consequence of a decision from the Parliamentary Ombudsman in late 2018; together with a decision from the Supreme Court in June 2018.

21. Section 37, paragraph 9, of the Execution of Sentences Act allows prisoners to be subjected to complete exclusion from company "if building or staff conditions necessitate Execution of Sentences Act this". The Execution of Sentences Act; as well as its regulations, state that exclusions due to infrastructure and staffing conditions may only occur in acute situations and only for a short period of time.

22. Please note that it is not correct that the increase in registered numbers of isolation is caused by building conditions and staff shortages. It should be noted that the number of exclusions due to building conditions and staff shortages has been reduced significantly:

- In 2016 there were registered 454 exclusions due to building conditions and staff shortages; whilst in 2017 the number was 377;
- Also the average length of an exclusion has been reduced; from 3.9 days in 2016 to 3.4 days in 2017.

23. Norway has a constant focus on the use of exclusions. It is stated in the Government's political platform that the government will strengthen the psychiatric treatment of prisoners and limit the use of isolation. The Directorate of Norwegian Correctional Service is currently analysing the legislative framework in light of the Nelson Mandela Rules. The aim is to ensure conformity. Amendments of the legal framework in order to further limit the use of exclusions, may be a consequence of the said analysis.

24. Pursuant to section 37, Paragraph 7, of the Execution of Sentences Act, the Prison Physician shall always be immediately notified by the prison staff when a person is subject to exclusion from company with other prisoners.

25. It is the Prison Physician who decides how and when an excluded prisoner should be attended to by healthcare personnel. The Correctional Services do not have the powers to impose any obligations upon the Prison Physician, but healthcare personnel shall check on an excluded prisoner if he/she asks for it or if there is reason to believe that such attendance is needed. Persons subjected to exclusion in security cells are always attended to by medical staff on a daily basis, cf. section 38 of the Execution of Sentences Act.

26. Prison staff must monitor excluded prisoners frequently. The monitoring must be based on an individual assessment of how often this should be done, but normally it will be done once per hour during daytime and, under any circumstance, the monitoring must be adequate.

27. If medical staff finds that an exclusion is adversely affecting a prisoner's health, the Prison Administration is committed to follow the medical recommendation. Prisoners can also be transferred to an institution or hospital to serve the remaining part of the sentence there if necessary, cf. sections 12 and 13 of the Execution of Sentences Act.

28. Prisoners who are subjected to exclusion from company with other prisoners have procedural safeguards, the right to file complaints and to submit their case to judicial review.

29. The Directorate of Norwegian Correctional Service has initiated a project concerning isolation and exclusions. The goal of the project is to suggest different measures to reduce the use of isolation and full exclusion in Norwegian prisons. In addition, the project will suggest measures to prevent and reduce the adverse effects of isolation and full exclusions. As a part of this project, the effects of isolation and full exclusions on the mental and physical health of prisoners will be evaluated and assessed.

30. The Directorate of Norwegian Correctional Service is constantly working to ensure that current law, regulations and guidelines are effectively implemented in practice in all Norwegian prisons. The Directorate of Norwegian Correctional Service conducted a survey concerning de facto isolation of prisoners in September 2018. The survey revealed that multiple prisons in Norway have departments where prisoners are de facto isolated. This is certainly unacceptable and measures to remedy the situation are in the process of being implemented. In this regard, reference is also made to the mentioned project initiated by the Directorate of Norwegian Correctional Service in para (d).

31. Norway agrees that isolation and full exclusion should only be used in exceptional cases, for the shortest possible period of time, and that less intrusive measures should be used whenever possible.

32. Nonetheless, full exclusion of prisoners over a longer period of time will occasionally be necessary. In this regard, Norway would like to reiterate that "full exclusion from company with other prisoners" according to Norwegian national law is not per se the same as "solitary confinement" or "isolation"; as defined in international standards; such as the Nelson Mandela Rules. A "full exclusion from company with other prisoners" does not necessarily constitute isolation; as the prisoner might still have meaningful human contact, suitable activities; including work and/or education and be outside the cell for more than two hours per day. In the same manner, long-lasting "full exclusion from company with other prisoners" does not necessarily constitute "prolonged isolation"; as defined in international standards.

33. Reference is made to the analysis of the legal framework mentioned under litra (b).

34. The Directorate of Norwegian Correctional Service has detected that the quality of the statistics regarding the use of exclusion in Norwegian prisons, extracted from its IT-systems, is unsatisfactory. This applies both to current statistics and historic statistics. The Directorate of Norwegian Correctional Service is, thus, currently attempting to find a sufficing solution in the existing system. Meanwhile, the use of full exclusion in Norwegian prisons is being reported manually to the Directorate of Norwegian Correctional Service on a monthly basis. This is being done to ensure that Norway is in possession of adequate statistics.

35. As mentioned above in para. (b), the Directorate of Norwegian Correctional Service is in the process of analysing the legislative framework regarding exclusions; including reviewing the existing mechanisms of control and legal remedies.

36. Second, regarding article 22 on measures for increased voluntariness in mental health care, we underline that the efforts for reduced and quality-assured use of coercion in mental health care continue.

37. The Minister of Health has required the Regional Health Authorities to ensure that all use of coercion is in line with legislation and professional guidelines, and to abolish unqualified and unnecessary coercion practices. The key points in the minister's assignment to the hospitals are to take a greater responsibility for preventing coercion, by addressing leadership, competence, culture and attitudes. The Control Commissions in mental health institutions have also been strengthened and given clear requirements from the Ministry with regard to secure patients' legal rights.

38. The requirement for reduction of coercion in mental health care is also explicitly stated every year in the annual assignment letter to the Regional Health Authorities. In 2017 all health regions established medication-free treatment services, by requirement from the Ministry of Health and Care Services. The Competence Center for User Experience and Service Development has made a compilation and assessment of the medication-free treatment options. According to the report drug-free treatment services "... have been created at 14 departments with 56 earmarked beds ...". The Regional Health Authorities have made good efforts in promoting drug-free treatment alternatives.

39. The health regions were in 2018 obliged to conduct dialogue meetings with patients/user organisations about their experiences with coercion, in all mental health units where coercion is used. In addition, the Directorate of Health has started working on developing professional advice on how to prevent and safe-guard use of coercion in mental health care. The recommendations will be linked to the integrated clinical pathways for patients in mental health care that started up in January 2019.

40. Thirdly, we would also like to draw your attention to article 24 on violence against women.

41. Norway ratified the Istanbul Convention in July 2017. The convention entered into force, as regards Norway, on the first of November 2017. The ratification of the convention is an important signal from the Norwegian government that the efforts to prevent and combat violence against women and domestic violence will be given high priority in the years to come. In line with its policy platform, the government will continue, intensify and improve the work against domestic violence. The convention will be an important platform for further achievements.

42. In March 2017, a report about work on domestic violence in Sami communities was launched. The report is the result of a one-year research project initiated by the Sami Parliament, together with the Norwegian Ministry of Justice and Public Security. The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS) was responsible for carrying out the project. Relevant ministries are in the process of developing measures to deal with the challenges raised in the study. In the Escalation plan on violence and abuse (2017–2021) the government states its intention to contribute to more knowledge on violence in Sami areas, amongst other things through research. The follow up of the report is done in close cooperation with the Sami Parliament.