



CPT/Inf (2023) 01

Report

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

from 10 to 20 December 2021

The Government of Lithuania has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2023) 02.

Strasbourg, 23 February 2023

CONTENTS

EXECUTIVE SUMMARY	4
I. INTRODUCTION.....	8
A. The visit, the report and follow-up	8
B. Consultations held by the delegation and co-operation encountered.....	9
C. Immediate observations under Article 8, paragraph 5, of the Convention	10
II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED	11
A. Police establishments	11
1. Preliminary remarks	11
2. Ill-treatment.....	12
3. Safeguards against ill-treatment	13
4. Conditions of detention.....	16
5. Other issues	16
B. Prison establishments.....	17
1. Preliminary remarks	17
2. Ill-treatment of prisoners by staff.....	19
3. Inter-prisoner violence	20
4. Conditions of detention.....	26
a. material conditions.....	26
b. regime.....	28
5. Healthcare services.....	29
6. Other issues	35
a. contact with the outside world.....	35
b. discipline and transfer between regimes.....	36
C. Immigration detention	38
1. Preliminary remarks	38
a. background	38
b. establishments visited	40
2. Ill-treatment.....	42
3. Material conditions of detention	43
4. Regime.....	46
5. Healthcare services.....	48

6.	Legal safeguards	51
7.	Other issues	54
	a. contact with the outside world.....	54
	b. discipline.....	54
	c. staff.....	56
	d. complaints and monitoring.....	57
D.	Vilnius Republican Psychiatric Hospital	58
1.	Preliminary remarks	58
2.	Means of restraint.....	58
3.	Safeguards in the context of involuntary hospitalisation and/or involuntary treatment.....	60
APPENDIX I: LIST OF THE ESTABLISHMENTS VISITED BY THE CPT DELEGATION		
	63
APPENDIX II: LIST OF THE NATIONAL AUTHORITIES WITH WHICH THE CPT DELEGATION HELD CONSULTATIONS		
	64

EXECUTIVE SUMMARY

The main objective of the visit was to examine the treatment and conditions of detention of persons held in police and prison establishments as well as the situation of persons in foreigners' registration centres. The delegation also reviewed the legal safeguards offered to involuntary patients in the context of civil psychiatry.

The Committee must note with grave concern that many of the CPT long-standing recommendations, some of them dating back to the very first periodic visit to Lithuania in 2000, remain unimplemented (or only partially implemented). This concerns recommendations on widespread inter-prisoner violence and the informal prisoner hierarchy, as well as the abundance of illegal drugs combined with a lack of targeted strategies to help the large numbers of drug users within prisons. For these reasons, the CPT has decided, during its 108th plenary meeting in July 2022, to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention.¹

Police establishments

The delegation heard no allegations of ill-treatment of persons detained by the police; on the contrary, most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that the police had treated them in a correct manner, both upon apprehension, during subsequent questioning and in the course of police custody.

As found by the delegation, approximately half of the detainees in the police arrest houses visited were remand prisoners returned to police custody due to the needs of the investigation or for attending a court hearing, usually for the maximum allowed time-limit of seven days. The Committee recommends that the Lithuanian authorities take further steps to ensure that the return of prisoners to police arrest houses is sought and authorised only very exceptionally (as required by law). As a rule, the prisoners concerned should not be held overnight in police establishments.

The Committee noted that most detained persons met by the delegation confirmed that they had been able to exercise the right of notification of custody.

Regarding access to a lawyer, it was still highly exceptional for persons in police custody to benefit from access to a lawyer as from the very outset of deprivation of liberty (that is, from the moment when they were obliged to remain with the police).

As regards access to a doctor, the delegation noted that initial medical screening was usually performed within 24 hours of admission. However, the delegation was concerned to learn that, in Vilnius, a police officer would be present during the medical examination, allegedly "to reassure the nurse".

Material conditions of detention at the local police headquarters visited were adequate, and at the arrest houses in Vilnius and Kaunas they were very good, for the maximum period of police custody, namely, 48 hours.

Due to the potential risk of ill-treatment, the CPT recommends that the Lithuanian authorities put an end to the use of restraint beds in police establishments. In the CPT's opinion, as a matter of principle, any such mechanical restraint should take place in a medical environment and not in a police establishment.

¹ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter."

Prison establishments

The CPT delegation carried out follow-up visits to Alytus, Marijampolė, and Pravieniškės Prisons, to review the measures taken to implement recommendations made by the Committee after previous visits to these establishments.

The Committee notes that much-anticipated plans to construct several new prisons have so far not been implemented and calls upon the Lithuanian authorities to take all possible measures to significantly speed up the process of modernising the prison estate and especially its conversion to cell-type accommodation.

In Marijampolė and Pravieniškės Prisons, the delegation received hardly any allegations of physical ill-treatment of prisoners by staff.

However, the situation was very different in Alytus Prison and, seemingly, had not changed much since the last CPT visit in 2018. Here, a number of credible allegations were received, including the punching, kicking, hitting with truncheons; these acts often being seen as a form of punishment against prisoners who had complained about their treatment by staff and/or their conditions of detention.

The Committee is equally highly concerned to note that no significant progress has been made in reducing the scale of inter-prisoner violence, which has been repeatedly criticised by the CPT during its previous visits. During the 2021 visit, the CPT delegation once again received many credible allegations of inter-prisoner violence, including beatings and violence of a sexual nature, as well as extortion, psychological pressure, and coercion to commit new crimes.

The roots of inter-prisoner violence appear to have remained the same, namely – the informal prisoner hierarchy (the “caste” system), the omnipresence of illegal drugs, and a lack of adequate custodial staff presence in prisoner accommodation areas (coupled with an infrastructure composed mainly of large-capacity dormitories).

Whilst acknowledging that the Lithuanian authorities have taken some steps and made some efforts to address these deeply rooted problems, based on the findings of the 2021 visit, the Committee concludes that these efforts have, so far, been ineffective and the situation remains unacceptable.

The CPT calls upon the Lithuanian authorities to take resolute action, without further delay, to address the systemic and persistent shortcomings throughout the penitentiary system outlined in this and previous reports of the Committee.

Material conditions in the three prisons visited varied from satisfactory to very dilapidated; nevertheless, all the establishments were, to varying degrees, in need of refurbishment, as they were during the previous visit.

As regards the regime, some work was offered to inmates in the prisons visited, as was some secondary and vocational education; however, the quantity offered was still far from satisfactory. Therefore, the Committee welcomes the amendments to the Code of Execution of Sentences aiming to significantly increase the scope of organised activities for sentenced prisoners.

Although access to primary healthcare in the prisons visited was generally ensured, the healthcare teams remained under-resourced. Access to specialist care was a matter of a serious concern, mainly due to significantly reduced operational capacity at the Prison Hospital.

Despite numerous previous recommendations, the practice as regards the recording of injuries remained poor. This is especially concerning since, according to medical files examined by the delegation, inmates were regularly found with injuries indicative of inter-prisoner violence.

As regards substance use and the measures in place to address it, the Committee is very concerned to find that no serious progress has been achieved regarding the provision of assistance to prisoners with drug-related problems. The Committee calls upon the Lithuanian authorities to finally develop and implement a comprehensive strategy for the provision of medical and psychosocial assistance to such prisoners.

Immigration detention

The delegation visited the Foreigners Registration Centres (FRC) in Pabrade, Kybartai and Medininkai, which altogether accommodated nearly 2300 persons – mostly asylum seekers - at the time of the visit.

It observed that nearly all individuals accommodated in the closed and guarded centres were confined to the perimeter of the facilities. Based on its findings, the Committee disagrees with the view expressed by the Lithuanian authorities according to which the foreign nationals concerned were not detained. The Committee expresses grave concern regarding the systematic nature of the restrictions imposed on all asylum seekers, families and vulnerable persons included, and recalls that the detention of asylum seekers and other foreigners – for violations of immigration law - should only be a measure of last resort. It has serious misgivings about the observed measures, which could amount to detention albeit without the procedural safeguards which must be afforded to all persons deprived of their liberty, from the outset of their detention.

The delegation did not receive any allegation of physical ill-treatment which would have occurred in the three visited centres. However, several foreign nationals alleged that they had been ill-treated by custodial staff and other security personnel in previous locations (temporary camps).

Regarding the material conditions in the centres, the Committee recognizes the urgency with which the Lithuanian authorities have had to respond to unprecedented circumstances, and the efforts made to increase existing capacities and/or establish new centres and generally to find solutions. However, several months after their arrival, foreign nationals were yet to be provided with dignified living conditions, and in this sense, it is imperative that the authorities tackle the issue of overcrowding and significantly improve conditions of hygiene in the facilities, which further, must not be prison-like in design and operation.

Likewise, immigration detainees should be afforded a regime which is appropriate to their legal status, with limited restrictions in place and a varied offer of activities. In that respect, the Committee recommends that organized activities be further developed in all centres and that the offer should increase proportionately to the duration of the detention.

The Committee is particularly critical of the excessively restrictive regime which was applied to individuals accommodated in the so-called “detention block” in Pabrade FRC. It also voices concern over what appeared to be arbitrary or unofficial punitive measures in Kybartai FRC, related to the transfer of persons from their regular accommodation blocks to the so-called “detention wing”.

The report also formulates several recommendations aimed at improving the provision and coordination of healthcare services in all three centres, in particular as regards medical screening, staffing levels, and medical confidentiality.

Finally, the Committee recommends that detained foreign nationals be better informed about the legal framework applicable to them and that steps be taken to improve their access to translation, legal assistance and avenues for complaints.

Vilnius Republican Psychiatric Hospital

The visit to the hospital focused on examining issues related to the resort to means of restraint and on the practical implementation of legal safeguards for the involuntary hospitalization and/or treatment of civil psychiatric patients, especially in the light of the new Mental Healthcare Act which had come into effect in 2019.

Regarding the resort to means of restraint, while the delegation noted improvements both in the regulatory framework and in practice in this specific establishment, the Committee regrets that a number of previous recommendations have either not been taken into account when revising policies or have not been implemented. Remaining shortcomings include the fact that the focus is placed on mechanical restraint measures, leaving chemical restraint largely uncovered, lacunae in the surveillance of mechanical restraint measures, and the absence of systematic debriefings with the

patients after such measures are imposed. Further, previous recommendations regarding the documentation of restraint measures have been only partially implemented; in the view of the Committee the current registers do not allow for an easy yet thorough analysis, which partly defeats the purpose of documentation efforts.

Only a small number of patients of the hospital were considered to be involuntary patients at the time of the visit. That said, the vast majority of patients was accommodated in locked wards. In such conditions, it is of utmost importance that the consent of patients, regarding both their hospitalisation and treatment, be not only sought but be valid and regularly reassessed. If need be, the legal status of patients refusing treatment must be modified accordingly.

The report assesses other legislative developments regarding the placement and renewal procedures for involuntary hospitalisation and/or treatment. It welcomes the fact that the presence of patients during court hearings has become mandatory. However, it regrets that the procedure still does not require that a judge seeks the opinion of an external psychiatrist. In this respect as well, the revised Mental Healthcare Act appears like a missed opportunity to implement a long-standing CPT recommendation.

I. INTRODUCTION

A. The visit, the report and follow-up

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 Lithuania from 10 to 20 December 2021. The visit formed part of the CPT programme of periodic visits for 2021 and was the Committee’s eighth periodic visit to Lithuania.²

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

- Vânia Costa Ramos (Head of the delegation)
- Dagmar Breznoščáková
- Georg Høyer
- Slava Novak
- Tinatin Uplisashvili.

They were supported by Aurélie Pasquier and Dalia Žukauskienė of the Committee's Secretariat, and assisted by:

- Marzena Ksel, medical doctor, former Head of the Medical Department of the Prison Service, Poland (expert)
- Jurgen Van Poecke, Prison Director, Belgium (expert)
- Viktorija Bylaitė (interpreter)
- Alina Dailidėnaitė (interpreter)
- Rūta Kaunaitė (interpreter)
- Kristina Miserkejevaitė (interpreter)
- Simona Persson (interpreter)
- Liudas Remeika (interpreter)
- Radhia Ben Hassine-Zribi (interpreter)
- Kosar Darwish (interpreter).³

3. The list of police, prison, and psychiatric establishments, as well as detention centres for foreigners visited by the CPT delegation can be found in Appendix I.

4. The report on the visit was adopted by the CPT at its 108th meeting, held from 4 to 8 July 2022, and transmitted to the Lithuanian authorities on 27 July 2022. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Lithuanian authorities provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations and replies to the comments and requests for information formulated in this report.

² The reports on all previous Committee visits to Lithuania and related Government responses are available on the CPT website: <https://www.coe.int/en/web/cpt/lithuania>.

³ The latter two assisted the delegation from December 10 to 16.

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

5. In the course of the visit, the delegation held consultations with Agnė Bilotaitė, Minister of the Interior, Evelina Dobrovolska, Minister of Justice, Arūnas Dulkys, Minister of Health, Vitalij Dmitrijev, Deputy Minister of the Interior, and Elanas Jablonskas, Deputy Minister of Justice, as well as with Virginijus Kulikauskas, Director of the Prison Department, Renatas Požėla, Police Commissioner General, Rimantas Petrauskas, Deputy Head of the State Border Guard Service and other senior officials from the Ministries of the Interior, Justice and Health (see Appendix II for the full list).

In addition, the delegation met the Seimas Ombudspersons Erika Leonaitė and Milda Vainiutė, and staff of the National Preventive Mechanism Department of the Ombudspersons' Office.

6. The CPT wishes to express its appreciation of the efficient assistance provided to its delegation before, during and after the visit, by the Liaison Officer appointed by the Lithuanian authorities, Marius Rakštelis from the Ministry of Justice.

7. The CPT delegation received excellent cooperation in the establishments visited, including those for which a visit had not been notified in advance. In particular, the delegation had rapid access to all premises it wished to visit, was able to meet in private with persons with whom it wanted to speak and was provided with access to all the information it required.

8. However, as repeatedly stated by the CPT in the past, the principle of cooperation set out in the Convention is not limited to steps taken to facilitate the task of visiting delegations. It also requires that recommendations made by the Committee are effectively implemented in practice.

In this context, the Committee must note with grave concern that many of the CPT long-standing recommendations, some of them dating back to the very first periodic visit to Lithuania in 2000, remain unimplemented (or only partially implemented). This concerns recommendations on widespread inter-prisoner violence (the official extent of which is largely underestimated due to the persistent extremely poor recording of injuries by prison healthcare staff) and the informal prisoner hierarchy, as well as the abundance of illegal drugs combined with a lack of targeted strategies to help the large numbers of drug users within prisons (for more detailed description of the situation, see Sections 3 and 5 below).

9. In the reports on its 2016 periodic and 2018 ad hoc visit,⁴ the Committee has already expressed its extreme concern regarding the lack of progress observed in the Lithuanian penitentiary system and stressed that this could oblige the CPT to consider having recourse to Article 10, paragraph 2, of the Convention.⁵

Despite the existence of government-developed action plans, the findings of the 2021 visit have unfortunately confirmed a lack of necessary progress and a failure by the Lithuanian authorities to address numerous fundamental shortcomings. It is now the Committee's firm view that the Lithuanian authorities have failed to take effective action to address the above-mentioned concerns and to improve the situation in light of the Committee's recommendations.

For these reasons, the CPT has decided, in the course of its 108th plenary meeting in July 2022, to set in motion the procedure provided for in Article 10, paragraph 2, of the Convention. A separate letter on this subject will be sent to the Lithuanian authorities shortly.

⁴ See paragraph 6 of the 2016 visit report (CPT/Inf (2018) 2) and paragraph 9 of the 2018 visit report (CPT/Inf (2019) 18).

⁵ "If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide, after the Party has had an opportunity to make known its views, by a majority of two-thirds of its members to make a public statement on the matter." Since 1989, the CPT has made 10 public statements, <https://www.coe.int/en/web/cpt/public-statements>.

10. Since the CPT's very first visit to Lithuania some 20 years ago, the Lithuanian authorities have considered it important to follow the standard practice of requesting the publication of the Committee visit reports together with the corresponding government responses. The CPT welcomes this approach.

Having said that, in recent years, both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have been encouraging the Organisation's Members States which have not done so to request the automatic publication of future CPT visit reports and related government responses.⁶

The Lithuanian authorities are invited to consider authorising in advance the publication of all future CPT visit reports concerning Lithuania and related Government responses, subject to the possibility of delaying publication in a given case.

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

11. At the end of the visit, the CPT delegation met senior Government officials in order to acquaint them with the main facts found during the visit. On that occasion, the delegation made two immediate observations, in pursuance of Article 8, paragraph 5, of the Convention, on certain particularly urgent matters.

In the **first immediate observation**, the delegation requested the Lithuanian authorities to confirm, **within one month**, that the regime applied to the persons detained in the so-called "detention block" of Pabradė Foreigners Registration Centre had been changed to ensure that, at a minimum, throughout the day, they could move freely within the premises, have increased access to outdoor exercise and to their telephones.⁷

In the **second immediate observation**, the Lithuanian authorities were requested – likewise **within one month** – to confirm that the four temporary detention cells in Marijampolė Prison had been taken out of service and their usage to accommodate prisoners had ceased.⁸

The aforementioned immediate observations were subsequently confirmed in a letter of 25 January 2022 from the Executive Secretary of the CPT. By letters dated 21 December 2021 and 7 March 2022, the Lithuanian authorities informed the Committee of the measures taken. Those measures will be assessed later in the report.

⁶ See, in particular, Parliamentary Assembly Resolution 2160 (2017) adopted on 26 April 2017, and Committee of Ministers' reply to Recommendation 2100 (2017), adopted at the 1301st meeting of the Ministers' Deputies of 29 November 2017. See also www.coe.int/en/web/cpt/faqs#automatic-procedure.

⁷ See also paragraph 121 below.

⁸ See also paragraph 59 below.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police establishments

1. Preliminary remarks

12. The legal provisions concerning police custody of persons suspected of having committed a criminal offence have remained the same since the last visit in 2016, namely, such persons may be detained by the police on their sole authority for up to 48 hours. Within that period, the person concerned must be brought before a judge, who may remand the person in custody for a fixed term. The aforementioned 48-hour time-limit appeared to have been duly respected in the police establishments visited.

As for persons remanded in custody, it remains the case that (following a judge's decision) they may be held in a police arrest house (*areštinė*) for an initial period not exceeding 15 days. As noted by the delegation, persons remanded in custody were usually transferred to prison establishments within a few days and the actual period of police custody generally did not reach the legal time-limit.

However, the Committee must stress once again that, as a matter of principle, remand prisoners should not be held in a police detention facility instead of a prison. **The Committee once again calls upon the Lithuanian authorities to ensure that persons remanded in custody are promptly transferred to a remand prison**, the objective being to put an end to the practice of holding remand prisoners in police establishments.⁹

13. Furthermore, the Committee is concerned to learn that, in 2020, the Law on Execution of an Arrest was amended, while the maximum time-limit of the return of remand prisoners to police custody due to the needs of the investigation or for the purpose of attending a court hearing was increased from five to seven days.¹⁰

As found by the delegation, approximately half of the detainees in the police arrest houses visited were remand prisoners returned to police custody due to the needs of the investigation or for attending a court hearing, usually for the maximum allowed time-limit of seven days. It is noteworthy that the delegation had serious doubts regarding the necessity of the measure in some cases, such as, for example, returning a remand prisoner to an arrest house for seven days for the purpose of a single court hearing conducted online or returning a remand prisoner for seven days for a single interrogation in an arrest house that is only 4 km away from the remand prison. Furthermore, police officers told the delegation that such transfers were often logistically challenging and required considerable staff resources, hampering staff from carrying out their primary duties.

The Committee recommends that the Lithuanian authorities take further steps to ensure that the return of prisoners to police arrest houses is sought and authorised only very exceptionally (as required by law), for specific and well justified reasons and for the shortest possible time. As a rule, the prisoners concerned should not be held overnight in police establishments.

⁹ See also Rule 10.2 of the European Prison Rules: "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."

¹⁰ According to the law, such detention must be immediately stopped when no longer necessary.

14. In the arrest houses visited, the delegation also found persons sentenced to arrest for 30 days for contempt of court under Article 163 of the Code of Criminal Procedure. The delegation was informed that, since this was not a punishment foreseen by the Criminal Code, it could not be executed in a penitentiary institution. Thus, such persons had to stay in police custody, which offered a very restrictive regime (basically, 23 hours per day in a cell) and no activities, often in conditions akin to solitary confinement; there were also no clear rules regarding entitlement to visits and phone calls.

At the end of the visit, when the delegation raised this issue during its meeting with the Police Commissioner General, the Police Department acknowledged that police arrest houses were not suited for long-term detention and that there should be alternatives for the execution of such a punishment, the arrest houses within the penitentiary institutions being one possibility.

In the Committee's view, should a person be detained longer than a few days at a police station, he or she should be provided with access to some form of activity, such as board games, reading materials, radio, and television, as well as increased access to outdoor exercise. The longer a person is detained in such conditions, the more activities should be provided.

The CPT recommends that, for persons sentenced to deprivation of liberty for contempt of court, the Lithuanian authorities find alternatives to police custody that would ensure appropriate conditions of detention. Pending the end of the use of police arrest houses for holding such persons, the Committee recommends that the Lithuanian authorities take steps to offer them some form of purposeful activity, as well as ensuring that they can receive at least one visit of one hour per week and have regular access to a telephone.

2. Ill-treatment

15. The delegation heard no allegations of ill-treatment of persons detained by the police; on the contrary, most of the persons interviewed by the delegation, who were or had recently been in police custody, stated that the police had treated them in a correct manner, both upon apprehension, during subsequent questioning and in the course of police custody.¹¹

16. However, several detainees complained to the delegation about excessively tight handcuffing behind their back while being transported by the police; in one case, allegedly without a seat belt on, which represents a further risk of injury.

In the Committee's view, the application of handcuffs to detainees during transportation should only be resorted to when the risk assessment in an individual case clearly warrants it. When the use of such means is considered absolutely necessary, it should be done in such a way as to minimise any risk of injury to the detained person and the handcuffs should under no circumstances be excessively tight. Furthermore, given the potential to cause unnecessary pain to the person concerned and the risk of injury in the case of accident, handcuffing behind a person's back should be avoided. Lastly, detained persons should always be transported according to the applicable road safety regulations, namely wearing a seat belt. The CPT recommends that these shortcomings be remedied.

¹¹ See, nonetheless, paragraph 97 below regarding allegations of ill-treatment by the staff of the State Border Guard Service.

3. Safeguards against ill-treatment

17. In the reports on its previous visits to Lithuania, the Committee made a number of recommendations and comments as regards safeguards for persons detained by the police. The CPT has placed particular emphasis on three fundamental rights, namely the right of detained persons to inform a close relative or another third party of their situation (notification of custody), to have access to a lawyer,¹² and to have access to a doctor. As stressed by the Committee, these rights should be enjoyed by all categories of persons, irrespective of their precise legal status, from the very outset of their deprivation of liberty (namely, from the moment the persons concerned are obliged to remain with the police). It is equally fundamental that persons detained by the police be informed without delay of their rights, including those mentioned above, in a language they understand.¹³

18. In this context, the Committee noted that the vast majority of detained persons met by the delegation confirmed that they had been in a position to exercise the right of notification of custody. However, some of them claimed that their relatives or other persons of their choice had been notified only after a delay. Further, complaints were again received from some detained persons that feedback had not been provided to them and that, as a result, they did not know whether their relatives or other persons of their choice had been notified of the fact of their detention.

The CPT recommends that the Lithuanian authorities increase their efforts to ensure the right of persons deprived of their liberty by the police to inform a close relative or another third party of their situation, as from the very outset of their deprivation of liberty and without delay.

Furthermore, the Committee reiterates its recommendation that detained persons be provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention. The relevant legislation and/or regulations should be amended so as to oblige the police to record in writing whether or not notification of custody has been performed in each individual case, with the indication of the exact time of notification, the identity of the person who has been contacted and confirmation that the detained person has been informed of the successful notification. A waiver of the right to notify a relative or a third party should be systematically signed by the person deprived of their liberty if they do not wish to exercise that right.

19. Regarding access to a lawyer, the situation observed during the 2021 visit was very similar to that described in the report on the 2016 visit, namely such access was, as a rule, granted at the beginning of the first formal interview by the investigating officer (which, in most cases, took place several hours or even the day after the actual apprehension) or, in some cases, only at the court hearing. It was still highly exceptional for persons in police custody to benefit from access to a lawyer as from the very outset of deprivation of liberty (that is, from the moment when they were obliged to remain with the police). This is not acceptable.

In the Committee's view, the possibility for persons taken into police custody to have access to a lawyer is a fundamental safeguard against ill-treatment and, to be fully effective, it should be guaranteed as from the very outset of a person's deprivation of liberty. The existence of that possibility will have a dissuasive effect upon those minded ill-treating detained persons. Further, a lawyer is well placed to take appropriate action if ill-treatment occurs.

¹² See also Articles 3, 5 and 6 of Directive 2013/48/EU of the European Parliament and of the Council of 22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty, also applicable in Lithuania.

¹³ See also Article 4 of Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings, also applicable in Lithuania.

The Committee again calls upon the Lithuanian authorities - in co-operation with the Bar Association - to take effective steps to ensure that the right of all detained persons to have access to a lawyer is fully effective as from the very outset of deprivation of liberty.

In addition, a record should be maintained of any request by a person deprived of their liberty by the police to see a lawyer and whether such a request was granted. A waiver of the right to legal assistance should be systematically signed by the person if they do not wish to exercise their right to access to a lawyer. Steps should be taken to ensure that such a waiver is given voluntarily, knowingly, and intelligently. As such, any waiver should be preceded by the provision of clear information on the existence of the right, including the possibility to have a lawyer free of charge, if the person cannot afford one, and on the consequences of such a waiver, namely whether and how that waiver may be withdrawn, and information on whether any statements made in the absence of a lawyer will be used at later stages of the proceedings. Furthermore, waivers, and the provision of the requisite information thereto, should be duly recorded, preferably by both audio and video means, and signed by the person concerned. Police officers should refrain from making any comments or from providing any advice on whether the person should waive a lawyer.

20. As regards access to a doctor, it is noteworthy that, in 2018, the Lithuanian Police Commissioner General amended the Instructions on the protection and supervision of the police arrest houses with a requirement that all newly detained persons must be examined by a nurse from the arrest house, or other healthcare professional, within 24 hours.

Furthermore, the said Instructions also provide that, before detaining a person, a police officer must record visible injuries, bruises, abrasions, etc. in the electronic register. If there is a suspicion that a person may have been subjected to physical ill-treatment, the head of the County Police Headquarters must be informed by an official report.

21. In the police arrest houses visited, the delegation noted that initial medical screening was usually performed within 24 hours of admission.¹⁴ However, the delegation was concerned to learn that, in Vilnius, a police officer would be present during the medical examination, allegedly “to reassure the nurse”.

Furthermore, both in Vilnius and Kaunas police arrest houses, the delegation noted that the records of medical examinations were mostly superficial, and often did not even mention the injuries (bruises, swellings, scratches, etc.) that had been recorded by a police officer upon admission to police custody.

The CPT reiterates its recommendation that the Lithuanian authorities take further action to ensure that:

- **the record made by the receiving officer, and any photographs taken, of injuries detected during the handover-of-custody procedures are forwarded without delay to healthcare staff;**
- **the record drawn up following the medical examination of a detained person in a police arrest house contains:**
 - (i) an account of statements made by the person in question which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment),**
 - (ii) a full account of objective medical findings based on a thorough examination;**
 - (iii) the healthcare professional’s observations in light of i) and ii), indicating the consistency between any statements made and the objective medical findings; this record should take fully into account any attestation of injuries observed upon admission during the procedure of handover of custody;**

¹⁴ At the time of the visit, one of the three half-time nurses in Vilnius County Police Headquarters was on a prolonged sick leave which meant that initial medical examination would sometimes be carried out later.

- any traumatic injuries observed in the course of the medical examination are recorded in a dedicated register. In addition to this, all injuries should be photographed in detail and the photographs kept, together with “body charts” for marking traumatic injuries, in the detained person’s individual medical file;
- whenever injuries are recorded which are consistent with allegations of ill-treatment made by a detained person (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;
- healthcare staff advise detained persons of the existence of the reporting obligation and that the forwarding of the report to the competent prosecutor’s office is not a substitute for the lodging of a complaint in a proper form. They should also inform them of their right to undergo a forensic medical examination;
- special training is provided to healthcare professionals working in police arrest houses. In addition to developing the necessary competence in the documentation and interpretation of injuries as well as ensuring full knowledge of reporting obligations and procedures, that training should cover the technique of interviewing persons who may have been ill-treated. Reference should also be made to the revised Istanbul Protocol¹⁵ on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment;
- all medical examinations are conducted out of the hearing and – unless the healthcare professional concerned expressly requests otherwise in a given case – out of the sight of staff not carrying out healthcare duties;
- the results of every examination, including the abovementioned statements and the healthcare professional’s conclusions, are made available to the detained person and their lawyer.

22. As during the 2016 visit, the delegation noted that information on rights was still not always provided to detained persons upon apprehension but usually several hours later (at the start of the first formal interview by the investigator). Verbal information by the investigator was as a rule (though not always) accompanied by the provision of written information in the form of a copy of the detention protocol (where the rights were listed, albeit in a manner that was difficult to understand for persons without legal education). Further, written information on rights was seen posted inside most of the cell doors at the arrest houses visited.

The CPT recommends that the Lithuanian authorities ensure that all persons detained – for whatever reason – by the police are fully informed of their rights as from the very outset of their deprivation of liberty (that is, from the very moment when they are obliged to remain with the police). This should be ensured by provision of clear verbal information upon apprehension, to be supplemented at the earliest opportunity (that is, immediately upon first entry into police premises) by provision of a written form setting out the detained person’s rights in a straightforward manner. This form should be made available in an appropriate range of languages. Moreover, particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case.

¹⁵ See United Nations Office of the High Commissioner on Human Rights: Professional Training Series N.8/Rev2 of 2022 on the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol).

4. Conditions of detention

23. The Committee notes that, as a result of the Programme for Optimisation of the Activities of Police Detention Facilities, the number of police arrest houses has been further reduced and, as of February 2021, there are now just five remaining police arrest houses, all situated in the largest cities of the country – Vilnius, Kaunas, Klaipėda, Šiauliai, and Panevėžys.

Material conditions of detention at the local police headquarters visited were adequate, and at the arrest houses in Vilnius and Kaunas they were very good, for the maximum period of police custody, namely, 48 hours. The cells were spacious enough for their intended occupancy, well-lit and ventilated, suitably equipped, and generally in a good state of repair and cleanliness. That said, in-cell toilets in the arrest houses were only partially screened despite earlier recommendations on this matter made by the Committee. Furthermore, as found during previous visits, exercise yards were too small to allow genuine physical exertion and a small (some 5 m², less than 2 metres between the opposite walls) cell in Marijampolė police arrest house was still in use.

It is noteworthy that, following the visit, the Lithuanian authorities have informed the CPT that a new description of requirements for basic police buildings, structures etc. was approved by the Lithuanian Police Commissioner General (Order No. 5-V-165 of 8 February 2022), which regulates the furnishing requirements for police arrest houses. This order *inter alia* outlines that when building new police arrest houses or when reconstructing or doing a major repair of already existing ones, installation of new sanitary units must be done in such a way that they are completely isolated from the rest of the cell. **The Committee trusts that this requirement will be implemented in a timely manner and further recommends ensuring that outdoor exercise facilities are of adequate size.**

The Committee reiterates its recommendation to the Lithuanian authorities to take the small cell in Marijampolė police arrest house out of use.

24. Furthermore, in Marijampolė police arrest house, the delegation observed that an interview room contained a caged area where a detained person was reportedly expected to sit on a stool while being interviewed by an investigator.

In the CPT's opinion, this puts detained persons in a psychologically subservient position and such arrangements should not be required by professional police investigators. **The Committee recommends that the Lithuanian authorities remove cages in interview rooms from all police arrest houses.**

5. Other issues

25. A restraint bed was found by the delegation on the premises of Vilnius police arrest house. According to the police officers present at the time of the visit, the bed was not frequently used, although the delegation was unable to verify this, as there was no register of its use.

Due to the potential risk of ill-treatment, the Committee has serious misgivings regarding the presence and use of restraint beds in police establishments. In the CPT's opinion, as a matter of principle, any such mechanical restraint should take place in a medical environment and not in a police establishment.

An individual who is so agitated or presents such a danger to themselves or to others that they are deemed to require such a high level of restraint, must be urgently medically assessed. If a person's agitation is caused by a mental disorder, the person should be transferred straight away to a medical establishment where such an intervention can be safely applied under clinical supervision. In other cases, where an intervention is needed to prevent a person not suffering from a mental disorder from hurting themselves or others, the least restrictive measure must be applied, and the person concerned must be continuously observed by staff.

In light of the comments above, **the CPT recommends that the Lithuanian authorities put an end to the use of restraint beds in police establishments and remove them from the facilities.**

B. Prison establishments

1. Preliminary remarks

26. The CPT delegation carried out follow-up visits to Alytus, Marijampolė, and Pravieniškės Correction Homes (hereafter – Prisons),¹⁶ in order to review the measures taken to implement recommendations made by the Committee after previous visits to these establishments.¹⁷

27. At the time of the visit, Alytus Prison (capacity 835)¹⁸ was accommodating 810 adult male sentenced prisoners, including 15 life-sentenced prisoners.

Marijampolė Prison (capacity 1 050)¹⁹ was accommodating 910 adult male sentenced prisoners, including 11 life sentenced prisoners.²⁰

Pravieniškės Prison, had a total capacity of 2 660²¹ and was accommodating, at the time of the visit, 1 700 adult male sentenced prisoners, including 403 in Sector 1 (prisoners serving shorter sentences), 687 in Sector 2 (prisoners sentenced for serious and particularly serious crimes, and 64 life-sentenced prisoners) and 450 in Sector 3 (prisoners on strict regime, prisoners having “negative influence” on other inmates, and prisoners on lenient regime, working in a state enterprise).²²

28. In the framework of the ongoing dialogue before the 2021 visit, the Lithuanian authorities informed the CPT that, despite its long-standing recommendation, no amendments to the legislation to raise the official minimum standard of living space per prisoner (3.1 m² for dormitory-type accommodation and 3.6 m² for multiple-occupancy cells) had been made.

However, the Lithuanian authorities assured the Committee that the CPT’s minimum standard for personal living space in prison establishments (4 m² in multiple-occupancy cells (not counting the area taken up by any in-cell toilet facility) and 6 m² in single-occupancy cells) was observed in practice, explaining that the Lithuanian penitentiary system has 7 200 places in total, with only 70% of them continuously occupied,²³ and thus each inmate has at least 4 m² personal living space in multiple-occupancy cells and no single-occupancy cells, which measure less than 6 m², are used.

29. Although the Committee positively notes that the prison population rate in Lithuania has indeed been steadily decreasing for the last ten years,²⁴ the delegation’s findings as regards personal living space during the 2021 visit differ from the above information given by the Lithuanian authorities. In all three prisons visited, the delegation found that in a number of dormitories there was less than 4 m² personal living space per person, and in some, it was even less than the national minimum of 3.1 m².²⁵

¹⁶ All of them last visited in 2018.

It is noteworthy that since September 2019, all Lithuanian prisons are multifunctional, that is, all of them can accommodate both remand and sentenced prisoners.

¹⁸ The official capacity had been reduced from 1 200 places at the time of the 2018 ad hoc visit.

¹⁹ The official capacity has been increased from 950 places at the time of the 2018 ad hoc visit.

²⁰ It is noteworthy that, in September 2021, Kybartai branch of Marijampolė Prison was closed.

²¹ Increase from 2,180 places at the time of the 2018 ad hoc visit.

²² Remaining prisoners were those from the open colony and inmates allowed to move around without supervision.

According to Council of Europe Annual Penal Statistics (2021 SPACE I report), on 1 January 2021 there were 5 320 persons accommodated in Lithuanian penitentiary establishments.

²⁴ According to the Council of Europe Annual Penal Statistics (SPACE), it decreased from 311.3 prisoners per 100 000 inhabitants in 2011 to 190.3, that is, by 38.9 %, mostly due to a wider use of non-custodial measures – suspension of sentence, conditional release, and sentences alternative to imprisonment: a fee, restriction of freedom, etc.

²⁵ For example, in Marijampolė Prison, 11 prisoners were accommodated in one dormitory which measured only 31 m², that is, 2,8 m² per person, 24 prisoners were accommodated in another

The Committee must reiterate its recommendation that the Lithuanian authorities ensure that the minimum standard of 4 m² of living space per prisoner in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) is duly respected in all penitentiary establishments, for all categories of prisoners; for single-occupancy cells, the standard should be at least 6 m².²⁶

30. Regarding the ongoing efforts to modernise the prison estate, the Committee welcomes the long-awaited closure of Lukiškės Prison, which has been repeatedly criticised by the CPT for very poor material conditions.

The CPT notes, however, that much-anticipated plans to construct several new prisons have so far not been implemented. It is recalled that, in July 2014, the Lithuanian Government adopted a “Programme for Modernisation of Penitentiary Institutions” which foresaw a construction of six modern penitentiary institutions in Lithuania by 2022. Its main objectives were the construction of new prisons in Vilnius, Šiauliai, Klaipėda and Panevėžys, as well as the closing down of Lukiškės Prison. Further, the Programme included plans for a partial reconstruction of Marijampolė Prison (and, eventually, its closure by 2022) as well as partial reconstruction of Alytus Prison. The Committee notes that, in eight years, only some objectives – the abovementioned closure of Lukiškės Prison, plus some reconstruction in Marijampolė and Alytus – have so far been achieved.

31. In the framework of the ongoing dialogue before the 2021 visit, the Lithuanian authorities informed the Committee that:

- a design contract was signed for the construction of a new 200-place cell-type prison in Vilnius;
- in Vilnius Prison, a fully reconstructed cellular block with 81 places was opened in 2020;
- an investment project is being developed for the construction of a new 400-place cell-type prison in Šiauliai under a public-private partnership model;
- in Marijampolė Prison, a new container-based modular complex, with a total capacity of 64 places, was opened in 2020;
- in Alytus Prison, a new modular cellular complex, with total capacity of 96 places, was opened in 2021 and, by 2024, an existing 4-storey block is to be reconfigured into cell-type accommodation with 199 places;
- in Pravieniškės Prison, the reconstruction of dormitories into cell-type premises, with a total capacity of 81 places, was completed in 2021. In 2022, a construction of two container-based modular complexes is planned, each with up to 96 places.

32. The CPT has repeatedly expressed its view that the risk of intimidation and violence is higher in large-capacity prison dormitories and that such accommodation arrangements are prone to foster the development of offender subcultures and to facilitate the maintenance and cohesion of criminal organisational structures. Further, apart from also rendering proper staff control extremely difficult, if not impossible, such accommodation also inevitably results in a lack of privacy for prisoners in their everyday lives.

In view of highly concerning findings as regards widespread inter-prisoner violence, the presence of a strong and pervasive informal prisoner hierarchy and an abundance of drugs, in all prisons visited during the 2021 visit,²⁷ **the Committee calls upon the Lithuanian authorities to take all possible measures to significantly speed up the process of modernising their prison estate and especially its conversion to cell-type accommodation. The Committee would like to receive an updated plan on the modernisation of the penitentiary institutions and to be regularly updated on the progress of its implementation.**

dormitory which measured 65 m², giving only 2,7 m² per person.

²⁶ See document “Living space per prisoner in prison establishments: CPT standards” (CPT/Inf (2015) 44, <https://rm.coe.int/16806cc449>).

²⁷ See more in Section 3 below.

33. As regards legislative reforms in the penitentiary system, the Committee welcomes the 2019 amendments to the Code of Execution of Sentences which, *inter alia* have introduced the possibility for life-sentenced prisoners who have served at least 20 years of their sentence, to apply for the replacement of life imprisonment by a fixed-term sentence. Once the court decides to guarantee such a replacement, the fixed-term sentence may not be less than five years or exceed ten years from the date of the court decision. The Committee notes that, since 2019, life imprisonment has been replaced by a fixed-term sentence for 17 prisoners (see paragraph 65 below on regime applied to life-sentenced prisoners).

Legislative changes in the areas of prisoner healthcare and preparation for reintegration will be discussed in the relevant sections below.

2. Ill-treatment of prisoners by staff

34. In Marijampolė and Pravieniškės Prisons, the delegation received hardly any allegations of physical ill-treatment of prisoners by staff.

However, the situation was very different in Alytus Prison and, seemingly, had not changed much since the last CPT visit in 2018.²⁸ Here, a number of credible allegations were received, including the punching, kicking, hitting with truncheons; these acts often being seen as a form of punishment against prisoners who had complained about their treatment by staff and/or their conditions of detention.

A number of prisoners also complained about an excessive use of force during cell searches, especially in Alytus and Marijampolė Prisons. It is noteworthy that, upon checking relevant documentation, the delegation found that, in some cases, there were no available recordings from body-worn video cameras worn by prison staff, nor from the CCTV cameras on the premises, regarding those interventions. This appeared particularly pertinent as allegations were received from prisoners that, in some cases, staff had deliberately switched off the body-worn video cameras before punching or kicking them during the interventions.

35. In Alytus Prison, the delegation also received allegations of verbal abuse by custodial staff. Indeed, a homosexual prisoner complained about being called derogatory names and mocked by staff when he asked to be isolated due to a fear of sexual abuse by other inmates.²⁹

36. Also in Alytus, many prisoners complained that they had been threatened by staff with transfer to Unit 2, an infamous unit accommodating the highest caste of the informal prisoner hierarchy. Such a transfer would mean that the prisoner concerned would have to refuse to comply (since prisoners from any lower caste were not “tolerated” in Unit 2) and would then therefore be given a disciplinary sanction of placement in cellular confinement up to 30 days.³⁰

37. The Committee wishes to recall that the State is under a duty to provide safe custody for all persons deprived of their liberty in prison, and that the frontline in providing safe custody rests with prison officers. The authorities must not only undertake effective investigations into allegations of ill-treatment, but also institute measures to ensure that all prison officers and managers understand why ill-treatment is unacceptable and unprofessional and that, furthermore, it will result in severe disciplinary sanctions and/or criminal prosecution. The Committee is therefore concerned that the Lithuanian authorities have not yet succeeded in ending the practice of some prison officers resorting to physical ill-treatment and abuse despite repeated recommendations.

²⁸ It is noteworthy that the situation in Alytus Prison as regards ill-treatment by staff has always been the most concerning during all previous CPT visits.

²⁹ Allegedly, one response of the staff was “So what is the big deal, so you will be fucked.”

³⁰ See more on the widespread refusal to live in allocated units in Section 3 below.

The CPT calls upon the Lithuanian authorities to take effective action, via prison management, to ensure that custodial staff receive the clear message that physical ill-treatment, excessive use of force, unjustified resort to special means for punitive reasons, verbal abuse and threats, as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners, are not acceptable and will be dealt with severely.

Prison management should demonstrate increased vigilance in this area, by ensuring the regular presence of prison managers in the detention areas, their direct contact with prisoners, the effective investigation of complaints made by prisoners, and improved prison staff training.

Furthermore, in order to enhance the potential for body-worn video cameras to contribute to the prevention of ill-treatment, **the CPT recommends that the Lithuanian authorities ensure that body-worn video cameras are issued, worn and turned on by all prison staff who may have to use force in their interactions with prisoners, and that non-compliance with this obligation (in the absence of a reasonable explanation outlining exceptional circumstances) be treated as a disciplinary offence.** This could also contribute to preventing any unfounded allegations of ill-treatment against staff.

3. Inter-prisoner violence

38. The Committee is equally highly concerned to note that no significant progress has been made in reducing the scale of inter-prisoner violence, which has been repeatedly criticised by the CPT during its previous visits.

In the Committee's view, the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to protect them from other prisoners who might wish to cause them harm. Unfortunately, during the 2021 visit, the CPT delegation once again received many credible allegations of inter-prisoner violence, including beatings and violence of a sexual nature, as well as extortion, psychological pressure, and coercion to commit new crimes.³¹ Such allegations were received from prisoners accommodated across different units within all the prisons visited; the situation was particularly dire in Alytus Prison.

39. The roots of inter-prisoner violence appear to have remained the same, namely – the informal prisoner hierarchy, the omnipresence of illegal drugs, and a lack of adequate custodial staff presence in prisoner accommodation areas (reference is also made to the influence of dormitory-type prison infrastructure, described in paragraph 32 above).

The informal prisoner hierarchy, or the caste system, still seems to be a key foundation of prisoners' life in all three prisons visited, with its traditions dictating internal order and being given priority over official rules.³² Clearly, those worst affected by this are the relatively numerous lowest caste prisoners, the "untouchables" (*nuskriaustieji*); the majority of the accounts received of inter-prisoner violence came from them. It was obvious that becoming an "untouchable" significantly increased the risk of victimisation.

³¹ To provide just a few examples, in Pravieniškės Prison, a prisoner complained to the delegation that he was extorted for months and then severely beaten (needing two surgeries) after he had refused to pay any more. A prisoner from the "untouchables" said he had been whipped with an extension cord by higher caste prisoners.

In Marijampolė Prison, a prisoner said he had been beaten several times for refusing to pass on forbidden items to other inmates.

In Alytus Prison, a prisoner complained that he was forced to spend the money sent monthly by his family to buy food and drugs for higher caste prisoners.

³² It is noteworthy that the caste system seems not to exist in the open prison colonies; allegedly, because they are "on the other side of the fence".

Many “untouchables” informed the delegation during interviews, that belonging to their caste meant that one could only safely (that is, without risking physical violence, extortion, psychological pressure, etc.) share a cell or a dormitory room with prisoners of the same caste and that they were not “welcome” anywhere else.³³ The “untouchables” said that they had to obey orders given by higher caste prisoners, be it committing new crimes, violating the prison rules, or purchasing drugs or other items. Further, when hit, they said they were not allowed to hit back.

The delegation was told that when custodial staff wanted to “unofficially” punish a higher caste prisoner, they would initiate his transfer to a cell/room holding “untouchables” (which would then trigger the “usual” chain of events – the prisoner’s refusal to comply, a resultant disciplinary sanction, and his transfer to a strict regime). Prisoners’ fear of “losing one’s status” if associated with the “untouchables” was so great that some higher caste prisoners complained to the delegation about even having to share the same floor with “untouchables” because it could lower their status during their next imprisonment.

40. During interviews it was made clear that “untouchables” still get the worst place to sleep within the dormitory room or cell (by the door or by the toilet) and that they are the ones who must do all the cleaning of common areas (corridors, kitchens, sanitary facilities, etc.) and often also the rooms of the higher caste prisoners with a refusal to clean placing them at risk of being beaten.³⁴ In dormitories, “untouchables” can only use showers and toilets allocated to them by higher caste prisoners (proportionally, these being much fewer in number than those available to the higher castes).

Further, on the prisoners’ shopping day, “untouchables” are only allowed to go to the prison shop after all the higher caste prisoners have done their shopping, which often means there is not much left to buy. In some cases, “untouchables” are also given a list of things to buy for higher caste prisoners using their own money. Additionally, in prison canteens, “untouchables” are allocated a separate serving hatch, must eat at separate tables and use marked plates, mugs, and cutlery, which are sometimes even washed in separate dishwashers. In Marijampolė Prison, when food is delivered to prisoners in cellular confinement, thermos flasks of different colour are used for the food of the “untouchables”.³⁵

41. The CPT’s findings during this and previous visits to Lithuanian prisons, clearly illustrate that, year after year, the caste system continues to exist before the very eyes of prison management and custodial staff, with their clear knowledge and a degree of desperate resignation, even though, when asked, their standard response is that all prisoners are equal.

Although the Committee notes that during the last few years many informal prisoner leaders have been transferred to other prisons,³⁶ mainly to Vilnius, where they are accommodated in a separate unit, the findings of the 2021 visit show that this measure has been only marginally effective. It has not broken the back of the informal prisoner hierarchy and its widespread influence.

In the CPT’s view, the situation of “untouchable” prisoners in Lithuania could be considered to constitute a continuing violation of Article 3 of the European Convention on Human Rights, which prohibits, *inter alia* all forms of degrading treatment and obliges State authorities to take appropriate measures to prevent such treatment, including that carried out by fellow prisoners.³⁷

³³ The Committee notes that, in 2019, a prisoner was murdered by a cellmate in Marijampolė Prison. It was alleged during the trial by the father of the victim and other inmates who testified as witnesses, that one of the main causes was the fact that the victim, an “untouchable”, was transferred to a cell with prisoners from a higher caste.

³⁴ During interview, a staff head of unit admitted that it was, indeed, an “untouchable” who cleaned the common areas. Some higher caste inmates, when interviewed, said that such tasks for “untouchables” were not “slavery like before, we give them tea and cigarettes for cleaning”.

³⁵ When canteen staff in Marijampolė Prison were asked, how they knew how many portions they needed to put in the thermoses for “untouchables”, they told the delegation that each morning they called the staff heads of the units and asked for the exact number.

³⁶ In Pravieniškės Prison, the delegation was informed that, in September 2021, the prison had received some 70 prisoners, all of them from the higher castes, transferred from Marijampolė Prison.

³⁷ Reference is also given to the European Court of Human Rights judgment of *Gjini v. Serbia*

42. Very closely linked to inter-prisoner violence in the prisons visited is the issue of the volume of illegal drugs available to prisoners, notably synthetic drugs (New Psychoactive Substances (NPS), colloquially called “Spice”, “Khimka” or “Cobra”)³⁸, as well as amphetamines, heroin, and fentanyl.

The management of the prisons visited informed the delegation that such drugs often entered the establishments via drones or throw-ins,³⁹ as well as via visits. However, they said that the most popular method, reportedly accounting for more than half of the drugs smuggled in, is sending paper items (letters, official documents, photos, books, magazines, etc.) to prisoners by post, the items having been pre-soaked in NPS or sprayed with them. Reportedly, preventing such items from reaching a prisoner is only possible if criminal intelligence information is available.

Selling drugs in prison is a very lucrative business. According to prison management, drugs in prison cost up to ten times more than in the community. Prisoners told the delegation that a price of one dose of “Spice” was approximately 10 Euros, one injection of heroin approximately 50 Euros.⁴⁰

43. It is noteworthy that the delegation directly witnessed prisoners who were intoxicated with drugs, came upon prisoners using drugs (with custodial staff in the vicinity and aware of what was happening), and was even shown by prisoners their self-made equipment for drug use (a bong).⁴¹ The impression from interviews with prisoners was that drug availability was abundant, and one could obtain anything for money.⁴² It is telling that, when asked about the biggest problem in prison, the majority of prisoners, including drug users, mentioned the abundance of drugs, especially “hard drugs”, as the key one. Indeed, many of them seemed desperate, having nowhere “to hide” from the drugs and not strong enough to resist them.

For many interviewed prisoners, drug use in prison eventually led to debts which, in turn, caused them to be beaten or degraded to a lower caste. Not having money to pay their debts and fearing violence, many of them were seeking refuge in KTP (*kamerų tipo patalpos*) premises (“disciplinary cellular confinement”⁴³) which, subsequently, started a vicious chain of repetitive disciplinary sanctions for refusal to live in the assigned unit, transfer to the strict regime, and losing any chance of early conditional release.⁴⁴

Furthermore, the rules of the informal prisoner hierarchy forbid any “cooperation” with the authorities which, *inter alia* means that prisoners who wish to get treatment for their addiction and thus be accommodated in the rehabilitation centre, automatically become the lowest caste, the “untouchables”; therefore, a number of interviewed prisoners were reluctant to take part in rehabilitation programmes. However, the delegation also received a number of complaints, mostly from the prisoners of the lowest caste, that their requests to enrol in a rehabilitation programme were routinely denied (see more on addiction treatment in paragraphs 76 to 78 below). It is noteworthy that the numbers of prisoners who did participate in the rehabilitation programme appeared disappointingly low.⁴⁵

(Application no. 1128/16) of 15 January 2019 in which the Court held that there had been a violation of Article 3 of the European Convention on Human Rights owing to the authorities’ failure to protect the applicant from being ill-treated by his prison cell mates.

³⁸ Technical term - Synthetic Cannabinoid Receptor Agonists.

³⁹ Prisoners interviewed stated that it was very often working prisoners who smuggled in drugs that had been delivered by drones or throw-ins to the prison’s industrial zone.

⁴⁰ Some interviewed prisoners told the delegation that, after informal prisoner leaders were transferred to Vilnius, the supply of intravenous drugs had reduced.

⁴¹ A water pipe for smoking drugs.

⁴² Registers on disciplinary sanctions confirmed this impression. The two “leading” disciplinary offences were substance use and refusal to live in the assigned unit.

⁴³ It is noteworthy that this was not a solitary confinement and prisoners were accommodated in multiple-occupancy cells.

⁴⁴ See more in paragraph 84 below.

⁴⁵ Reportedly, during the first half of 2021, only 27 prisoners (male and female) took part in the “Substance Abuse Rehabilitation Program” in the whole country.

44. Beyond the informal prisoner hierarchy and the effects of illegal drugs within the prisons, a third major reason contributing to high levels of inter-prisoner violence in the prisons visited is lack of adequate staff presence inside prisoner accommodation areas, as acknowledged by the prisons' management.

The total absence of staff on floor after floor of dormitories, as witnessed by the delegation, with hundreds of prisoners left without any supervision was seriously concerning. It is obvious that the current arrangement whereby supervision during the day is carried out by the heads of the units (one per unit and sometimes nowhere to be seen),⁴⁶ a handful of officers moving between units (mostly to accompany a prisoner from/to somewhere), and a group of patrol staff on a 24-hour shift, whose frequency the prisoners know by heart,⁴⁷ is not enough to ensure order inside the accommodation areas and the safety of more vulnerable prisoners. The situation is equally concerning at night when large dormitory rooms are left open to ensure access to sanitary facilities, there are no staff inside the buildings, and patrol staff on shift just make occasional checks. It is therefore not surprising that the delegation received many complaints from prisoners who did not feel safe and did not trust the custodial staff to be there to protect them.⁴⁸

45. As in the past, the victims of inter-prisoner violence often remained reluctant to complain to prison staff due to a number of reasons, including unwritten prisoners' rules against informing, fear of retaliation, and mistrust in the prison staff's ability to protect them afterwards. A number of prisoners also told the delegation that very often custodial staff were ignoring visible injuries and not inquiring about their origins. Such a state of affairs clearly makes the official statistics on inter-prisoner violence unreliable and this should be borne in mind by the relevant decision makers.

Further, it is regrettable that, based on available documentation and interviews with prisoners, in some cases, staff, and especially officers of the Criminal Intelligence Unit responsible for investigations into violence between prisoners, seem too comfortable to end their investigations based on yet another clichéd statement from an injured prisoner that he simply fell on the stairs, in the shower, from the bed, etc.

46. As a result of these three factors – an all-pervading informal prisoner hierarchy, the omnipresence of illegal drugs, and the lack of adequate custodial staff presence (coupled with an infrastructure composed mainly of large-capacity dormitories) – dozens of prisoners in every prison visited were refusing to live in assigned units and requesting to be isolated either for their own safety or in search of a "drug-free" sanctuary.⁴⁹

In Alytus and Marijampolė Prisons, where cell-type accommodation was limited, this meant that the vast majority of such prisoners ended up being disciplinarily punished and placed in disciplinary cellular confinement (KTP premises) for 30 days; in the majority of cases, this sanction was subsequently repeated a number of times. In these two prisons, this created a situation where the KTP disciplinary blocks were constantly filled to capacity with prisoners who did not feel safe among the general prisoner population. At the time of the visit, in Alytus, out of 87 prisoners in the KTP block, 64 were there because they refused to live among the general prisoner population;⁵⁰ in Marijampolė, out of 34 persons in the KTP block, there were 30 such prisoners.

⁴⁶ As found, for example, in Marijampolė Prison, where not a single one of the three heads of units (responsible for about 150 prisoners in total) was present on the relevant floor during one of the afternoons that the delegation visited.

⁴⁷ In Sector 2 of Pravieniškės Prison, for example, prisoners told the delegation that it was every two hours.

⁴⁸ For example, in Alytus, a Roma prisoner told the delegation that he had been beaten several times already by a group of prisoners in his unit who got drunk at night and went around beating Roma prisoners.

⁴⁹ It is noteworthy that the Lithuanian law foresees the possibility to isolate prisoners whose safety is at risk in the opinion of the prison management. According to Article 70.6 of the Code of Execution of Sentences, a prisoner may be isolated from other prisoners for a maximum period of 48 hours by the decision of the prison director when his life or health might be at risk.

⁵⁰ Out of the remaining 23, 18 (mostly from the open colony) were disciplinarily sanctioned for other

47. The situation was better in Pravieniškės Prison, not because prisoners felt safer or did not want to escape the drug use there but because the vast majority of prisoners who refused to live among the general prisoner population, were being transferred to Sector 3, where the majority of the units (except for the lenient regime) were cell-type accommodation.⁵¹ In Pravieniškės, such prisoners were thus not getting disciplinarily punished and were not therefore subsequently transferred to strict regime nor losing their chances for early conditional release.

48. Concerning KTP detention in Alytus and Marijampolė Prisons, most of the prisoners therein who were interviewed by the delegation had actually been accommodated in the KTP premises for months, or even years on end under a very impoverished regime. Throughout these very long periods, they were not allowed to receive any visits, were able to make only one call per month (after finishing a 30-day disciplinary confinement and before starting a new one) and were not allowed to buy anything except for clothes, footwear, stationery supplies and hygienic necessities (many complaining of really missing access to fruits and vegetables). As regards their daily routine, this was also highly deprived throughout; they were not offered any activities, were not allowed to work, were not even allowed to have a TV in the cell, and had only one hour of outdoor exercise daily, in a cell-like exercise yard.

Such a situation, almost identical to that found during previous visits, leads to the conclusion that, despite repeated recommendations from the CPT, this punitive regime of deprivation is still how the Lithuanian authorities continue to treat prisoners who ask for protection. The grim picture is this – disciplinary confinement premises are almost exclusively filled by inmates who do not feel safe being accommodated in more regular custodial environments, where they have experienced a deplorably low staff presence and are expected to reside in large dormitories full of drugs, violence, and intimidation. Attempting to escape the violence and temptation to use drugs, they are then forced to languish in an impoverished disciplinary confinement regime for months, not benefiting from any preparation for reintegration, while their fellow inmates, from whom they are trying to escape (higher caste prisoners, drug dealers, etc.), continue to live unpunished, in better conditions. The persistence of such an intolerable situation suggests a lack of effective leadership and assertive action on the part of the Lithuanian authorities and could amount to inhuman or degrading treatment.

49. The CPT wishes to stress that the problem of inter-prisoner violence cannot be solved without the management and staff regaining control over the situation in prisons. First of all, custodial staff should be in a position to exercise their authority in an appropriate manner. This implies, *inter alia* that the level of staffing must be sufficient (including at night-time) to enable prison officers to adequately supervise the prisoners and support each other effectively in the performance of their tasks. Low numbers of custodial staff in prisoner accommodation areas increases the risk of violence and intimidation between prisoners, and of tension between staff and prisoners and precludes the development of positive relationships between them.

Addressing the phenomenon of inter-prisoner violence also requires that prison staff be particularly attentive to signs of trouble and be properly trained to intervene in a determined and effective manner, at the earliest possible stage. In this context, the existence of positive relations between staff and prisoners, based on notions of dynamic security and care, is a decisive factor; such relations can help to overcome the habitual reluctance of victims (or witnesses) to denounce the perpetrators of inter-prisoner violence.

As witnessed by the delegation during the 2021 visit, dynamic security, which had just begun being introduced in the prisons visited, was still far from effective and, in most cases, existed only on paper. When speaking with staff and prisoners, it became evident that the main role of dynamic security officers was to just open the doors in the cell-type accommodation and to accompany

violations and five were accommodated there by the decision of the prison management due to risks to their safety (as these five were not subject to a disciplinary sanction, they were not transferred to strict regime).

⁵¹ It is noteworthy that some prisoners on lenient regime, who did not feel safe in dormitory rooms which were not even locked during the night, intentionally violated the internal rules in order, as a consequence, to be transferred back to ordinary regime, even though it meant losing a number of privileges, and, in some cases, even work.

prisoners from one location to another. The officers were clearly not truly involved in enhancing dynamic security, which should include the development by staff of positive relationships with detained persons, based upon firmness and fairness, in combination with an understanding of prisoners' personal situations and any risks posed by them individually or within the context of their group.

Further, both initial and ongoing training programmes for staff of all grades must address the issue of managing inter-prisoner violence.

50. The Committee also has serious misgivings about the significantly increased role of criminal intelligence in the penitentiary system, in particular the overreliance on the existence of informants among the prisoners.

The major role of informants within the prison system might sow high levels of distrust among prisoners. This might then significantly contribute to the development, within the informal prisoner hierarchies, of leadership structures which prominently punish those who inform. The well-known widespread use of informants means that any "fraternizing" with staff by prisoners is deemed suspicious, which in turn pushes prisoners into only directly communicating with staff through designated people, customarily the informal prisoner leaders. Such a prominent system of informants thereby only serves to strengthen the position of the leaders of the informal prisoner hierarchies and the distrustful environment that it creates is also a serious obstacle to the development of staff-prisoner dialogue, which is at the heart of dynamic security.⁵²

51. Moreover, a holistic approach is urgently needed to tackle the phenomenon of informal prisoner hierarchy, preferably in the form of a targeted strategy, including the introduction of a comprehensive risk and needs assessment upon admission,⁵³ the creation of separate units/sectors for prisoners who do not (or no longer) wish to be involved in the informal prisoner hierarchy, offering adequate (or even superior) conditions and regimes which reward pro-social and cooperative behaviour, allowing separation of informal prisoner leaders, promoting activities which reject prisoners' classification into castes, developing opportunities for work and education, and further strengthening individual sentence planning; reference is also given to paragraph 32 on the conversion of large-capacity dormitories into cell-type accommodation.

There must also be an improvement in the proper recording, reporting and thorough investigation of suspected cases of inter-prisoner violence and intimidation and, where appropriate, the adoption of suitable sanctions or other measures, as well as the development of effective inter-prisoner violence reduction interventions.

52. Finally, as described above, the high inflow of drugs and their widespread use in the prisons visited contributes to violence and vulnerabilities within prisons, hinders processes of preparation for reintegration, and must be addressed as a matter of highest priority. It can only be achieved through a multi-faceted approach, which must include a range of measures already mentioned above, namely, significantly increased ratios of properly trained staff, improved physical security measures, the use of dynamic security, and the application of a daily regime offering prisoners meaningful activities for at least eight hours a day. Moreover, the functioning of rehabilitation centres should be considerably improved (and new ones opened in prisons where they do not yet exist), with serious consideration given to the creation of drug-free units or sectors in every prison.

53. The Committee notes that, following the 2018 visit, the Lithuanian authorities informed the CPT about the adoption of an Action Plan, approved by the Minister of Justice in September 2018, which listed measures to reduce the influence of informal prisoner hierarchy, strengthen prisoners' security and supervision, modernise infrastructure, strengthen drug prevention, increase staff competences, and reform the social rehabilitation system. The timeline of the measures varied from the first quarter of 2019 to the end of 2022 (in the case of prison reconstruction plans).

⁵² See more in a Council of Europe publication "Baseline study into criminal subculture in prisons in the Republic of Moldova" (March 2018): <https://rm.coe.int/criminal-subculture-md-en-/1680796111>.

⁵³ Such an assessment would, *inter alia*, need to focus on a criminal profile and network of a prisoner, their psychological vulnerability, level of addiction, and socio-economic status.

The 2021 visit provided an opportunity to see whether the Action Plan had brought the anticipated changes and whether a number of long-term recommendations given to the Lithuanian authorities by the Committee following its visits, as well as during the high-level talks organised to discuss the key concerns, had been implemented.

Whilst acknowledging that the Lithuanian authorities have taken some steps and made some efforts to address the range of deeply rooted problems in the penitentiary system, based on the findings of the 2021 visit presented in this report, the Committee concludes that the above-mentioned Action Plan has, so far, been ineffective; it has not produced the necessary results, and the situation remains unacceptable. For this reason, as mentioned in paragraph 9 above, the CPT has decided to open the procedure under Article 10, paragraph 2, of the Convention.

The CPT calls upon the Lithuanian authorities to take resolute action, without further delay, to address the systemic and persistent shortcomings throughout the penitentiary system outlined in this and previous reports of the Committee, in light of the comments in paragraphs 49 to 52 above.

Above all, as a prerequisite, any successful reform will require a significant increase in the number of prison officers, over and above those currently being recruited. Therefore, the Committee wishes to be informed of the number of custodial officers currently in place at each prison and the staffing complement of custodial officers that the Lithuanian authorities deem to be actually necessary to guarantee effective control and provide a safe environment for prisoners and staff alike at each prison.

54. The Committee is further concerned by the fact that, allegedly due to staff resistance to change, the 24-hour shift pattern for custodial staff is still maintained. The CPT can only reiterate its opinion that such a shift pattern has an inevitable negative effect on professional standards; no-one can perform in a satisfactory manner the difficult tasks expected of a prison officer for such a length of time. Therefore, for the benefit of prisoners, **the Committee calls upon the Lithuanian authorities to reconsider their decision to continue this practice, including addressing staff concerns as necessary.**

55. The Committee trusts that the current leadership of the Ministry of Justice has the necessary level of ambition, vision and strong will to bring about the changes which have been long-awaited by prisoners and custodial staff alike.

It is noteworthy that the Coordination Council for Resocialisation Processes (which was established in 2021 to implement the Concept of Prisoner Resocialisation Reform and which had its first meeting in January 2022) has acknowledged that current measures for the prevention of inter-prisoner violence are not sufficient and has instructed relevant departments of the Prison Department to develop a concept on the prevention of inter-prisoner violence which would cover all the penitentiary system and would involve all custodial staff. **The CPT would like to be regularly updated on the progress of this concept and, subsequently, its implementation.**

4. Conditions of detention

a. material conditions

56. Material conditions in the three prisons visited varied from satisfactory to very dilapidated; nevertheless, all the establishments were, to varying degrees, in need of refurbishment, as they were during the previous visit.

57. In Alytus Prison, the delegation was informed that Sectors 1-3 had been closed for reconstruction into cell-type accommodation, to be finalised by 2024. Previously reconstructed units offered generally acceptable conditions, while the ones still waiting for reconstruction were in a particularly dilapidated state.

58. In Marijampolė Prison, the delegation noted satisfactory conditions in the cell-type accommodation Units 9-12, as well as in the rehabilitation and post-rehabilitation units. The modular house, opened in 2020 and accommodating 64 inmates on lenient regime in four-bedded rooms, provided acceptable conditions. The Committee also notes the plans for the reconstruction of Unit 22 (strict regime) into cell-type accommodation envisaged for 2022.

However, other units remain very dilapidated, and the delegation received many complaints that cells and dormitories were infested with bed bugs and cockroaches and witnessed blood stains on the walls left by crushed insects; apart from the discomfort to prisoners, this is a health hazard. Furthermore, some dormitories in Units 5, 6 and 17 were not sufficiently heated.

59. Of very immediate concern were the conditions found in four temporary detention cells in the KTP block in Marijampolė Prison (Nos. 8-11) which, in the opinion of the delegation, could be described as inhuman and degrading. These totally dilapidated cells with barely 1.1 metres between the walls, and a hole in the floor in the corner serving as a toilet that had to be covered to stop the entry of rats, were commonly known as the “toilets” amongst the prisoners. Totally unsuitable even for their official purpose – temporary isolation for up to 48 hours (which could sometimes be repeated) – prison records documented that these cells were also being used to keep prisoners for up to 30 days for disciplinary punishments (sometimes consecutively, or on multiple occasions).

In light of the findings above, at the end of the visit, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention and requested the Lithuanian authorities to ensure that the four temporary isolation cells in Marijampolė Prison were immediately taken out of service and their usage to accommodate prisoners ceased.

By a letter dated 7 March 2022, the Lithuanian authorities informed the Committee that placement of inmates in these cells had been terminated immediately after the CPT visit and demolition of the cells had been carried out. The common space created after the demolition will reportedly be used as fitness room for inmates accommodated on KTP premises.

The Committee welcomes the measures taken and **further recommends that the Lithuanian authorities take out of service all cells (including in KTP blocks) in all prisons that measure less than 2 metres between opposite walls.**

60. In Pravieniškės Prison, material conditions were generally satisfactory in the already reconstructed units, such as, for example, the ordinary and strict regime units in Sector 3 or Unit 6 in Sector 1 (where the cells were well lit and ventilated, suitably furnished and offered adequate living space to inmates). However, the conditions in the unrenovated parts, in all three sectors, were very poor with crumbling mouldy walls and decrepit furniture (rusty beds, broken tables and worn mattresses).⁵⁴ The deficient ventilation generated constant humidity and mould on the walls, and a number of units in Sector 1 did not seem to be sufficiently heated. Furthermore, as in Marijampolė Prison, the delegation was flooded with complaints about infestation with bed bugs and cockroaches.

The exercise yards for life-sentenced prisoners on prison regime in Sector 2 and for prisoners on strict regime in cell-type accommodation in Sector 3 were austere, composed of concrete and metal grille mesh offering no horizontal view, and too small for genuine physical exertion.

As in Marijampolė Prison, the delegation found a single-occupancy cell in KTP block which measured only 5 m² and had only 1,2 metres between opposite walls (**see recommendation in paragraph 59 above**).

⁵⁴ The delegation was informed about plans to build, during 2022, a modular container-based complex with a total capacity of 180 places for prisoners on lenient regime in Sector 3.

61. As recommended by the Committee in paragraph 32 above, **the Lithuanian authorities should focus great efforts on the expeditious reconstruction of current buildings into cellular-type accommodation and on the construction of new prisons. In the meantime, specific steps should be taken to improve the living conditions in each of the prisons visited, including by:**

- **tackling the infestation of bed bugs and cockroaches in Marijampolė and Pravieniškės;**
- **ensuring sufficient heating during winter in Marijampolė and Pravieniškės;**
- **enlarging the exercise yards (for example, by merging two adjacent yards) and ensuring that there is a horizontal view from them (for example, by installing windows in the concrete walls) for life-sentenced prisoners on prison regime in Sector 2 and for prisoners on strict regime in Sector 3 of Pravieniškės Prison.**

62. Some complaints were again received in the prisons visited regarding the food, both in its quantity and quality. Some prisoners alleged that inmates working in the kitchen were stealing products and later exchanging them for drugs.

The CPT reiterates its recommendation that steps be taken to ensure the quality and quantity of the food provided to prisoners.

63. In Alytus Prison, the delegation received allegations that prisoners had to bribe a shop assistant to be able to buy products that were otherwise not allowed (depending on the regime); some also complained that unless they paid a bribe, they would only get products which were past their expiry date.⁵⁵

The CPT invites the Lithuanian authorities to be vigilant to possible corruption models in the penitentiary system. In this context, persons working within prisons should receive a clear message that obtaining or demanding advantages from prisoners is illegal and unacceptable and will be duly investigated and punished.

b. regime

64. Some work was offered to inmates in the prisons visited, as was some secondary and vocational education; however, the quantity offered was still far from satisfactory.⁵⁶ Most sentenced prisoners continued to have no purposeful activities and just roamed the corridors or stayed in their cells or dormitory rooms watching TV or playing board games with other inmates. The main form of distraction (in addition to some group activities organised by social rehabilitation specialists)⁵⁷ was daily outdoor exercise (with access to some basic weightlifting equipment and a possibility to play ball games). Many interviewed prisoners claimed they were using drugs to escape the boredom.

The Committee notes the adoption of the Concept of Prisoner Resocialisation Reform in January 2021 and the Action Plan for its implementation which, *inter alia*, focuses on providing prisoners with more work and educational opportunities, increasing the number and qualifications of resocialisation staff, providing treatment for drug users and improving infrastructure and detention conditions. The Committee further welcomes the amendments to the Code of Execution of Sentences (which entered into force in January 2022) introducing several provisions aiming to significantly increase the scope of organised activities for sentenced prisoners.

⁵⁵ Since prisoners did not have cash, the bribe was usually additional products that prisoners had paid for with the money from their personal accounts and left to the shop assistant.

⁵⁶ In Alytus, on the day of the visit, 31 per cent of prisoners had some sort of work (in maintenance or manufacture), 22 per cent attended vocational training classes, and 10 per cent attended secondary school.

In Pravieniškės, in November 2021, approximately 37 per cent of prisoners had work, 11 per cent were attending vocational training classes, and 23 per cent were attending secondary school.

⁵⁷ Like, for example, Book club, foreign language groups, art group, prayer group, toy making group.

According to these new provisions, prison management must endeavour to ensure that every prisoner (except for prisoners placed in disciplinary cellular confinement up to 30 days), is engaged in activities such as work, education, vocational training, participation in cultural, educational or sport activities, or individual activities for at least eight hours per day. Furthermore, all prisoners⁵⁸ should be offered a minimum of 80 hours of work per month (prisoners who are studying - a minimum of 40 hours).

The Committee can only welcome such ambitious reform which strives to implement one of the key recommendations of the CPT – to ensure that all prisoners (including those on remand) spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature. The Committee realises that it will be no easy task given the fact that, in order to achieve the goal, the numbers of prisoners who are working and studying will have to be increased three-fold and, in some cases, even more. **The CPT would like to receive regular updates on progress on the implementation of the aforementioned legal amendments.**

65. Regarding the regime for life-sentenced prisoners, the delegation noted that, as previously, they were offered some activities and were allowed to associate with each other during part of the day.⁵⁹ However, despite the Committee's long-standing recommendations, life-sentenced prisoners were still being systematically segregated from the general prison population.

As the Committee has already stressed many times in the past, it can see no justification for systematically segregating life-sentenced prisoners. Indeed, the experience in various European countries has shown that life-sentenced prisoners are not necessarily more dangerous than other prisoners; many of them have a long-term interest in a stable and conflict-free environment. Therefore, the approach to the management of life-sentenced prisoners should proceed from an individual risk and needs assessment to allow decisions concerning security, including the degree of contact with others, to be made on a case-by-case basis.

The Committee calls upon the Lithuanian authorities to review the legal provisions and practice as regards life-sentenced prisoners, in light of the above remarks. In so doing, the authorities should be guided, *inter alia* by Recommendation Rec(2003)23 of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners, as well as by the CPT's standards set out in its 25th General report.⁶⁰

5. Healthcare services

66. The Committee welcomes the 2020 amendments to the Law on Compulsory Health Insurance and relevant by-laws, based upon which prisoners have been fully integrated into the national health insurance system, that is, free health insurance is now guaranteed for all prisoners, and all medical services provided for them are financed from the Compulsory Health Insurance Fund.

The Committee also notes the institutional reform on the provision of healthcare services for prisoners which was carried out in 2019 and according to which all inpatient and outpatient assessment and treatment in prisons is now organised by the Prison Hospital, which is located in Pravieniškės (except complicated treatments which could only be provided in public healthcare institutions). The eight outpatient healthcare units which operated in different prisons have now been reorganised into a separate primary healthcare unit under the control of the Prison Hospital. **The Committee would like to receive the observations of the Lithuanian authorities on the fact that the Director of the Prison Hospital is a prison officer and how this influences the perception of the professional independence of prison healthcare staff.**

⁵⁸ Except for those in disciplinary cellular confinement and those excused from work for health or other reasons.

⁵⁹ Life-sentenced prisoners on correctional regime, all of whom were held in Pravieniškės, were accommodated in dormitories which were open throughout the day, many of them worked. Life-sentenced prisoners on prison regime were accommodated in cells, mostly double-occupancy, and could associate with inmates from other cells only a few hours per week; some of them had work.

⁶⁰ See paragraphs 67 to 82 of CPT/Inf (2016) 10, <http://rm.coe.int/doc/09000016806cc447>.

67. According to the Article 174.3 of the Code of Execution of Sentences when, for objective reasons, the Prison Hospital or prison healthcare units are unable to ensure the provision of primary outpatient healthcare services, the provision of such services on the premises of prisons shall be ensured by a healthcare institution of the local municipality. To this end, a healthcare institution chosen by the municipality must sign a contract with the prison. However, as discovered by the delegation in Marijampolė Prison, the hospital assigned by the municipality had been refusing to sign such a contract. **The Committee would like to receive information on whether such a contract has finally been signed.**

68. The findings of the 2021 visit show that access to primary healthcare in the three prisons visited was generally ensured, although some delays were observed due to an insufficient number of doctors (the numbers now being even smaller than those criticised by the Committee after the 2018 visit).

In Alytus Prison,⁶¹ there were two half-time general practitioners, both retired and travelling to work from Kaunas (70 kms, every other day), and a full-time psychiatrist. The Committee recalls that, during the 2018 visit, there were two full-time general practitioners in Alytus Prison and that the Committee recommended to the Lithuanian authorities to employ the equivalent of at least one additional full-time general practitioner there.

In Marijampolė Prison,⁶² there was one general practitioner (also retired), occupying 1.5 posts, despite the Committee's recommendation following the 2018 visit to employ at least two full-time general practitioners in addition to the 1.25 post then occupied; there was also a psychiatrist occupying 0.75 post.

In Sector 2 of Pravieniškės Prison (the largest sector, accommodating 687 prisoners) there was one general practitioner, working four days a week; the post of a psychiatrist was vacant.

The number of nurses in the prisons visited had also slightly decreased,⁶³ despite the Committee's recommendation, following the 2018 visit, to significantly reinforce nursing staff complements. Furthermore, as during the previous CPT visits, there were neither nursing staff nor other persons with appropriate training present at night.

69. To summarise, primary healthcare teams in the prisons visited continue to be under-resourced and the meagre complements of medical staff have reduced further. Despite promises given to the CPT during the 2019 high-level talks, the reform of healthcare in prisons has not seemingly resulted in the working conditions (including the salaries) becoming sufficiently attractive to recruit and retain medical staff. On the contrary, even the remaining, mostly retired, doctors were quite critical of the reforms and complained about various challenges in providing day-to-day care.

The Committee calls upon the Lithuanian authorities to search for new ways to render positions for prison healthcare staff more attractive (in addition to increasing salaries) in order to reinforce the healthcare teams at the prisons visited, and in particular, to:

- **ensure that there is at least the equivalent of three full-time general practitioner posts at Alytus and Marijampolė Prisons and five full-time general practitioner posts at Pravieniškės Prison;**
- **significantly reinforce nursing staff complements at Alytus, Marijampolė and Pravieniškės Prisons;**
- **ensure that a person competent to provide first aid (who holds a valid certification in training in the application of cardiopulmonary resuscitation and the use of an automated external defibrillator) is always present in every prison. The Committee also reiterates its view that at least a qualified nurse should be present in every penitentiary establishment at night and on weekends.**

⁶¹ Prisoner population at the time of the visit – 810.

⁶² Prisoner population at the time of the visit – 910.

⁶³ There were 10 full-time nurses in Alytus Prison, seven in Marijampolė Prison, and six in Sector 2 of Pravieniškės Prison.

70. The delegation was further concerned to observe that, because of the above-mentioned reform, which seems to have led to a new interpretation of the equivalence of care principle, a number of procedures pertinent only in the penitentiary system appeared to have been abolished, including the medical examination of prisoners on hunger strike, self-harm and suicide prevention, and daily medical staff visits to prisoners in disciplinary solitary confinement. **The Committee would like to receive the observations of the Lithuanian authorities on this matter.**

71. Access to specialist care was a matter of a serious concern, mainly due to significantly reduced operational capacity at the Prison Hospital. The delegation was informed that the therapeutic ward there had been closed due to a shortage of doctors, the psychiatric ward had only one psychiatrist attending twice a week, and the only ward with adequate medical presence was the infectious diseases ward. **The Committee would like to receive the observations of the Lithuanian authorities on this matter.**

Furthermore, the Committee urges the Lithuanian authorities to take all necessary steps, in close cooperation with the Ministry of Healthcare, to ensure the proper functioning of the Prison Hospital or to review the provision of specialist healthcare to prisoners and find alternative treatment provision, including the possibility of telemedicine.

72. As regards medication, there appeared to be an adequate supply in the prisons visited. However, the delegation received complaints that, in some cases, the prescribed medication was not refunded by health insurance and prisoners had to pay for it.

In the CPT's view, the provision of healthcare in prisons is the State's responsibility. Given prisoners' specific healthcare needs – prisons are high-risk environments in terms of morbidity due to the higher prevalence of most diseases and drug addiction – all prisoners should enjoy at least the same standards of healthcare that are available in the community and should always be provided with the healthcare (that is, examinations, medication and treatment) which their state of health requires free-of-charge and irrespective of their legal status. **The Committee recommends that the Lithuanian authorities ensure that the above-mentioned precepts are effectively implemented in practice.**

73. The Committee is concerned about the presence of a metal cage in a medical examination room in the KTP block of Marijampolė Prison, where prisoners were apparently placed during medical consultations.

The Committee acknowledges that special security measures might be called for in specific cases; however, the systematic practice of placing prisoners inside a cage or in barred areas during medical procedures/consultations infringes upon the dignity of the prisoners concerned, prohibits the development of a proper doctor-patient relationship and is possibly detrimental to the establishment of objective medical findings.

The CPT recommends that the Lithuanian authorities immediately remove the cage in the medical examination room in Marijampolė Prison (and, if relevant, in all healthcare facilities in other prisons) and put an end to such a practice.

74. The principle of confidentiality seemed to be respected – medical examinations were carried out without custodial staff being present, and prisoners' medical files were accessible to healthcare staff only. The Committee notes, however, that despite two attacks on the psychiatrist, the medical examination room in Marijampolė Prison still does not have a call bell installed. **The Committee trusts that steps will be taken to address this shortcoming.**

75. As regards the recording of injuries, the CPT has repeatedly stressed the important role that healthcare staff can play in the prevention of ill-treatment through the diligent and accurate recording of injuries. In the CPT's view, the accurate and timely documenting and reporting of forensic medical evidence will often be crucial for the effectiveness of investigations into allegations of ill-treatment, which in turn will act as a strong deterrent against the commission of ill-treatment in future. For prison medical services to fully play their role in preventing ill-treatment, it is incumbent on every prison doctor to comprehensively screen, record and report all injuries noted on prisoners. The Committee has repeatedly described in detail what the record drawn up after the medical examination of a prisoner should contain.⁶⁴

However, despite numerous previous recommendations, the practice of recording injuries remains the same, namely, the descriptions of injuries are generally rather succinct and do not contain conclusions by a doctor as to the possible origin of the injuries or the consistency of the injuries with the statements made by the examined person. This is especially concerning since, according to medical files examined by the delegation, inmates were regularly found with injuries indicative of inter-prisoner violence, such as haematomas around the eyes, head injuries,⁶⁵ swelling of the face, bleeding eyebrows, etc.

The CPT calls upon the Lithuanian authorities to ensure that the record drawn up after a comprehensive medical examination contains the healthcare professional's observations indicating the consistency between any allegations made by the examined prisoner and the objective medical findings; if necessary, relevant legislative changes should be adopted.

Steps should also be taken to ensure that injuries are recorded in a detailed and comprehensive manner, as required by the national legislation (including the use of "body charts"). Further, all injuries should be photographed in detail and the photographs kept, together with "body charts" for marking traumatic injuries, in the prisoner's individual medical file.

The results of every examination, including the above-mentioned statements and the healthcare professional's conclusions, are to be made available to the prisoner and their lawyer.

Whenever injuries are recorded by a healthcare 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 must systematically be brought to the attention of the competent prosecutor, regardless of the wishes of the person concerned. The healthcare professional should advise the prisoner concerned of the existence of the reporting obligation and that the forwarding of the report to the prosecutor is not a substitute for the lodging of a formal complaint.

Moreover, the CPT recommends that the Lithuanian authorities ensure that special training be provided to healthcare professionals working in prisons. In addition to developing the necessary competence in the documentation and interpretation of injuries, as well as ensuring full knowledge of reporting obligations and procedures, the training should cover the technique of interviewing persons who may have been ill-treated. Reference should also be made to the revised Istanbul Protocol on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment.

⁶⁴ "... ensure that the record drawn up after the comprehensive medical examination contains the healthcare professional's observations indicating the consistency between any allegations made by the examined prisoner and the objective medical findings."

⁶⁵ Commonly explained by the prisoners as the result of falling in the shower or off the bed.

76. As regards substance use and the measures in place to address it, the Committee is very concerned to find that no serious progress has been achieved regarding the provision of assistance to prisoners with drug-related problems, an issue pervading many of the concerns already described in detail in previous sections of this report. Prison management and healthcare staff state that substance use is the biggest security and healthcare problem in the prison system; in some prisons, according to the medical staff, about 50 per cent of prisoners are using drugs. However, despite the CPT's repeated recommendations, no harm reduction measures (for example, information on how to sterilise material used for injecting drugs, needle-exchange programmes etc.) or preventive measures (for example, the supply of condoms) have been introduced so far.

Whilst noting the nationwide Inter-Institutional Action Plan for the Prevention of Drugs, Tobacco and Alcohol, it appears that this is too general to address all of the problems that are situation specific in penitentiary institutions. There, a very particular and more focused approach is required, based upon a comprehensive understanding of the current situation in the prison(s) and requiring expert advice, once again, in close cooperation with the Ministry of Healthcare.

On a positive side, the Committee welcomes the fact that, since May 2021, sentenced prisoners finally have the possibility of receiving opioid agonist therapy (OAT) initiated while in prison (previous legislation allowed only continuation of OAT that had been started before admission). However, although according to the Lithuanian authorities on 31 July 2021, 47 prisoners were receiving OAT, there were no such treatments being administered in the three prisons visited during the time of the visit.

77. The Lithuanian authorities informed the Committee that rehabilitation centres for drug users were operating in the prisons in Marijampolė (20 places), Panevėžys (14 places), Pravieniškės (30 places), and Vilnius (12 places).⁶⁶ The Committee noted, however, that the centre in Pravieniškės Prison was not operational at the time of the visit due to an ongoing reorganisation and the centre in Marijampolė Prison was only accommodating eight prisoners.⁶⁷

It is noteworthy that the Lithuanian authorities acknowledge that the 76 currently existing places in the rehabilitation centres for drug users are insufficient, that addiction treatment is not accessible in prisons where such centres do not exist, and that there are not enough post-rehabilitation groups.⁶⁸

Of further great concern is that, as in the past, there remain no targeted programs nor strategies to help the large numbers of drug users who do not get a place in a prison rehabilitation centre,⁶⁹ and there are no "drug-free" units or sectors for prisoners who do not need or are not yet ready to start a rehabilitation programme but who wish to live in a drug-free environment.

⁶⁶ In 2019, 61 prisoners successfully finished the rehabilitation programme; in 2020 – 67. As before, the treatment was based on the 12-step Minnesota Model adapted to a prison environment. It lasted 12 months and could be extended for a further six months.

⁶⁷ 20 prisoners who had already finished the rehabilitation programme, were placed in the post-rehabilitation unit. It is noteworthy that since the opening of the centre in 2017, only 66 prisoners had taken part in the programme.

⁶⁸ Information taken from the Action Plan on the Implementation of the Concept of Prisoner Resocialisation Reform, approved by 10 May 2021 Order No.V-153 of the Director of the Prison Department.

⁶⁹ Reportedly, prisoners with drug use problems are told to stay "clean" for three months before they are allowed to start at least an introductory programme. In an environment full of drugs, such a task turns out to be impossible for many.

78. As described above, the usual pathway for the majority of drug users in prison is one of punishment, not of treatment – if a prisoner tests positive for drug use, this is an administrative offence for which he is fined (from 30 to 150 Euros, or from 150 to 230 Euros if this is a repeated offence). According to the Code of Execution of Sentences, a prisoner who receives an administrative fine must then be transferred from ordinary to strict regime⁷⁰ and stay in this regime six months after he pays the fine. As observed by the delegation, many prisoners stay in strict regime (with significant restrictions on their contact with the outside world and other limitations to their daily life) for years, since they do not have the money to pay the fine and, while there, cannot start participating in the rehabilitation programme.

Thus, in strict regime units, where it is reportedly very easy to obtain drugs and where the majority of inmates are drug users, prisoners are left without any support for months on end. Therefore, it is not surprising that, as already stated, many such prisoners choose even more impoverished KTP conditions to try and “escape” drugs in an attempt to help themselves, even though the KTP is also not entirely drug-free.

79. The CPT considers that prison should provide an opportunity to address drug use concerns prior to prisoners returning into the community. Given the disproportionate numbers of drug users and the prevalence of HIV/AIDS, Hepatitis, TB, etc. in prisons, the range and quality of services provided should arguably be higher than that in the community. The assistance offered to prisoners with drug-related problems should be varied; detoxification programmes with OAT for patients with drug dependence should be combined with genuine psycho-social and educational programmes. This can best be achieved by close cooperation and communication between prisons and community services, and by integrating prison drug strategies into national strategies. The setting up of drug-free units⁷¹ for certain categories of prisoners, *inter alia* those having completed treatment programmes prior to or during imprisonment, has also proven to be positive.

Further, the prison staff should be educated and trained on harm reduction and OAT, as well as in destigmatisation and the human rights of the drug-using population.⁷² More importantly, the approach should change to one acknowledging that drug dependence is a condition requiring therapeutic assistance.

As stated by the CPT in previous reports, goals should be, *inter alia*: eliminating the supply of drugs into prisons; dealing with substance use problems through identifying and engaging drug users, providing them with treatment options and ensuring there is appropriate throughcare; developing standards, monitoring and research on drug issues; and the provision of staff training and development. This policy should also highlight the risks of HIV or hepatitis B/C infection through substance use and address methods of transmission and means of protection. It goes without saying that the multi-disciplinary task of drawing up, implementing and monitoring the programmes concerned must be performed by prison staff in close cooperation with healthcare personnel and other (psycho-socio-educational) staff involved.

The Committee calls upon the Lithuanian authorities to finally develop and implement a comprehensive strategy for the provision of medical and psychosocial assistance to prisoners with drug-related problems, taking into account the above remarks.

⁷⁰ Or returned to ordinary regime from lenient.

⁷¹ “A drug free unit is an area within the main prison set aside for prisoners who contract to remain drug free while living there. This is normally supported by drug testing. Drug free units are for those prisoners who wish to live in a drug free environment away from the prison “drug scene”. They often operate and provide enhanced conditions to that of the basic prison regime, therefore location on such a unit is often a privilege. These units may also be used to house prisoners waiting to attend residential treatment in the prison or on release or prisoners who have completed prison-based treatment programmes.” (Drug dependence treatment: Interventions for drug users in prison. United Nations Office on Drugs and Crime).

⁷² Drug-treatment systems in prisons in Eastern and South-East Europe. Council of Europe, June 2017

80. In their letter of 7 March 2022, the Lithuanian authorities informed the Committee regarding a plan to conduct research in prisons, in cooperation with the Drug, Tobacco and Alcohol Control Department and, based on the results and input from experts, to develop a manual for the provision of necessary interventions. **The Committee would like to be informed about the results of this research as well as the suggested measures and the timetable for their implementation.**

The authorities also informed the Committee that the development of Addiction Rehabilitation Centres in the penitentiary system would be promoted by sufficient funding, especially for the adequate salaries of qualified professionals (addiction counsellors, psychiatrists, psychologists, social workers, etc.), and the provision of facilities (including detoxification rooms and post-rehabilitation units). **The Committee would like to receive a confirmation that the aforementioned funding has indeed been allocated.**

81. As regards prevention and treatment of transmissible diseases, all newly admitted prisoners were tested for tuberculosis⁷³ and HIV (with their consent), and offered a test for Hepatitis B and C. The Committee welcomes the fact that prisoners with Hepatitis C are now provided with necessary treatment.

However, the Committee notes that, every year, hundreds of prisoners refuse to take HIV tests, mainly (as communicated to the delegation by prisoners) to avoid being transferred to Alytus Prison were the test to be positive, because Alytus Prison is the only penitentiary institution in Lithuania which accommodates HIV-infected prisoners and prisoners wished to avoid the particularly widespread inter-prisoner violence there.

The Committee would like to draw the attention of the Lithuanian authorities to the fact that there is no adequate justification for placing prisoners in one particular institution based solely upon their HIV status and further, that such a practice might significantly distort the official statistics of positive HIV cases (due to the large number of refusals to be tested) which will have a range of negative future consequences. **The CPT would like to receive the observations of the Lithuanian authorities on this matter.**

82. Furthermore, the CPT acknowledges the steps taken by the Lithuanian authorities to reduce the risk of spread of the SARS-CoV-2 virus in prisons by implementing necessary testing, quarantine, and vaccination (of both prisoners and staff)⁷⁴ measures.

6. Other issues

a. contact with the outside world

83. The Committee notes the 2020 amendments of the Code of Execution of Sentences which have increased the visiting entitlements for prisoners. Sentenced prisoners on lenient regime can now have an unlimited number of open visits, including two unsupervised visits (up to 24 hours) per month. For prisoners on ordinary regime, the entitlement is four open visits per month,⁷⁵ one of which can be unsupervised; for prisoners on strict regime – one visit per month (up to two hours) which is either a free of charge video meeting (using the VoIP technology) or is a closed meeting, that is, it takes place in premises that do not allow any physical contact between a prisoner and his visitors.

As regards telephone calls, prisoners on lenient regime are allowed to make three calls per day, prisoners on ordinary regime – two per week, and prisoners on strict regime – only two per month.

⁷³ X-ray was normally repeated once a year.

⁷⁴ According to the Lithuanian authorities, by December 2021, in Alytus Prison, approximately 70 per cent of staff were vaccinated and 64 per cent of inmates. In Marijampolė Prison, 83 per cent of staff and 50 per cent of inmates, and in Pravieniškės Prison, 87 per cent of staff and 62 per cent of prisoners.

⁷⁵ Short-term open visits can last up to three hours.

The CPT acknowledges that these amendments have significantly improved the visiting entitlements for prisoners. However, the entitlement for inmates on strict regime remains insufficient for safeguarding their relationships with families and friends. **The Committee once again calls upon the Lithuanian authorities to amend the relevant legislation so that all prisoners, including those on strict regime, are entitled to the equivalent of at least one hour of visiting time per week.** Further, **telephone entitlements for prisoners on strict regime should be increased to at least one telephone call per week.**

Moreover, **the CPT recommends that the Lithuanian authorities introduce legal amendments which would authorise, as a matter of principle, open visits for all prisoners, including those on strict regime, with closed visits only used as an exception based on an individual assessment of risk.**

b. discipline and transfer between regimes

84. The Committee notes that in 2020 the disciplinary sanction of placement in cellular confinement for up to six months has been abolished and currently the strictest possible disciplinary sanction (for systemic or gross violations) for adult sentenced prisoners is placement in cellular confinement (KTP) for up to 30 days (for juveniles – for up to five days).

However, as described in Section 3 above, the vast majority of prisoners in cellular confinement in Alytus and Marijampolė Prisons had been there for months, and sometimes even years, with no prospect of leaving KTP, just remaining there in the extremely impoverished regime until the end of their sentence.

The CPT must stress once again that such an impoverished regime and a total ban on contact with the outside world can lead to a deterioration in the physical health, mental faculties and social skills of the prisoners concerned, and be detrimental to the maintenance of family ties, in particular when imposed for a prolonged period. This is particularly unacceptable given that the vast majority of prisoners placed in KTP blocks are there not because of gross violations of internal rules but because they have repeatedly refused to be accommodated among the general prisoner population for personal safety reasons.

Restrictions on family contact in the context of a disciplinary offence should be imposed only where the offence relates to such contact and should never amount to a total prohibition of contact. Even where the disciplinary offence relates to an abuse of visiting rights, any sanction should not result in the suspension of all visits but of “open” visits across a table for a period.

The CPT once again calls upon the Lithuanian authorities to review the regime for prisoners in cellular confinement (KTP), in light of the CPT’s previous recommendations and the above remarks. In particular, prisoners concerned should be offered the possibility to engage in purposeful activities and ensured the same visiting entitlement and access to a telephone as other inmates on strict regime.

85. The cells in KTP premises, although adequately lit, ventilated, and equipped (including beds/bunk beds with full bedding), were mostly dilapidated. Moreover, the exercise yards in disciplinary units were too small for proper physical exertion,⁷⁶ completely bare and of an oppressive design (with high walls topped with wire netting).

The Committee recommends that steps be taken to improve the state of repair of the KTP cells, as well as to ensure that all inmates in KTP premises have the possibility to take their daily outdoor exercise in conditions which enable them to physically exert themselves. Moreover, all the exercise yards should be equipped with a means of rest and, preferably, offer a horizontal outside view.

⁷⁶ Measuring between 7 and 16 m².

86. Furthermore, the Committee has concerns regarding some of the criteria for transferring a prisoner from ordinary to strict regime. As described in paragraph 43 earlier, according to Article 68 of the Code of Execution of Sentences, a prisoner must be transferred to strict regime if they are fined for an administrative offence. As witnessed by the delegation, the majority of prisoners on strict regime were there because they had received an administrative fine for illegal drug use. However, it was also noted that transfer to strict regime even awaited prisoners who were caught smoking cigarettes inside, since smoking indoors was an administrative offence as well.

Prisoners also must be transferred to strict regime if they have been placed in disciplinary cellular confinement, which means that all those prisoners who have refused to be accommodated among the general prisoner population and ended up in KTP premises, are automatically transferred to strict regime.

The management in the prisons visited acknowledged that in some cases such an automatic transfer from ordinary to strict regime did not appear proportionate but claimed that they had no other option, as they had to follow the law. The Committee is concerned that such a rigid legal regulation, which does not allow for any discretion for the prison director to take individual circumstances into account and ignores the principle that strict regime should be mostly for prisoners who pose serious security risks, can lead to significantly worse detention conditions (including restricted visits, telephone calls, daily exercise entitlements, etc.) for relatively minor infractions. **The CPT would like to receive the observations of the Lithuanian authorities on this matter.**

87. The Committee also has misgivings regarding the latest changes on criteria for transfer from ordinary to lenient regime. From January 2022, according to Article 68 of the Code of Execution of Sentences, one of the mandatory criteria for such a transfer is the employment of the prisoner concerned during the last four months. With only meagre work opportunities available to prisoners (which have not increased for decades and certainly will take time to increase even with the latest amendments described in paragraph 64 above), the Committee is concerned that such a condition will prevent many prisoners from being transferred to a regime with more favourable conditions promoting resocialisation through no fault of their own. **The CPT would like to receive the observations of the Lithuanian authorities on this matter, especially as regards the prospects of transfer to lenient regime for the hundreds of prisoners on ordinary regime who have expressed their willingness to work but have not been offered any.**

C. Immigration detention

1. Preliminary remarks

a. background

88. In 2021, Lithuania faced an unprecedented influx of foreign nationals irregularly entering its territory through its land border with Belarus. Between May and mid-August, 4 110 persons were apprehended by security forces in this context.

89. This influx of refugees, asylum seekers and migrants led to the Lithuanian government declaring an “extraordinary situation” at the beginning of July 2021 and adopting a series of amendments to the Law on the Legal Status of Foreigners. These amendments, passed on 13 July and 10 August 2021, introduced significant changes to the country’s asylum system.

As of August, foreign nationals were physically prevented from crossing the border. At the time of the visit, the construction of a wall between Belarus and Lithuania was underway.

90. At the outset of these developments, foreigners who were apprehended at the border were sent to Pabradė Foreigners Registration Centre (FRC) which, at the time, served both as a reception centre for asylum seekers and as (the only) immigration detention centre of the country. The centre quickly reached its full capacity. It was extended, first with tents, and later with modular housing containers. In parallel, persons were accommodated at other, often temporary makeshift sites. By September 2021, detained foreign nationals were present in over 30 such sites.

By the month of September 2021, in view of the cold season, the Lithuanian authorities announced their plan to regroup all detained foreigners within five facilities. These comprised three Foreigners Registration Centres (FRCs) operated by the State Border Guard Service, under the Ministry of the Interior – with a total capacity of 2 690 places – as well as two reception centres placed under the responsibility of the Ministry of Social Security and Labour (reception centres or RRCs in Naujininkai and Rukla) - with a capacity of approximately 1 000 places.

At the time of the CPT visit, the vast majority of the 3 510 foreign nationals held in the country were present in these “long term” centres, with only a little over 100 persons remaining in temporary units along the border and awaiting transfer.

The delegation carried out visits to the three foreigner registration centres (FRC), namely Pabradė FRC, Medininkai FRC and Kybartai FRC. Altogether, these centres accommodated 2 296 persons at the time of the visit. These centres were closed, fenced and under the continuous surveillance of security forces. They were operated according to specific regulations, which had been updated in 2021.⁷⁷ All persons interviewed by the CPT delegation in these centres had crossed into Lithuania before August 2021. All of them reported that they had claimed asylum upon arrival or soon after and were indeed considered asylum seekers.⁷⁸

⁷⁷ Order of the Minister of 30 September 2021 No. 1V-748 regarding the temporary accommodation of foreign nationals under the responsibility of the State Border Guard Service.

⁷⁸ For example, the Head of Pabradė FRC informed the delegation that out of the 788 persons accommodated in the centre, only two had not applied for asylum.

91. The foreign nationals present in the three centres at the time of the visit fell under different provisions of the law.⁷⁹ The Lithuanian authorities did not consider the majority of them to be deprived of their liberty.

Most foreign nationals were held under amended section 5 of the Law which provided that in the case of a “state of emergency” or an “emergency event declared due to a mass influx of foreigners”, the freedom of movement of asylum seekers, who have lodged applications for asylum at the border crossing points or shortly after the border crossing, can be restricted, pending a decision on their admission, and this for a duration of up to six months.⁸⁰ Under this administrative measure, foreign nationals shall be “accommodated (...) without being granted the right to move freely within the territory of the Republic of Lithuania”. In practice, the restriction of movement was such that persons were not authorised to exit, even temporarily, the registration centres.

Other foreign nationals, who had first been held under the above legal basis during the examination of their asylum claim, had been presented in Court after the rejection of their claim and a refusal of entry. The Judge had ordered that they remain in the registration centre under section 115.2.5 of the Law which provides for the “accommodation of a foreigner at the State Border Guard Service with the right of movement only within the territory belonging to the accommodation facility”. This measure is listed as one of five “alternatives to detention” provided for by the Law.⁸¹ However, in practice, persons held under this section were also prevented from exiting the registration centres at any time, thus questioning the genuine non-custodial nature of the measure.

Only a minority of persons were detained under sections 113 to 119 of the Law on the Legal Status of Foreigners, which define the conditions under which a foreigner may be deprived of liberty. The law stipulates that when enforcement officials believe that there are grounds (listed under section 113) to detain a foreigner for more than 48 hours, an application must be made to the Court in order to prolong the detention. A foreign national may not be detained for longer than six months under the Law, except when they do not cooperate in the process of their expulsion or when the documents required for the expulsion of the foreigner are not received. In such cases, the period of detention may be extended for an additional period not exceeding 12 months.⁸² Persons detained under these provisions were the only ones whom the Lithuanian authorities considered as being detained. It must be noted that the Law had been amended so that, under certain circumstances, an asylum seeker can be detained solely on the grounds of irregular entry into the country.⁸³

In practice, it appeared that regardless of their legal status, and albeit with a few exceptions,⁸⁴ the persons accommodated in the three centres visited were all confined to the said centres. This situation applied equally to vulnerable persons, children and families. In the CPT’s view, the restrictions imposed on “accommodated” foreign nationals were such that they could amount to a form of deprivation of their liberty. The Court of Justice of the European Union, when considering the situation of “M.A. (who) was subject to a measure “other” than detention, within the meaning of the Lithuanian law, namely accommodation in a VSAT⁸⁵ centre with restriction of movement within the perimeter of his place of accommodation”, considered that “(i)n that regard, it is apparent from the information provided by the referring court that, although M.A. could indeed move within the centre of the VSAT in question, he could not leave its perimeter without authorisation and accompaniment.

⁷⁹ Law on the Legal Status of Foreigners as it was in force at the time of the visit.

⁸⁰ Before the 2021 amendments, the Law already provided for such a possibility, but with a maximum duration of 28 days (sections 5.6 and 5.8). Further, it must be noted that shortly after the CPT visit, on 23 December, the duration was further extended by another period of six months, ie it was possible to impose such restrictions for up to one year pending a decision on a foreign national’s admission.

⁸¹ The other four measures under section 115 are of a non-custodial nature (obligation to report regularly to the Lithuanian authorities, entrusting of the care of a foreigner to a third person, accommodation in a FRC without restriction of movement).

⁸² Meaning that the maximum duration of detention under immigration law is 18 months.

⁸³ According to section 113.4) 1¹ of the Law, an asylum seeker may be detained in the case “when he entered the territory of the Republic of Lithuania by illegally crossing the state border of the Republic of Lithuania in the event of martial law, a state of emergency or an emergency event declared due to a mass influx of foreigners.”

⁸⁴ There were approximately 65 persons in Pabradė FRC who had a permit authorising them to move out of the centre during the day.

⁸⁵ VSAT (*Valstybės sienos apsaugos tarnyba*) or State Border Guard Service .

Consequently, the person concerned appears to be isolated from the rest of the population and deprived of his freedom of movement. In those circumstances, that person must be considered to be detained within the meaning of Article 2(h) of Directive 2013/33.⁸⁶

Consequently, and for the purposes of this report, persons interviewed in the three Foreigners Registration Centres are referred to as “detained foreign nationals”, independently of their legal situation under Lithuanian law.

92. The CPT has repeatedly stressed that the deprivation of liberty under the foreigners’ legislation should only be a measure of last resort after a careful and individual examination of each case. Detention of asylum seekers should be even more exceptional. In this context, the Committee has serious misgivings regarding the systematic application of custodial measures to all foreign nationals who irregularly crossed the border into Lithuania, with little to no resort made to genuine alternatives to detention which do exist in law.

The CPT also insists that in particular, everything should be done to avoid placing parents with children in immigration detention centres and to ensure that when, in an exceptional case, children are held there with their parents, their stay is limited to the shortest possible period. In that respect, the recommendation formulated in paragraph 108 is to be understood as to be taken, pending the timely transfer of children and families in appropriate, open facilities.

In that respect, during the visit, the delegation was informed that families with children would be transferred out of the FRCs to the two Reception centres placed under the responsibility of the Ministry of Social Security and Labour. **The CPT would like to receive confirmation of these transfers, along with a description of the conditions in which families with children are accommodated in the reception centres, particularly as regards their freedom of movement.**

When, as a matter of last resort, foreign nationals are detained on immigration grounds, they should be awarded the necessary legal safeguards. **In this respect, reference is made to the recommendations formulated in paragraphs 138.**

b. establishments visited

93. As mentioned above, only Pabradė FRC had existed before the beginning of the 2021 “migration crisis”. With the crisis, its population increased more than five-fold⁸⁷ while staff increased by 40%.

At the time of the visit, it was accommodating 788 persons (for a revised official capacity of 930). The population comprised a majority of men, some women (43) and children (59). There were 22 family units among the population. Most had arrived at the border and in the facility in July. This meant that the population had been relatively stable since the summer. More than half of the detained persons were nationals of Iraq (424), followed by African nationals (62 from Cameroon, 54 from Democratic Republic of Congo). 125 of them had been issued a court decision ordering their detention.

The premises comprised the buildings of the FRC which were pre-existent to the crisis, and a large, camp-like extension of modular housing units (or “container city”) which had been set up as a response to the emergency.

Persons detained by a court order (125) were accommodated in a central three-storey building (called “detention block”).

⁸⁶ See sections 40-42 of the Judgement of the Court in the case C-72/22 PPU of 30 June 2022 : CURIA - Documents (europa.eu)

⁸⁷ Before the crisis, the centre accommodated 130-150 residents on average.

Families, single women and persons identified as being vulnerable persons (around 50 persons) were accommodated in two smaller, solid construction buildings.⁸⁸

All other individuals (approximately 600 single men) were distributed, mainly according to geographical origin, among five sectors⁸⁹ of the “container city”.

Another sector of containers had been set up next to the family blocks. It was empty at the time of the visit, and it was expected to accommodate approximately 60 persons who identified as LGBTQI+, and who were due to be transferred from other facilities.

As part of the original FRC buildings, there was a healthcare facility, a classroom, a dining hall, a library and a computer room.

Different regimes applied to different categories of persons (see in particular paragraphs 110 and 120).

94. The FRC in Medininkai had been set up on land adjacent to the State Border Guard Service (SBGS) Training Centre. The facility consisted of container-type, modular housing units and was divided into accommodation, administration and service areas. There was one exception, as one of the dormitory buildings of the adjoining training centre was being used to accommodate vulnerable persons. The centre had a total official capacity of 1070 places.

At the time of the visit, Medininkai FRC accommodated 849 persons including 351 male adults, 383 female adults and 115 children. Among these, there were 101 families (some with children, some without). Iraqi nationals were the most prominent with 566 persons, followed by persons from the Democratic Republic of Congo and Cameroon. 23 persons had reportedly already left under the voluntary return scheme. Six persons were waiting for such a return at the time of the visit.

Accommodation was spread across five sectors. Sectors A and C were dedicated to families, sector B accommodated single men, and sector D accommodated single women. Sector E was empty at the time of the visit.⁹⁰ 43 vulnerable persons were accommodated separately, in the only solid, brick dormitory of the centre. There was a unit for healthcare services, and a larger hall-like unit, mostly used for schooling purposes.

The FRC had been set up with the idea of housing families and vulnerable persons. But these categories of persons had been transferred progressively to Rukla and Naujininkai RRCs (operating under the Ministry of Social security and Labour) and would continue to be. There had been quite a degree of turnover – in total 1 250 foreigners had passed through Medininkai FRC.

The same regime or level of restrictions applied to all persons in the centre.

95. Kybartai FRC had been operating only for a few weeks at the time of the visit. Until mid-September, the facility had been a branch of Marijampole prison.

At the time of the visit, Kybartai FRC accommodated 649 single men (aged 18-64), most of them very young.⁹¹ Two-thirds were Iraqi nationals. 53 were detained based on a court decision. About two thirds had been informed that their asylum application had been rejected (final decision). The official capacity was 690.

All occupants had been transferred from the former temporary camp of Rudninkai. The last arrivals had taken place at the end of September 2021.

⁸⁸ PPB and PAB blocks

⁸⁹ There were five sectors, four of which comprised 35 containers, and one had 16 units.

⁹⁰ The latter had accommodated persons identifying as LGBTI individuals and who had been recently transferred.

⁹¹ A third were aged between 20 and 23 years.

Most persons were accommodated in the main building which comprised five storeys (about 100 – 120 persons on each floor). In addition, there was a separate wing called “detention block” accommodating about 40 persons at the time of the visit. And another wing accommodated 30 persons who had accepted to return to their country of origin. The ex-prison infrastructure also comprised two classrooms, a rather large gymnasium, a chapel, and a canteen.

It is worth noting that 70% of the guards working in the centre were ex-prison guards who had been retained from the previous facility and reemployed.

Officially, all persons held were subject to equal treatment, regardless of their legal or administrative situation.

2. Ill-treatment

96. The delegation did not receive any allegation of physical ill-treatment concerning guards or other staff members working in the three FRCs. However, it did hear some allegations of verbal abuse, with guards reportedly telling the detained foreign nationals to “go back home” or referring to them as “animals”.

97. Several detainees alleged that they had been subject to an excessive use of force, at the time of their apprehension or during their stay in the camps where they had been previously held.

In particular, one person alleged that during his arrest by the SBGS, he had suffered blows on the back and head and was threatened with being beaten with a gun butt. He also claimed he suffered unnecessarily tight handcuffing. Another person alleged beatings upon apprehension. A group of other persons claimed that they had been pepper-sprayed after they were handcuffed.

Other allegations related to specific circumstances, either when detained foreigners had staged demonstrations inside the temporary camps as a sign of protest, or in the context of attempted escapes. Several persons claimed that, in the aftermath of such episodes, they had been struck with batons, punched, kicked and/or pepper-sprayed or teargassed,⁹² sometimes bitten by dogs. They insisted that the resort to the use of force had occurred after they had been placed under the control of the security forces and were no longer representing a threat to public order. Specifically, several persons described that security forces had used electric-discharge weapons (EDW) on them after the calm was restored and they had been placed in cuffs inside a container. Another group alleged that they had been subjected to pepper spray, after they had been placed inside tents. One person claimed that he was kept in a freezer container for several hours in the aftermath of a protest action.

98. The CPT considers that there can be no justification for using force against detained foreign nationals who have already been brought under control.

It is noteworthy that, in a letter dated 7 March 2022, the Lithuanian authorities reported that the SGBS has no data on the use of special measures against migrants”, including during riots or escapes.

The CPT recommends that it be strongly reiterated to staff having custodial responsibilities in the three visited centres, to all members of the SBGS, and to other law enforcement agents concerned, that all detained foreign nationals must be treated with respect and that all forms of ill-treatment, including verbal abuse, are unacceptable and will be sanctioned accordingly.

The CPT recommends that the Lithuanian authorities take measures to ensure that no more force than is strictly necessary and proportionate should be used to bring those detained foreign nationals who are being violent under control. Resort to the use of special means, such as batons, handcuffs, tear gas or pepper spray should be duly recorded.

⁹² It is possible that some persons interviewed used the terms pepper spray and tear gas interchangeably.

As regards the use of tasers/electrical discharge weapons in particular, reference is made to the principles enumerated in paragraphs 65 to 84 of the 20th General Report on the CPT's activities.⁹³

99. At neither of the establishments did violence between detained foreign nationals appear to be a major problem at the time of the visit. There were sometimes tensions between certain communities over the use of common spaces or equipment, and some feelings of resentment or of unjust treatment, but these were generally resolved, either by the foreign nationals themselves or with the prompt intervention of staff and/or management.

3. Material conditions of detention

100. The delegation acknowledges the urgency with which the Lithuanian authorities have had to find practical arrangements to accommodate the persons crossing the border and to respond to the unprecedented and unexpected influx of foreign nationals. By the time the CPT visit took place, many steps had been taken to improve the living conditions of persons who, for the most part, had spent several months in makeshift camps, often under tents, in dire material conditions. The delegation also bears in mind that the facilities it visited are not foreseen to become permanent places of accommodation but only to respond to exceptional circumstances.

However, it remains the responsibility of the Lithuanian authorities to ensure that immigration detainees are afforded a regime and material conditions appropriate to their legal situation. At the time of the visit, most persons were nearing six months of deprivation of liberty and, with the prolongation of the maximum duration of detention (for asylum seekers) provided by law, their detention was likely to continue for some time. Despite continued efforts to find acceptable solutions, in many respects, material conditions in the centres visited, remained inadequate.

101. Space was scarce in all three facilities. Dormitories were cramped. On average, living space per person was approximately 3 m². In the modular housing units in Pabradė FRC, there were usually four persons accommodated per container. In Medininkai, the modular units were larger and accommodated more persons (several units visited accommodated 14 persons), but with comparable living space per person. The most severe level of overcrowding was observed in Kybartai FRC where, in the main building, up to 18 persons shared a dormitory and living space in some rooms was as low as 2.2 m² per person. This meant that the rooms were constantly noisy, making it very difficult for persons to rest. Even in Pabradė FRC's so-called "detention block", in which persons enjoyed a limited access to outdoor space during the day – see paragraph 120), the delegation observed six persons accommodated in 15.8 m² (2.6 m² per person).

The Directors of all three FRCs acknowledged that overcrowding was a problem in their respective centres. In Kybartai FRC, the delegation was told that a section with 100 modular units would be built within the grounds of the former prison. This contrasted with the fact that according to the official figures provided, occupancy levels in all three facilities were still under or within the official capacity (see paragraphs 93-95).

In a letter dated 3 March 2022, the Lithuanian authorities explained that as foreigners returned voluntarily to their country of origin, this would free up some space in the FRCs as well as in the RRCs and thus overcrowding would reduce.⁹⁴

In the CPT's view, immigration detention centres should provide accommodation which offers sufficient living space for the numbers involved. **The CPT recommends that measures be taken to significantly increase the living space available for foreign nationals in each of the three centres visited.**

⁹³ CPT/Inf (2010) 28 (<https://rm.coe.int/16806cce1c>).

⁹⁴ "Foreigners return voluntarily to their country of origin every week, and therefore there is a possibility to relocate the remaining migrants to more spacious premises at the disposal of the Ministry of Social Affairs."

102. Dormitories or rooms were generally equipped with the necessary basic furniture (beds, table, chairs, cupboard). However, in the larger multi-occupancy dormitories in Kybartai FRC, these could not cater for all occupants. Some rooms in the “detention block” of Kybartai lacked basic furniture. It was not always possible for persons to secure their belongings, due to the lack of a locking system for the storage areas.

The CPT recommends that all dormitories/rooms in the three FRCs be equipped with sufficient furniture, including lockable storage space for personal belongings. All multiple occupancy rooms should offer tables and chairs commensurate with the number of persons detained.

103. There were few accessible common areas available for persons held in the FRCs. In each modular housing sector of Pabradė and Medininkai FRCs, there was an extra container (usually double the size of a bedroom container, ie approximately 30 m²) meant for collective use (meaning serving 120 to 230 persons). However, these were scarcely equipped. By way of example, in Pabradė FRC, in those areas, there were a few tables, but no chairs, a microwave and one kettle. Nothing was done to make them welcoming and in any case, they could not cater for the number of persons in one sector. In these modular housing camps, the only place where persons could spend time outside their own container was outside, either in the open space at the entrance of the sector or in the alleyways between the different rows of containers. Outdoor space was also quite limited. For instance, in Medininkai FRC, the open area at the entrance of a sector accommodating more than 200 persons measured less than 100 m². Most persons were expected to eat their meals in their “container” and there was no specific dining area.

In some of the other types of sectors, for instance in the family sections of Pabradė FRC, or in the sectors within the main building of Kybartai FRC, there were small kitchens where persons could, in principle, cook. In Pabradė FRC’s so-called detention block, each sector had a small lounge equipped with a television, but that was the exception. Generally, there was a lack of resting or activity areas, meaning that most persons spent the greater part of the day in their (often overcrowded) dormitories.

104. In such conditions, it was difficult to ensure satisfactory levels of hygiene and cleanliness.

In the container camps, sanitation blocks (toilets and showers) were detached from the accommodation containers and placed at the far end of each sector. At the time of the visit, accessing them required walking on frozen slippery pathways, including at night. On top of being dangerous, the constant coming and going, with the melting snow and mud, made keeping things clean impossible.

In the solid built buildings, sanitation blocks were sometimes annexed to the rooms, but more often they were shared by residents of the same floor or sector. There were numerous maintenance issues, including deficient plumbing fixtures, broken taps and non-functional shower heads. A dire situation was observed in Kybartai FRC where the majority of persons (those accommodated in the main building) did not have access to hot water. Toilets and cold water taps were available on each sector of the main building, but hot water was only available in a bathroom located in a separate building. There were 11 showers in this bathroom, which persons could access once a week, according to a roster. Even there the room was mouldy, the plumbing fixtures rusty, not all the showers were functional and the privacy of users was not guaranteed (some showers lacked a curtain). The rest of the week, persons could access cold water points on their accommodation floor.

Kitchens, where they existed, were also dirty and had broken or missing equipment, such as stoves. Everywhere, microwaves and kettles kept needing repair or replacement.

In Pabradė FRC, one of the rooms of the unit which accommodated persons who had accepted the voluntary return scheme had a broken window and consequently its occupants spent the night in other rooms, sleeping on mattresses on the floor.

Immigration detention centres should provide accommodation which is clean and in a good state of repair. The CPT recommends that Lithuanian authorities take all necessary measures to ensure that detained foreign nationals in Kybartai FRC have access to hot water on a daily basis and to a shower at least twice a week, preferably more, and in conditions which ensure their privacy.

105. There were complaints about the food, as regards the quantity, deemed to be too small, and taste. In Pabradė and Kybartai FRCs, food was partly prepared on site, and partly outsourced and delivered, in individual, disposable containers (which produced a lot of plastic waste). In Medininkai, everything was brought from outside. From what the delegation could observe, it was mostly a question of eating habits and diets. In Kybartai FRC, detained persons complained that they had no cups or glasses and were told to drink out of tin cans. **The CPT recommends that detained foreign nationals, in Kybartai and in all FRCs, should have the necessary utensils to eat and drink and, where relevant, cook.**

In the three FRCs, persons could purchase extra items from a shop, at least once per week. Persons could keep money in their possession.

106. In a letter dated 3 March 2022, the Lithuanian authorities informed the CPT that public procurement procedures were currently taking place for the installation of hot water, repairs of showers and toilets as well as for the renovation of the boiler house in Kybartai FRC. The planned works were to be completed within six months. A kitchenette was already installed in sector "B" (second floor of the main building). Public procurement on installation of kitchenettes on other floors of the building was underway. All necessary equipment and kitchen appliances had been purchased. **The CPT would like to receive confirmation that the above works have been completed and would like to be informed of other plans for renovation or upgrade.**

107. Some of the facilities had a prison-like character, inappropriate for immigration detention which, in line with its administrative nature, must not be punitive in character: it is not a sanction or a punishment.

This was obviously the case of Kybartai FRC which had been converted from a prison, with no adjustment made to the infrastructure. Metal bars had remained on all windows. Accommodation in the smaller building was in two to four persons cells with heavily secured doors with latches. Even the disciplinary block of the prison was used to accommodate foreign nationals.

More surprisingly, in Pabradė FRC, the main multiple-storey building, which had been purpose-built to accommodate immigration detainees, had a very carceral design. On the upper floors, different sectors (made up of several rooms) were separated by others by heavy metal grills, which created cage-like environments. This, coupled with the restrictive regime in place (see paragraph 120), made it equally unsuitable for immigration detention.

108. Persons detained under the immigration law, should be accommodated in centres specifically designed for that purpose, offering material conditions and a regime appropriate to their legal situation. Care should be taken in the design and layout of such premises to avoid, as far as possible, any impression of carceral environment.

The CPT recommends that adjustments be made to the design and layout of the premises, in Kybartai FRC and in the detention block of Pabradė FRC, with a view to rendering them less carceral.

109. In their letter dated 3 March 2022, the Lithuanian authorities informed that "Currently public procurement procedures in order to improve infrastructure of the centres are taking place". **The CPT would like to be informed of the nature of such improvements.**

4. Regime

110. As a general rule, there was an open-door policy allowing persons to move within their assigned sector. Depending on the facility, this could be a section of a container camp (in Pabradė and Medininkai), one or two floors of a building (this applied to the majority of persons held in Kybartai), or a small building (this concerned some of the family sections). Persons could not go to other sectors or meet persons from other sectors, except if special activities were planned. Access to shared areas (outside the sector), such as the dining hall or the library, or the healthcare centre, was usually subject to authorisation or based on a roster.

111. A majority of persons had access to the outdoors for the most part of the day. In the container camps, persons could access the surroundings of their container, day and night. In the other sections, persons under the general regime had access to a designated courtyard, usually throughout the day. Not all of the outdoor exercise areas (courtyards) were equipped with a shelter against inclement weather or benches. There was a playground area in Pabradė FRC but none in Medininkai FRC, where a number of children were accommodated.

The CPT recommends that all courtyards and outdoor facilities in the FRCs be equipped with a means of shelter against inclement weather, as well as with chairs or benches. Further, all outdoor yards of sections which hold families should be equipped with a playground for children, pending an alternative solution for families (see paragraph 92).

112. Despite coordinated efforts with some local NGOs and external stakeholders, activities remained insufficiently developed on all three sites. The priority had been to provide children (in Pabradė and Medininkai FRCs) with some degree of occupation and education. In Pabradė FRC, some children were attending classes at the local school while younger ones could attend Lithuanian language classes within the centre. With reportedly no public school in the vicinity of Medininkai, schooling was taking place in the FRC. For adults, there was little in the way of organised activities.

113. Some exterior sports equipment was accessible at all times of the day in some of the sectors (container sectors of Pabradė FRC and in Kybartai FRC). In these two centres, there were also large outdoor sports grounds, but they were not used, reportedly due to the cold weather. Kybartai FRC had a rather vast indoor sports hall which was used for just two hours per day. In Medininkai, there was no functional sports area at the time of the visit, but reportedly a gym was being set up under a tent.

114. In Pabradė and Medininkai FRCs, there were regular visits and interventions by external organisations which provided some distraction (including dancing, drumming, sports events), benefiting mostly children and single women. All other activities taking place were the initiative of foreign persons who volunteered to teach or train others. This concerned either language classes (English), sports or crafts sessions (karate and boxing, dancing and knitting in Medininkai) or services (hairdressing).

115. The offer of books was limited and not always suited to the language skills of the persons held. There was no television (except in one specific building – see paragraph 103), no radio and almost no leisure equipment. The delegation observed a small number of board games in Medininkai FRC only.

116. The CPT must stress that the longer the period for which persons are held in immigration detention facilities, the more developed should be the activities offered to them. Purposeful activities, in an immigration detention context, can include, *inter alia* language courses, IT/computer classes, arts and crafts, cookery skills and so-called “cultural kitchens”.

Immigration detention centres should include access to a day room and to radio/television and newspapers/magazines, as well as appropriate means of recreation (such as board games, table tennis, sports), a library and a prayer room. **The CPT recommends that measures be taken to ensure that the above is made available in the three FRCs and in all centres accommodating detained foreign nationals.**

117. At the end of the visit, the delegation asked the Lithuanian authorities to consider increasing the access to the existing sports grounds in Kybartai FRC (inside and outside) and in Pabradė FRC (outside), and to make such facilities available in Medininkai FRC.

In a letter dated 3 March 2022, the Lithuanian authorities informed that the schedules for visiting the gyms in the Kybartai FRC and Pabradė FRC would be revised and that the sports tent in Medininkai FRC will be opened once the weather gets warmer. **The CPT would like to receive detailed information about the possibilities for persons to access the sports grounds, and the inside gym facilities in each of the FRCs.**

118. In Pabradė and in Kybartai FRCs, persons whose detention had been ordered by a court were kept separately from other persons, in areas referred to as “detention” blocks or building.

119. In Kybartai FRC, the regime applied to such persons was comparable to the common regime, meaning that foreign nationals on this block were allowed to move freely within the dedicated building, had access to a dedicated outdoor exercise area throughout the day, and were authorised to keep their mobile phones.

120. By contrast, in Pabradė FRC, a different regime applied to the persons detained *de jure* and who were accommodated on the first and second floors of the so-called detention block. Foreign nationals were locked in their residential sector, meaning that even though the doors to the rooms remained open, movement was limited to a relatively small area, shared by between eight and 33 persons. Three times a day, persons were escorted to another building to eat their meals. Other than that, they could go outside in a courtyard only for approximately one hour per day.

Persons in the detention block had access to a small gym and a library located on the ground floor of the building but it was unclear how often they could have access to these facilities. Contrary to the other persons held at the FRC, persons accommodated in this block were not authorised to have (and use) their mobile phones. Several persons reported that they could otherwise access another telephone for approximately 10 minutes once per week. Persons interviewed in this block claimed that they were handcuffed each time they were escorted outside the facility, but also within the facility for attending visits or consultations at the infirmary.

The aforementioned regime was based solely on the legal basis of the deprivation of liberty, not on an assessment of a person’s behaviour or the level of risk they posed and had seemingly pre-existed the 2021 crisis.

121. In the CPT’s view, conditions of detention for all detained foreign nationals should reflect the nature of their deprivation of liberty, with limited restrictions in place and a varied regime of activities. Within the detention facility, detained persons should be restricted in their freedom of movement as little as possible.

In this light, and invoking Article 8, paragraph 5, of the Convention, the delegation made an immediate observation at the end of the visit (see paragraph 11) and urged the Lithuanian authorities to take immediate steps to adapt the regime applied to the persons detained in the so-called “detention block” in Pabradė FRC, so as to ensure, at a minimum, that throughout the day these persons can move freely within the premises, have access to outdoor exercise and access their telephones. The delegation asked to receive – within one month – an account of the measures taken to implement this immediate observation.

122. In a letter dated 3 March 2022, the Lithuanian authorities, while arguing “that the current regime cannot be considered as a custodial regime”, informed the CPT of several measures taken after the CPT’s visit. This included increased daily access to outdoor exercise, between two and four hours immediately, with future plans to allow access to the outdoors throughout the day. In addition, the authorities announced that phones had been installed, that access to mobile phones was granted once per week and that Red Cross telephone services were also available every Friday.

The CPT welcomes these changes and would like to receive a full account of the regime applied in the formerly so-called detention blocks (exact perimeter of free movement, activities, access to outdoor exercise, contacts with the outside) as well as a copy of the updated Description of the Procedure (applicable to all FRCs).

It must also be stressed that in the CPT’s view, applying handcuffs as a matter of routine to immigration detainees whenever they leave their detention facility, let alone within the facility is disproportionate; the Committee recommends that the use of means of restraint be considered on individual grounds and be based on the principle of necessity and proportionality. It should be altogether abandoned within the premises of **Pabradė FRC**.

5. Healthcare services

123. The three centres offered primary healthcare services on site. Each centre had a dedicated room or unit for that purpose, equipped with basic equipment.

124. A permanent and dedicated healthcare team, directly employed by the Ministry of Interior, worked in Pabradė FRC. The team was composed of two doctors working full time (Monday to Friday), three nurses and two paramedical staff. In addition, there was a nurse present during the day on weekends. Two nursing positions were vacant. Two permanent full-time psychologists were also part of the team, and in addition, two other psychologists (1.5 FTE) visited as part of the Lithuanian Red Cross team. The healthcare team conducted 25 to 30 consultations each weekday.

In Kybartai and Medininkai FRCs, several mobile teams from different healthcare institutions visited the centres (up to four different teams per week), allowing for consultations to take place daily, from Monday to Friday. Psychologists, employed by the Lithuanian Red Cross, also visited on a regular basis.

In Kybartai, the visiting health teams consisting of a doctor and a nurse were present between 4 to 7 hours daily, Monday to Friday, according to a weekly plan, and conducted 30-50 consultations per day.

In Medininkai FRC, a team was present Monday to Friday, for four to seven hours depending on the day of the week, and was composed of a GP, a nurse and a paramedic. 15-20 consultations took place per day and additional slots were kept free, in order to respond to emergencies. Each visiting team was responsible for a sector of the centre, which meant that in effect, persons from one sector could access healthcare services only once a week, unless there was an emergency. Positions for a permanent general practitioner, a psychologist, and a social worker had been opened, but remained vacant, by lack of candidates.

125. When no healthcare team was present in the centres, reliance was had on emergency ambulance services. No specialist visited the centres. Access to specialised consultations was described as being equivalent to that of the rest of the community.

126. The CPT recommends that the Lithuanian authorities further reinforce the healthcare personnel at the three Foreigners Registration Centres by ensuring that a person with a recognised nursing qualification is present on a daily basis, including weekends, in all three FRCs.

127. It was explained to the delegation that all new arrivals in Pabradė FRC underwent a medical screening upon entry. In theory, this consisted of a questionnaire-based interview and a Covid-19 antigen test. According to the procedure described by the doctor in charge, persons were also tested for infectious diseases and screened for injuries. However, detained foreign nationals who were interviewed explained that they had only undergone a medical interview and a Covid-19 test. They did not confirm that the screening included a physical examination.

In Kybartai and Medininkai FRCs, there was no procedure for screening new arrivals. The only protocol was that upon arrival, persons were placed under quarantine and tested for Covid-19.

128. The CPT recommends that the Lithuanian authorities take the necessary measures to ensure that all newly admitted foreign nationals at FRCs effectively benefit from a prompt and comprehensive examination carried out by a doctor, or a nurse reporting to a doctor, including in the case of transfers between FRCs or between FRCs and other facilities accommodating foreigners.

This medical screening upon admission should:

- **take place within 24 hours of arrival;**
- **include aspects such as the recording of any signs of injury, together with any relevant statements of the detained person and the doctor's conclusions. Further, a dedicated register on injuries observed on detained persons during admission and detention should be put in place;**
- **include a screening for transmissible diseases (namely, systematic TB screening and voluntary testing for HIV and hepatitis B and C) and the detection of any signs of mental and traumatic antecedents (including sexual and gender-based violence or human trafficking).**

129. Detained foreign nationals could request medical attention by phone, via a special number which was posted in the accommodation sectors. This was an option for persons who had their own mobile phones as the internal phone system was not always existent or functional. Requests for consultations were otherwise handled differently according to the centre: in Pabradė, they were filtered by paramedical staff, in Medininkai by the guards and in Kybartai, written requests were made via a book in the dining room, which did not ensure confidentiality. In Medininkai at the least, written requests contained the reason for consulting.

130. Different arrangements were in place for the procurement and distribution of medication but in the absence of healthcare staff on weekends, prescription drugs were sometimes distributed by non-medical staff, such as social workers.

131. The detained foreign nationals interviewed said they were able to meet healthcare staff in private. However, it is regrettable that the guidelines for the provision of healthcare services⁹⁵ provide that for persons whose detention is ordered by a court, consultations should take place in the presence of a guard.

⁹⁵ Article 18 of the "Information on the provision of healthcare services at the Foreigners' Registration Centre of the State Border Guard Service under the Ministry of the Republic of Lithuania" states the following: "During the provision of healthcare services, the only people present should be the foreigner, his/her representative, translator and the healthcare staff (officers in case the services are provided to a detained foreigner)".

132. Communication between healthcare staff and detainees was hampered by a lack of interpretation services. In this respect, the situation was preferable in Pabradė FRC where both doctors had relevant linguistic skills (they spoke Arabic and Russian). Elsewhere, consultations were often conducted with the help of co-detainees who provided interpretation. Healthcare staff complained that they could not always secure the assistance of interpreters for consultations.

133. The CPT recommends that the Lithuanian authorities take the necessary measures to ensure that **medical confidentiality is fully respected, and in that respect, that:**

- **the distribution of medication is always carried out by nurses**
- **all detainees are able to request and obtain a medical consultation in a confidential manner, without such requests being filtered or controlled in any way by non-medical staff. If they are not processed directly by the nurse, requests for consultations should not contain any medical information;**
- in cases of detainees unable to converse in a common language with healthcare staff, professional interpretation services are made available (see also paragraph 156);
- all medical examinations of detained foreigners (under the different provisions of the law) are conducted out of hearing and – unless the healthcare professional concerned requests otherwise – out of sight of guards.

134. The response to medical emergencies appeared to be generally satisfactory and referrals to hospitals were relatively prompt. However, the demand for healthcare services was substantially greater than the capacity of the teams. The pressure was especially high in Medininkai FRC. On the day the CPT delegation visited the centre, there had been 54 requests for the healthcare staff, while only 20 consultations could take place. One detainee said he had requested to see a doctor 20 days previously. By the admission of some of the healthcare professionals themselves, the capacity of the healthcare services in the centre made it difficult to adequately address sub-acute and chronic diseases.

135. In a letter dated 3 March 2022, the Lithuanian authorities informed that “in order to reduce the queues of patients at Medininkai FRC, doctors from the organisation “Doctors Without Borders” (MSF) provided assistance with testing for Covid-19, compiling patient lists, and providing non-urgent medical care on site”. **The CPT would like to receive an update on the support provided by MSF in Medininkai and in other centres.**

136. In Pabradė FRC, personal medical files were kept in paper form at the infirmary, while in the two other FRCs, no files were kept on site. Reportedly, the necessary information was entered by the healthcare staff, after their visit, in the national electronic platform (e-health). However, the system could not be accessed from the centres, making it challenging to ensure a prompt follow up and information sharing. It was therefore difficult to understand how a patient’s follow up was done and how information was shared between the different teams working on one site or, in cases of referrals, between primary and secondary healthcare services. The health teams complained that this was indeed problematic.

In a letter dated 3 March 2022, the Lithuanian authorities informed that several changes had been introduced, notably that since the beginning of 2022, healthcare services at Medininkai FRC were carried out by one single institution (Medical Center of the Ministry of the Interior). They also indicated that “(t)he documentation regarding the establishment of the doctor’s office in Kybartai FRC is being finalised”. **The CPT would like to receive observations of the Lithuanian authorities as to how this functioned in practice and how this has improved the follow up of patients.**

137. Regarding the provision of mental healthcare to detainees, it is noteworthy that psychologists were either present in the FRCs or visiting them on a regular basis. At the time of the visit, psychologists from the Lithuanian Red Cross were visiting all three centres. The delegation confirmed that those detainees who had requested it had been able to meet a psychologist, though not as often as desirable. They sometimes had to rely on another detainee to interpret during sessions.

After the visit, in their letter dated 3 March 2022, the Lithuanian authorities provided the information that MSF was also assisting with psychologist resources and that, as a consequence, all centres were receiving daily visits from a psychologist. This is positive.

6. Legal safeguards

138. The main source of complaint expressed by the foreign nationals was a lack of understanding about the procedures and legal framework applicable to them, from the moment they were apprehended onwards.

139. As mentioned, the vast majority of foreign nationals had been intercepted under the provisions of the so-called special “border procedure” and placed in temporary accommodation sites, pending a decision of the Migration Department regarding their admission. Despite the restrictions imposed on persons accommodated in these temporary camps, and subsequently in the FRCs, their stay was not formally regarded as detention by the Lithuanian authorities. Consequently, no formal decision was issued which could be challenged before a court⁹⁶ and no procedural safeguards applied. The CPT would like to recall that every detention should be covered by a proper detention order, readily available in the establishment where the person concerned is being held. The detention order should be drawn up at the outset of the deprivation of liberty or as soon as possible thereafter.

140. Further, the CPT wishes to recall that, in the same way as other categories of detained persons, irregular migrants should benefit, as from the very outset of their deprivation of liberty, from three fundamental safeguards against ill-treatment, namely the right to inform a relative, or another person of their choice, of their situation and the rights to have access to a lawyer and a doctor. The foreign nationals concerned should be expressly informed, including in writing, without delay and in a language they understand, of all their rights and the procedure applicable to them.

According to the foreign nationals interviewed by the delegation, no such notification had taken place and persons had been in no position to exercise these rights. Specifically, phones had been confiscated upon apprehension and persons had not been given the opportunity to make a phone call, sometimes for several weeks after their placement in a camp.

141. The CPT recommends that the Lithuanian authorities take the necessary steps to ensure that all foreign nationals who are deprived of their liberty under the foreigners’ legislation:

- **are effectively granted from the outset of their deprivation of liberty the right to inform a relative or another third party of their situation and the right of access to a lawyer and a doctor;**
- **are fully informed of their abovementioned fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with border police). This should be ensured by provision of clear verbal information immediately after apprehension, to be supplemented at the earliest opportunity by provision of a written form**

⁹⁶ Article 5(4) of the European Convention on Human Rights stipulates that “[e]veryone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful.”

setting out the detained person's rights in a simple and straightforward manner. This form should be available in an appropriate range of languages; benefit from an effective legal remedy enabling them to have the lawfulness of their deprivation of liberty decided speedily by a judicial body. This judicial review should entail an oral hearing with legal assistance, provided free of charge for persons without sufficient means, and interpretation (if required).

142. Foreign nationals also expressed misunderstanding and misgivings regarding the asylum procedure. Several individuals alleged that they had received a negative response to their asylum claim without realising they had been formally interviewed. Some persons alleged that they had received a second negative decision without having been heard between the first and the second decision. A few persons alleged that they had received an expulsion order, based on the fact that they had never claimed asylum, whereas they believed that they had. Generally, the applicants had doubts about the individual examination of their cases, which were all processed under an accelerated procedure.

In this respect, it is noteworthy that the Law on the Status of Foreign nationals had been amended in order to allow for the temporary restriction of some of the rights otherwise guaranteed to asylum seekers. Indeed, article 71 had been revised in such a way that it opened the possibility for the authorities to derogate from certain of their obligations, including the obligation to ensure the foreign nationals' right to access to information, to interpretation, the possibility to contact representatives of the UNHCR and other organisations specialised in legal assistance. At the time of the CPT visit, teams from the Lithuanian Red Cross visited the centres and provided legal information but evidently many questions had remained unanswered and there was a strong sense of confusion.

It was noted that, upon arrival in the FRCs, the foreign nationals were provided with a document listing their rights and responsibilities. This document, which was available in a range of languages, bore mention of the right of foreigners to receive information about their legal status and to access legal aid. However, the procedures on how to exercise these rights were not specified, and evidently, these remained largely unknown or misunderstood.

143. The Committee notes positively that after its visit, the Lithuanian authorities had taken several steps to disseminate information on rights more widely and more efficiently. In their letter dated 3 March 2022, the Lithuanian authorities mention the preparation of leaflets detailing the asylum procedure, in a range of foreign languages, the dissemination of a contact email address and a phone number for the Migration Office (with a guarantee to reply within one working day), and the possibility for the foreigner to request email transmission of information, so that the content could be translated via mobile phone translation applications more easily.

144. Foreign nationals in the centres benefited from professional interpretation services during official interviews and court hearings. They received copies of formal written decisions which concerned them (from the Migration Department or the Courts) but these were all in Lithuanian and reportedly, only the summary of the decision (which appeared at the end of the document), along with the information on appeals, was interpreted for them. **The CPT recommends that foreign nationals be given the opportunity to be provided with a full translation of the decisions taken in their respect.**

145. Foreign nationals who did not employ private lawyers were provided with a State-appointed lawyer. However, many reported that they never met or exchanged with the lawyer before a hearing. The fact that all hearings were taking place remotely (by video-conference) did not help to encourage such exchanges. It is noteworthy that some legal information was reportedly provided by the Lithuanian Red Cross visiting teams. However, the delegation did not observe, on the accommodation wings or in the documents provided to the foreign nationals, any information regarding how to contact lawyers, such as the Bar Association for example. The CPT recalls that the right of access to a lawyer should include the right to talk to a lawyer in private, as well as to have access to legal advice for issues related to residence, detention and deportation. **To this end, the Committee recommends that a list of lawyers and legal NGOs be provided in the accommodation units of the FRCs. Further, the CPT recommends that the Lithuanian authorities establish a system of duty lawyers to ensure the right of access to a lawyer for immigration detainees is rendered more effective in practice. Ideally an "in-person duty lawyer scheme", where lawyers come to the immigration detention centres on a rotational basis, or at the very least are available by telephone at set times.**

146. At the time of the visit, only very few foreign nationals had been granted international protection following their asylum procedure, while many others were still waiting for the final outcome. Further, a number of persons had received a final negative decision and had been issued with an expulsion order. These persons had then been presented to the court and the judge had ruled that, pending deportation, they either be detained (under section 113 of the Law) or had imposed the alternative measure under section 115.5 of the Law ("accommodation (...) with the right of movement only within the territory belonging to the accommodation facility"), generally for a period of three months. The latter decision was the most commonly applied, as far as the delegation could observe. As mentioned in paragraph 91 little to no resort appeared to be made to the other (non-custodial) alternative measures provide by section 115 of the law.

More often than not, this so-called "alternative measure" had been applied after several months (often approaching six months) of closed "accommodation" pending the decision on admission. It is worth noting that, whereas formal detention of foreign nationals under the Foreigners Law is possible for a maximum of 18 months in total (see paragraph 91, the law does not prescribe a maximum duration for alternative measures (it only states that the measures must be limited in time), meaning that they could be renewed, potentially for a duration exceeding 18 months. The "adding up" of successive, restrictive measures was generating a lot of confusion and frustration, with many of the interviewed foreign nationals being uncertain about what was happening in their cases and how long they would spend in custody. The fact that the law had been changed several times to respond to the crisis was also fuelling frustration.

In this context, the CPT recalls that the prolonged detention of persons under immigration legislation, without a time limit and unclear prospects for release, may be considered as amounting to inhuman treatment. **The Committee urges the Lithuanian authorities to take measures so as to ensure that foreign nationals be kept in conditions amounting to deprivation of liberty for the shortest period of time as possible and, in any case, never for longer than the maximum period of detention authorised under Lithuanian immigration law (18 months).**

7. Other issues

a. contact with the outside world

147. At the time of the visit, it was positive that, as a general rule, detained foreign nationals had access to their personal mobile telephones, including internet access (3G). This meant that foreigners could potentially keep abreast of the news, watch programmes and generally interact with the outside world. This said, not everyone had a personal device or the financial means to buy phone and internet credit. Reportedly, in that case, persons could rely on the services of the Red Cross, which facilitated phone contacts.

However, as a consequence of the State of Emergency declared in November 2021, it was reportedly no longer possible to purchase phones, SIM cards and phone time within the centres' shops.

The CPT has taken good note of the fact that the State of Emergency was lifted between the visit and March 2022. **The CPT trusts that consequently foreigners accommodated in the FRCs are now able to purchase phones and related equipment on site and would like to receive confirmation from the Lithuanian authorities that this is indeed the case.**

148. Regarding visits, the situation differed from one centre to the next. In Kybartai FRC, the Head of the Centre explained that only visits of lawyers were authorized, due to the provisions of the State of Emergency. In the other two FRCs, visits were possible but only from close relatives, and they required special prior arrangements which often made the visits, *de facto*, impracticable. In Pabradė FRC, it was explained to the delegation that both the visitor and the person visited had to make parallel applications. In Medininkai FRC, requests had to come from inside the centre. With these limitations, it had reportedly happened that some visitors, who had travelled from other European countries, had not been authorised to meet with the detained foreign nationals they had come to visit.

In Medininkai FRC, the Head of the Centre explained that lawyers needed to inform the FRC in advance, so that a time slot could be allocated to them.

The CPT recommends that immigration detainees in all places of accommodation be offered the possibility of regular visits from family and friends. They should be allowed at least one visit of one hour per week, and preferably more. Visits of lawyers should be unlimited in frequency and duration. Every effort should be made to ensure that these rights can be effectively exercised.

b. discipline

149. The rules of procedure governing the FRCs state that any decision regarding the imposition of a disciplinary sanction shall be in writing and must be taken by the Head of the Centre, that all disciplinary measures must be recorded in a register⁹⁷ and that the foreigner has the right to appeal against the decision (to the Head of the State Border Guard Service). The rules do not specify whether the person concerned attends a disciplinary hearing.

Further, two of the possible measures listed under the possible sanctions, call for comment.

⁹⁷ Respectively, sections 29, 30 and 19.5 of the Description of the conditions and procedures for temporary accommodation of foreigners under the State Border Guard Service (Order of the Minister of Interior of 30 September 2021 No. 1V-748).

150. One is the “temporary restriction of visits”.⁹⁸ The CPT would like to stress that restrictions on family contact in the context of a disciplinary offence should be imposed only where the offence relates to such contact and should never amount to a total prohibition of contact. Even where the disciplinary offence relates to an abuse of visiting rights, any sanction should not result in the suspension of all visits (but of “open visits” for a period of time). **The CPT recommends that the regulations be amended in light of the above.**

151. The other disciplinary measure which raises concern is described as the “accommodation for up to 72 hours in a specially adapted room, separately from others, for the assessment of the foreign national’s state of health or for the removal to other institutions, if the person’s behaviour becomes dangerous to himself and others, due to intoxication from alcohol, narcotic drugs, psychotropic substances, deterioration of (mental) health”.⁹⁹ It is noteworthy that according to the internal rules of Pabradė FRC, the maximum duration of such a measure is limited to 48 hours. In all cases, in the view of the Committee, it appears to be a security-related, rather than a disciplinary type of measure.

The internal rules of Pabradė FRC also differ from the general regulations in the sense that they contain an additional measure, indicating that “multiple or purposeful violations of the internal rules may result in isolation from other foreigners, accommodated at the centre, for no longer than 24 hours”¹⁰⁰ – thus referring to another form of solitary confinement.

The Committee would like to receive from the Lithuanian authorities some clarification regarding the nature of and grounds for resorting to these various forms of solitary confinement.

152. In practice, only Pabradė FRC was keeping records of disciplinary sanctions. From the beginning of 2021 until the time of the CPT visit, 181 registered breaches of the internal rules had been recorded. The most common sanction given had been the reduction of the monthly allowance for asylum seekers,¹⁰¹ followed by the limitation of activities (for up to a week). There had been 32 warnings, and 15 measures of solitary confinement (“isolation from other foreigners”) for a duration of 24 hours.

In the other two centres, there had reportedly been no sanctions, though the Heads of the Centres seemed to agree that they had a certain discretion over the use of telephones. There was no written information provided to the detained foreign nationals which detailed the disciplinary procedure applicable at Medininkai and Kybartai FRCs.

153. While acknowledging that it may on occasion be necessary to sanction detained foreign nationals for breaching internal rules, the CPT wishes to stress that any such sanction must be accompanied by appropriate procedural safeguards. Disciplinary procedures should ensure that foreign nationals have the right to be heard in person by the decision-making authority and to call witnesses on their own behalf (in addition to being informed in writing of the decision and to have the right to appeal the decision, which was the case). Whenever necessary, use should be made of professional interpretation services. Further, healthcare staff should be highly attentive to the needs of all detainees placed in solitary confinement and should therefore not only be informed of any placement but also visit the person concerned immediately after the measure has started (and, if the confinement exceeds 24 hours, at least once per day), providing prompt medical assistance, as required. **The Committee recommends that the relevant legislation, applicable internal rules and/or regulations and the practice in the FRCs, be amended accordingly.**

⁹⁸ Section 26.6 of the above Order.

⁹⁹ Section 26.5 of the above Order.

¹⁰⁰ See sections 25.4 and 25.5 of the “Information sheet for foreigners who have arrived or are accommodated at the Foreigners’ registration Centre” provided in Pabradė FRC.

¹⁰¹ This sanction was not applicable to the foreigners who arrived after the summer as they were not entitled to the allowance).

154. In Kybartai FRC, the delegation received allegations from a number of detainees, who were not considered to be detained as per Lithuanian law – and whom the delegation interviewed in the main accommodation blocks – who stated that on occasion, they had been transferred to the “detention” quarters, from their usual accommodation, without any explanation (or on false pretences)¹⁰², for several days, and sometimes for up to two weeks. Once placed there, they had been kept under a very restricted regime: they were locked up in a room day and night, were deprived of access to outdoor exercise and often their mobile telephone had been taken away from them. They had been kept alone or in pairs in a room, in conditions seemingly akin to solitary confinement. On the day of the CPT visit, no such persons were found in the detention block but seven persons were transferred from the detention block back to the mainstream accommodation blocks. Foreigners viewed these placements to be a form of punishment. The placements were not notified in writing, they were not recorded and the management of Kybartai FRC denied such a practice was occurring.

The CPT reiterates the need for clear disciplinary procedures, which are respected in practice; any grey areas involve the risk of an unofficial system developing. Further, if segregation is imposed (for example, for security reasons), the foreign nationals concerned should be provided with a copy of the relevant decision and information on the possibilities to appeal the measure to an outside authority, segregation should be time-limited and a separate register should be established (setting out full information, such as date and time of entering and leaving, grounds for segregation, etc.). **The CPT recommends that the practice observed in Kybartai FRC, whereby foreign nationals were removed from their usual accommodation and temporarily separated from others, in conditions akin to solitary confinement, without any procedural safeguards, be halted.**

c. staff

155. All three centres suffered from staff shortages and had major difficulties recruiting personnel. Security guards had been hastily employed to work alongside State Border Guards. As mentioned, in Kybartai FRC, 70% of the guards were ex-prison guards (94 security personnel, 15 vacant posts). Police had been called in to ensure the perimeter security of the centres (including a canine unit).

In Medininkai FRC, Estonian (and previously Polish) police had been called in as reinforcement. While the Army had sometimes been present in some of the temporary camps, they had, at the time of the visit, no involvement in the FRCs.

It proved difficult to recruit civilian staff. This concerned healthcare professionals, as well as social workers¹⁰³ and assistants, who were primarily responsible for the distribution of food and hygiene products, and relayed other needs.

The CPT would like to receive an update on the staff complements in the three FRCs and the measures taken or envisaged, if any, to remedy staffing shortages.

156. The three centres benefited from EU technical support. The European Asylum Support Office (EASO) provided interpreters on all sites, and these were present from Monday to Friday, offering a good range of languages. This was commendable. However, it appeared that their services were solicited mostly for investigative purposes (that is, during official interviews), and more rarely for daily life situations. Especially, as mentioned in paragraphs 129 and 134, it was sometimes difficult to obtain their services during medical and psychological consultations.

The Committee recommends that steps be taken to ensure that foreign nationals detained at the FRCs receive, whenever necessary, the assistance of qualified interpreters. **When and if in-person interpretation services are not possible, arrangements should be in place to ensure remote interpretation (by telephone if necessary) so that services are available** seven days per week. Further, interpretation should not be limited to official interviews but be made accessible during, inter alia, **healthcare consultations (and psychologist sessions), meetings with lawyers, and various exchanges with personnel.**

¹⁰² One person said he was told that he would be taken to his court hearing.

¹⁰³ Social workers were tasked with general housekeeping issues in the centre such as preparing and delivering food, distributing hygiene items, etc.

d. complaints and monitoring

157. In Pabradė and Medininkai FRCs, EASO teams were also providing other services, such as advising management or, as was the case in Pabradė, helping with methodology regarding vulnerability assessment. In Pabradė and Medininkai FRCs, specific team members were tasked with “information collection”. These persons conducted weekly rounds on all sectors (excluding the detention blocks in Pabradė FRC) to collect information, including requests and complaints, from the detained foreign nationals, channeling the information to management and following up. This had reportedly helped anticipate and resolve problems successfully. This appeared to be a good practice, which could be duplicated in Kybartai FRC, where no channel for internal complaints had been put in place.

The CPT recommends that the Lithuanian authorities formalise the operation of the complaint procedures at the FRCs, so as to make sure that all detained foreign nationals are effectively enabled to send complaints in a confidential manner (and are duly informed of this possibility). Detainees should be able to make written complaints at any moment and place them in locked complaints boxes (to which only the Director and/or another designated management member has the key) located in each accommodation unit. All written complaints should be recorded in a dedicated register. Internal complaints should be processed expeditiously (with any delays duly justified in writing) and detainees should be informed within clearly defined time periods of the action taken to address their concerns or of the reasons for considering the complaint not justified. In addition, statistics on the types of internal complaints made should be kept as an indicator to the management of areas of discontent within the establishments.¹⁰⁴

158. Neither the internal rules, nor the information posted in the accommodation sectors mentioned possible avenues for making complaints to external bodies. While acknowledging that most detained foreigners had access to online information, **the CPT recommends that the telephone numbers of external bodies and organisations such as the Ombudspersons/NPM, the IOM and the UNHCR be posted in corridors of accommodation areas and in the common areas, where relevant.**

159. External monitoring was carried out by staff of the of the Parliamentary Ombudspersons’ Office in their capacity as the NPM and by the Lithuanian Red Cross, which conducted regular visits and published some of their findings.¹⁰⁵

¹⁰⁴ See also 27th General Report of the CPT (2017) which includes a substantive section on complaints mechanisms: <https://rm.coe.int/16807bc1cf> .

¹⁰⁵ See for example, the Seimas Ombudsperson’s report on Kybartai FRC (January 2022): <https://www.lrski.lt/en/naujienos/the-seimas-ombudsperson-expressed-her-opinion-on-reception-conditions-in-kybartai-foreigners-registration-centre/>, its Annual Report 2021 (<https://www.lrski.lt/en/?s=annual+report&id=164>), or the Lithuanian Red Cross Monitoring Report 2021: <https://www.redcross.lt/search?query=monitoring#gsc.tab=0&gsc.q=monitoring&gsc.page=1> .

D. Vilnius Republican Psychiatric Hospital

1. Preliminary remarks

160. The delegation carried out a targeted visit to Vilnius Republican Psychiatric Hospital, which the CPT had previously visited in 2012. The visit focused on examining issues related to the resort to means of restraint and on the practical implementation of legal safeguards for the involuntary hospitalization and/or treatment of civil psychiatric patients, especially in the light of the new Mental Healthcare Act which had come into effect in 2019.

161. While the official capacity of the hospital had been reduced to 420 beds¹⁰⁶ since 2012, Vilnius Republican Psychiatric Hospital remained the largest psychiatric institution in Lithuania. At the time of the delegation's visit, the establishment was accommodating 240 civil patients. This included 15 patients who had been placed there on an involuntary basis, eight of whom were restricted in their legal capacity. In 2020, there had been 234 involuntary patients admitted to the hospital. The average duration of their stay had been 32 days, versus 18 days in the case of voluntary patients. The hospital comprised 14 wards, 12 of which were locked.

162. From the outset, it should be emphasised that the delegation received no allegations – nor any other indications – of ill-treatment of patients by staff at Vilnius Republican Psychiatric Hospital.

2. Means of restraint

163. It is positive that the law was amended with an effort to better regulate the measures of restraint imposed on violent patients who represent a danger to themselves or others.¹⁰⁷ In particular, the CPT welcomes the fact that the law renders compulsory the recording, in a dedicated register, of all episodes of application of physical restraint measures (manual and mechanical).

To that end, a template (“Report form”) had been annexed to the regulations. The register bore mention of the time when the measure began, the duration of the measure, the type of means used, and the legal status of the patient. It is regrettable that the form did not mention all of the information which the CPT recommends capturing, namely the reasons for resorting to the measure, the name of the doctor who ordered or approved the decision, the names of the staff who participated in the application of the restraint measure, and an account of the injuries sustained, if any, by the patients or staff. Likewise, the form had not been designed to record instances of chemical restraint and no other procedure to record the latter had been introduced. **The CPT recommends that the national template for recording measures of restraints be adapted, in order to capture all means of restraint which may be applied, and so as to include the abovementioned missing information.**

164. In Vilnius Psychiatric Hospital, as had been the practice even before the new legal obligation to do so, measures of mechanical restraints (fixation using belts and magnetic locks) were recorded in a dedicated electronic register. Statistics had been transmitted to the Ministry of Health on an annual basis since 2018. Between January and 15 December 2021, there had been 469 recorded episodes of resort to the use of mechanical restraints. In 71 cases, these restraints had been used on involuntary patients. In merely a couple of years, there had been a significant decrease (by more than 50%) in the resort to such measures.¹⁰⁸ According to the hospital's Director, the training of

¹⁰⁶ The hospital counted 619 beds in 2012.

¹⁰⁷ See Sections 9.5 and 15 of the Mental Healthcare Act and Order of the Minister of Health dated 29 May 2019 No. V-643: “Procedure for the application and monitoring of physical restraints to patients with psychiatric disorders and mental disabilities”.

¹⁰⁸ There had been 1 101 mechanical restraint measures in 2019.

approximately 200 healthcare staff members in aggression management and de-escalation techniques had positively contributed to this shift. The register indicated that the average duration of measures of mechanical restraint was one to two hours. The longest recorded episode, however, had lasted ten hours. Eleven episodes had concerned children. The information recorded in the concerned patients' files indicated that mechanical restraint was usually associated with the injection of rapid tranquilisation drugs.

The delegation noted that the central register used in the establishment was more comprehensive than the national template, as it indicated the name of the doctor who ordered or approved the decision, the names of the staff who participated in the application of the restraint measure, and an account of the injuries sustained by the patients or staff. However, it was only used for recording measures of mechanical restraint; there was no mention of any resort to manual or chemical restraint. **The CPT recommends that this shortcoming be remedied.**

165. Unfortunately, the new regulations, as well as the practice observed, still fell short of other CPT recommendations regarding the use of means of restraints.

Firstly, while the regulations provide for the continuous monitoring of a patient during the application of mechanical restraints, the nature of the observation is not satisfactory as it can "be carried out directly, or through a special window of the room (...) or by any other means".¹⁰⁹ At Vilnius Republican Psychiatric Hospital, several patients reported that they had been monitored by means of CCTV. Others said that they had been checked on regularly by healthcare staff during the measure, but not continuously.

Secondly, it is regrettable that the regulations do not entirely rule out the possibility of applying measures of restraint in a room where other patients are present.¹¹⁰ In practice, patients at Vilnius Psychiatric Hospital were sometimes placed in mechanical restraint in the so-called "active nursing rooms", which were shared by several patients. Staff explained that when this was the case, a curtain would be used to hide the patient. However, the delegation talked with several patients who stated that they had been restrained in full view of other patients.

Thirdly, while it is positive that the regulations require that every episode of mechanical restraint be followed by a debriefing with the patient,¹¹¹ the delegation could not ascertain, from the information contained in the register, in the medical files or from interviews with patients, that this was indeed being done.

The CPT regrets that the new Mental Healthcare Act fails to integrate a number of its previous recommendations on the issues related to the resort to means of restraint. **It therefore reiterates its recommendation that steps be taken, including by amending the applicable legislation and/or regulations when relevant, to ensure that:**

- **patients subject to restraint measures are provided with appropriate personal supervision and are regularly offered meaningful human contact.; patients subjected to mechanical restraint in particular must be under the permanent direct personal supervision of healthcare staff who maintain a therapeutic alliance with the patients and provides them with assistance; this assistance may also include accompanying the patient to the toilet or helping them to drink/eat. Clearly, video surveillance (CCTV) or through a window cannot replace continuous direct staff presence and human contact;**
- **patients subject to restraint measures are not exposed to other patients, unless they explicitly express a wish to remain in the company of a certain fellow patient. In this respect, the use of a curtain or blinds to hide a patient**

¹⁰⁹ Point 16 of the Order of the Minister of Health dated 29 May 2019 No. V-643.

¹¹⁰ Point 9 of the Order of the Minister of Health dated 29 May 2019 No. V-643: "The staff 5...) must protect the privacy and dignity of the patient by asking other persons to leave the room before applying physical restraint and, if this is not possible, by using blinds during the application of physical restraint".

¹¹¹ Point 19 of the Order of the Minister of Health dated 29 May 2019 No. V-643

from the view of other patients present in the same room cannot be considered to be a satisfactory arrangement;

- **once the means of restraint have been removed, a debriefing of the patient take place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship. This also provides an opportunity for the patient, together with staff, to find alternative means to maintain control over him/herself, thereby possibly preventing future eruptions of violence and subsequent restraint.**

166. As had been the case in 2012, it was explained to the delegation that seclusion was not practiced in Vilnius Republican Psychiatric Hospital. Persons in need of increased supervision were placed in so-called “active nursing rooms” which could be described as observation rooms with a continuous healthcare staff presence.

3. Safeguards in the context of involuntary hospitalisation and/or involuntary treatment

167. Conditions for involuntary placement in a psychiatric establishment on a civil basis are set out in Sections 12 to 15 of the new Mental Health Act, by which an emergency placement – that is, up to three working days – in a psychiatric establishment without a person's consent may take place if the person concerned suffers from severe mental disorders and endangers the health, life and/or property of self or others.

If deemed necessary to extend the measure of involuntary hospitalisation, the hospital must apply to the court within 48 hours after the beginning of the placement, based on a decision of two of its psychiatrists and one administrative personnel, authorised by the head of the institution. The court may decide on the extension of the involuntary hospitalisation for a maximum duration of one month from the start of the initial placement. The measure can later be renewed for a maximum duration of six months at a time.

168. The CPT considers that, as a general principle, all categories of psychiatric patients, that is, voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. The admission of a person to a psychiatric establishment on an involuntary basis should not preclude seeking informed consent to treatment.

In this respect, it is positive that Lithuanian law makes the distinction between consent to treatment and consent to hospitalisation. Indeed, section 12.1 of the law provides that “(w)hen a person is involuntarily hospitalised, the psychiatrist must immediately seek the patient's written consent for treatment with specific drugs or measures”. Further, “(i)f the patient cannot be considered to have the capacity to judge their own interests in a reasonable manner and, as a consequence, it is not possible to obtain the patient's consent for treatment with specific medicines or means/methods and the endangers the health, life and/or property of self or others, they may be subjected to compulsory treatment”. This is possible for a period of not more than 3 working days, after which the hospital must apply to the court to prolong the treatment. The procedure for extending a measure of involuntary treatment is similar to that applicable to involuntary hospitalisation (see preceding paragraph).

In practice, in Vilnius Republican Psychiatric Hospital, consent for hospitalization and consent to treatment were sought separately and in writing upon admission.

169. The CPT considers that consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed and its possible side effects, as well as about the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them and that they are placed in a position to withdraw their consent at any time.

It is a positive fact that patients interviewed by the delegation in Vilnius Republican Psychiatric Hospital appeared to be well-informed about their treatment and confirmed that their consent had been sought expressly upon admission. However, while the majority of patients (including involuntary patients) reported that they had given their consent, a number of patients said that they had only done so because they feared negative consequences otherwise (longer hospitalisation or increased restrictions during their stay) or thought that, even if they refused, they would be forcibly administered the treatment.

Further, six voluntary patients told the delegation that they had not consented (or no longer consented) to pursuing their hospitalisation and explained that they were not free to do so, on the basis that they were accommodated in locked units and could only go outside for walks at fixed time and if/when accompanied by staff.

While checking the relevant documentation in the patients' files, the delegation noted that some consent forms were missing or were not duly filled in by the healthcare staff.¹¹² It was also not possible to confirm from the files whether the assessments of the patient's (decision) capacity to give valid consent to their treatment were systematically carried out.

170. At the end of the visit to the establishment, the names of the six patients who expressed a lack of consent was submitted to the hospital's management. Within a few days, the delegation was informed that the hospital's staff had rediscussed the situation with the patients. Out of the six patients, five had reportedly consented to their hospitalisation and treatment after the discussion. One patient had reportedly refused, and consequently, the hospital had applied to the court and received permission to treat him against his will for thirty additional days.

The CPT recommends that the Lithuanian authorities take the necessary steps to ensure that, in Vilnius Republican Psychiatric Hospital :

- **all patients are systematically provided with full, accurate and comprehensive information about their condition and the treatment prescribed for them and are placed in a position to give their free and informed consent;**
- **an assessment of the patient's capacity to give valid consent to their treatment is systematically carried out;**
- **all patients are in a position to withdraw their consent at any time and that the legal status of patients (voluntary/involuntary) be regularly reviewed, if necessary.**

In addition, the CPT recommends that all consent forms and related documentation be scrupulously filled in/signed and kept in patients' files.

¹¹² When a patient refuses to sign the consent for treatment form, then the psychiatrist and two witnesses have to attest that the patient refused to attest/consent. This section was left sometimes left blank.

171. Regrettably, the procedure for involuntary hospitalisation and/or treatment still does not require that a judge seeks the opinion of an external psychiatrist. As already expressed by the CPT, this does not offer the necessary guarantees of independence and impartiality as well as of objective psychiatric expertise.

A recent decree¹¹³ did lay out conditions for the patient to seek such an external psychiatric expertise at his own initiative, provided they pay for it, and that the additional assessment be carried out by three different psychiatrists who are not affiliated to the hospital where the person was involuntarily treated. The delegation was informed that this right had not been exercised by any patient so far.

The CPT reiterates its recommendation according to which, in the context of civil involuntary hospitalisation and/or treatment and extensions thereof, the court should always seek an opinion from a psychiatrist who is not attached to the psychiatric institution admitting the patient concerned. The CPT recommends that the Lithuanian authorities take the necessary steps, including at legislative level, to remedy this shortcoming.

172. A positive development worth mentioning here is that the amended law renders compulsory the presence of the patient during court hearings on the question of their involuntary hospitalisation and/or treatment (section 13.4 of the Act). During its visit, the delegation witnessed a couple of hearings which were organised remotely via video link and confirmed that there was an exchange between the judge and the patients. Patients continued to be systematically represented by a lawyer and were provided legal aid if necessary.

173. The delegation consulted a number of recent court decisions on involuntary psychiatric hospitalisations during the visit. All referred to the patient's (or their representative's) right to appeal against the decision. However, it is noteworthy that countrywide, only two persons had appealed such a court decision in 2021 and no one had, so far, in 2022. **The CPT would like to receive updated information regarding the number of decisions on involuntary hospitalisations and/or involuntary treatment which have been appealed, if any, in the entire year of 2021 and in 2022 so far, along with the final outcome.**

¹¹³ Order of the Minister of Health dated 3 March 2021: 2019 No. V-432 "Description of the procedure for the supplementary assessment of mental health status".

APPENDIX I:

List of the establishments visited by the CPT delegation

Police establishments

- Alytus County Police Headquarters
- Kaunas County Police Headquarters
- Marijampolė County Police Headquarters
- Vilnius County Police Headquarters

Prison establishments

- Alytus Correction Home
- Marijampolė Correction Home
- Pravieniškės Correction Home

Detention centres for foreigners

- Kybartai Foreigners Registration Centre
- Medininkai Foreigners Registration Centre
- Pabrade Foreigners Registration Centre

Psychiatric establishments

- Republican Vilnius Psychiatric Hospital

APPENDIX II:

List of the national authorities with which the CPT delegation held consultations

A. National authorities

Ministry of Justice

Evelina Dobrovolska	Minister
Elanas Jablonskas	Vice-minister
Rokas Uscila	Advisor to the Minister
Virginijus Kulikauskas	Director of the Prison Department

Ministry of Interior

Agnė Bilotaitė	Minister
Vitalij Dmitrijev	Vice-minister
Renatas Požėla	Police Commissioner General
Arūnas Paulauskas	Deputy Police Commissioner General
Rimantas Petrauskas	Deputy Commander of the State Border Guard Service

Ministry of Health

Arūnas Dulkys	Minister
Aušra Bilotienė Motiejūnienė	Vice-minister
Simona Bieliūnė	Advisor to the Minister of Health

Office of the Seimas Ombudspersons

Erika Leonaitė	Seimas Ombudsperson, Head of the Office
Milda Vainiutė	Seimas Ombudsperson