



**Optional Protocol to the
Convention against Torture
and Other Cruel, Inhuman
or Degrading Treatment
or Punishment**

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**Subcommittee on Prevention of Torture and Other Cruel,
Inhuman or Degrading Treatment or Punishment**

**Visit to Portugal undertaken from 1 to 10 May
2018: observations and recommendations
addressed to the State party**

Report of the Subcommittee*, **

* In accordance with article 16 (1) of the Optional Protocol, the present report was transmitted confidentially to the State party on 8 November 2018. On 31 May 2019, the State party requested the Subcommittee to publish the report, in accordance with article 16 (2) of the Optional Protocol.

** The annexes to the present document are being circulated as received, in the language of submission only.

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Contents

	<i>Page</i>
I. Introduction	3
II. Implementation of the Optional Protocol: the national preventive mechanism	3
III. Overarching issues	7
A. Institutional framework.....	7
B. Complaints mechanisms	9
IV. Prevention of torture and ill-treatment	10
A. Police	10
B. Prisons	10
C. Psychiatric care	11
V. Police practice and procedure.....	11
A. Fundamental safeguards during the initial stage of detention.....	11
B. Material conditions of detention at police stations	12
VI. Prisons.....	12
A. Material conditions of detention in prisons.....	12
B. Discipline.....	13
VII. Health care	14
A. Generic observations and concerns.....	14
B. Medical screening and examination.....	15
C. Prisons	16
D. Forensic units.....	17
E. Psychiatric units.....	17
VIII. Next steps	18
Annexes	
I. List of places of deprivation of liberty visited by the Subcommittee	20
II Places of deprivation of liberty visited jointly by the national preventive mechanism and the Subcommittee	21
III List of government officials and other persons with whom the Subcommittee met	22

I. Introduction

1. In accordance with its mandate under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Subcommittee on Prevention of Torture carried out its first regular visit to Portugal from 1 to 10 May 2018.
2. The Subcommittee members conducting the visit were: Nora Sveaass (head of delegation), Satyabhooshun Gupt Domah, Roberto Michel Fehér Pérez, Kosta Mitrović and Margarete Osterfeld. The Subcommittee was assisted by three Human Rights Officers from the Office of the United Nations High Commissioner for Human Rights (OHCHR), two United Nations security officers and four interpreters.
3. During the visit, the Subcommittee conducted visits to police stations and penitentiary, health, psychiatric and migration detention facilities (annex I). The Subcommittee also observed the work of the national preventive mechanism in places of deprivation of liberty (annex II). The Subcommittee held meetings with representatives of numerous Portuguese government authorities, officials, parliamentarians, the ombudsperson, as the designated national preventive mechanism of Portugal, and members of civil society (annex III).
4. At the end of the visit, the delegation presented its confidential preliminary observations orally to government authorities and officials.
5. The present report sets out the Subcommittee's findings and recommendations relevant to the prevention of torture and ill-treatment¹ of persons deprived of their liberty in Portugal. The Subcommittee will send a separate confidential report to the national preventive mechanism in which it will make specific recommendations to the mechanism.
6. **The Subcommittee recommends that the State party distribute the present report to all relevant government authorities, departments and institutions, including but not limited to those to which it refers.**
7. The present report will remain confidential until such time as Portugal decides to make it public in accordance with article 16 (2) of the Optional Protocol.
8. **The Subcommittee recommends that the authorities of Portugal request the publication of the present report in accordance with article 16 (2) of the Optional Protocol.**
9. The Subcommittee draws the State party's attention to the Special Fund established under article 26 of the Optional Protocol to the Convention. Recommendations contained in those Subcommittee visit reports that have been made public can form the basis of applications to benefit from that Fund, in accordance with its published criteria.
10. The Subcommittee wishes to express its gratitude to the authorities for their help and assistance relating to the planning and undertaking of the visit.

II. Implementation of the Optional Protocol: the national preventive mechanism

11. Portugal ratified the Optional Protocol to the Convention against Torture on 15 January 2013. On 23 May 2013, the Subcommittee was notified that the Provedor de Justiça (ombudsperson) had been designated as the national preventive mechanism by resolution of the Council of Ministers dated 9 May 2013.²
12. In addition to serving as the national human rights institution, the ombudsperson therefore carries out unannounced visits to places of deprivation of liberty, such as prison

¹ The generic term "ill-treatment" is used in this report to refer to any form of cruel, inhuman or degrading treatment or punishment.

² See www.ohchr.org/Documents/HRBodies/OPCAT/NPM/NVPortugal23May2013.pdf.

facilities, educational centres, police detention facilities and psychiatric institutions. In accordance with the resolution of the Council of Ministers, the ombudsperson also has the power to make recommendations to the relevant authorities and may submit proposals and observations on existing legislation or draft legislation relating to matters under the Optional Protocol.³

13. In order to fulfil the functions of the national preventive mechanism, the ombudsperson is assisted by a support structure⁴ that assists in performing the relevant tasks – namely, identifying places of detention, planning and conducting visits and obtaining and analysing data. The support structure is composed of an Advisory Council, a Steering Committee and a Visitors Team. The Advisory Council is comprised of 12 members: the presiding ombudsperson; 6 members (1 member each) appointed by the Parliamentary Committee on Constitutional Affairs, Rights, Freedoms and Guarantees, the High Council of the Judiciary, the High Council of the Public Prosecution Service, the Bar Association, the Medical Association and the Portuguese Psychologists Association; 3 members of high ethical and civic standing appointed by the ombudsperson; and 2 members representing civil society organizations with an activity relevant to the aim of the national preventive mechanism. The Steering Committee is composed of three persons and develops the annual visiting plan of the national preventive mechanism. For most of the visits, one member of the Steering Committee is present. The Visitors Team, which carries out visits to places of detention, is composed of nine staff members of the ombudsperson's office specially appointed for that purpose on account of their experience and knowledge.⁵

14. Due to the absence of targeted budget support, the ombudsperson has had to allocate her regular resources to perform the tasks of the national preventive mechanism. The mandate of the national preventive mechanism is not clearly separated from the mandate of the national human rights institution, nor does the national preventive mechanism have a dedicated ring-fenced budget for its work. The Subcommittee observes that there are no explicit legislative provisions regarding earmarked funding for the national preventive mechanism. In that connection, the Subcommittee emphasizes that the lack of budgetary independence may negatively affect the independent functioning of the mechanism.

15. While there is no single model for a national preventive mechanism that is compliant with the Optional Protocol, it is clear that when national human rights institutions are designated as national preventive mechanisms their particular structures must be examined in order to ensure that the mechanism can fulfil its mandate. Experience suggests that a national preventive mechanism can most effectively exercise its mandate when it is located within a separate unit of the national human rights institution. In Portugal this does not appear to be the case. Moreover, the national preventive mechanism of Portugal should have full operational autonomy with regard to its staff, but it does not. The mechanism does not have any staff working exclusively for it. All the members of the team combine their national preventive mechanism functions with their national human rights institution duties. That situation makes it very difficult, if not impossible, for the mechanism to take a systematic and planned approach to torture prevention.

16. The Subcommittee is concerned that although the ombudsperson was designated as the national preventive mechanism sufficient additional resources, including human resources, have not been allocated for this purpose. The Subcommittee reminds the State party that pursuant to article 18 (3) of the Optional Protocol States parties are required to make available the necessary resources for the functioning of the national preventive mechanism. Without proper resources, including in terms of staffing, the mechanism cannot fulfil its preventive mandate properly and adequately.

17. The Subcommittee is also concerned that the authorities have not allocated the necessary resources because they do not consider that the national preventive mechanism

³ See *Portuguese Ombudsman: National Preventive Mechanism Report to the Parliament – 2015* (Lisbon, 2016), sect. 1.2. Available from www.provedor-jus.pt/site/public/archive/doc/NPM_2015_ING_0.pdf.

⁴ *Ibid.*, sect. 1.3. See also www.provedor-jus.pt/site/public/archive/doc/Regulamento_EMNP_0.pdf (in Portuguese).

⁵ *National Preventive Mechanism Report to the Parliament – 2015*, para. 1.3.

needs additional support in order to carry out its mandate effectively, despite the ombudsperson's efforts to obtain such funding. The Subcommittee does not agree with such an assessment. For instance, in 2015, the Parliamentary Committee on Constitutional Affairs, Rights, Freedoms and Guarantees did not approve the ombudsperson's proposal for three staff members to be allocated to work exclusively for the national preventive mechanism.⁶ During the visit, the ombudsperson informed the delegation that she was hoping to be able, finally, to hire a dedicated staff member to deal specifically with the national preventive mechanism work.

18. The Subcommittee reminds the State party that, in order for a national preventive mechanism to fulfil its mandate effectively, it should have a separate secretariat and its own staff and should be able to have recourse to external experts, including medical experts, interpreters and others, as necessary, when such expertise is not available internally. To ensure the functional and operational independence of the national preventive mechanism, and with a view to clearly identifying the nature and extent of these additional needs, the State party should consult directly with the mechanism in a constructive manner to ascertain what is needed to permit it to properly fulfil its mandate in accordance with the provisions of the Optional Protocol.

19. According to the 2014 annual report of the ombudsperson, the national preventive mechanism took steps with the members of the Advisory Council to establish a list of experts who would participate in the visits of the mechanism.⁷ In 2016 the national preventive mechanism carried out 53 visits to places of deprivation of liberty. The teams of visitors were composed of the members of the Advisory Council, the Visitors Team and external experts.⁸ During the visit, the Subcommittee was informed that 15 specialists (14 lawyers and 1 psychologist) usually participated in the visits. The Subcommittee is of the view that in order to be able to carry out visits under the Optional Protocol the visiting team has to be wider in professional competence and expertise and should, for example, include the participation of medical experts.

20. The Subcommittee emphasizes that the national preventive mechanism should complement rather than replace the existing systems of oversight, and its functioning should take into account effective cooperation and coordination between preventive mechanisms in the country. The national preventive mechanism, in cooperation with the ombudsperson, should clearly separate the respective mandates, that is, budget, human resources and other technical support, so that each can carry out all aspects of the respective mandates effectively and independently.

21. The Subcommittee recommends that the State party allocate, as a matter of priority, the financial resources needed by the national preventive mechanism, as required by article 18 (3) of the Optional Protocol and the Subcommittee's national preventive mechanism guidelines (CAT/OP/12/5, para. 11). If the mechanism is to have functional independence, it must have full control over its staff and not be dependent on the decisions of other State bodies.

22. The Subcommittee also recommends that this funding be provided through a separate line in the annual national budget referring specifically to the national preventive mechanism, as advised by the Subcommittee in its response to national preventive mechanism requests (CAT/C/57/4, annex, paras. 11–23). It further recommends that this funding be at such a level as to allow the mechanism to carry out its visiting programme, hire its own human resources, engage outside experts and regularly participate in training programmes.

23. The Subcommittee urges the State party, in close cooperation with the national preventive mechanism, to review the legal framework in which the mechanism operates and to bring it into full conformity with all relevant international norms and

⁶ Ibid.

⁷ See www.provedor-jus.pt/site/public/archive/doc/Relatorio_a_Assembleia_da_Republica_2014_MNP_ING_.pdf.

⁸ See www.provedor-jus.pt/site/public/archive/doc/National_Preventive_Mechanism_Report_to_the_Parliament_2016_EN_0.pdf.

guidelines with a view to solving existing or potential issues that may hinder the mechanism from carrying out its mandate effectively and independently. The practical needs and the operability of the mechanism also have to be taken into consideration. Furthermore, the simplification of the support structure of the mechanism has to be considered in order to make it more fully operational and effective.

24. The Subcommittee was also informed that the national preventive mechanism had some difficulties in accessing non-traditional places of deprivation of liberty, such as psychiatric institutions and social institutions, especially those run by private companies. In this connection, the Subcommittee emphasizes that pursuant to article 4 of the Optional Protocol, the State must enable and ensure visits to any place under its jurisdiction and control where persons are or may be deprived of their liberty. Therefore, any place in which a person is or may be deprived of liberty – in the sense of the inability to exercise freedom of movement – should fall within the scope of the national preventive mechanism.

25. In determining what constitutes detention and a place of deprivation of liberty, the Subcommittee recommends that the State party adopt an expansive approach that maximizes the preventive impact of the national preventive mechanism (ibid., paras. 1–3). In addition, it recommends that the State party ensure that the national preventive mechanism has the legal authority and practical capacity to access any place where the mechanism has information that people are or may be deprived of liberty, in accordance with articles 4, 19 and 20 of the Optional Protocol.

26. The Subcommittee notes that the national preventive mechanism mainly focuses on detention monitoring activities. Although the mechanism has the legal competence to submit proposals and observations concerning draft legislation, the Portuguese legislative bodies have never submitted draft legislation to the mechanism.

27. The Subcommittee recommends that the State, through legal and financial measures, ensure that the national preventive mechanism focuses not only on visiting places of deprivation of liberty but also on other preventive activities, such as commenting on draft legislation, awareness-raising and training activities, in accordance with articles 4 and 19 of the Optional Protocol.

28. During the joint visits to Carregueira Prison and the Navarro de Paiva educational centre for juveniles the Subcommittee delegation was pleased to note that the staff members of the ombudsperson were well regarded by both the prison authorities and the detainees. The staff were observed to enjoy full access to all places of deprivation of liberty within the prison and had access to all information concerning the number of detainees and the conditions of detention.

29. The meetings held by the Subcommittee delegation with some of the relevant authorities revealed, however, that little was known about the national preventive mechanism per se. The mechanism lacks visibility and there may be a lack of understanding of its role vis-à-vis the ombudsperson. In addition, there needs to be greater awareness of the reports of the mechanism and, especially, of the degree to which the authorities implement the recommendations contained in the reports. The Subcommittee notes that there is very little knowledge of the mechanism among relevant stakeholders, including persons deprived of their liberty, public authorities and other State monitoring bodies, civil society actors and the general public.

30. The Subcommittee recommends that the State party take immediate measures to increase the visibility of the national preventive mechanism, including through activities that raise awareness of the Optional Protocol and the mechanism’s mandate. Recommendations of the mechanism should be thoroughly discussed and addressed with relevant stakeholders in accordance with article 19 of the Optional Protocol.

31. The State party must include the national preventive mechanism in legislative processes and advocacy, which national preventive mechanisms are encouraged to undertake under article 19 of the Optional Protocol, as this will improve safeguards against torture and increase the overall visibility of the mechanism.

32. **Furthermore, the Subcommittee recommends that the State party:**

- (a) **Take steps to assist the mechanism in making its mandate and its work better known to the general public;**
- (b) **Ensure that the mechanism is recognized as a key component of the country's system for preventing torture and ill-treatment;**
- (c) **Contribute to making the work of the mechanism more visible by, for example, organizing awareness-raising campaigns and other promotional activities, including the production and distribution of materials on the mandate and the activities of the national preventive mechanism to persons deprived of their liberty, public authorities, civil society organizations, lawyers, members of the judiciary and the general public;**
- (d) **Include information on the mechanism in training programmes for law enforcement bodies;**
- (e) **Engage with a broad spectrum of stakeholders, especially in civil society, concerning the work of the mechanism.**

III. Overarching issues

A. Institutional framework

33. The Subcommittee welcomes the “zero tolerance” policy against torture demonstrated by the representatives of the State party during the visit and the establishment of a well-developed legal system aimed at preventing torture and ill-treatment. However, while acknowledging that torture is prohibited both in the Constitution and in national legislation, the Subcommittee notes that the State party has not implemented the recommendation of the Committee against Torture to bring the definition of torture into full conformity with article 1 of the Convention against Torture (CAT/C/PRT/CO/5-6, para. 7).

34. The Subcommittee welcomes the integration of human rights in the training and educational curriculum for law enforcement and prison personnel. **It encourages the State party to ensure that the educational programmes for State officials dealing with detained and arrested persons include international standards relating to torture and ill-treatment and that all professionals involved in documentation and investigation of torture and ill-treatment receive adequate training on the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the Istanbul Protocol).**

35. The Subcommittee welcomes the acknowledgement of the State party during the visit that Mental Health Act No. 36 of 24 July 1998 needs to be revised to bring it into compliance with the Convention on the Rights of Persons with Disabilities. The Subcommittee is concerned at the inadequate supervision of the implementation of chapter II of this Act on a compulsory internment regime. While the Act creates a commission for follow-up on the implementation of the compulsory internment regime that reports to the Government on an annual basis, the Subcommittee is also concerned that the reports are largely procedural and provide very little detail on the actual implementation of chapter II of the Act. The Subcommittee is further concerned that the commission reports that it seriously lacks resources, receives little cooperation from public and private institutions, including hospital managers and courts, and does not receive responses to requests made within the scope of its mandate and that the proposals it makes are disregarded.⁹

36. **The Subcommittee recommends that the Mental Health Act be revised without further delay to bring it into compliance with the Convention on the Rights of Persons with Disabilities and that the monitoring of the current chapter II be strengthened,**

⁹ Comissão para Acompanhamento da Execução do Regime do Internamento Compulsivo, *Relatório de Atividades Relativo a 2016*, and *Relatório de Atividades Relativo a 2017* (Activities of the commission for follow-up on the implementation of the compulsory internment regime, annual reports 2016 and 2017).

including through providing the follow-up commission on the implementation of the compulsory internment regime with adequate resources and support.

37. An overarching problem identified by the Subcommittee during its visits to prisons and psychiatric and forensic units was understaffing of security and medical personnel. Lack of staff results in a lack of control over the prison population, leads to inter-prisoner conflicts, compromises timely medical attention and slows down the processing of disciplinary proceedings, among others. In this context, the Subcommittee welcomes the ongoing recruitment of 400 prison guards and additional medical personnel.

38. The Subcommittee urges the State party to allocate sufficient budgetary resources to ensure the adequate administrative, medical and security staffing of prisons and psychiatric and forensic units.

39. Another particular problem noted was prison overcrowding. While the overall country statistics indicate that there is no overcrowding, the fact remains that overcrowding exists owing to the uneven distribution of inmates between prisons, resulting in some locations being underpopulated and the others working above their capacity – for example, Porto Prison. While welcoming the State party’s intention to incarcerate inmates in prisons close to their families, the Subcommittee stresses that overcrowding has detrimental consequences on material conditions, security, discipline and other aspects of prison functioning, including the organization and frequency of visits.

40. The Subcommittee notes that detention should always be a measure of last resort for all persons, especially for those below the age of 18.¹⁰ It urges the State party to continue broadening the use of alternative sanctions, such as electronic surveillance, probation, bail, mediation, community service and suspended sentences, and, if necessary, to amend legislation to this end in order to abolish prison sentences for certain crimes, such as driving without a licence, and to decrease the prison population.

41. The Subcommittee notes that, pursuant to section IV of the Criminal Code, detainees can apply for parole after serving half, two thirds or five sixths of their sentence, depending on the length of the sentence and provided a number of conditions are met. The delegation, however, heard from the inmates that conditional release is rarely granted and that the decision-making process is not transparent. Some alleged corruption on the part of prison management concerning recommendations they have to provide to the *Tribunal de Execução das Penas* (sentence enforcement court).

42. The Subcommittee recommends that the State party allow for the conditional release of prisoners whenever they meet the legally prescribed conditions. It also recommends that prisoners be kept fully apprised of the stages reached in the decision-making process regarding their conditional release and the reasons for the decisions taken.

43. The Subcommittee delegation found the conditions at the Lisbon Airport Immigration and Borders Service holding facility for migrants and asylum seekers and the Santo António detention facility in Porto adequate for temporary accommodation of immigrants and asylum seekers. The delegation noted a problem, however, regarding access of detainees to legal counsel at the airport facility. Although migrants in detention were informed of their right to counsel, lawyers were rarely present to assist them because they had to pay an entrance fee of about €12, charged by the private company that managed the airport. **The Subcommittee recommends that the State party negotiate with the private company managing the airport a free passage for lawyers working with migrants.**

44. The Santo António detention facility had very good material conditions and most immigrants who stayed there did not have complaints in that regard. However, in both facilities the migrants and asylum seekers raised worrying allegations concerning a lack of

¹⁰ Human Rights Committee, general comment No. 35 (2014) on liberty and security of person, para. 18; Convention on the Rights of the Child, article 37; and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), paras. 13 and 19.

information on their status and on the reasons for their detention. **The State party needs to keep detainees fully informed, in language they understand, of the reasons for their detention and the procedural and substantive stages of the immigration processes and should update them on the stages reached in a timely manner.**

45. The Subcommittee would like to commend the State party on the conditions of detention in the female high security prison in Santa Cruz do Bispo. The Subcommittee was informed that the prison practises a model of public-private cooperation in which security and administration are under the responsibility of the State and medical, schooling, work, leisure and cultural activities are provided by a private partner. The delegation noticed open and respectful relations between the staff and the inmates and heard very little negative feedback from the prisoners interviewed.

46. The Subcommittee would like to note that, with very few exceptions, there were no complaints concerning visits to prisoners. All the prisoners interviewed said that they could receive regular visits once a week for one hour and intimate visits of a spouse or partner once a month for up to three hours, in accordance with the legal provisions in force.¹¹

B. Complaints mechanisms

47. The State party has several institutional mechanisms for the prevention of torture and ill-treatment in places of detention consisting, among others, of the national prevention mechanism; the Inspectorate General of Home Affairs; the audit and inspection service at the directorate-general of reintegration and prison services; and the commission for follow-up on the implementation of the compulsory internment regime. These institutions are authorized to visit places of deprivation of liberty and receive complaints from persons detained in police facilities (the national preventive mechanism and the Inspectorate General of Home Affairs), serving sentence in prison (the national preventive mechanism and the audit and inspection service) or placed in a mental institution or hospital (the national preventive mechanism and the follow-up commission). The Subcommittee noted, however, that information on these institutions was not readily available in places visited by the delegation and the inmates interviewed by the Subcommittee, with rare exceptions, were not aware of the existence of such monitoring and investigative mechanisms. Furthermore, the prisoners interviewed alleged that the complaint forms were not available or not easily available and that the complaint procedures were long and unclear.

48. The Subcommittee recommends that information on monitoring and investigation mechanisms and the relevant complaint procedures be made readily available to detained and arrested persons, including by displaying such information prominently in police stations and prisons.

49. It appeared to the Subcommittee delegation that most inmates were reluctant to make official complaints about verbal abuse or beatings by prison guards because they believed that the complaints system did not work. Some inmates reported that when they asked for a complaint book they were told that it did not exist; others said that sometimes the guards just destroyed their complaint form in front of them. Several prisoners reported that they never received a response even if their complaint had been delivered and considered. The same concerns were raised with regard to complaints about material conditions. Some inmates were not willing to complain about a lack of glass in the windows or a lack of warm blankets in winter (e.g., in Paços de Ferreira Prison), fearing relocation to even worse conditions. In one case, an inmate alleged that following his submission of a written complaint to a special parliamentary committee he had been denied visits and phone calls at Christmas and his first conjugal visit in two years had been cancelled.

50. The Subcommittee recommends that the State party put in place effective mechanisms to allow detainees to submit complaints concerning ill-treatment

¹¹ Enforcement of sentences code, part XI, chap. I.

confidentially¹² and directly, and without any form of internal or external scrutiny or censorship, to independent, impartial and effective bodies with the power to investigate and trigger appropriate protective and remedial action. The Subcommittee also recommends that the State party ensure that those submitting such complaints are not subjected to any form of reprisal or sanctions, including physical, disciplinary or administrative sanctions.

51. During the meetings with representatives of the Inspectorate General of Home Affairs and the national preventive mechanism, the Subcommittee delegation noted that many cases had been closed not only because of a lack of evidence but also because of incomplete and insufficient documentation. **The Subcommittee recommends that the State party ensure that the educational and training programmes for police and prison personnel includes the proper documentation and complaint processing methods.**

52. The Subcommittee notes that the national preventive mechanism currently has 15 staff members who simultaneously perform other functions of the ombudsperson's office and that the Inspectorate General of Home Affairs consists of 12 seconded police officers. **The Subcommittee urges the State party to ensure that the resources allocated to these institutions provide for an adequate number of qualified staff members and enable them to carry out their professional duties efficiently.**

IV. Prevention of torture and ill-treatment

A. Police

53. There were no detainees in any of the police stations visited by the Subcommittee during the course of the visit. In general, the registration and transfer of inmates and the conditions in the cells seemed satisfactory. Nevertheless, the delegation was informed by some inmates interviewed in prisons that they had been kicked and punched by police during their arrest. None of them had filed official complaints, and they referred to the practice as "normal" and something that "happens all the time".

54. **The Subcommittee considers it unacceptable that persons who are arrested believe that it is normal to be kicked and punched by a police officer and recommends that the State party enhance educational and oversight measures to ensure that the behaviour of police officers is in full compliance with prevention of torture and human rights standards.**

B. Prisons

55. The Subcommittee did not encounter evidence of widespread violence, torture or ill-treatment in prisons. In general, and with few exceptions, there was no impression of intimidation or fear among inmates. There were, however, some allegations of beatings, including a case that resulted in the transfer of the guard in question to another prison and a case in which a man on hunger strike had been kicked and punched. Most inmates reported that at Lisbon Central and Caxias Prisons the guards administered severe beatings to the prisoners there. In addition, there were allegations of verbal insults by the guards.

56. The Subcommittee wants to draw the State party's attention to the situation in Porto Prison, which was extremely overcrowded on the day the delegation visited. There were 1,077 inmates in the facility, which has an official capacity of 686, meaning that the prison was operating at over 150 per cent of capacity. No extra staff had been provided to make up for the increased occupancy, resulting in a severe risk to health and life. Inmates reported that if there were an emergency they might die in their cells, as guards did not respond to their calls. Indeed, the delegation experienced this first-hand when a bell in a disciplinary

¹² United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), rule 57.

cell rang for 20 minutes without response as all the guards were taking a lunch break. The delegation eventually managed to call a guard. When the guard opened the cell at the delegation's request, they found an inmate who was barely conscious and needed immediate medical attention.

57. Disciplinary cells in the Porto Prison were extremely overcrowded. The Subcommittee visited a cell with 12 inmates that had less than 3 m² floor space per person, not subtracting the space occupied by their beds and a table to eat on, as the inmates had to take all their meals in the cell. There was virtually no space to move around, and the inmates were confined in the cell up to 23 hours per day on weekdays and 24 hours a day on weekends, some of them for months and some for years. Prisoners who smoked were smoking in this cell, affecting the non-smokers. Inmates in this prison reported regular beatings by the guards. One case reported to the delegation concerned an inmate who had been severely beaten during a cell search and had died without receiving medical assistance. Another case, which happened about a month prior to the visit, concerned a wheelchair user who was ordered by a guard to stand up and was then beaten because he could not do so. The delegation saw the documentation and the pictures of the individual in question, heavily bruised. The guard who inflicted the injuries was still working in the prison and no proceedings had been initiated to investigate the allegations.

58. The Subcommittee recommends that the State party ensure to persons alleging ill-treatment a confidential and accessible way of filing a complaint with an independent investigative mechanism, that such allegations are investigated in a prompt and effective manner, that those responsible for ill-treatment are punished accordingly and that the complainant receives a response within a reasonable amount of time. The Subcommittee emphasizes that the transfer of persons found to have perpetrated torture or ill-treatment to another prison cannot be considered a sufficient penalty.

59. The Subcommittee further recommends that the State party urgently review the situation in Porto Prison to ensure adequate staffing, material conditions and medical care and to prevent further ill-treatment.

C. Psychiatric care

60. The Subcommittee is concerned that a doctor can prescribe physical restraint at one point in time and that this authorization is never re-evaluated or is not re-evaluated for years. This was the case, for example, of a woman in the psychiatric clinic of São José who had been put in a five-point restraint. In this clinic it also appeared that restraints were not used as a last resort, as prescribed, inter alia, by the guidelines on restraint No. 021/2011 issued on 6 June 2011 by the Ministry of Health, but were implemented due to understaffing, as there were not enough staff to adequately supervise some of the patients if they remained unrestrained.

61. The Subcommittee recommends that the State party take measures to ensure that physical restraint is used only as a last resort and that its authorization in each individual case is re-evaluated on a periodic basis. The Subcommittee wishes to be kept informed about changes in the legal system coming into force and refers to the Means of Restraint in Psychiatric Establishments for Adults (revised CPT standards) (CPT/Inf(2017)6) of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

V. Police practice and procedure

A. Fundamental safeguards during the initial stage of detention

62. The Subcommittee delegation noted that the detention time in police stations, which by law can last up to 48 hours, in practice was very short and usually lasted only the few hours necessary to process the arrest documentation. The exception were weekends, when

the court was closed and the arrested person had to remain in detention until Monday to be taken before a judge.

63. The Subcommittee notes allegations by prisoners interviewed concerning a lack of access to a lawyer during their initial police detention. Some prisoners alleged that they had not received information on the right to contact a lawyer. Others argued that they had met an ex officio lawyer for the first time in court and that the lawyer had not been adequately prepared. At the same time, the Subcommittee observed that the arrest records at police stations visited by the delegation had been thoroughly compiled and included a page listing the rights of individuals during arrest signed by the arrested person. The list of rights was available in several languages. The delegation also had the opportunity to look into the police database, where the status and location of the arrested person could be tracked in real time.

64. The Subcommittee recommends that the State party ensure the access of detained persons to a lawyer immediately after their arrest and that it at least secure the presence of legal counsel during interrogation. The State party should also extend and strengthen the system of free legal aid to ensure effective and quality representation for all detained persons, on an equal basis.

B. Material conditions of detention at police stations

65. The delegation found that the material conditions in the police stations visited were satisfactory for a short-term detention. The detention cells were around 8 m², with an inbuilt bench and a toilet. Mattresses and blankets were provided. Arrested persons received three meals a day. The delegation noted that the natural light was poor and the artificial lighting very dim. The police stations visited did not have a yard for the detainees to take exercise.

66. The Subcommittee recommends that the State party ensure that the lighting in the police detention cells is sufficient for reading and that persons arrested for more than 24 hours have the possibility to spend at least one hour outside of the cell in the open air.

VI. Prisons

A. Material conditions of detention in prisons

67. In all prisons the Subcommittee delegation heard complaints about lack of work, study, rehabilitation and recreational opportunities and difficulties in contacting the professionals engaged by the system to take care of such tasks, namely the educators. In some cases, in high security cells newspapers were reportedly not allowed and books were almost impossible to get. Many inmates complained that work opportunities were poorly remunerated. Some inmates said that those who were offered work activities were often encouraged to report on other prisoners. At the same time, the delegation noted a positive practice in Sintra Prison, where about half of prisoners worked, including outside of the facility.

68. The Subcommittee recommends the State party to broaden the work, education, rehabilitation and recreational opportunities for prisoners. Such opportunities facilitate rehabilitation of prisoners and their future reintegration in society. The Subcommittee also recommends that fairly remunerated work opportunities be made available to all detainees. The State party might consider dividing working hours between several prisoners to allow more people to be engaged in purposeful activities.

69. In all prisons, without exception, inmates complained about the quality, quantity and variety of food and in some cases also food hygiene. Complaints ranged from food smelling rotten or being too greasy to reports of foreign bodies such as cockroaches and other insects in the food served. Inmates also complained about the overly strict regulations as to what food their families were allowed to bring for them, with basic items being prohibited. The

delegation also received many complaints about the lack of personal hygiene and cleaning products.

70. While the delegation did not consider the food shown to them by the prisoners to be of particularly bad quality, the State party is urged to check on food hygiene and the nutritional value, variety and quality of the food served in prisons on a regular basis. The Subcommittee encourages the State party to ensure that all inmates receive sufficient supplies of personal hygiene and cleaning products.

71. In some prisons, cells were mouldy, humid, cold and dilapidated, and there was a lack of essential maintenance. The delegation observed in some of the prisons visited that parts of the buildings, such as windows, showers and ceilings, were broken and were reportedly left unrepaired for months or years. Prisoners reported that they had repeatedly requested the materials necessary and the permission to fix these things themselves to no avail. The delegation saw, for example, broken windows with sharp pieces of glass that had reportedly been left in the frame for over a year, permitting cold air to enter in winter and creating the possibility of accidental injury or even the risk that shards of glass from the window could be used as weapons. This is a situation that creates a serious risk for the prisoners' health, including exposure to accidental or intentional injury.

72. The Subcommittee urges the State party to ensure that the material conditions in detention do not pose health hazards and recommends that the State party ensure that essential maintenance is carried out, including by creating paid or voluntary maintenance work opportunities for inmates.

73. The Subcommittee delegation observed that, almost without exception, call bells did not work in the facilities visited, including the bells in disciplinary cells. In case of emergency inmates could only attract attention by banging on the door. There were complaints that the guards did not react or only reacted after several hours in such cases.

74. The Subcommittee recommends that the State party ensure that the call bells are functional in all facilities and that units are staffed in a way that makes it possible to respond to alarms.

B. Discipline

75. The delegation was alarmed by what it considered the overuse of disciplinary cells in all the prisons visited and by the existence of waiting lists of up to six months for prisoners waiting to serve their disciplinary punishment. The situation was probably due to the use of disciplinary cells as confinement cells when the regular confinement cells were full. At the same time, the delegation understood that the situation was the result of understaffing and overcrowding, such that the prison population could not be sufficiently controlled and the administration had to isolate people for their own protection or for the protection of others. It noted with concern that the disciplinary cells were also used to keep the prisoners in isolation pending the outcome of disciplinary proceedings and that the time spent in confinement cells was reportedly not deducted from the duration of the disciplinary detention.

76. While according to the legislation in force¹³ the maximum duration of disciplinary detention is 21 days, there were allegations of its use lasting for up to 30 days and in one case even 90 days, in Porto Prison, when several punishments were imposed consecutively. The Subcommittee wants to draw the attention of the State party to the lack of records of the use of disciplinary cells in this prison. In other prisons most inmates acknowledged that disciplinary detention did not exceed 21 days and that there was no resort to consecutive punishments. An undue duration of isolation is a serious matter and may constitute psychological torture. Some inmates mentioned that after 10 to 12 days in solitary confinement they started "getting crazy".

¹³ Enforcement of Sentences Code, art. 105 (g).

77. The delegation heard complaints about the excessive duration of the confinement of prisoners to their cells,¹⁴ which according to law cannot exceed 30 days. On one occasion, an inmate in Paços de Ferreira Prison, who was interviewed by the delegation, had been confined to a cell for several months and after one month without the radio, television or the opportunity to communicate with others, he “went crazy” and burned his face and hand.

78. It appears that some prisons have acute security problems with inmates related to their drug and cigarette debts. Despite warnings by the prison administration to prisoners upon arrival not to accumulate debts, many prisoners still do. The accumulation of debts frequently results in being beaten up and threatened by other inmates. In Coimbra Prison indebted inmates had to be located in a separate wing and sometimes to a confinement cell for their own protection. In Paços de Ferreira Prison two inmates declared a hunger strike in order to be placed in another section of the prison where they felt less threatened. As two of the disciplinary cells in the prison were specifically allocated for prisoners who declared hunger strikes, the inmates were placed there until they called off their strike. However, as the prisoners had to remain on hunger strike or be transferred back to the section they came from, this created a serious situation both for the prisoners and the administration. The prison administration does not seem to have reported such inter-prisoner security problems to the public prosecutor for investigation.

79. The delegation heard numerous allegations in all the prisons visited about smuggling of phones and drugs by the guards. The price of a mobile phone, depending on the prison, varied between €300 to €600. There were also allegations that guards on night shift were under the influence of alcohol or possibly drugs and behaved aggressively. The only direct allegations of beatings and violent behaviour by prison guards came from prisoners in some of the disciplinary cells.

80. As for options to appeal disciplinary sanctions, only one prisoner mentioned that he had appealed against the disciplinary punishment he received, alleging that the decision to sanction him was based on charges fabricated by a guard. It is unclear whether the disciplinary appeal mechanism is available and accessible to the inmates and used by them.

81. The Subcommittee recommends that the State party ensure that the disciplinary proceedings in prisons are speedily processed and that measures are put in place to allow prisoners to appeal against the imposition of disciplinary sanctions. Disciplinary cells should only be used when strictly necessary and time spent in confinement cells should be deducted from the period fixed for the disciplinary sanction. The Subcommittee also recommends that the State party ensure, including through changes in legislation if necessary, that the maximum period of placement in solitary confinement does not exceed 15 consecutive days¹⁵ and that such periods cannot be imposed consecutively or in swift succession.

82. The Subcommittee further recommends that the appropriate authorities outside the prison be informed should inter-prisoner violence exceed the controlling capacity of the prison administration. Moreover, it is recommended that allegations regarding smuggling of prohibited goods and objects by prison guards be properly investigated.

VII. Health care

A. Generic observations and concerns

83. During its visits to prisons, psychiatric units and forensic units, the Subcommittee noted the following common concerns. Inmates received limited medical attention from doctors. Most care was provided by nurses who took on responsibilities for tasks that should be done or at least closely supervised by doctors, such as stitching wounds, taking decisions in relation to the dosage of medications and supervising the inmates on hunger

¹⁴ Ibid., art. 105 (f).

¹⁵ Nelson Mandela Rules, rule 44.

strike. The Subcommittee noted with great concern that even some hospitals, such as the psychiatric hospital of Coimbra, might not have doctors available round the clock. The delegation observed situations in which patients were assessed and medication was prescribed by nurses without the presence of a doctor. In the case of hunger strikes in Porto Prison, nurses measured blood pressure, blood sugar, urine and weight and the doctor made an assessment on the basis of those parameters without seeing the inmates.

84. Some overmedication was noted, for example in the psychiatric hospital of Coimbra and in Porto Prison, with inmates allegedly being given medication as a form of control of disruptive or self-harming behaviour, but possibly to compensate for shortage of staff. Inmates reported that the concept of informed consent for medications was generally not applied. In one psychiatric unit, for example, the delegation encountered a case of a young man who stated that he had to accept an injection as a condition for ending his court order, without having the side effects of such treatment explained to him. Such forms of duress are likely to be degrading for patients.

85. The Subcommittee recommends that the State party ensure that all inmates receive adequate medical attention from doctors, that medication is not used as a form of control to compensate for a shortage of staff and that informed consent for treatment is systematically sought.

86. The Subcommittee notes that all the places visited request the support of the national institute for medical emergencies in case of a medical emergency. Only psychiatric hospitals have medical devices (defibrillators) for emergency situations and staff trained in their use.

87. The Subcommittee recommends that the State party expand the provision of medical devices and supplies, such as defibrillators, to be used in medical emergencies and the associated training for staff to all places of detention in order to ensure that such help can be provided promptly.

B. Medical screening and examination

88. The Subcommittee welcomes the new system in place that seeks to check the coherence between a detainee's testimony regarding injuries sustained during arrest or transfer, at the police station or in prison, on the one hand, and the doctor's physical examination, on the other. The Subcommittee is concerned, however, that detainees who are injured either at the time of arrest or later at police stations are not automatically referred to or examined by a doctor. The delegation was informed that it was up to the arrested person him or herself to request to see a doctor if they felt they needed one. While initial medical screening is normally conducted upon arrival in prisons, it appears that it is often conducted in the presence of police officers or guards, denying the detainees the right to confidential examination. This creates the risk that the person arrested will not provide all the information about possible injuries for fear of reprisals. In only one of the places visited did the delegation find a confidential registration system for injuries.

89. Furthermore, the delegation observed that records of the initial medical screening did not always include all the necessary details, especially with regard to the description of existing injuries and the circumstances under which they had been sustained. Moreover, results of the initial medical screening were not always recorded comprehensively in the medical files of detainees. The delegation noted a lack of awareness of and lack of training for doctors and nurses on the concept of torture and ill-treatment and the Istanbul Protocol.

90. The Subcommittee wishes to emphasize that medical examinations of persons admitted to detention centres and the proper reporting of injuries found during those examinations constitute important aspects of the process of preventing torture and ill-treatment and in combating impunity.¹⁶ Such examinations and registries can also protect police officers and prison staff against false allegations.

¹⁶ Committee against Torture, general comment No. 2 (2007) on the implementation of article 2, para. 13.

91. **The Subcommittee recommends that all newly arrived detainees, as soon as possible and no later than 24 hours following their entry into a place of detention, be given a thorough medical examination, including a full body examination, in order, inter alia, to detect any signs of injuries sustained prior to the person's admission. In addition, the results of such examinations should be appropriately and comprehensively recorded in a specifically designated and confidential register and, in cases of suspicion of torture and ill-treatment, reported accordingly, as described in rules 33 and 34 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).**

92. **Medical examinations should be carried out regularly and always in keeping with the principle of medical confidentiality: no person other than medical personnel should be present during the examination. Guards should remain out of hearing and normally out of sight, except in the rare case where the medical staff may, for reasons of safety, request otherwise. Medical records should be made available to the detainees or their legal representatives upon the detainees' request.**

93. **Furthermore, the Subcommittee recommends that the State party improve its training of medical personnel working in places of detention, particularly as regards international standards, including the Istanbul Protocol, which is an indispensable tool in detecting, documenting, reporting and, as such, deterring torture and ill-treatment.**

C. Prisons

94. The Subcommittee is concerned about the hybrid model of public-private responsibility for medical services that remains in place in some prisons. In these prisons staff of the Ministry of Health share work schedules with staff from private companies, medical specialists working for private companies visit the prisons and inmates are treated by employees of the Ministry of Health when they go to hospitals for treatment.

95. **The Subcommittee welcomes the State party's plan to transfer the responsibility for the health care of prisoners to the Ministry of Health as the single service provider and recommends that the State party carry out this plan without delay.**

96. The Subcommittee welcomes the fact that medical personnel are in general well trained and that clinical files are generally well-kept and easily searchable. No major concerns were identified in relation to the preparation of medicines for distribution, with the exception of Porto Prison. At Porto Prison medications were removed from their packaging well in advance of delivery, deposited in containers and later transferred to other individual containers and distributed. This method left medications exposed for hours to humidity and possible contamination and increased the risk of mistakes during their distribution.

97. **The Subcommittee recommends that the current practice of distribution of medications at Porto Prison be modified and that medications remain in a blister pack until they are administered in order to retain their properties and for reasons of hygiene.**

98. The Subcommittee notes that medical care in prisons is carried out by the polyclinics in the prisons, and that the services provided are based on demand from the inmates. The Subcommittee is, however, concerned that in all the prisons visited inmates reported difficulties in obtaining access to doctors. Requests to see a doctor were usually placed through the guard, and no registry of the requests was kept. It was therefore difficult to evaluate the availability of medical consultation at the polyclinic. Inmates also had access to some specialist psychiatric, psychological and dental treatment within the prisons, but the delegation was informed that that was a very limited resource and hence of limited availability to the inmates. Specialist treatment not available in the prison was provided in coordination with nearby hospitals, but the waiting time was often long and the problem was at times compounded by a lack of transport or escort. The Subcommittee considers that

such delays in access to specialist treatment can lead to worsening of the medical condition of inmates who are not free to make medical arrangements themselves. Such neglect may in certain circumstances amount to ill-treatment under international law.

99. **The Subcommittee recommends that the State party improve the access of inmates to medical care, including specialized medical care, through better coordination, with the aim of reducing the waiting time for medical assistance for persons deprived of liberty.**

100. The Subcommittee is further concerned that the standards of mental health care seem low. The problem of overmedicalization has been raised already and in some prisons, for example Porto Prison, it was reported by the prisoners that everyone was obliged to take tranquilizers at night.

101. **The Subcommittee recommends that the State party ensure that tranquilizers are not administered without the prior, free and informed consent of prisoners.**

102. The Subcommittee noted with concern the lack of consistent application of therapy for drug users in some prisons, for example Coimbra Prison. In a particularly worrying case, a heavy drug user reported to the delegation that he had not been provided with any drug substitution therapy, which caused serious sleep problems, aggressive impulses and a state of severe mental imbalance. This situation resulted in the prisoner's transfer to a high security isolation cell, where he had remained for almost two years by the time of the delegation's visit.

103. **The Subcommittee recommends that substitution therapy for drug users be made available to all who need it and that it be administered in a proactive manner.**

D. Forensic units

104. The delegation wants to draw the State party's attention to the situation in Pavilion 16 of the psychiatric hospital of Coimbra, which is seriously understaffed. All the work appears to be done by nurses, whereas the doctors only formally authorize treatments and medications and most of the time are not present in the clinic. Article 35 of the 1998 Mental Health Act requires a review of the detained patient's situation two months following the beginning of the detention and two months after each decision to extend the detention. The delegation was informed that that mandatory review did not always take place. The medical files at the hospital were not updated and, based on a review by the delegation, they did not seem to meet the necessary standards. The delegation encountered a case of overmedication with severe side effects that had been examined by an external neurologist. Nevertheless, according to the documentation that the delegation was able to review, the psychiatrist responsible for the medication seemed unwilling to adjust the medication despite the obvious side effects. The delegation is particularly concerned about a case of a young female inmate who has been kept in detention in this forensic unit without any medical re-evaluation. Furthermore, she was kept in the unit even after the court decided to release her, because "she had no other place to go". The delegation considers that this is an example of arbitrary detention, as the deprivation of liberty has been extended beyond the period ordered by the court.

105. **The Subcommittee urges the State party to ensure that Pavilion 16 of the psychiatric hospital of Coimbra has adequate staffing, maintains detailed and regularly updated medical records and adheres to all provisions stipulated in law, including providing alternative care for patients formally released from the hospital.**

E. Psychiatric units

106. The delegation observed a general lack of non-medical treatment in psychiatric units, that is, different recreational and creative activities. There was also a lack of psychological care and, in most places, a lack of occupational therapy. The Subcommittee considers that the implementation of the procedure for individual risk assessment as a basis of admission to psychiatric care under court order is inadequate. In the cases reviewed by the delegation,

there appeared to be no detailed medical justification for hospitalization. The form used consisted of a series of questions with checkboxes to determine whether the person posed a danger to society or him or herself. The judge made decisions on the basis of this form without any additional evaluation of the situation of the person. The patients interviewed by the delegation reported that they had appeared before the judge only to receive the decision regarding their hospitalization after it had already been taken.

107. The Subcommittee is also concerned that the lack of community-based care may result in overuse of psychiatric and non-consensual treatment, that is, deprivation of liberty for health reasons, when other options might be better. Instead of a “last resort” policy, as enshrined in the 1998 Mental Health Act, long-term psychiatric care in closed units is very frequent, also in situations where people should or could have been in social care. As a result, people with long-running psychiatric diagnoses are psychosocially disabled and tend to be overmedicated. This group seems to be practically forgotten, and they are not rehabilitated in the way they should be. The Subcommittee came across a couple of examples where low-level community care would have been a far better option than long-term deprivation of liberty in psychiatric units.

108. **The Subcommittee recommends that the State party ensure that:**

(a) **Multidisciplinary care is provided to all patients and rehabilitation, occupational or recreational activities are proposed on a regular basis;**

(b) **Detailed medical justification is provided for individual risk assessment that forms the basis of admission to psychiatric care under court order, and the person concerned has the possibility to appear before the judge before such a decision is taken;**

(c) **Additional measures are taken to support the establishment of community-based services to enable the discharge of patients who are only in long-term hospital care because of a lack of community care options.**

109. **The Subcommittee also recommends that mental health professionals be provided with adequate training on international human rights standards, particularly the Convention on the Rights of Persons with Disabilities. In addition, the number of psychiatrists, nurses, psychologists, occupational therapists and social assistants should be increased.**

VIII. Next steps

110. The Subcommittee requests that it receive a reply to the present report within six months from the date of its transmission to the Permanent Mission of Portugal in Geneva. The reply should respond directly to all the recommendations and requests for further information made in the report, giving a full account of action already taken, or which is planned to be taken (including timescales), in order to implement them. It should include details concerning the implementation of institution-specific recommendations and concerning more general policy and practice.¹⁷

111. Article 15 of the Optional Protocol prohibits any form of sanction or reprisal, from any source, against anyone who has been, or who has sought to be, in contact with the Subcommittee. The Subcommittee reminds Portugal of its obligation to ensure that no such sanctions or reprisals take place and requests that in its reply the State party provide detailed information concerning the steps it has taken to ensure that this obligation is fulfilled.

112. The Subcommittee recalls that prevention of torture is a continuing and wide-ranging obligation.¹⁸ It therefore requests that the Subcommittee be informed of any

¹⁷ The reply should also conform to the guidelines concerning documentation to be submitted to the United Nations human rights treaty bodies established by the General Assembly (HRI/GEN/2/Rev.6).

¹⁸ See CAT/OP/12/6 and the Committee’s general comment No. 2 (2007) on the implementation of article 2.

legislative, judicial, regulatory, administrative or other measures taken relating to both the treatment of persons deprived of their liberty and the work of the national preventive mechanism. This will enable the Subcommittee to continue to assist Portugal in fulfilling its obligations under the Optional Protocol in the best possible way.

113. The Subcommittee considers both its visit and the present report to form part of an ongoing dialogue. The Subcommittee looks forward to collaborating and assisting Portugal in fulfilling its obligations under the Optional Protocol by providing further advice and technical assistance, in order to achieve the common goal of prevention of torture and ill-treatment in places of deprivation of liberty. The Subcommittee believes that the most efficient and effective way of developing this dialogue would be for it to meet with the national authorities responsible for the implementation of the Subcommittee's recommendations within six months of receiving the reply to the present report.

114. The Subcommittee recommends that, in accordance with article 12 (d) of the Optional Protocol, the authorities of Portugal enter into a dialogue with the Subcommittee on the implementation of the Subcommittee's recommendations, within six months of the Subcommittee's receipt of the reply to the present report. The Subcommittee also recommends that Portugal initiate discussions with the Subcommittee on the arrangements for such a dialogue at the time of the submission of its reply to the present report.¹⁹

¹⁹ States parties can request technical assistance from OHCHR after a Subcommittee visit by requesting such assistance in writing, addressed to the Director of the Human Rights Council and Treaty Mechanisms Division, copying the Coordinator of treaty body capacity-building programme and the Subcommittee Secretary.

Annex I

List of places of deprivation of liberty visited by the Subcommittee

Penitentiary facilities

Coimbra prison

Pacos de Ferreira prison

Porto prison

Santa Cruz do Bispo Female Prison

Sintra prison

Police stations

Headquarters of the National Republican Guard in Porto

PSP district police stations in Coimbra

PSP Police Station Vila Nova do Gaia

PSP Police Facility Bela Vista

PSP police division 89 in Sintra

Holding facilities for migrants

Lisbon Airport Immigration and Borders Service holding facility

Santo António detention facility in Porto

Mental Health Institutions

Medical Centre of Conde de Ferreira

Psychiatric Hospital of Coimbra

Psychiatric Clinic of S. José

Psychiatric Centre of Lisbon

Annex II

Places of deprivation of liberty visited jointly by the national preventive mechanism and the Subcommittee

Carregueira prison

Navarro de Paiva Educational Centre for Juveniles

Annex III

List of government officials and other persons with whom the Subcommittee met

Ministry of Foreign Affairs

Mr. Luís Cabaço, Deputy Director General of Political Affairs

Ms. Vera Ávila, Director of the Department of Political Multilateral Organizations

Ms. Raquel Chantre, Head of the Human Rights Division

Ms. Alexandra Carreira, Adviser of the Ministry of Foreign Affairs

Ministry of Justice

Mr. Celso Manata, Director General for Reinsertion and Prison Services

Ms. Ana Horta, Deputy Director General for the Administration of Justice

Ms. Rodrigo Carvalho, Head of the Infrastructures Unit, Directorate-General for the Administration of Justice

Ms. Maria Cristina Mendonça, Member of the Executive Board, National Institute of Legal Medicine and Forensic Sciences

Ms. Carla Moura, Coordinator of the Equipment Conservation Unit, Institute for Financial Management and Equipment of Justice

Mr. Verissimo Milhazes, Director of the Information and Criminal Investigation Unit, Criminal Police

Ms. Helena Leitão Public Prosecutor, Coordinator of the International Relations Department of the Centre for Judicial Studies

Ms. Ida Teixeira, Inspector-Internal Controller Ministry of Justice

Ms. Manuela Almeida Silva, Inspector-Internal Controller Ministry of Justice

Ms. Maria Luísa Pacheco, Deputy Director General for Justice Policy

Ms. Sara Almeida, Head of the Unit for Civil Justice, International Affairs Department, Directorate General for Justice Policy

Mr. António Folgado, Head of the Unit for Criminal Justice, International Affairs Department, Directorate General for Justice Policy

Ms. José Castello-Branco, Senior Legal Adviser, Unit for Civil Justice Directorate General for Justice Policy

Mr. João Freire, Head of Cabinet of the Deputy Secretary of State and Justice

Mr. Manuel Leonardo Belchior, Coordinator of the Prison Santa Cruz do Bispo

Office of the Prosecutor General

Ms. Joana Gomes Ferreira, Public Prosecutor and Director of the Documentation and Comparative Law

Ms. Raquel Tavares, Legal Adviser of the Documentation and Comparative Law Office

Ministry of Home Affairs

Mr. Ricardo Carrilho, Deputy Secretary General for International Affairs and Management of EU Funds

Ms. Sónia Rosa, Senior Officer

Lieutenant-Colonel Paulo Poiares, National Republican Guard

Sub-intendant Hugo Guinote, Public Security Police

Mr. João Ataíde, Inspector Coordinator, Immigration and Border Service

Mr. João Pedrosa, Inspector, Inspection General of Internal Administration

Mr. Rogério Soares, Inspector

Ministry of Health

Mr. Miguel Xavier, Director of the National Programme for Mental Health, Directorate-General of Health

Ms. Paula Domingos, Senior Officer of the National Programme for Mental Health

Ms. Eva Falcão, Director of International Relations

Ms. Diana Correia, Directorate of International Relations

Ministry of Labour, Solidarity and Social Affairs

Ms. Odete Severino, Vice-President of the National Commission for the Promotion of the Rights and Protection of Children and Youth

Ms. Célia Chamiça, Coordinator of the International Relations Department of NCPRPCY

Ms. Sandra Alves, Director of the Department of Social Development of the Social Security Institute

Mr. Humberto Santos, President of the National Institute for Rehabilitation

Mr. Orlando Costa, Senior Officer, International Relations

Ministry of Defense

Lieutenant-Colonel Mota Pereira, Director of the Military Prison

Ms. Letícia Bairrada, General Directorate for National Defense Policy

Parliamentary Committee on Constitutional Affairs, Rights, Freedoms and Guarantees

Mr. Bacelar de Vasconcelos, Member of Parliament, President of the Committee

Ms. Sandra Pereira, Member of Parliament from PSD (Social Democratic Party)

Mr. Filipe Neto Brandão, Member of Parliament from PS (Socialist Party)

Ms. Sandra Cunha, Member of Parliament from BE (Left Block)

National Preventive Mechanism of Portugal

Ms. Maria Lúcia Amaral, Ombudsperson

Mr. João Portugal, Ombudsperson's Office

Mr. Miguel Coelho, Ombudsperson's Office

Members of the National Preventive Mechanism

Civil Society

Ms. Catarina Prata, Advocacy and Research Coordinator of Amnesty International Portugal

Mr. Pedro Matos Aguas, Coordinator of HIV/AIDS programme of Anti-Discrimination Centre (CAD)

Ms. Sara Malcato and Mr. Gonçalo Aguiar, Associação ILGA PORTUGAL