



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

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**Committee against Torture**

**Information received from Uruguay on follow-up  
to the concluding observations on its fourth  
periodic report\***

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



### Definition and criminalization of torture

1. In relation to the criminalization of torture, on 6 March 2023, Judge Iriarte of the Third Rota Court of Canelones, ruling on case No. 2-65903/2019, found Mr. Alejandro Ariel Ferreira Brune criminally liable as a co-perpetrator of multiple counts of torture. See annex I for the corresponding decision.

### Prison conditions

2. With regard to the reform of the prison system in Uruguay, section I (Public security), chapter VI, article 87, of Act No. 19.889, adopted under the fast-track legislative procedure, establishes the main pillars of the national strategy for the reform of the prison system. The National Rehabilitation Institute is charged with drafting short-, medium- and long-term goals.

3. With regard to the health-care strategy for inmates, the prison system in Uruguay has a programme known as the Integrated System for Persons Deprived of Their Liberty, which concerns the provision of primary health care for persons deprived of their liberty. The main provider of this service is the State Health Services Administration, with the Ministry of the Interior acting as co-administrator, providing assistance through the National Police Health Directorate.<sup>1</sup>

4. According to the Parliamentary Commissioner for the Prison System, the system of alternative measures has been strengthened through the creation of the National Directorate for Probation Supervision; the Criminal Justice Policy Council has been activated; and the formulation of a national strategy for prison reform, supported by the signing of a document setting out basic agreements by all political parties with parliamentary representation, has been announced. In the Commissioner's opinion, urgent measures are still required to improve the worst prison conditions in the Metropolitan Centre for Women (Unit No. 5), in the Canelones Prison and in modules 10 and 11 of the Santiago Vázquez Prison Complex (Unit No. 4).

### Deaths in custody

5. All deaths in custody are investigated within prisons under the authority of the Ministry of the Interior and are reported to the judiciary by the prosecutor, who assumes responsibility for the investigation and related procedures to establish the facts and the causes of those deaths.

6. With regard to the development of efficient mechanisms for reporting torture and ill-treatment, Uruguay has a national mechanism for the prevention of torture, which is a supervisory and collaborative body that is autonomous and independent of the State.<sup>2</sup> It operates within the National Human Rights Institution and Ombudsman's Office and was created in accordance with the Optional Protocol to the Convention against Torture and Other

<sup>1</sup> The programme covers:

Planning and implementation of a system of order and security that protects the lives and the physical and psychological integrity of inmates while ensuring strict compliance with court orders and the preservation of prison infrastructure;

Criminal risk assessments to determine entry and exit profiles based on the likelihood of recidivism and harm to self or third parties;

Classification and segmentation of the prison population;

Treatment and intervention in closed, open and post-custodial environments;

Treatment of drug abuse;

Infrastructure and appropriate human and material resources;

Information management;

Diagnosis, monitoring and evaluation of all activities carried out.

<sup>2</sup> <https://www.gub.uy/institucion-nacional-derechos-humanos-uruguay/politicas-y-gestion/mecanismo-nacional-prevencion-tortura>.

Cruel, Inhuman or Degrading Treatment or Punishment to prevent torture or ill-treatment of persons deprived of their liberty.

7. Furthermore, within the legislative branch, the special committee of the General Assembly for monitoring prison conditions, which has operated continuously since 2006, includes representatives of all parties at the national level. In addition to coordinating with the Parliamentary Commissioner, it visits prisons throughout the country and extends invitations to officials from various institutions related to the national prison system. This provides legislators with an opportunity to discuss prison-related matters with these institutions and hence with a source of direct and up-to-date information on the prison system. Records of these meetings, with information on the activities carried out by this committee, are contained in annexes IV, V, VI and VII.

8. To combat overcrowding, resources were earmarked in the national budget for 2020–2024 for the construction of new establishments, thereby increasing the number of places available, and the remodelling and refurbishment of existing establishments (Act No. 19.924 of 30 December 2020, art. 199). Efforts are also being made to develop a national prison education plan (Act No. 19.924, art. 386).

9. Under Act No. 20.075 of 20 October 2022, the Probation Supervision Office was upgraded to a national directorate (art. 136) and additional resources were allocated for the expansion of prison capacity.

10. The legislative branch is currently considering several bills on rehabilitation and penalization of small-scale drug trafficking.

### **Juvenile justice**

11. Within the National Institute for the Social Inclusion of Adolescents, a number of improvements have been made in adolescent health care and mental health care. Significant progress has been made in recording clinical data and lowering the figures related to attempted suicide and self-harm.

12. In 2021, 55 suicide attempts were recorded in the Institute. Between April 2022 and 14 March 2023, there were 30, one of which required hospitalization due to altered consciousness. These attempts did not lead to any deaths in the period concerned. As of April 2023, only three further suicide attempts had been recorded. The numbers of cases of self-harm were 160 in 2021, 127 in 2022 and 24 as at 18 April 2023. This is a significant reduction compared with historical records of adolescent self-harm in the Institute.

13. Electronic medical records have been expanded to include the notes of nursing assistants and psychology technicians who provide care for substance users (previously only the notes of physicians and psychologists were recorded). National electronic medical records cover all adolescents without mutual insurance coverage, providing them with assistance in coordination with the State Health Services Administration. This means that the Institute can now record the electronic medical history of all adolescents, regardless of whether their comprehensive health-care provider is public or private, thus ensuring an accurate medical history for every adolescent in the system.

14. In 2022, the health division team started issuing health certificates (replacing health cards) for adolescents, optimizing resources with the State Health Services Administration, with staff of the Institute carrying out dental and medical checks and taking samples for laboratory testing. Certificates are issued for submission to those entities that require them, which is essential for those entering the labour market.

15. Two child and adolescent psychiatrists have been hired and a further professional has been seconded to form a specialist mental health-care team at the Institute, covering all centres in Montevideo.

16. Under Act No. 19.889, an abbreviated procedure has been introduced for adolescents at the Institute.

17. This has eliminated the state of limbo in which adolescents previously found themselves from the time of their initial detention until their definitive situation was known – a period that could last for several months. Currently, as the approximate duration of stay

is known to adolescents and staff upon admission to the Institute, it is possible to draw up plans that are tailored to each adolescent's situation and duration of stay, and efforts are made to choose the centre that best meets his or her needs. Drawing up individual plans is essential, as it allays anxiety and uncertainty and makes it possible to visualize a future and the possibility of reintegration from the moment of admission.

18. The introduction of the abbreviated procedure has led to a change in the population with which the Community-based Socio-educational Measures Programme works, insofar as the number of persons arriving with precautionary measures has fallen and most new arrivals have been sentenced using the abbreviated procedure, so that the duration of the measures is reduced. On this basis, an internal reorganization of personnel and work teams has been carried out and training sessions have been delivered to foster in-depth knowledge of the applicable legal provisions and other tools such as requests for the cessation of measures. In terms of intervention methodology, protocolized work guidelines have been maintained (stages, goals, activities, type of intervention, work with and in the community, etc.). However, the timing of these interventions has been adjusted because the measures have shorter time frames. Previously, socio-educational measures ordered by the courts had an average duration of 8–10 months, whereas since the introduction of the abbreviated procedure they have been reduced to an average of 4 months. In the same vein, previously a report containing an implementation plan for the measure was sent to the court within 30 days, whereas now the intervention strategy must be drawn up within 15 days.

19. Significant changes have been made at the Institute for 2020–2024 for the benefit of adolescents under socio-educational measures.<sup>3</sup>

#### **Acute mental health facilities**

20. The information below is provided in response to the recommendations made in paragraph 25 (a)–(d) of the Committee's concluding observations.

21. With regard to subparagraph (a), article 11 of the Mental Health Act (Act No. 19.529)<sup>4</sup> states that the Ministry of Health, in coordination with other ministries and agencies, is to work to promote plans and programmes that favour the social inclusion of persons with mental health conditions, reviewing and adjusting existing plans and programmes and creating new mechanisms for integration, employment and access to housing, education, culture, art, leisure and other areas of relevance. These plans and programmes should be geared towards the empowerment of persons with mental health conditions, as well as cultural change to prevent their stigmatization. Decree No. 331/019 regulates two intersectoral areas of mental health. First, the Intersectoral Commission on Mental Health was created to ensure compliance with article 11 of Act No. 19.529 by considering proposals for inter-institutional coordination in mental health and monitoring compliance. The Commission is made up of the Ministry of Health, the Ministry of Social Development, the Ministry of Education and Culture, the Ministry of Housing, Land Management and the Environment, the Ministry of Labour and Social Security, the Ministry of Economic Affairs and Finance, the Ministry of the Interior and the Planning and Budget Office, coordinating with the National Drug Authority, the Social Security Bank, the Uruguayan Institute for Children and Adolescents and other agencies that the Commission deems appropriate.

22. Furthermore, the Advisory Commission on Mental Health was established to advise the Intersectoral Commission on Mental Health of the National Social Policy Council. The

<sup>3</sup> A strong focus on sports to help to release stress, increase the time spent outdoors and promote participation in group activities (football, rugby, Halcones ("Falcons") activity group, group sporting events, etc.).

Cultivating values and soft skills to promote social harmony and a healthy attitude to life, which many of the adolescents will not have had the opportunity to develop, and thinking about leaving, living together and establishing new patterns of behaviour (agreement with the non-profit association Jóvenes Fuertes ("Strong Youth"), etc.).

Formal and non-formal education to provide young persons with the tools they need to succeed (young people's workshops with Talleres Don Bosco, courses in tyre repair, cooking, etc.).

<sup>4</sup> <https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/2022-01/Res%201165%202021.pdf>.

Advisory Commission is a multi-stakeholder body made up of representatives of the executive branch, academia, civil society and relevant organizations. The functions of the Advisory Commission, as a consultative body, are to provide support and advice and to make recommendations on how best to carry out mental health policies and take due account of input from key players in the field.

23. With regard to subparagraph (b), the Mental Health Section is developing alternatives to institutionalization for persons with mental health conditions in accordance with article 37 of Act No. 19.529, which provides as follows:

24. The deinstitutionalization of persons with mental health conditions is to be carried out through the progressive closure of asylum and single-purpose facilities, which will be replaced by a system of alternative facilities. Alternative facilities are understood to include, inter alia, community care centres, supported residential facilities and psychosocial rehabilitation and integration centres.

25. Alternative facilities are not permitted to replicate practices, methods, procedures or arrangements whose sole objective is to discipline, control or confine individuals or in any other way restrict or deny their liberty, or which exclude or alienate them, curtail their social contact or limit their potential.

26. Order No. 1488/019 governs the network of basic mental health-care facilities within the framework of the National Comprehensive Health System, providing a regulatory framework for the development of community services as an alternative to institutionalization. In addition, the Mental Health Section receives support from international organizations that operate in the area of mental health. As an example of international cooperation, in conjunction with the Intersectoral Commission on Mental Health, a group of experts from the city of Trieste, Italy, participated in a meeting sponsored and attended by the National Human Rights Institution and Ombudsman's Office.

27. With regard to subparagraph (c), articles 30–33 of Act No. 19.529 lay down the conditions for involuntary hospitalization. Article 30 states in which situations persons may be involuntarily hospitalized or retained in a facility to which they have already been admitted as a voluntary user, namely where:

(a) There is an imminent risk to the life of the person concerned or the lives of third parties;

(b) The judgment of the person concerned is impaired and failure to hospitalize him or her may lead to a significant deterioration in his or her condition or prevent the person from receiving adequate treatment that can be provided only in hospital.

28. Article 31 establishes the formalities for involuntary hospitalization. Article 32 provides for the mandatory notification of involuntary hospitalization, stipulating that:

29. All involuntary hospitalizations must be reported by the technical director of the facility concerned to the National Mental Health Care Oversight Commission, the National Human Rights Institution and the competent judge within 24 hours, along with the grounds for the hospitalization and the documentation referred to in article 31 of the law. The judge may request, if deemed necessary, additional information from the health-care professionals concerned or refer to external expert opinions that do not prejudice the course of treatment, with a view to confirming the circumstances justifying the measure.

30. Lastly, article 33 concerns hospitalizations by court order. The Supreme Court, by decision No. 8.020 (8 March 2019) and circular No. 38/2019 (28 March 2019), set out the formalities to be observed by judges ruling on mental health cases under that article, instructing them to carry out regular monitoring of cases where a person's freedom of movement is restricted.

31. The competent judge may order involuntary hospitalization where justified by a medical report and may ask the facility in charge of the hospitalization for information on the course of treatment so as to evaluate whether there are still grounds for continuing the measure. When the conditions for the person's discharge are met, the technical director of the facility must so notify the National Mental Health Care Oversight Commission and the

judge. The latter must issue an opinion on the matter within a maximum of three working days from the day following the date of notification.

32. These articles, as part of the Mental Health Act, were drafted with the participation of relevant ministries and agencies, as well as organizations of users and their families and civil society.

33. The National Mental Health Care Oversight Commission, which oversees compliance with Act No. 19.529, is in operation. Its establishment, responsibilities and composition are provided for in articles 39, 40 and 41 of the Act, respectively.

34. With regard to subparagraph (d), article 24 of Act No. 19.529 states that hospitalization, as a short-term therapeutic alternative, should be resorted to where it provides greater benefits than social or community interventions, based on the therapeutic criteria for acute conditions. In no case may hospitalization be prescribed or prolonged to resolve social or housing problems.

35. No claims or complaints regarding the abusive use of restraint or confinement have been reported to the Ministry of Health, as confirmed by the National Mental Health Care Oversight Commission (whose new composition is provided for in Order No. 3204/021). Any complaints are channelled through the National Human Rights Institution and Ombudsman's Office and the National Mental Health Care Oversight Commission.

### **Complaint mechanisms**

36. Within the framework of the next Accountability Act, the Attorney General's Office will present a draft text for the establishment of a new prosecutor's office with territorial jurisdiction in the department of Montevideo to deal exclusively with any suspected criminal acts committed in the prisons of that department. Its creation will depend on the response of the political system.

37. The Montevideo special prosecutor's office for crimes against humanity participates in the handling of all complaints filed under the old criminal procedure code. Most of the cases prosecuted under this body of law (probably more than 100) concern torture and are at various stages of proceedings.

38. A significant number of persons have been convicted and an even larger number have been prosecuted. Indictment requests are pending in several cases. In others, investigations have been completed and, once the various motions have been ruled on, the prosecutor's office will file the relevant indictment requests. It should be noted that even where acts of torture are investigated, the actual charges brought will correspond to the definitions in force at the time, such as abuse of authority against prisoners (art. 286 of the Criminal Code), gross injury (art. 317 of the Criminal Code) and deprivation of liberty (arts. 281 and 282 of the Criminal Code).

39. Under the new Code of Criminal Procedure, on 6 March 2023, the Third Rota Court of Canelones handed down a conviction on first instance for multiple counts of torture.

40. Furthermore, on 21 March 2023, an indictment hearing was held in a case of torture in the city of San José.

41. In Montevideo, before the Thirty-First Rota Criminal Court, several persons were indicted for homicide, enforced disappearance and torture despite having been charged with abuse of authority against prisoners, gross injury and deprivation of liberty.

42. Lastly, in the emblematic Roslik case, the Montevideo special prosecutor's office for crimes against humanity requested the indictment of around 10 persons for torture, although they had been charged with abuse of authority against prisoners, gross injury and deprivation of liberty. However, the pleas of unconstitutionality raised by the defence in that case have yet to be resolved.

43. See annex II for the full report submitted by the public policy department of the Attorney General's Office on: (i) complaints involving the death of at least one person deprived of their liberty, by type of offence and stage of the complaint (22 May 2022 to

19 February 2023), and (ii) complaints involving at least one person deprived of their liberty, by type of offence and stage of the complaint (22 May 2022 to 19 February 2023).

### **Training**

44. With regard to the continuing education of judges and prosecutors, in 2023, the Centre for Judicial Studies of Uruguay began offering the course “Conditions of Detention. United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). The Nelson Mandela Rules”. This follows the Committee’s recommendation regarding the training of justice officials on these specific international instruments. The course will be taught by Mr. Alberto Reyes (criminal court judge), Mr. Juan Miguel Petit (Parliamentary Commissioner for the Prison System) and Mr. Álvaro Garce (Director of the State Secretariat for Strategic Intelligence and former Parliamentary Commissioner for the Prison System).

45. The training centre of the Attorney General’s Office has also provided information on training in this area. See annex III.

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