

## EXECUTIVE SUMMARY

In the course of the 2019 periodic visit, the CPT's delegation reviewed the treatment and conditions of detention of remand and sentenced prisoners in the country's main prison establishments. It also paid particular attention to juveniles sentenced to imprisonment or to an educational measure at Ohrid Prison. In addition, the delegation examined the situation of persons deprived of their liberty by the police. Further, it carried out follow-up visits to the psychiatric hospitals in Demir Hisar and Negorci, as well as to Demir Kapija Special Institution for Mentally Disabled Persons.

The facilitation of the visit by the authorities of North Macedonia was excellent. However, due to their persistent failure to address numerous longstanding recommendations regarding the treatment and conditions of detention of persons held in penitentiary establishments, notably at Idrizovo Prison, the CPT decided, at its March 2020 plenary meeting, to re-open the procedure under Article 10, paragraph 2, of the Convention establishing the Committee. A list of areas requiring the authorities of North Macedonia to demonstrate, as a matter of priority, verifiable progress is set out paragraph 8 of this report.

### *Police custody*

In the course of the 2019 visit, in contrast to the improvements observed in 2010 and 2014, the CPT's delegation received many allegations of physical ill-treatment by police officers. The alleged ill-treatment consisted of slaps, punches, kicks and blows with truncheons or other objects, and occurred in the context of apprehension after a suspect had been brought under control or inside a police establishment for the purpose of extracting a confession. The report highlights a number of individual cases in which the alleged ill-treatment is supported by medical evidence. The CPT stresses the need to combat police ill-treatment through a multifaceted approach, comprising *inter alia* a competitive recruitment of police officers based upon clearly defined criteria, professional initial and in-service training of police officers and modern methods of crime investigation. Further, it must include the accountability of senior officers for their line management responsibilities and the imposition of appropriate sanctions on the perpetrators of ill-treatment. To address this serious problem, the Committee makes a number of specific recommendations to the authorities of North Macedonia.

As regards the implementation in practice of the fundamental safeguards against ill-treatment, the information gathered during the visit suggests that the relevant legal provisions were not being fully implemented in practice, despite the recent issuance of Standard Operating Procedures (SOP). In particular, several detained persons claimed that they had been denied the right to inform a third party until they were brought before a judge, and, as in 2014, many allegations were received from detained persons that they had been denied the right of access to a lawyer during the initial 24 hours of police custody. The CPT recommends that the authorities of North Macedonia ensure that all persons deprived of their liberty by the police benefit from the right of notification of custody and the right of access to a lawyer as from the very outset of their deprivation of liberty. It also recommends that the authorities put in place an arrangement for doctors to visit police premises.

Conditions of detention have improved in several police establishments in terms of their state of repair and hygiene. However, in particular at Bitola, Negotino, Ohrid and Strumica Police Stations, a number of deficiencies were observed (such as the lack of natural light and heating, insufficient artificial lighting, no supply of personal hygiene products, etc.) which need to be remedied. Further, all persons detained by the police should be provided with access to free of charge food and drinking water.

### *Prison establishments for adults*

The report describes the persistent failure of the authorities of North Macedonia to address certain fundamental and longstanding shortcomings of the prison system. These pertain in particular to the lack of a professional approach in managing complex situations, poor management and performance of staff, low staffing levels, poor quality of health-care provided to inmates, lack of an appropriate regime, inter-prisoner violence, squalid material conditions and endemic corruption of staff, notably at Idrizovo Prison.

The Committee takes note of the reduction in the prison population due to the adoption of the Amnesty Law and the progressive setting-up of a probation system. It encourages the authorities to adopt a comprehensive approach towards addressing the persistent overcrowding in certain parts of the prisons visited.

Most prisoners interviewed by the delegation stated that they had been treated correctly by prison officers. However, at Idrizovo Prison, the delegation received a number of allegations of physical ill-treatment (such as slaps, punches, kicks and blows with rubber batons) in response to recalcitrant behaviour or repeated requests to see a doctor. Further, inter-prisoner violence and intimidation remains a serious problem at Idrizovo and Skopje Prisons. Several cases of violence and psychological harassment which resulted in injuries (including serious self-harm) are highlighted in the report. Recommendations are made to tackle inter-prisoner violence and to combat any impunity in prison through effective investigations and prosecution, especially when serious bodily injuries are inflicted.

Once again, the CPT stresses the crucial role that prison staff play in ensuring a safe environment for prisoners. In this respect, the Committee takes note of the new provisions of the Law on the Execution of Sanctions on the minimum competence requirements of prison managers but it is critical of the fact that there is not yet a clear management line between the prison administration and prison directors. Further, specific recommendations are made to increase prison staffing levels (notably at Idrizovo Prison), to step up efforts to combat corruption and to provide a fully-fledged and permanent training system, professional path and clear legal status for prison staff.

As regards material conditions of detention, the CPT has noted the efforts to renovate the prison estate in recent years. That said, the situation at Idrizovo Prison remained appalling. The CPT's delegation observed major structural and longstanding deficiencies in Wings nos. 2, 5 and 8 and the so-called "ambulanta", such as poor levels of hygiene, a deplorable state of repair, high occupancy levels, an intermittent water supply and dilapidated sanitary facilities. The CPT also expresses its concern about the longstanding deficiencies at Kumanovo Prison (lack of permanent water supply), Skopje Prison (inadequate access to natural light, poor ventilation and an absence of electric sockets inside cells). These deficiencies (as well as those noted at Štip and Ohrid Prisons) must be rectified. The report references the interim measures taken by the authorities but, as regards Idrizovo and Skopje Prisons, the Committee recognises that the situation will only be satisfactorily resolved by the construction of new detention units.

The regime for sentenced prisoners at Idrizovo, Kumanovo and Štip Prisons remained impoverished with no purposeful activities on offer and no differentiation of treatment for the various categories of prisoner. The efforts invested in the risk assessment of inmates and the development of an individualised approach towards their reintegration into society have yet to produce any tangible impact. Efforts to provide prisoners with purposeful activities must be increased. As regards remand prisoners, the approach remained antiquated with prisoners confined to their cells for 23 hours a day with no other occupation than listening to radios.

The recent transfer of the responsibility for prison health care to the Ministry of Health has yet to deliver any improvement of the quality of care provided to prisoners. The findings of the delegation highlight the chronic lack of staff (notably at Idrizovo Prison), the problem of access to a doctor (often combined with corrupt practices), the poor state of the medical equipment in prison infirmaries, unsupervised distribution of medication by non-medical staff, difficulties in arranging access to specialist care (especially for inmates suffering from a mental disorder), and the lack of a uniform approach towards inmates with substance-use disorders. The Ministry of Health should urgently assess prison healthcare staffing needs and provide adequate training to health care professionals working in prisons. Further, specific protocols and practices for the treatment of inmates should be adopted, in particular, as regards the prevention of ill-treatment, medical screening, medical confidentiality and ethics, the distribution of medication and the management of prisoners with substance-use disorders.

The report also contains specific recommendations regarding various other issues, with a view *inter alia* to putting an end to the practice of mechanical fixation of agitated inmates in prisons, to increasing visiting entitlements and providing access to a telephone for remand prisoners, and to improving prison complaints and inspection procedures.

#### *Juvenile detention at Ohrid Prison*

The CPT is highly critical of the prolonged delays in opening the “new” Tetovo Correctional Institution and calls upon the Government to ensure that the establishment is brought into service as soon as possible.

Juveniles serving a prison sentence at Ohrid Prison stated that they were treated correctly by staff. However, about half of the juveniles held in the establishment as an educational measure claimed that they had been frequently subjected to physical ill-treatment by custodial officers, which consisted of slaps, punches and blows with a non-standard truncheon. The authorities must reinforce oversight at the establishment and reiterate to prison officers that all forms of ill-treatment are unacceptable and will be punished accordingly. Staff should also be provided with training in de-escalation and restraint techniques. Further, proactive steps need to be taken to address the inter-prisoner violence among juveniles at Ohrid Prison.

The material conditions of detention were adequate in the cells accommodating juveniles serving a prison sentence. However, they were poor and not appropriate for this age group in the multiple-occupancy cells for juveniles subjected to an educational measure. The provision of an adequate and tailored regime for the juveniles was hampered notably by the structural deficiencies of the establishment and the reduction in the number of staff as well as their intermittent presence. Steps must be taken to ensure that all juveniles are offered a full programme of purposeful activities tailored to their individual needs.

As regards health care, recommendations are made in the report to improve the medical screening upon admission, the distribution of medication and the treatment of juveniles with a history of drug abuse.

The report also contains specific recommendations regarding various other issues at Ohrid Prison. In particular, the initial and on-going training of custodial staff working with juveniles should be extended, the disciplinary measure of solitary confinement should be abolished in respect of juveniles and the imposition of a segregation regime on juveniles should only be applied in very exceptional circumstances and be surrounded by appropriate safeguards.

*Demir Hisar and Negorci Psychiatric Hospitals*

The CPT acknowledges the efforts continuously made by the relevant authorities to implement a comprehensive programme of de-institutionalisation of psychiatric patients on the basis of the National Mental Health Strategy 2018-2025. That said, both at Demir Hisar and Negorci, there were a significant number of patients suffering from a chronic mental disorder who were no longer in need of inpatient care, but, due to the lack of appropriate community-based structures, had been held in the hospital for many years. The Committee encourages the relevant authorities to strive to find suitable community-based care for the above-mentioned patients.

In both hospitals, the delegation received no allegations from patients about deliberate ill-treatment by staff. Although instances of inter-patient violence did occur occasionally, staff appeared to intervene promptly and adequately in such cases.

Material conditions were generally good at Negorci Psychiatric Hospital, with the exception of Ward D (for chronic male patients) which was scheduled to be refurbished in the course of 2020. At Demir Hisar Psychiatric Hospital, a new ward for male geriatric patients (Ward 4) had recently been opened which offered very good living conditions overall. However, in several other wards, material conditions were very poor, and toilets and shower facilities in particular were totally dilapidated and in an appalling state of hygiene. The CPT recommends that the authorities of North Macedonia prepare and implement a comprehensive renovation plan at Demir Hisar Psychiatric Hospital. Pending the implementation of this plan, the authorities should take urgent steps to improve the state of repair of the sanitary facilities and to ensure an adequate level of hygiene throughout the hospital.

It is positive that, at Negorci Psychiatric Hospital, all patients were allowed to go outside into the open air every day. However, it is a matter of serious concern that, at Demir Hisar Psychiatric Hospital, many patients did not have such a possibility for weeks or even months on end. The CPT calls upon the authorities of North Macedonia to take steps without further delay to ensure that all patients at Demir Hisar are effectively able to benefit from outdoor exercise every day (with appropriate support and/or supervision if required). The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day unless treatment activities require them to be present on the ward.

Due to prolonged vacancies, the number of psychiatrists was inadequate in both hospitals. Indeed, the extremely low number of ward-based staff (i.e. nurses and orderlies) did not allow for safe care to be provided to the number of patients present (in particular during night shifts). Moreover, it is regrettable that almost no specialist staff were employed at Negorci to provide patients with psychosocial activities. The authorities must improve the staffing situation in both hospitals.

Whilst acknowledging the efforts made by the management of Demir Hisar and Negorci Psychiatric Hospitals to provide patients with a range of therapeutic, rehabilitative and recreational activities, the CPT was concerned to note that the possibilities for patients to take part in such activities remained limited. For the great majority of patients, psychiatric treatment was predominately based on pharmacotherapy. The Committee recommends that steps be taken in both hospitals to further develop the provision of therapeutic and psychosocial activities based on a multi-disciplinary approach and individualised patient treatment plans.

At Demir Hisar and Negorci, mechanical restraint was used only infrequently and usually for short periods (i.e. one to two hours). That said, most of the specific recommendations made by the Committee in the report on the 2014 visit had not been implemented. In particular, at Demir Hisar, the delegation once again received several credible allegations from patients that they had been attached to a bed with metal chains and padlocks. Further, in both hospitals, there was still no permanent supervision of fixated patients by a member of staff and patients were sometimes subjected to mechanical restraint in their own bed within view of other patients.

Only a few patients were formally classified as ‘involuntary’. However, many patients who were formally classified as ‘voluntary’ were not allowed to leave the hospital on their own and were thus *de facto* deprived of their liberty, without benefiting from the safeguards provided for by law for involuntary patients. As regards involuntary civil placement procedures, it is matter of serious concern that, at Demir Hisar Psychiatric Hospital, patients were usually not seen by the judge and that, in a number of cases, no decision had been taken by the court for weeks or even months. Further, in both hospitals, no annual review of the placement of forensic patients had been carried out by judges for many years. Moreover, the relevant mental health legislation does not provide for any procedure on involuntary treatment of psychiatric patients, and, in practice, often no distinction was made between the involuntary placement and involuntary treatment of a patient. The report contains a number of specific recommendations to remedy the aforementioned shortcomings.

#### *Special Institution for Mentally Disabled Persons in Demir Kapija (‘Special Institution’)*

The CPT expresses its appreciation for the measures taken by the Ministry of Labour and Social Policy and other relevant social welfare authorities to progressively implement a national plan on de-institutionalisation of residents in social welfare institutions.

No allegations of ill-treatment were received from patients interviewed at the Special Institution, and, as compared with 2014, the situation seems to have significantly improved regarding violence between residents.

The CPT welcomes the fact that extensive renovation works had recently started in different parts of the Special Institution which were in a poor state of repair. It is also positive that bedrooms and communal areas were very clean. That said, the Committee is very concerned about the living conditions of residents from Wards C3 and C4 who had the most severe intellectual disabilities. The toilets and shower facilities in their wards were totally dilapidated and in an appalling state of hygiene. Further, residents from the two aforementioned wards had not been able to go out into the open air for months. The CPT calls upon the authorities of North Macedonia to take steps without further delay to remedy this unacceptable state of affairs.

The number of nursing staff remained generally adequate. That said, as regards orderlies, the situation had further deteriorated since the CPT’s 2014 visit. It is a matter of particular concern that residents from Wards C3 and C4 (22 in total) were cared for and supervised by only one orderly (during both day and night shifts). Further, dental care remained almost non-existent, and shortcomings were observed regarding the monitoring and treatment of bedridden residents.

As regards activities, it is positive that psychosocial rehabilitation plans have been prepared for residents and that most of the residents on Ward A and a number of residents on other wards were offered a range of occupational and recreational activities (such as drawing, painting, handicrafts, music therapy, etc.). However, for many residents, in particular on Wards B and C, the possibilities were insufficient or non-existent.

Finally, all residents, irrespective of whether they were deprived of their legal capacity, had been admitted to Demir Kapija Special Institution by decision of the competent social welfare centre. In this regard, the CPT recommends that the relevant authorities reinforce the legal safeguards by granting residents an effective right to bring proceedings to have the lawfulness of their placement and stay decided speedily and reviewed regularly by a court.