

## **Report**

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

**from 2 to 12 October 2023**

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## **GLOSSARY OF MAIN ACRONYMS**

DIC	Department of the Internal Control, Criminal Investigations and Professional Standards of the Ministry of Interior
DES	Directorate for the Execution of Sanctions (Ministry of Justice)
EOM	External Oversight Mechanism composed of the PPCC, DIC and MCC
LES	Law on Execution of (Criminal) Sanctions
MCC	Civic Control Mechanism within the Office of the Ombudsman
PHCC	Public Health Care Centre
PPCC	Unit for Investigating and Prosecuting Criminal Offences within the Skopje Basic Public Prosecutor's Office for Organized Crimes and Corruption
SOPs	Standard Operating Procedures
VPD	Juvenile Correctional Educational Institution

## EXECUTIVE SUMMARY

In the course of the 2023 periodic visit to North Macedonia, the CPT delegation assessed the treatment of persons held in four prisons, notably at Idrizovo Prison, and a correctional educational institution for juveniles. It also examined the treatment and legal safeguards afforded to persons deprived of their liberty by the police and looked into the effectiveness of investigations into complaints of alleged ill-treatment such persons. In addition, the treatment of patients held in two psychiatric hospitals and of residents accommodated in a social care home was examined.

The CPT delegation held constructive consultations with the Prime Minister and, on the whole, received excellent cooperation from the authorities during the visit. The decision of the authorities to agree to the automatic publication of its reports and responses in the future is also appreciated. That said, the CPT notes the lack of implementation of several recommendations in the field of prison reform and, in particular, with regard to the situation at Idrizovo Prison. The CPT calls on the authorities of North Macedonia to implement these recommendations and avoid the need for the Committee to issue a public statement.

### **Establishments under the responsibility of the Ministry of the Interior**

The report notes that many persons made allegations of ill-treatment by the police. The allegations consisted of slaps, punches and kicks, as well as blows with truncheons and the butt of a weapon, inflicted on persons during their arrest or at the time of their questioning in an inspector's office. In the CPT's view, there has been no significant improvement in its findings since the 2019 and 2020 visits, and recommendations are made to adopt a coherent strategy for effectively tackling this phenomenon such as training of police officers on manual control techniques, the dissemination of periodic messages on zero tolerance of misconduct by police chiefs and improving medical screening of newly admitted detainees to prison.

The assessment of the effectiveness of investigations into allegations of ill-treatment by the police, as carried out by the tripartite mechanism of the External Oversight Mechanism (EOM), showed that it has the full potential to develop into an effective police accountability mechanism. However, at present, there is a need for both a truly independent assessment of the reports on the use of force drawn up by the police, and the application of more rigorous investigative measures/techniques. The authorities of North Macedonia should adopt a methodology for conducting investigations into such cases in line with the elements provided in the report.

The system of legal safeguards for persons deprived of their liberty by the police requires further improvement, in particular as regards access to a lawyer and more independent and confidential access to a doctor in police custody, in order to ensure full compliance with standard operating procedures. The report also calls for the upgrading of police detention cells, particularly outside Skopje, and for the systematic provision of food and water to persons held in police custody.

### **Establishments under the responsibility of the Ministry of Justice**

At the outset, the Committee notes that the phenomenon of prison overcrowding can be effectively tackled by a policy of modulating the number of persons sent to prison, rather than through another amnesty. The Committee also expresses its view that the implementation of the second phase of the reconstruction programme of Idrizovo Prison, funded primarily by a Council of Europe Development Bank (CEB) loan, is key to the strategic reform of the entire prison system for which the CPT has long been advocating.

The delegation received several allegations of physical ill-treatment of prisoners by staff, mainly at Idrizovo Prison, which consisted of slaps, punches and kicks. The report also criticises the practice of prolonged and indefinite isolation/separation of inmates who broke the house rules, notably at Idrizovo Prison, where persons were placed in a cell in deplorable conditions, provided food irregularly, and not offered access to outdoor exercise. The authorities of North Macedonia should end this practice. The situation of inter-prisoner violence has improved in Skopje Prison, but remains a serious problem in Idrizovo Prison, where the delegation recorded a high number of incidents,

supported by medical documentation, in particular in the so-called “Ambulanta” section. The root causes of this phenomenon remain linked to overcrowding, chronic understaffing, the absence of a cell allocation system and staff corruption. A strategy to eradicate this phenomenon and to ensure better supervision by staff, including through video surveillance, should be developed and put in place.

The report takes note of the upgrading plans introduced by the DES in recent years and concludes that the material conditions of detention have slightly improved and that efforts to maintain a certain minimum level of hygiene and state of repair are visible, notably in Skopje, Štip and Prilep prisons. At Idrizovo Prison, despite the recent refurbishment of the women's section, the rest of the establishment, showed persistent deficiencies such as dilapidated sanitary facilities, dirty crumbling walls, non-functioning lighting, vermin infestation, lack of bedding and dirty mattresses. The report also criticises the poor hygienic conditions for female prisoners and juveniles on remand detention.

As regards the regime offered in the establishments visited, the report notes that, despite the efforts made to develop special treatment plans for various categories of inmates, sentenced prisoners were still rarely provided with purposeful activities. Remand prisoners at Skopje Prison also languished in their cells for more than 23 hours a day and the situation of juveniles and females on remand detention remained of great concern in the light of the deleterious effects of such restrictions.

The efforts to recruit 70 new prison officers and to open the new training centre have been duly taken into account, but in the CPT's view, it remains crucial to ensure that senior prison managers (i.e. directors and their deputies) are appointed in a transparent, merit-based and depoliticised manner. The fight against staff corruption remains another important challenge where only modest progress has been made, and the laudable measures taken (such as the Prison Intelligence Project) have yet to show results.

With regard to the provision of health care to prisoners, the report notes that the Ministry of Health appears to have taken on this task with some reluctance and that, regrettably, no recruitment of health care staff has taken place at Idrizovo and Skopje Prisons. Problems with prisoners' access to a doctor at Idrizovo Prison, inadequate medical screening, difficulties in linking with community hospitals and poor management of inmates with substance use disorders are highlighted in the report. Further, legal safeguards in the application of disciplinary proceedings should be strengthened and improved oversight on the use of means of coercion put in place, including better training of staff. There is also a need to expand visiting entitlements for prisoners.

At the Tetovo Correctional Educational Centre (VPD) the CPT found that juvenile offenders were accommodated in satisfactory conditions and offered a purposeful regime of activities aimed at their re-integration into the community by a group of committed professionals. Nevertheless, the report is critical of certain carceral aspects of the material conditions and of the fact that the compulsory educational activities have been suspended due to a lack of funding and pending the adoption of legislation. The CPT also highlights the necessity to review the doses and types of psychotropic medication prescribed to juvenile offenders as they appeared totally inappropriate.

## **Psychiatric Hospitals**

Many patients at both Demir Hisar and Skopje Psychiatric Hospitals spoke positively about their interactions with staff and the way they were treated. However, inter-patient violence and attacks against staff were found to have recently occurred in both institutions, with a particularly serious situation observed in the Forensic Ward of Skopje Psychiatric Hospital. The authorities should address this issue urgently, including by increasing staffing levels and staff training.

The living conditions in the two psychiatric hospitals visited were overall acceptable in the wards which had benefited from recent refurbishment, and generally poor in non-renovated wards. In particular, the forensic wards were in a state of disrepair, neglect and sometimes unhygienic. With few exceptions, rooms and common areas were austere and impersonal, and did not provide personal lockable space. On a positive note, the vast majority of rooms offered adequate ventilation and good access to natural light. The authorities are called upon to pursue vigorously the upgrading of the living conditions at Demir Hisar and Skopje Psychiatric Hospitals, including by developing and implementing a Facility Maintenance Plan for all hospital buildings.

At Demir Hisar Psychiatric Hospital, staff endeavoured to organise a certain number of rehabilitative and recreational activities. Yet only a limited number of patients could in effect benefit from them on a regular basis. In many wards at Skopje Psychiatric Hospital activities remained virtually non-existent. Regrettably, at neither hospital were the majority of patients being offered access to fresh air every day, with the notable exception of patients accommodated in the forensic wards. The Committee reiterates that all patients should be allowed to benefit from therapeutic activities based on a multi-disciplinary approach, as well as from daily outdoor exercise (with appropriate support and/or supervision if required).

There is a sustained need to increase staffing levels and staff training at both hospitals, which calls for urgent action from the authorities. The number of psychiatrists and ward-based staff (nurses and orderlies) must be strengthened.

Regrettably, the specific recommendations formulated by the CPT in its previous reports on the use of means of restraint remained largely unimplemented. A major shortcoming was the continued practice at Demir Hisar Psychiatric Hospital of immobilising patients to a bed with metal chains and padlocks, which may well amount to inhuman and degrading treatment and must be immediately ended. In addition, it is totally inappropriate that, at both hospitals, private security guards with no specific training were regularly called in to assist healthcare staff to bring agitated patients under control.

The legal safeguards afforded to involuntary patients proved to be entirely ineffective in practice. A number of key CPT recommendations have resulted in no tangible progress, owing in part to the judiciary not fully playing its role. At Demir Hisar Psychiatric Hospital the Committee found that the hearings on civil involuntary hospitalisation were not taking place at all, despite what was attested in the related hearing minutes. This procedure constitutes a blatant violation of national law, flouts basic international standards of justice, and should thus be abandoned immediately.

The delegation discovered that an informal segregation unit has recently been established at the Forensic Ward of Skopje Psychiatric Hospital. The functioning of the unit raised several serious concerns, including the absence of clear and express medical reasons for placement on the unit, the absence of medical supervision and no individualised therapeutic activities – including access to outdoors. There was also an absence of healthcare staff on the unit, which resulted in the patients remaining under the sole supervision of private security guards with no specific training. The Committee considers that this prolonged segregation devoid of any psychotherapeutic approach is not conducive to the establishment of a therapeutic environment and is harmful for patients. The functioning of the unit should be reviewed in the light of a number of guiding principles set out by the Committee.

### **Special Institution for Mentally Disabled Persons in Demir Kapija**

The CPT acknowledges the efforts by the Ministry of Labour and Social Policy to continue the gradual implementation of a national strategy to de-institutionalise the residents of social welfare institutions. Positive actions undertaken include the development of new housing units and day care centres in the community. However, the capacity of those facilities still requires a substantial reinforcement in order to meet the care needs of the target population.

It was positive that the bedrooms and communal areas in Wards A and B at Demir Kapija Special Institution offered a generally clean and decent living conditions, in a tidy and somewhat personalised environment. This was not the case, however, for residents in Ward C, who were not offered satisfactory conditions. The Committee encourages the authorities to redouble their efforts to implement the planned transfer of all residents of the institution to new facilities within the next few months, as announced.

Psycho-social and recreational activities were extremely limited, especially for residents accommodated in Wards B and C. While the more autonomous and mobile residents could move freely on the premises of the institution, access to fresh air was very rarely, if at all, offered to bedridden residents from Ward B and most of the residents from Ward C. Individual treatment and rehabilitation plans were duly prepared for residents who were to be transferred to housing units, but were still deficient for other residents. The authorities should ensure that all residents are able to benefit from an appropriate range of activities (including daily outdoor exercise), based on individualised plans developed by a multi-disciplinary team with the involvement of residents.

The staffing situation had further deteriorated since the CPT's previous visit in 2019. Demir Kapija Special Institution was still without a regularly employed doctor, which resulted in, among other things, a critically inadequate provision of mental healthcare services to residents. Further, as only one orderly was generally present in each of the three wards, residents accommodated in a separate wing of Ward C were left without constant supervision, a situation generating a severe safety hazard for them. The national authorities must take urgent action to ensure that the residents' healthcare needs are adequately met, including by taking decisive steps to address the difficulties in the recruitment of staff, if necessary by adjusting the applicable salary scales.

Finally, there was no indication of an excessive use of means of manual or mechanical restraint of residents. However, chemical restraint was resorted to rather frequently in response to episodes of agitation or aggressiveness. The authorities should take steps to ensure that all means of restraint are only applied as a last resort and that staff is offered appropriate training on this matter, including on managing challenging behaviour and de-escalation techniques.



## I. INTRODUCTION

### A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a periodic visit to North Macedonia from 2 to 12 October 2023. It was the Committee’s 15th visit to North Macedonia.<sup>1</sup>

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

- Alan Mitchell, President of the CPT (Head of Delegation)
- Sanja Bezbradica-Jelavić
- Dagmar Breznoščáková
- Nikola Kovačević
- Slava Novak
- Aleksandar Tomčuk
- Tinatin Uplisashvili

3. They were supported by Christian Loda and Paolo Lobba of the CPT’s Secretariat and assisted by an expert, Patricia Gilheaney, former Inspector of Prisons and Chief Executive Officer of the Mental Health Commission in the Republic of Ireland.

4. The report on the visit was adopted by the CPT at its 113th meeting, held from 4 to 8 March 2024, and transmitted to the authorities of North Macedonia on 28 March 2024. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of North Macedonia provide within six months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

### B. Consultations held by the delegation and cooperation encountered

5. In the course of the visit, the delegation held consultations with Dmtar Kovachevski Prime Minister, Oliver Spasovski, Minister of Interior and Jovanka Trenchevska, Minister of Labour and Social Policy as well as with, Viktorija Avramovska Madic, Deputy Minister of Justice, Maja Manoleva, Deputy Minister of Health and Igor Arsovski, Assistant Minister of Internal Control, Criminal Investigations and Professional Standards. It also met with Jovica Stojanovikj, Director for the Execution of Sanctions and other senior government officials. A separate meeting was held with the judicial authorities of Bitola Basic Court on the issue of involuntary placement in a psychiatric hospital.

Further, the delegation met Naser Ziberi, Ombudsman and Head of the National Preventive Mechanism (NPM), and representatives of non-governmental organisations active in areas of concern to the CPT.

6. On the whole, the CPT delegation received excellent cooperation during the visit by the authorities of North Macedonia at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information it required to carry out its task.

However, it is most regrettable that the delegation had not been informed in due time about the recent establishment of a new segregation unit at Skopje Psychiatric Hospital and, when it requested access, was not let in rapidly. Moreover, patients in that unit said that, after the first day of the visit to the unit, they had been strongly advised by staff not to complain to the delegation. The CPT

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1. The visit reports and the responses of the authorities of North Macedonia on all previous visits are available on the CPT’s website: <https://www.coe.int/en/web/cpt>.

emphasises that the described attitude of staff at Skopje Psychiatric Hospital is not in compliance with the principle of co-operation set out in Article 3 of the Convention, and trusts that the authorities of North Macedonia will ensure that its delegations are henceforth informed about all places of detention (including all places within an institution being used to detain persons), and that staff do not interfere to prevent persons deprived of their liberty from speaking freely with CPT delegations.

7. The Committee wishes to express its appreciation for the assistance provided to its delegation during the visit by the management and staff in the establishments visited, as well as for the support offered by its liaison officer from the Ministry of Foreign Affairs of the Republic of North Macedonia, Elena Bodeva. Further, by letter received 9 November 2023, the CPT was informed of the decision of the authorities of North Macedonia to agree to the automatic publication in the future of the Committee's reports and the relevant responses. The CPT welcomes such a decision and values it as a demonstration of the willingness of the authorities of North Macedonia to engage in an honest and constructive dialogue on the outstanding issues raised in this report.

8. Nevertheless, the CPT must recall once again that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation and to authorise promptly the publication of its reports. It also requires that decisive action be taken to improve the situation in light of the CPT's recommendations. In this respect, the CPT remains concerned about the persisting shortcomings of the reform of the penitentiary system and in particular about the situation at Idrizovo Prison as regards poor material conditions in the closed-regime wings, serious levels of inter-prisoner violence, omnipresent corruption of staff and inadequate provision of healthcare. Despite the fact that some encouraging developments have taken place notably in meeting the pre-conditions laid out by the Council of Europe Development Bank (CEB) in order to pursue the funding of the second phase of the reconstruction project of Idrizovo Prison, the CPT considers that the authorities of North Macedonia need to invest more efforts in the reform of the penitentiary system starting from the set-up of a professional management system of prison directors under the aegis of the Director of the Directorate for the Execution of Sanctions (DES), robust measure to fight corruption, the responsible involvement of the Ministry of Health in the provision of prison health-care to prisoners and the sustainability of the implementation of the second phase of the CEB project for the reconstruction of Idrizovo Prison. Failing to do this, the Committee will have no option than resorting to a public statement under the procedure enshrined in Article 10, paragraph 2 of the Convention establishing the CPT. The Committee decided to keep the procedure under Article 10, paragraph 2 and to re-examine it at the next 114<sup>th</sup> Plenary meeting in July 2024. **The CPT calls upon the authorities of North Macedonia to pursue the implementation of the above-mentioned measures in the field of the penitentiary reform and all other recommendations outlined in the report.**

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

9. During the end-of-visit talks with the authorities on 12 October 2023, the delegation made an immediate observation under Article 8, paragraph 5, of the Convention. The authorities of North Macedonia were requested to take immediate steps to review the functioning of the Segregation Unit at Skopje Psychiatric Hospital and review the medical necessity for the placement in that unit of the seven patients held there at the time of the visit (see paragraph 170).<sup>2</sup>

These observations were confirmed by letter of 25 October 2023 when transmitting the delegation's preliminary observations to the authorities of North Macedonia.

On 17 November 2023 and 31 January 2024, the authorities of North Macedonia informed the CPT of the actions taken in response to these immediate observations and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of the present report.

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<sup>2</sup> The delegation also requested the authorities of North Macedonia under Article 8, paragraph 5, of the Convention to take urgent steps to improve the material conditions of the shower facilities of the Forensic Ward at Demir Hisar Psychiatric Hospital (see paragraph 131).

#### **D. National Preventive Mechanism**

10. The Republic of North Macedonia ratified the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) in December 2008 and nominated the Ombudsman as the designated institution to perform the function of National Preventive Mechanism (NPM).<sup>3</sup> In particular, a separate unit within the Ombudsman was created in order to execute this specific task.

At the time of the CPT's periodic visit in 2023, the NPM's staff had been increased from three to five full-time officers, and three posts were filled. The officers performed exclusively NPM-related tasks and carried out regular and unannounced visits to places of deprivation of liberty.<sup>4</sup> The NPM regularly published its visit reports with specific recommendations to the national authorities on the various and complex issues addressed in this report. Nevertheless, the NPM's activities were seriously affected by the very limited operational budget for travel, accommodation and, in particular, the engagement of external experts which amounted to MKD 200 000 (approximately €3 000) per year.

**The CPT takes note of the increase in the number of posts allocated to the NPM since its previous visit and trusts that these posts be filled. Furthermore, the CPT recommends that the authorities of North Macedonia ensure that the NPM is provided with sufficient resources to carry out its mandate effectively in line with the OPCAT, in particular by increasing its operational budget for the engagement of external experts.**

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3. See the Law on supplementing and amending the Law on the Ombudsman, Official Gazette No. 114, 14 September 2009.

4. For example, in the course of 2022 the NPM had carried out a total of 19 unannounced visits, of which nine visits to police stations, three to prison establishments, one visit to the Home for the Elderly "Mother Teresa" in Skopje, two visits to Skopje and Demir Hisar Psychiatric Hospitals and four visits to places where foreigners and asylum seekers are accommodated or detained.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Law enforcement establishments

#### 1. Preliminary remarks

11. During the CPT's 2019 periodic and 2020 ad hoc visits to North Macedonia, a high number of allegations of ill-treatment of criminal suspects by police officers were received. The allegations consisted of punches, kicks, blows with batons and other objects, inflicted both at the time of arrest and in the course of police questioning. The European Commission reflected this problem in its progress reports for [2021](#) and [2022](#), as did the Committee of Ministers of the Council of Europe, which adopted a decision in June 2023 urging the authorities of North Macedonia to take measures to combat this phenomenon and to ensure effective investigation of the cases belonging to the so called "Kitanovski group of cases" in connection with several judgments of the European Court of Human Rights (ECtHR).<sup>5</sup>

At the outset of the 2023 periodic visit, senior officials of the Ministry of the Interior informed the delegation about the efforts invested in recent months to address this issue. A message of zero tolerance of ill-treatment was sent to all police stations in February 2023<sup>6</sup> and training activities for police officers on various aspects of the treatment of detained persons have been intensified.<sup>7</sup> Further, amendments to the Code of Criminal Procedure (CCP) including the inclusion of several elements of the EU directives on information on rights and access to a lawyer, had been tabled for consultation with civil society in the course of November 2022 but had not yet been introduced in parliamentary procedure.<sup>8</sup>

12. The legal framework concerning the deprivation of liberty of persons for criminal offences remains the same as in previous visits and is enshrined in the CCP.<sup>9</sup> The deprivation of liberty of criminal suspects by the police is regulated by the 2006 Law on Police<sup>10</sup> and the 2010 CCP.<sup>11</sup> A person apprehended or held by the police must be brought in front of a custody officer within six hours and served with a decision on their detention. At the same time, the custody officer is also under an obligation to inform the competent prosecutor of the detention. The criminal suspect must appear in front of the relevant judge on preliminary proceedings within 24 hours of their deprivation of liberty in order to be remanded in custody or released.<sup>12</sup> According to Article 98, paragraph 3, of the CCP, "the deadlines for apprehending, detaining and remand start running from the moment of deprivation of liberty."

Finally, as regards informative talks, pursuant to Article 279, paragraph 4, of the CPC, the police may summon citizens to a police station to be interviewed about a case for a maximum period of four hours. Persons summoned to a police station for the purpose of providing information on a specific offence should be informed in writing of their right to be assisted by a lawyer, in accordance with Article 145 of the CCP.

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5. See in this respect the [Action Plan](#) provided by the authorities of North Macedonia in the context of the execution of the Kitanovski group of cases.

<sup>6</sup> On 21 February 2023 the Minister of the Interior issued a binding instruction to all organisational units of the Ministry of Interior, the Public Security Bureau and the organisational units of the Public Security Bureau, reiterating that any treatment and actions based on any form of discrimination, excessive use of force and torture towards other persons are strictly prohibited and that any unlawful, inhuman and degrading treatment and discriminatory behaviour shall be punished in accordance with the law.

7. Tailored training has been included in the curriculum for police officers on proper police conduct, including (i) ethical behaviour and respect for human rights in police; (ii) arrest and use of force; and (iii) the detention of persons and the prevention of ill-treatment.

8. The amendments in question contained in their draft important elements in relation to the right of access to a lawyer and information on rights (see paragraph 30).

9. The CCP defines the police authorisations apprehending with a court order (Article 157), deprivation of liberty without a court order (Article 158), and detention (Articles 159, 160 and 161).

10. See Article 50 of the Law on Police.

11. In line with Article 157 (apprehending with a court order), Article 158 (deprivation of liberty without a court order) and Articles 159 to 161 (detention) of the CCP.

12. See Articles 160, paragraphs 1 and 4 and Article 161, paragraph 3 of the CCP.

13. The methodology for assessing the phenomenon of ill-treatment by the police adopted by the CPT during the 2023 periodic visit consisted of individual interviews with remand prisoners in Skopje and Bitola Prisons, as well as the review of custody records and personal files (that is, reports on the use of force) in six police establishments.<sup>13</sup> In addition, the CPT delegation also examined the tripartite accountability system, known as the External Oversight Mechanism (EOM), which has been in place since July 2019 and consists of the interaction of the investigative activities of the following actors: 1) Unit for Investigating and Prosecuting Criminal Offences perpetrated by Persons with Police Authorisations and Members of the Prison Police within the Skopje Basic Public Prosecutor's Office for Organised Crime and Corruption (PPCC); 2) the Department for Internal Control and Professional Standards of the Ministry of the Interior (DIC) and 3) the Civil Control Mechanism within the Office of the Ombudsman (MCC). In particular, the CPT delegation examined several investigation files provided by the EOM concerning cases of alleged ill-treatment of detained persons by the police from 2021 to 2023 and assessed the effectiveness of these investigations and the interaction between the various components of the EOM (see paragraph 20).

## 2. Ill-treatment

14. Most of the persons met by the delegation stated that they had been treated correctly by police officers at the time of their apprehension and during police custody. Nevertheless, many allegations of ill-treatment were received from persons met in pre-trial detention at Skopje and Bitola Prisons, relating either to violence during interviews in a police inspector's office with a view to extracting a confession or excessive use of force at the time of arrest. The ill-treatment consisted mainly of slaps, punches and kicks to various parts of the body, as well as blows with objects (such as the butt of a gun, truncheon and occasionally a piece of furniture). Further, allegations of verbal abuse vis-à-vis arrested persons by police officers were also received.

When examining the relevant records at Skopje Prison, the CPT delegation found in some cases descriptions of injuries and corroborating elements reinforcing the credibility of the allegations. In addition, a hand-held electric shock device was found in the office of an inspector of the anti-narcotics department of the Veles Police Station, which several detained persons had previously identified as the place where they had been ill-treated.

15. The CPT wishes to highlight the following cases of alleged ill-treatment for the purpose of illustration. While some of the persons met by the delegation stated that they wanted to lodge a complaint about the ill-treatment,<sup>14</sup> others provided information on the condition that their names would not be divulged. For example:

- i. A person met by the delegation at Skopje Prison alleged that, on 16 December 2022, when he was arrested by a patrol of the intervention police (тигри) in the car park of a discotheque in Skopje, the police officers had kicked and punched him several times on various parts of his body and had hit him with the barrel of a gun on his face, chest and legs. He was then taken to hospital, where he received painkilling injections, and then to Skopje Aerodrom Police Station. The medical certificate drawn up at the time of his examination at the Skopje Centar Healthcare Centre soon after the arrest recorded the following injuries: "*Bilateral periocular haematomas. Subcutaneous haematomas of face and head. Contusions of the body. Subcutaneous haematomas in the lumbar region, inguinal and hip region. Bruises and scars of the ventral abdominal wall*".

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13. During its visit to police establishments the delegation was able to verify in the custody records that the interviewed remand prisoners had been in police custody at the time of the allegations of ill-treatment. Further, the delegation did not meet any person in police custody at the establishments visited.

14. In this respect, it is incumbent upon each person to lodge a complaint with the relevant authorities as providing the CPT with details of an allegation of ill-treatment does not constitute an official complaint. This was made clear to the persons met by the CPT delegation during the visit.

At the time of his admission to Skopje Prison on 16 December 2022, the doctor made the following entry in his medical file: *"Physical injuries sustained while being deprived of liberty by official persons"* and referred the person to the hospital for further specialist examination, which ruled out a suspected collapsed lung. The case was referred to the competent prosecutorial authorities by the management of Skopje Prison on 19 December 2022 accompanied by a written statement of the detained person, stating that the injuries displayed at the time of his admission to Skopje Prison had been sustained at the time of his deprivation of liberty in the above-mentioned car park.

- ii. An inmate met by the delegation at Skopje Prison alleged that, on 28 July 2023, following an altercation with a plainclothes police officer in a café in Struga, he had been arrested and taken to the local police station, where he had allegedly been placed in a cell without CCTV and subjected to blows with truncheons, kicks and punches to various parts of his body by a group of police officers, intermittently over the course of two hours. When he was transferred to Skopje Prison on 29 July 2023, the following entry was made in his medical file: *"various injuries on his...and left hip"*.<sup>15</sup> As the person complained of persistent headaches, he was referred to a neurological examination on 11 August 2023, which recorded the following entry: *"injury two weeks ago, hit on the head with a solid object, says has headaches, previously seen in neurology clinic. Diagnosis: post-concussion capitis"* The case was referred to the competent public prosecutor on 7 August 2023 with an accompanying statement from the alleged victim that the injuries originated from an episode of police ill-treatment in Struga.
- iii. Another person met by the delegation in Skopje Prison alleged that, following his arrest on 12 September 2023 after a car chase by a police patrol in Veles, a police officer had kicked him on the temple while he was handcuffed and lying on the ground. A medical certificate issued on the same date by the Emergency Unit of Veles Hospital recorded that the detainee displayed a visible redness in the temple area. Further, the relevant minutes on police custody drawn up at the Veles Police Station recorded that the detained person displayed visible redness on the temple and scratches on his legs. When he was examined by the prison doctor at Skopje Prison after his admission, the following entry was recorded in his medical file *"Excoriations legs and arms before admission. Diagnosis body scratches"*, without capturing the redness on the temple. On 6 October 2023, the Prison Director of Skopje Prison had referred the same description of injuries to the PPCC in response to its request for further information on the case.
- iv. A detainee met by the delegation in Skopje Prison alleged that on 21 July 2023, following his arrest and during an interrogation in an office of the Gazi Baba Police Station, he allegedly escaped through the main entrance of the establishment and was pursued by a group of police officers. When he was re-apprehended, he alleged that he was beaten several times on his sides, head and stomach with kicks and rubber truncheons by four police officers, first on the spot after his immobilisation and then at the police station. Upon his admission to Skopje Prison on 22 July 2023, the following injuries were recorded in his medical file: *"contusion of the nose...."*. Furthermore, the report on the use of force drawn up by the police officers on 21 July 2023 states that the alleged victim complained of general pain in his body overall, without mentioning any injuries. The case had been reported to the prosecutorial authorities by the director of Skopje Prison on 24 July 2023 with an accompanying statement of the detained person that he had sustained injuries as a result of beatings by police officers of Gazi Baba Police Station.
- v. A person met by the delegation in Skopje Prison alleged that, at the time of his arrest in the Old Bazaar of Skopje on 17 May 2023 by a group of intervention police officers(Тигри), he was forced to lie on the ground with his hands cuffed behind his back, and face down, while a police officer pressed his boots strongly on his legs, back and neck. At the time of his admission to Skopje Prison on 18 May 2023, the following entry was made in his medical file *"Contusion of the head, cut on the forehead, injury to the nose. Physical injuries on the right side inflicted by police officers during his deprivation of liberty"*.

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15. The entry was largely illegible.

He was referred to the Skopje Clinical Hospital Centre for further diagnostic examination, and the medical certificate issued on 26 May 2023 reads as follows: "*Contusions in the head, face and thorax, with occasional complaints of pain. An x-ray of the skull, facial bones and chest showed no fractures*". The case was referred by the prison management to the competent prosecutor on 18 May 2023 with an accompanying statement of the detained person confirming that injuries had been inflicted on him while being handcuffed.

- vi. An inmate met by the delegation in Skopje Prison alleged that on 4 August 2023 after his arrest at Veles bus station, he had been taken to an office of the Anti-Narcotics Department of the Veles Police Station while seated on a chair with his hands cuffed behind him, and was subjected to truncheon blows, punches and slaps to various parts of his body (namely, the face and thorax) apparently to get him to confess to a series of drug related offences. At the time of his admission to Skopje Prison on 5 August 2023, prison staff wrote in an official note that the detained person displayed several bruises and redness on his back and stomach which he referred to as having been the result of police ill-treatment. The note was forwarded to the prosecutorial authorities on 7 August 2023 with an accompanying statement of the remand prisoner confirming that he had been physically ill-treated at Veles Police Station.
- vii. A remand prisoner met by the delegation at Bitola Prison alleged that, at the time of his arrest on 16 October 2022, a police officer had punched him in the face while he was walking towards the police car with his hands cuffed behind his back. He received medical attention at the Bitola Police Station. However, the visiting doctor and the custody officer failed to record in the relevant files the injuries he displayed on the identification photograph taken at 18:00 on 16 October 2022, which was examined by the CPT delegation's doctor and showed a periorbital contusion of the left eye, purple in colour, with associated oedema of the eyelid and surrounding tissues; it also showed a contusion of the bridge of the nose, possibly caused by blunt force trauma, with marked swelling and signs of epistaxis which was consistent with his allegation on the cause of the injury. Furthermore, the medical staff at Bitola Prison also failed to record the same injury when he was admitted to the prison on 17 October 2022.

16. The findings of the 2023 periodic visit to North Macedonia indicate that the treatment of persons deprived of their liberty by the police has not substantially improved since the previous findings of the 2019 and 2020 visits of the CPT. In particular, the Committee considers that the measures taken so far by the authorities of North Macedonia to tackle this phenomenon need to be more vigorous and consistent. As the CPT has already stressed in its previous reports, only a multifaceted approach can effectively prevent and combat ill-treatment by the police, and this should consist of a series of concerted, well-designed and simultaneous measures, building on the important efforts already made by the authorities in this field, such as the following:

- In particular, the message of zero tolerance on the unacceptability of ill-treatment recently disseminated by the Ministry of Interior is a positive development but needs to be repeated at regular intervals in order to have the necessary positive effect. Further, the entire police hierarchy should be reminded of its responsibility in relation to the cases of police ill-treatment which they have tolerated.
- The training of police officers must include senior officers and be more targeted. Police officers, including members of the police intervention teams (Тигри), need to be trained to prevent and minimise use of force during arrests and be reminded of their duty to protect persons held in police custody (including those summoned or brought in). In cases where the use of force is nevertheless necessary, they must be able to use professional techniques that minimise the risk of harm to the persons they are trying to arrest. Notably, there is no justification in a democratic society for police officers to slap detained persons who display an aggressive and provocative conduct. Further, in addition to the important elements of the recently adopted Code of Conduct for Police Interviewing, professional training should be provided for criminal investigation officers on appropriate interview and investigation techniques and the prevention of ill-treatment (see paragraph 38).

- The prison healthcare authorities must finally understand the important role in preventing police ill-treatment by proactively carrying out the medical screening of newly arrived prisoners, in light of the CPT's long-standing recommendations concerning the recording, description and reporting of injuries observed in detainees which may indicate police ill-treatment, as well as the need to photograph them (see paragraph 17).
- The importance of a system of accountability for police ill-treatment finds in the EOM a starting point on which to build a coherent methodology of investigation, so that its various components have a consistent approach to the detection, investigation and prosecution of cases, in order for the EOM to have the desired preventive effect (see paragraphs 25 and 26).
- The Standard Operating Procedures (SOPs) remain a very good guideline for the strengthening of legal safeguards of persons in police custody, but they need to be strengthened, in particular through the provision of access to a lawyer in a proactive manner, as developed in paragraph 31, the provision of information on rights in a more systematic and consistent manner, and a more rigorous application of the standards in the field of provision of medical assistance in police custody (see paragraphs 33 and 35 ).

**The CPT once again calls on the authorities of North Macedonia to adopt and implement a coherent strategy to prevent and combat of ill-treatment by the police which, in short, should consist of the above-mentioned elements and the recommendations in the relevant paragraphs of this report.**

More generally there is no legitimate reason for non-standard objects, such as hand-held electric shock devices to be kept in rooms used for interviewing suspects. Apart from inviting speculation about improper conduct on the part of police officers, objects of this kind are a potential source of danger to staff and criminal suspects alike. Consequently, **any non-standard item that might be used for inflicting ill-treatment should be removed from all police premises where persons may be held or questioned. Any such items seized during criminal investigations should be entered in a separate register, properly labelled (identifying the case to which they refer) and kept in a dedicated store.**

17. In its previous reports, the CPT has emphasised the role that prison healthcare authorities can play in preventing ill-treatment, in particular through timely and accurate recording of injuries and clear reporting lines. Unfortunately, no improvements had been noted in this area and the medical records drawn up at Skopje Prison at the time of the screening of newly arrived detainees still contained only a cursory description of injuries, without any reference to their possible origin and assessment of their compatibility with the allegations.<sup>16</sup> Detainees told the delegation that the medical screening examination, conducted in principle outside the hearing of custodial staff, consisted of a brief anamnesis and that, in principle, they were not asked to undress and their injuries were not photographed. In particular, the documentation examined by the delegation showed that the prosecutorial authorities were also requesting the prison management of Skopje Prison to provide a more detailed description of the injuries displayed by detained persons upon admission to prison, as well as their origin.<sup>17</sup> With regard to the certificates drawn up in civil hospitals/ local healthcare centres during the period of police custody in the event of detainees requesting medical assistance for injuries sustained, they were also affected by the same shortcomings (scant descriptions, lack of assessment of their origin and compatibility). This state of affairs, in the CPT's view, contributes to the phenomenon of impunity of police officers (see also paragraphs 20-26), particularly in view of the fact that doctors working in prisons and hospital emergency departments remain indifferent to the importance of their role in preventing ill-treatment by the police.

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16. As mentioned in the cases described in paragraph 15, detained persons alleging physical ill-treatment by the police were generally required to sign a written statement which was transmitted by the prison management to the prosecutorial authorities.

17. For example, in respect of case No. iii in paragraph 15 the PPCC had sent a request on 1 August 2023 to the management of Skopje Prison to provide a more detailed description of the injuries of the detained person as well as their origin.



The CPT reiterates its recommendation that steps be taken to ensure that the prison medical services at Skopje Prison and other prisons throughout the country, fully play their role in preventing ill-treatment, by ensuring that:

- doctors in prisons indicate at the end of their traumatic injury reports the compatibility between one or more objective medical findings and the statements of the person concerned.
- traumatic injury reports relating to injuries likely to have been caused by ill-treatment (even in the absence of statements) are automatically forwarded to the body empowered to conduct investigations, including criminal investigations, into the matter.
- doctors advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report must automatically be forwarded to a clearly specified investigating body and that such forwarding does not substitute the lodging of a complaint in proper form.

Further, the Committee also recommends that the authorities of North Macedonia, in the context of the implementation of the SOPs, put in place a system of doctors visiting police premises. These doctors should, in addition to their general practitioner qualifications, be provided with training on how to identify and record injuries. Pending the establishment of such a system, doctors working in hospital emergency units, notably in Skopje, should be required to describe any injuries in full and indicate at the end of their traumatic injury reports,<sup>18</sup> whenever they are able to do so, any causal link between one or more objective medical findings and the statements of the person concerned. If necessary, a secure room in the hospital should be set aside where such examinations may be carried out in a safe, secure and confidential manner.

18. With regard to the obligation of the authorities to ensure direct reporting of cases of alleged police ill-treatment to the competent prosecutorial authorities, as provided for in the relevant provisions of the Law on Execution of Sanctions (LES),<sup>19</sup> the situation remains the same as observed during previous visits. Namely, at Skopje Prison, security staff carried out a systematic visual check of all newly arrived remand prisoners with the aim of identifying injuries and releasing prison custodial staff from any responsibility, with an accompanying statement by the detained persons and reporting relevant cases to the prison management. Similarly, healthcare staff of Skopje Prison reported to the management of the establishment any cases it observed during the medical screening of newly arrived prisoners. Consequently, a total of 11 cases had been reported to the prosecutorial authorities since December 2022 by the Director of Skopje Prison. However, in some cases the prison management had reported the file to the Basic Prosecutor in Skopje instead of its specialised unit (PPCC) mandated to investigate crimes under the EOM mechanism. This led to some important delays in the investigation and at the time of the CPT's visit no file had been formed by the PPCC in respect of the above-mentioned reported cases.

**The CPT recommends that the Director of Skopje Prison as well as all prison directors throughout the country promptly and accurately informs the competent prosecutorial authorities belonging to the Specialised Unit of the Basic Prosecutor for Organised Crime and Anti-Corruption (PPCC) of injuries observed on newly admitted prisoners. The notification in question should include the relevant medical documentation (including photographic evidence).**

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18. Reference is made in this context to Chapter IV of the 1999 United Nations Manual on Effective Investigations and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ("Istanbul Protocol").

19. See in particular Article 54 of the LES which reads as follows: "*After receipt of information indicating grounds of suspicion that a member of the prison police has committed a criminal offence while on official duty or a crime committed off duty that includes the use of serious threat, force or means of coercion with the consequence of death, grievous bodily harm, bodily harm, unlawful deprivation of freedom, torture, and other cruel, inhuman or degrading treatment and punishment that according to the law are to be prosecuted ex officio, the penitentiary institutions, correctional institutions or the Directorate for Execution of Sanctions shall without delay inform the Unit for Investigating and Prosecuting Criminal offences Perpetrated by Persons with Police Authorizations and Members of the Prison Police in the Basic Public Prosecutor's Office for Organized Crime and Corruption.*"

19. As mentioned in paragraph 15, the CPT delegation examined a number of reports on the use of force against detained persons, which had been drawn up in various police establishments pursuant to Article 80 of the Law on Police. The delegation was able to determine that these reports generally contained an appropriate description of the circumstances of the application of the measure, together with statements by police officers, and a preliminary assessment of the justifiability of the use of force by the relevant shift commander.

However, in all cases examined by the delegation, the reports on the use of force lacked a statement of facts on the circumstances of the case made by the detained person, and medical documentation on the origin of the injuries they had sustained. Consequently, the assessment of the proportionality of the use of force by the police commander appeared to be based solely on the statements of the police officers involved, which in some cases appeared to be of a clearly harmonised and concerted nature (see paragraphs 21-23) and this contributed to creating obstacles in the investigation of such cases by the relevant authorities.

**The CPT recommends that the reports on the use of means of coercion are drawn up promptly and accurately, in accordance with Article 81 of the Law on Police, and that the assessment of the compliance of such coercion with the principles of necessity, proportionality and legality be conducted with an analysis of all relevant information by the direct supervisor. Finally, reports on the use of means of coercion should be drawn up in respect of all cases in which the use of force has been necessary, in particular at the time of the apprehension of a detained person.**

### **3. Effectiveness of investigations into allegations of ill-treatment**

20. An important aspect of the 2023 periodic visit consisted of the assessment of the effectiveness of the investigations into allegations of ill-treatment by the tripartite EOM, which was established in North Macedonia in 2018 with the assistance of the Council of Europe Office in Skopje. At the time of the visit, the EOM consisted of the Specialised Unit of the Skopje Basic Prosecutor for Organised Crime and Anti-Corruption (PPCC) with national competence over the investigation of crimes committed by law enforcement officials, the Department of the Internal Control, Criminal Investigations and Professional Standards of the Ministry of the Interior (DIC) and the Civic Control Mechanism embedded in a dedicated section of the Ombudsman Office. During the visit the CPT delegation met with all stakeholders and was given access to all relevant investigative files in relation to police misconduct vis-à-vis detained persons within the 2021-2023 timeframe.

It should be recalled that, in addition to the establishment of the EOM, the authorities of North Macedonia had also adopted amendments to the Criminal Code (CC), amending Article 142 on the crime of torture, which now includes aggravating elements and a more detailed definition, as well as increasing the terms of imprisonment and removing the statute of limitations.<sup>20</sup> Finally, criminal offences related to misconduct against detained persons by law enforcement officials could also be qualified under Article 143 of the CC.<sup>21</sup>

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20. In particular, the maximum penalty in Article 142 of the Criminal Code was increased from five to eight years imprisonment, while the punishment for severe forms of ill-treatment was increased to at least four years of imprisonment. Article 142 of the Criminal Code now reads as follows: “(1) Any person who, in the course of the performance of his duties, as well as the person designated by a public official or with his consent, uses violence, threats or other unlawful or prohibited means with the intention of extorting a confession or any other statement from the accused, the witness, the expert or any other person, or causes him any other physical or mental suffering, in order to punish him for a crime he has committed or is suspected of having committed, or to punish another person, or to intimidate or force him to waive his right, or to cause him any other physical or mental suffering, or to punish him for a crime he has committed or is suspected of having committed, or to punish another person, or to intimidate or force him to waive his right, or to cause him any other physical or mental suffering, shall be punished by imprisonment for a term of three to eight years.(2.) If the offence referred to in paragraph 1 results in serious bodily injury or other particularly serious consequences for the victim, the perpetrator shall be punished by imprisonment for a term of not less than four years.” Further, Article 112 of the CC stipulates that the crime of torture is not subject to a statute of limitations.

21. Article 143 of the Criminal Code reads as follows: “Whoever, in the performance of his service, mistreats another, intimidates, insults him, or in general acts towards him in a way that humiliates human dignity and the human personality, will be punished with imprisonment from one to five years.”.

In the context of the supervisory procedure of the execution of ECtHR judgements in relation to the “Kitanovski group of cases” by the Committee of Ministers of the Council of Europe, the authorities of North Macedonia have also reported that several targeted training activities for police officers and EOM members have been conducted in recent years, on issues related to the ECHR jurisprudence on Article 3 and its procedural limb.

21. At the outset of the visit, the CPT delegation was informed that the PPCC, composed of three prosecutors and supported by a pool of 18 investigators, had investigated 126 cases of alleged ill-treatment of detained persons since 2021 under Article 143 of the CC, of which 92 cases had been dismissed, 17 indictments had been brought and 18 police officers had all been convicted to a conditional sentence. The PPCC's investigations were mainly supported by the work of the DIC, but the PPCC also conducted its own autonomous investigations (in terms of securing evidence, interviewing witnesses and suspects). The review of 109 out of 126 investigative files showed that in some cases the PPCC had conducted thorough investigations and acted rapidly, resulting in the securing of evidence and the exposure of collusive practices by police officers in defending a distorted version of the facts, and had remedied the shortcomings of the DIC's investigative actions by applying more rigorous cross-checking of the available evidence.

For example, (see also paragraph 23) in a case of alleged ill-treatment of a detained person by two police officers at the Štip Police Station on 17 December 2021, in order to force him to sign a confession to a misdemeanour.<sup>22</sup> His lawyer had filed a criminal complaint on 18 December 2021, attaching relevant medical documentation on the injuries sustained. The DIC had initially dismissed the complaint on the ground of the examination of the report on the use of force and the concordant written statements of the police officers on duty (see paragraph 23). However, the PPCC was not satisfied with the DIC's assessment and decided to cross-check the statements of the police officers and uncover inconsistencies, as well as in relation to an assessment of the compatibility assessment of the medical documentation issued by the Štip Healthcare Centre. The two police officers in question were finally handed a conditional sentence of one and a half years of imprisonment.

In other cases, however, the investigative action of the PPCC appeared to be ineffective in terms of slower action, and excessive reliance on police statements and official notes without carrying out cross-checks and ordering more important investigative measures (such as forensic examinations of the alleged victims or securing CCTV footage). In these cases, criminal complaints were dismissed without a rigorous examination of the origin of the injuries that the victims allegedly attributed to police ill-treatment.

For example in relation to a case of alleged ill-treatment suffered by a detained person at the Bitola Police Station on 21 June 2020 and consisting of the infliction of slaps and punches (supported by consistent medical documentation drawn up upon his admission to Skopje Prison) the PPCC had dismissed a criminal complaint merely on the basis of examining the report on the use of force and, in particular, by giving credibility to the clearly collusive and coordinated statement of three police officers in a single document and text with multiple signatures.

Further, in the case of a detained person who alleged that he had been slapped by three police officers from the Chair/Butel Police Station upon his arrest on 26 August 2020, supported by a medical certificate describing an injury to the left eye (including photographic documentation provided to the DIC). the PPCC dismissed the criminal complaint on 14 July 2021. The prosecutor based their decision simply on the written statements provided by the police officers on duty on the day of the allegation, and without ordering a forensic medical examination and examining the relevant report on the use of force. It is interesting to note that both the PPCC and the DIC refer in their reasoning to the injury to the victim's right eye, whereas both the detainee and the photographic evidence indicate that it was the left eye that was affected.

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22. The detained person alleged to have been slapped, punched and kicked on various parts of his body while he was handcuffed with both hands to a table fixed to the floor, in order to coerce him to sign a confession.

22. The DIC of the Ministry of the Interior, which was composed of 57 police officers out of 68 budgeted posts<sup>23</sup> may investigate cases of alleged police misconduct that come to its attention, either on its own initiative or at the request of the PPCC and the CCM as well as ordinary citizens and is required to open a file on each case within 24 hours of its receipt. The DIC may also use special investigative measures and expertise, such as ordering forensic medical examinations and compulsory tests. At the outset of the visit, the CPT delegation was informed that, since 2021, out of the 159 cases of alleged police ill-treatment of detained persons, 63 had been declared unfounded, 84 had been declared insufficiently substantiated and 12 had been assessed as well grounded and referred to the PPCC.

23. The examination of the investigation files resulting from complaints showed that the investigative measures needed to be more comprehensive in order to be effective. In particular, the DIC's methodology tended to rely solely on the content of reports of the use of restraint, without exploring additional investigative measures (such as ordering forensic examination, immediately securing CCTV and other evidence), and preventing coordinated statements by police officers. In addition, the DIC appeared to give full credence to relevant police reports on the use of force which, as shown in paragraph 19 can sometimes be skewed and misleading.

For example, in a case concerning alleged police ill-treatment on 9 July 2021, in which a person alleged to have been verbally assaulted and punched in the face by a police officer at the time of arrest and to have sustained injuries after falling to the ground, confirmed by a medical certificate issued on the same day, the DIC concluded on 3 November 2021 that the complaint lodged by the alleged victim's lawyer on 21 July 2021 was unfounded. The DIC's decision was based solely on the official notes, detention records and use of force reports drawn up by the police officers, which clearly referred to the injuries sustained by the detainee. No effort was made to interview the police officers, the alleged victim or five potential witnesses present at the scene, or to clarify the clear contradictions in the police records regarding the injuries sustained by the alleged victim.<sup>24</sup>

Furthermore, as mentioned in case 26/22 in paragraph 21, on 17 December 2021, the DIC had rejected a complaint of ill-treatment supported by medical documentation, based on the assessment of the report on the use of force drawn up by the police officers and the relevant official notes clearly formulated in a concerted and collusive manner, which was later dismantled by the prosecutor.

24. As mentioned in paragraph 20, another important component of the EOM is the six-member oversight body of the Citizens' Control Mechanism (MCC), established within the Office of the Ombudsman, which is mandated, *inter alia* to follow and monitor the work of the PPCC and the DIC, to review relevant investigative material on cases of police misconduct and to carry out its autonomous investigative actions. After several unsuccessful attempts, the structure of this body was finally completed in October 2023 with the appointment of three civil society representatives.<sup>25</sup>

The CPT delegation examined a total of 37 complaints processed by the MCC concerning allegations of ill-treatment by police and prison staff and found that, in 14 cases (amounting to 40 % of the complaints examined), the MCC had followed and endorsed the actions of the DIC and the PPCC without carrying out any further investigation. In addition, in some cases, the MCC did not appear to have conducted an effective investigation to uncover all the elements of a complaint. For example, in a case of alleged police ill-treatment of a juvenile offender at the Centar Police Station in Skopje on 26 November 2022, consisting of kicks and punches inflicted by two police officers,<sup>26</sup> the case file<sup>27</sup> showed evidence of only a partial investigative action, consisting of an interview with the victim's father.

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23. Skopje has a total of 46, while Gostivar, Ohrid, Štip and Bitola have two DIC officers. The police departments of Strumica, Tetovo, Veles and Kumanovo each have one DIC officer.

24. For example, the relevant detention records showed that the detained person had sustained injuries, while the report on the use of force did not.

25. Previous attempts to appoint the civil society representatives by the Parliament had fallen flat due to the lack of interested candidates both in 2018 and 2021.

26. The allegation was supported by relevant medical documentation issued on the same day by the Skopje Centar Healthcare Centre.

27. A complaint had been submitted to the MCC on 1 December 2022 by the lawyer of the alleged victim.

There was no evidence of any additional activities aimed at finding other evidence, such as interviewing the victim, assessing the compatibility of the injuries and interviewing potential witnesses, such as the doctors who had examined him at the health centre. Consequently, the complaint was dismissed as unfounded on 15 February 2023.

25. The Committee takes note of the valuable efforts invested by the authorities of North Macedonia in completing the set-up of the EOM through the appointment of the civil society representatives of the MCC and the established interaction between its three components. The CPT considers that the EOM has the full potential to develop as an effective police accountability mechanism for law enforcement officials in North Macedonia. However, the findings of the 2023 periodic visit indicate the need to ensure that reports on the use of force by the police are examined in a more comprehensive manner, subject to a truly independent assessment of the legality, necessity and proportionality of the use of force, that synchronized and collusive statements by police officers are proactively prevented, and special investigative actions are employed such as ordering forensic medical examinations of alleged victims, securing of CCTV recordings and cross-checking examination of potential witnesses and police officers giving synchronised and concerted statements. Further, a specific methodology must be adopted for all three of its components (namely, the PPCC, DIC and MCC) in the investigation of allegations of ill-treatment (see paragraph 26).

To ensure that investigations by prosecutors into allegations of ill-treatment by law enforcement officials are effective, **the CPT reiterates its recommendation that the authorities of North Macedonia take the necessary measures to ensure that:**

- **prosecutors of the PPCC investigating cases of alleged torture and ill-treatment always seek to conduct investigative actions themselves, especially as regards interviews of relevant witnesses, injured parties and police officers, and are aware of the means of avoiding possible collusion between police officers in coordinating their statements;**
- **prosecutorial and police oversight investigations conducted by the PPCC and DIC into cases of alleged ill-treatment of detained persons are conducted in a comprehensive manner, namely, by ensuring that significant episodes and surrounding circumstances indicative of ill-treatment are not disregarded and by applying appropriate investigative techniques, in particular with regard to adopting measures to prevent coordinated statements by police officers and proactively ordering forensic examinations and crime scene investigations.**
- **the report on the use of force drawn up by the police is subject to a comprehensive and independent assessment by the direct supervisor and always includes a statement of fact of the alleged victim, as well as a description of the injuries sustained and a compatibility assessment with the allegation.**

26. The Committee considers that a Methodology for the Conduct of Investigations into Allegations of Torture and Ill-treatment by the Police (Methodology) should be adopted as a mandatory instruction by the PPCC as well as by the Ministry of Interior and the Office of the Ombudsman. The Methodology should provide practical guidelines, *inter alia* on issues such as securing evidence and interviewing witnesses, victims and alleged perpetrators in ill-treatment cases, reacting promptly to allegations and arguable claims, addressing dual loyalty issues when confronting testimonies of healthcare staff and the so called “blue wall” in terms of loyalty among police officers, who in practice provide identical and concordant statements. Further, action should be taken to ensure that all prosecutors and investigators of the DIC as well as staff of the MCC are both properly trained on and applying the mandatory instruction on the Methodology on the Investigation of Cases of Ill-treatment.

**The CPT recommends that the authorities of North Macedonia, namely the three components of the EOM (the PPCC, DIC and MCC) take effective steps in light of the above remarks and inform the Committee on the measures taken towards the improvement of the effectiveness of prosecutorial and administrative investigations into allegations of ill-treatment at the national level.**

#### 4. Safeguards against ill-treatment

##### a. introduction

27. The system of legal safeguards to be afforded to persons deprived of their liberty by the police in North Macedonia is embodied and crystallised in the so-called Standard Operational Procedures for the Treatment of Persons with Restricted Freedom of Movement (SOPs), which were drafted with the assistance of the Council of Europe, to provide guidance to ensure that detained persons are afforded in practice the relevant legal safeguards enshrined in the legislation.<sup>28</sup> The most important innovation introduced by the SOPs is the designation of a custody officer in each police station, responsible for taking the decision to detain a person and for monitoring the correct application of the safeguards in practice.<sup>29</sup>

##### b. notification of custody

28. Article 69, paragraph 3 of the CCP establishes the right of a detained person to inform a family member or a third party of the fact of their detention, and the SOPs clearly state that this must be done by the detained person using the police station's duty line.

Most of the interviewees confirmed that they had the possibility to inform a family member, relative or third party about their detention. This was confirmed by the relevant detention registers, where the timing and notification of the vast majority of detainees were duly recorded.

##### c. access to a lawyer

29. Article 69 of the CCP establishes the right of persons deprived of their liberty by the police (that is, summoned, arrested, or brought in) to have access to a lawyer at any moment during the period of their detention (see also Article 160 of the CCP). The police officers are then under obligation to delay the questioning of a suspect for a period of two hours until the lawyer attends the police station. The legislation and the SOPs also provide that if the detained person does not have a lawyer of their choice, they may, between 20:00 and 08:00, choose a lawyer from the list available at the police station provided by the relevant bar association and at the expense of the state. However, it remains unclear which institution is to bear the costs in this respect.<sup>30</sup> At the beginning of the visit, the CPT delegation was informed by the NPM that discussions were underway with the Bar Association on the provision of a system of *ex officio* lawyers, once the financial aspect had been resolved. Furthermore, the announced amendments to the CCP in 2022 should also address this legal gap but had not yet been adopted.<sup>31</sup>

30. As was the case during previous visits, the vast majority of detainees stated that they did not wish to have access to a lawyer, which was confirmed by their interviews and detention registers (for example, an examination of the registers of detained, brought in and summoned persons in the police establishments visited revealed that only 10 to 20% had expressed the intention of having access to a lawyer).<sup>32</sup> Detained persons did not sign a waiver for the assistance of a lawyer and their refusal consisted simply in ticking the relevant box in the relevant detention records No.10 (Information Sheet) and No.11 (Minutes on the Detention of a Person).

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28. The SOPs are mandatory instructions consisting of a compilation of international standards on the prevention of ill-treatment, a national legal framework on basic safeguards, specific tasks and instructions on how to ensure their implementation in practice, and examples of forms and detention registers to be completed by police staff.

29. At the beginning of the visit, the delegation was informed that all 54 designated custody officers had been trained on the content and application of the SOPs.

30. In its 2022 Annual Report, the NPM noted that no effective system had been established to cover the costs of *ex officio* lawyers and that, in practice, they were not remunerated for the services they provided to persons in police custody.

31. The draft CCP provides, *inter alia* that detained and summoned persons must be clearly informed of their right to free legal aid from the outset of their detention and that the costs of the services provided by *ex officio* lawyers must be borne by the competent judicial authority initiating the proceedings.

32. At Gazi Baba police station, for example, 11 out of 131 detainees in 2023 had requested the assistance of a lawyer. The same ratio was 65 out of 361 in Bit Pazar and 44 out of 456 in Centar, 15 out of 185 in Kichevo and 18 out of 245 in Veles Police Stations.

The reasons for this lack of interest were the absence of a functioning system for the appointment of lawyers due to the fact that police officers informed detained persons that they would have to pay, or that they did not need the assistance of a lawyer at the initial stage of the proceedings. In principle, those who clearly opted for a lawyer of their choice had a lawyer present at the police station within a relatively short time and were given the opportunity to speak with the lawyer in private. Nevertheless, the CPT delegation also received firm allegations from detained persons that police officers clearly discouraged or denied the possibility of contacting a lawyer. Thus, in the majority of cases, the initial interrogation took place without the presence of a lawyer.

The summoning of persons to police stations for the purpose of providing information is regulated by Article 158 of the CCP, which stipulates that the maximum duration of the interrogation is six hours and that the persons must be informed of their rights and sign the standard information sheet. The register of summoned persons examined in all police stations showed that the vast majority of summoned persons had not opted for the possibility of being assisted by a lawyer, for the same reasons as those outlined above for detained persons.

31. The CPT considers that police officers must accept the legitimacy of the procedural rights of suspects and understand the ways in which providing prompt access to a lawyer is an important safeguard against ill-treatment and can ensure the credibility and reliability of investigative procedures. Further, informing suspects of their right to a lawyer in an understandable and unambiguous manner is another fundamental safeguard, which is why the mandatory explanation of the consequences of waiving this right should be strictly applied in order to ensure that any such waiver is voluntary, informed and intelligently made (see also paragraph 35).

**The CPT recommends that the Police Directorate (the Bureau of Public Security of the Ministry of Interior) issue an instruction to all police officers on the right of access to a lawyer in police custody, in line with the above-mentioned principle. The instruction in question should highlight in particular the need to ensure that criminal suspects are informed in an unambiguous manner of their statutory right of access to a lawyer from the outset of the deprivation of liberty, of the consequences for them in renouncing this same right and that any waivers should be systematically drawn up and attached to the relevant custody records (that is, the minutes on deprivation of liberty and information sheet).**

**The Committee also recommends that the authorities of North Macedonia, in cooperation with the Bar Association, clarify the legal vacuum in the legislation concerning the financing of *ex officio* lawyers attending a police station and develop a more effective and functional system for the appointment of duty lawyers, such as a call centre or central contact point to which the police could turn to propose a duty lawyer, who could attend a police station in accordance with a pre-established order.**

**Further, the Committee recommends that the relevant provisions of the CCP, which limit the right to an *ex officio* lawyer to between the hours of 20:00 and 08:00, should be amended to remove this important limitation.**

d. access to a doctor

32. Article 160 of the CCP and the SOPs clearly state that it is the responsibility of the custody officer to assess the physical and mental condition of a detained person on arrival at the police station. If the person has visible injuries, the custody officer orders a medical examination and the injuries are photographed and added to the detained person's personal file. In addition, medical assistance is provided at the request of the detained person and with the consent of the custody officer, and the medical examination must respect the principle of confidentiality. Finally, the SOPs also stipulate that medical assistance should be provided to ensure the continuity of prescribed therapy for detained persons (for example, for the administration of methadone and/or insulin).

33. The findings of the 2023 periodic visit indicate that, in most cases, in respect of detained persons requesting medical assistance, an ambulance was called at the police station or, if necessary, they were accompanied to a hospital, and that these operations were, in practice, facilitated by the custody officers. Nevertheless, the CPT delegation also received allegations from persons in police custody that their requests to see a doctor had been refused by police staff.

Further, medical examinations of detained persons were not always carried out in a confidential setting and, in the event of visible injuries, the custody officer did not clearly describe them in the relevant records of detention, and did not proceed to take a photograph, as required by the SOPs.<sup>33</sup>

**The CPT recommends that persons deprived of their liberty by the police be explicitly guaranteed the right to have access to a health-care specialist in a confidential setting from the outset of their deprivation of liberty, in light of the relevant provisions of the SOPs. In particular, a detained person's request to see a doctor should always be granted; it is not for police officers or any other authority to filter such requests. In addition, the relevant provisions of the SOPs on the need for custody officers to accurately record and describe injuries observed on detained persons and to take photographs of them must be strictly adhered to.**

e. information on rights

34. Article 69, paragraph 3 of the CCP stipulates that a detained person must be informed of their rights in an understandable and unambiguous manner at the beginning of the detention. To this end, the detained person must sign an information sheet accordingly. Posters on the statutory rights of persons in police custody continued to be displayed in police stations, and brochures were available in several languages.

35. The findings of the 2023 periodic visit indicate that the relevant information sheet was promptly signed by detainees and entered in the relevant registers in respect of the absolute majority of detainees. However, it appeared that this procedure was carried out in a rushed manner, and detained persons told the delegation that they could not recall even being informed verbally by a police officer or being given an information sheet.

**The CPT calls upon the authorities of North Macedonia to invest the necessary efforts in order to ensure that particular care is taken by police officers at the time of arrest and at the subsequent phases of detention to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case. Further, all persons<sup>34</sup> deprived of their liberty should obtain information about their procedural rights in a format accessible to them, depending on their specific needs, for example, using larger text size, written in simple and accessible language, provided orally etc.**

f. custody records

36. As mentioned in paragraph 23, the new SOPs also include specific instructions on the standard forms to be filled out in relation to detained persons, their recording, archiving and compilation. The delegation noted that standard forms had been introduced and were in use in all police facilities visited, and that the custody officers were generally well acquainted with their contents and took due care in compiling and maintaining the relevant documentation.

The findings of the 2023 periodic visit of the CPT indicate an improvement in the care with which custody records were kept and the accuracy of their compilation in the establishments visited. It was clear that the relevant custody officers had taken due care to ensure that they were kept accurately.

g. conduct of police interviews

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<sup>33</sup> See in particular Point 5.2.6 of the SOPs.

<sup>34</sup> For example, persons with sensory or learning disabilities, foreign nationals or persons with functional illiteracy.



37. At the beginning of the visit, the CPT delegation was informed by the Ministry of the Interior of the recent adoption of a code of conduct for police interviews and received a copy of the same. The document develops principles such as the prohibition of the attempt to obtain coerced confessions, the planning of the interview, the need to create a positive atmosphere with the person interviewed and to obtain reliable information based on the establishment of a constructive relationship, free from manipulative questions. The code of conduct should be monitored by the relevant supervisor and be part of the common training programme. At the time of the visit, some of the custody officers in the police stations visited confirmed that they had already received such training. As regards the video recording of interviews with criminal suspects in police custody, the CCP provides for such a possibility with regard to statements made by a detained person before a prosecutor<sup>35</sup> and the CPT delegation was able to observe that there were interview rooms fitted with the necessary technical equipment at Gazi Baba and Bit Pazar Police Stations in Skopje. However, their use was resorted to only in exceptional cases, such as the interviews of juveniles in detention.

38. In the course of the 2023 periodic visit, the delegation again received some allegations of prolonged police interviews of criminal suspects, following their arrest. These persons were often handcuffed behind their backs and were not offered breaks to rest during the interview or offered access to water and food. It is clear that the recently adopted code of conduct on police interviews, as well as the possibility of audio-video recording of police interviews (including so-called information-gathering from criminal suspects) needs to be implemented in practice with vigorous measures.

Furthermore, with regard to the questioning techniques used by police officers during the initial interview with a criminal suspect, the delegation had the clear impression that the techniques used by police officers were clearly geared towards obtaining a confession, rather than more research based professional, investigative information-gathering techniques aimed at obtaining accurate and reliable information.

In its previous report on the 2019 periodic and 2020 ad hoc visit to North Macedonia, the CPT underlined the need for a paradigm shift from a “suspect to the evidence” approach to an “evidence to the suspect” approach.<sup>36</sup> The CPT also noted that the use of investigative interviewing techniques by police inspectors, developed by several police services in Europe<sup>37</sup>, improves the flow of information and communication and reduces the risk of human error and false accusations. The findings of the 2023 periodic visit indicate that such a paradigm shift in the interviewing of summoned citizens and criminal suspects has not been implemented. In the Committee's view, such a paradigm shift requires robust measures coming from senior officials, who must become advocates of such a change.

**The CPT calls upon the authorities of North Macedonia to actively promote as a high priority such a paradigm shift from the principle of proceeding “from the suspect to the evidence” to one focused on “from the evidence to the suspect” notably through robust measures<sup>38</sup> such as training in proven scientific professional methods of investigative interviewing and the mandatory audio-video recording of all police interviews.**

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35. Pursuant to Article 207 of the CCP.

36. See in particular paragraph 18 of the CPT's report on the 2019 periodic visit to North Macedonia CPT (2020) 31.

37 See in this respect Rule No. 1 of the “Principles on Effective Interviewing for Investigations and Information Gathering” (the [Méndez Principles](#)) adopted in May 2021 by a group of eminent international legal and police experts in the field of policing and torture prevention. The Méndez Principles have since been welcomed and cited by several United Nations bodies, as well as the CPT. Further, reference is also made to the following publication by Milne, Rebecca and Rull, Ray (1999): “Investigative Interviewing Psychology and Practice” Chichester UK: Wiley.

38. See in this respect Rule No. 6 of the [Méndez Principles](#).

h. inspection procedures

39. As mentioned in paragraph 10, the NPM carried out regular visits to police establishments, interviewed detained persons and custody officers and examined in detail the relevant custody registers and material conditions. In particular, the NPM had highlighted problems related to legal and practical obstacles to access to a lawyer, deplorable material conditions in some police stations and the need to improve record keeping.

Furthermore, at the beginning of the visit, the CPT delegation had also been informed of the increased activities of the DIC in monitoring and supervising the work of custody officers and in inspecting police establishments with regard, *inter alia* to the issue of the treatment of detained persons.

## 5. Conditions of detention

40. The 2012 Rulebook on General Norms and Standards to be met by detention facilities in police stations enumerates the minimum requirement of police detention cells in all police establishments. At the outset of the visit, the CPT delegation had been informed of the investments undertaken by the Ministry of the Interior to refurbish and maintain police detention facilities in an adequate state of repair and hygiene,<sup>39</sup> as well as the ongoing efforts to ensure that the provisions of the Rulebook were respected.

41. The findings of the 2023 periodic visit indicate that, in principle, police cells in Skopje continue to provide acceptable conditions of detention for the statutory period of 24 hours, provided that they are properly maintained. For example, conditions in the four cells at Gazi Baba and Bit Pazar Police Stations<sup>40</sup> and in the cell at Centar (Beko) Police Station remained as described during previous CPT visits.<sup>41</sup>

Nevertheless, the building hosting the Chair/Butel Police Station, where detained persons could spend the first six hours of their detention or be summoned, was in a serious state of disrepair, with broken furniture, holes in the ceiling, wear and tear on the walls, exposed electrical wiring and malfunctioning artificial lighting. Such conditions were an affront not only to the detainees but also to the police officers who were forced to work in such inhumane conditions. At the end of the visit, the Ministry of the Interior informed the CPT delegation of plans to identify new premises for the Chair/Butel Police Station.

The police detention facilities visited outside Skopje (namely, Veles and Kichevo) were also of concern, given their dilapidated state and the need for general refurbishment. In particular, the five cells in the basement of the Veles Police Station, each measuring 6 m<sup>2</sup> and equipped with a wooden platform and CCTV, lacked access to natural light and ventilation and were in a poor state of hygiene and smelled bad. In addition, the separate toilets in the detention corridors were not in operation and police officers told the delegation that, if necessary, detainees would be escorted to the sanitary facilities used by the general public on the ground floor of the facility.<sup>42</sup>

The two police cells at the Kichevo Police Station, measuring approximately 7 m<sup>2</sup> and equipped with a concrete platform without mattresses and only dirty blankets, had very limited access to natural light through a perforated metal grille measuring 40 x 50 cms, no artificial lighting, no heating system or CCTV, the call bell was out of order and the sanitary facilities were located on the upper floor, to which detained persons would have to be escorted. The Ministry of the Interior's plans to build a new detention centre in Kichevo had not yet materialised.

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39. The delegation was informed of the existence of a specific item in the Ministerial annual budget for this purpose.

40. The cells in question were out of service at the time of the visit due to a problem with the locking system at Gazi Baba Police Station and the interphone at Bit Pazar Police Station.

41. The cells were clean and in a good state of repair and were each equipped with a bed with clean bedding, a call bell and floor heating. Artificial lighting was adequate and the cells had some access to natural light. Sanitary facilities located in the detention area, usually consisting of toilets and showers, were in a good state of hygiene.

42. The police officers told the delegation that, if necessary, the detainee would signal to the CCTV camera and be escorted to the toilet.

The CPT again notes the efforts made by the authorities of North Macedonia to renovate police detention facilities in the Skopje area and to keep them in a decent state of repair. Nevertheless, the CPT reiterates its recommendation that the authorities of North Macedonia take steps to remedy the persistent shortcomings identified by the Committee with regard to conditions of detention in police detention areas outside Skopje. These relate in particular to the need to:

- Equip the five cells at the Veles Police Station with mattresses and blankets, and a ventilation system and ensure that they are kept in an adequate state of hygiene. Furthermore, the accommodation of detained persons should be limited to a few hours until they are transferred to Skopje Prison.
- The holding of detainees in the two cells of the Kichevo Police Station should be limited to a few hours. Pending the coming into service of the new detention facility, the artificial lighting and call bell system should be repaired, mattresses and clean bedding should be provided to detainees, and a heating system should be fitted.

The CPT would also like to be informed of the Ministry of the Interior's plans to relocate the Chair/ Butel Police Station to new premises.

42. The SOPs provide that, after six hours of detention, detained persons in police custody should, in principle, be provided with food by the family and, if this is not possible, from the petty cash fund of the police station. This meant that, in practice, the provision of food remained irregular, and it was not uncommon for the CPT delegation to receive testimony that detained persons had not been provided with food for the 24-hour period of police custody.

The CPT recommends that all persons detained by the police in North Macedonia have ready access to drinking water and be given food at appropriate times, including at least one full meal (that is, something more substantial than a sandwich) every day, free of charge. Such a provision should not under any circumstances be delayed or denied due to the impossibility of detained persons or their families to purchase food and beverages. The Ministry of the Interior should provide for a dedicated sum of money in its annual budget for this purpose and the SOPs should be amended in order to provide for the provision of food and drinking water free of charge to detained persons in police custody.

## **B. Establishments under the responsibility of the Ministry of Justice**

### **1. Preliminary remarks**

43. The main penological indicators show that, despite the efforts to reduce prison overcrowding (such as two Amnesty Laws in 2018<sup>43</sup> and 2023<sup>44</sup>) and the continued development of a probation service,<sup>45</sup> the incarceration rate in North Macedonia remained high at the time of the 2023 periodic visit of the CPT (that is, 138 per 100 000).<sup>46</sup> Other indicators such as the proportion of the pre-trial population (13.5%) and of female prisoners (3.3% of the overall prison population) were more in line with the average of other CoE member states. At the time of the visit, the prison population stood at 2 298 prisoners for a capacity of 2 113 places (i.e. an occupancy rate of 108%).<sup>47</sup> Further, an additional 2 816 persons were on a waiting list to serve their sentence.

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43. The 2018 Law on Amnesty led to the release of 650 prisoners.

44. This legislation had become necessary to prevent the imprisonment of some 800 people sentenced for violations of the Covid-19 regulations.

45. A fully-fledged probation service, as a separate unit within the DES, has been in place in North Macedonia since 2015, and the number of probation officers has steadily increased over the years (it stood at 28 at the time of the CPT's visit), as has the number of people released on parole. The number of probation cases increases from year to year, so in 2018 there were only two, in 2019 there were 165, in 2020 – 276, in 2021 – 451, and in 2022 there were 475.

46 The European median according to the 2022 Key findings of the Space I Survey stands at 104.

47 The European median of the occupancy rate according to the 2022 Key findings of the Space I Survey stands at 104%.

In July 2023, the Minister of Justice had submitted a bill for the adoption of a further amnesty, which would potentially lead to the release of approximately 250 prisoners.<sup>48</sup> However, the Parliament rejected the proposal to adopt such legislation under an abbreviated procedure. The CPT delegation made it clear, during its meeting with the Prime Minister on 12 October 2023, that the adoption of amnesty laws is not an effective remedy to tackle prison overcrowding particularly in view of the important number of persons waiting to serve their sentences and that the only lasting solution to the problem of prison overcrowding would lie in the adoption of consistent alternatives to imprisonment, such as a full roll-out of probation services, the development of post-penal care for released prisoners as well as in the robust and unimpeded implementation of the second phase of construction of the new blocks at Idrizovo Prison, co-financed by the Council of Europe Development Bank (CEB) (see paragraph 46).

**The CPT calls upon the authorities of North Macedonia to redouble their efforts to combat prison overcrowding by adopting policies designed to limit or modulate the number of persons sent to prison. In so doing, the national authorities should be guided by [Recommendation Rec\(99\)22 of the Committee of Ministers of the Council of Europe concerning prison overcrowding and prison population inflation](#), [Recommendation \(2017\)3 on European Rules on community sanctions and measures](#), [Recommendation Rec\(2003\)22 on conditional release \(parole\)](#), [Recommendation Rec\(2006\)13 on the use of remand in custody](#), [Recommendation Rec\(2003\)23 on the management by prison administrations of life sentence and other long-term prisoners](#), [Recommendation Rec\(2010\)1 on the Council of Europe Probation Rules](#), [Recommendation \(2014\)4 on electronic monitoring](#), and [Recommendation \(2017\)3 on European rules on community sanctions and measures](#). In addition, efforts should be made to step up the training provided to judges and prosecutors, with a view to promoting the use of alternatives to imprisonment and greater resort to conditional release. Further, the elements of this strategy should be duly reflected in the 2021-2025 “National Strategy for the Development of the Penitentiary System”.**

44. The precarious material conditions of detention, poor management lines and the lack of professionalism of prison managers and staff (in terms of understaffing, inadequate training and high levels of corruption) have long been criticised by the CPT. The reports on the 2019 and 2020 visits<sup>49</sup> included a Roadmap for the reform of the prison system (Roadmap), under which the authorities of North Macedonia have provided the Committee with quarterly updates on the measures taken towards its implementation.

Reference is made to these measures as appropriate in this report. In addition, the Ministry of Justice has prepared and submitted for public consultation draft amendments to the Law on the Execution of Sanctions (LES), including new requirements for the appointment and dismissal of prison directors, the enhanced supervision and inspection powers of the DES, the introduction of prison intelligence programmes and the creation of intervention groups of the penitentiary police. This legislation is expected to be adopted through an enhanced parliamentary procedure and the Committee trusts that the concerns raised by the Council of Europe will be fully reflected in the final draft of the law.<sup>50</sup> Furthermore, the European Commission (EC), in its latest progress report published in November 2023, has made extensive reference to the need for the prison system in North Macedonia to implement the CPT's recommendations as a matter of urgency.<sup>51</sup>

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48. The draft bill would, in principle, provide for a 30% reduction in sentences for those convicted of ordinary crimes and a 10% reduction for those convicted of organised crime, and would not apply to certain categories of prisoners such as lifers, those convicted of murder, domestic violence and war crimes.

49. See in particular paragraph 8 of the [report on the 2019 periodic visit of the CPT to North Macedonia CPT \(2020\) 31](#), as well as paragraph 5 of the [report on the 2020 ad hoc visit of the CPT to North Macedonia CPT/Inf \(2021\) 18](#).

50. The Council of Europe Office in Skopje had provided a legal analysis of the amendments to the LECS focussing in particular on the changes to the regulations on appointment and dismissal of prison directors and the set-up of a prison intelligence service and intervention groups.

51. See in particular page 6 of the EC Progress Report on North Macedonia published on 8 November 2023 SWD (2023) 693 final, which reads as follows: “*The situation in prisons is still dire. The recommendations made by the European Committee for the Prevention of Torture on the treatment of detained and convicted persons were not addressed, which is a matter of serious concern. Detention conditions should be improved with the utmost urgency.*”

45. The overall efforts of the authorities of North Macedonia to reform their penitentiary system have been summarised in the Prison Strategy 2021-2025, developed in consultation with the Council of Europe Office in Skopje. This strategic document contains a comprehensive set of measures (12 objectives and 97 activities based on the CPT's recommendations and observations) which, if adopted and consistently implemented, would contribute to the long-awaited leap forward, as it encompasses all aspects of prison life. However, for the time being, the measures and the timetable outlined in the Strategy remain declaratory. The first evaluation of its implementation by the Steering Committee revealed that several objectives were only partially implemented due to the lack of involvement of other institutional actors, such as the Ministries of Health and Education (see in particular paragraphs 61,71 and 103). Greater inter-ministerial cooperation is required.

**The CPT therefore recommends that the authorities of North Macedonia promote, at the highest level, the implementation of the Prison Strategy and the monitoring of its timetables and indicators as an inter-ministerial effort (in particular with regard to the tasks of the Ministries of Health and Education, as set out in the paragraphs above) and that the necessary financial resources be allocated in a timely manner.**

46. The second phase of the reconstruction of Idrizovo Prison,<sup>52</sup> financed by a loan of €36 million from the CEB, entails the construction of a closed regime section,<sup>53</sup> a pre-trial detention unit,<sup>54</sup> a kitchen and a laundry. It represents a fundamental step in the reform of the entire prison system, as it is intended to provide, at long last, decent conditions of detention for convicted and remand prisoners currently held in the most decrepit parts of the prison estate (namely, the closed regime sections of Idrizovo Prison and the remand detention unit of Skopje Prison). By decision of July 2023, the Government of North Macedonia decided to contribute an additional €16 million to the project. Further, progress has been made in carrying out the necessary repairs and maintenance works of the semi-open and open regime sections of Idrizovo Prison, which were showing signs of dilapidation after only a few years in operation. It is expected that the CEB will reconsider its further involvement in the second phase of the project in the coming months in light of compliance with several aspects of the Framework Loan Agreement,<sup>55</sup> such as the establishment of a professional prison management system with a clear hierarchy between the DES and the prison directors, the fight against staff corruption and the provision of adequate healthcare to prisoners.

The Committee is of the view that the implementation of the second phase of the CEB-funded reconstruction programme of Idrizovo Prison will provide an adequate solution to the precarious conditions in which sentenced and remand prisoners are currently held in Idrizovo and Skopje prisons. The construction of the new detention units will also be a test of the enhanced professional skills of the prison staff and the prison management in carrying out their duties and ensuring proper maintenance of the premises and safe, secure conditions of detention. **The CPT recommends that the authorities of North Macedonia, make every effort to implement the second phase of the reconstruction programme as a strategic project of the highest importance for the entire state.**

47. In the course of the 2023 periodic visit the CPT delegation visited the three largest penal correctional institutions (Idrizovo, Prilep and Štip) accommodating sentenced prisoners and the main remand prison in the country (Skopje Prison)<sup>56</sup>:

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52. The first phase of the project consisted of the funding of the construction of an open and semi-open regime unit, a training centre for penitentiary staff and the administrative building of Idrizovo Prison.

53. The accommodation unit for sentenced prisoners should also include an admission and a prison healthcare unit with a capacity of 74 places each, a closed-regime detention unit of a capacity of 280 places and a special-regime unit of a capacity of 68 places, as well as pathways and outdoor exercise facilities.

54. For a capacity of 412 places.

55. The Framework Loan Agreement signed on 25 November 2010 by the authorities of North Macedonia with the CEB clearly stipulates: "*The borrower undertakes that the implementation of the Project will not lead to a violation of the European Convention on Human Rights and the European Social Charter*" and that "*the implementation of the Project will comply with the relevant rules on fraud, corruption and money laundering*".

56. Further, the delegation also paid a targeted visit to Bitola Prison to interview newly arrived detainees about their treatment by police officers while in police custody.

- i. Idrizovo Prison, the biggest prison establishment in the country located around 15 km east of Skopje accommodated 1 191 sentenced prisoners out of a total capacity of 1 187 places, including 69 female prisoners (some 60% of the total national prison population) at the time of the visit, of whom 550 under a closed-regime in the relevant building block and the so-called Ambulanta.<sup>57</sup> Since June 2023, the establishment had been placed under a state of emergency due to the discovery of several illegal actions, chronic understaffing and consequently volatile security.<sup>58</sup> As a result, the supervision of the perimeter of the prison was being ensured by the Army and a new prison director had been appointed.<sup>59</sup>
- ii. Prilep Prison, located on the western outskirts of the homonymous town in Central North Macedonia accommodated 130 male prisoners (114 under closed regime and 16 in a separate, open-regime unit) for a capacity of 108 places. The establishment had been designated as a closed-regime institution in 2019 in order to accommodate prisoners with longer sentences<sup>60</sup> and consisted of a 28-cell two-storey building, an admission unit, and an eight-cell separation unit.
- iii. Skopje Prison, the biggest pre-trial establishment in the country, accommodated 241 remand prisoners (including 14 females and three juveniles on remand) and 111 sentenced prisoners<sup>61</sup> for a capacity of 378 places. The establishment has been visited numerous times by the CPT. It consists of a two-storey building with five accommodation wings (A,B,G,C and D) and a separate unit for sentenced prisoners under a semi-open regime. A few renovations, mainly funded by external donors, had taken place since the last visit in 2020, such as the installation of solar panels, the renovation of the kitchen and laundry and a part of the semi-open regime unit.
- iv. Štip Prison, consisted of a 24-cell closed-regime unit, a two-storey semi-open regime unit and a detached economic unit/farm. At the time of the visit, it accommodated 191 prisoners for a capacity of 139 places. Some renovations had taken place since the CPT's previous visit in 2020 consisting of the refurbishment of kitchen, the setting up of a new library and the creation of a children's corner in the visiting facility funded by the Council of Europe Office in Skopje.

## 2. Ill-treatment

48. As in previous visits, the vast majority of prisoners interviewed by the CPT delegation stated that they had been treated correctly by staff, in particular in Štip, Prilep and Skopje Prisons, and the CPT did not receive any credible allegations of deliberate ill-treatment by staff in these establishments. Nevertheless, some elements relating to the individual and thorough assessment of the use of force in light of the SOPs gave rise to some concerns, as referred to in paragraph 85.

At Idrizovo Prison, several inmates who had been involved in episodes of inter-prisoner violence, or who had shown signs of excessive agitation, had allegedly been slapped, punched, kicked and hit with rubber truncheons as a form of informal punishment by staff in the duty office located on the ground floor of the closed regime building. The use of force reports drawn up by the staff on these incidents made no reference to any statement by the detained persons or to any medical examination following the use of force (see also paragraph 86).

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57. The closed-regime building consisting of wings 1,1A, 3, 4, 5, 6 and 9 accommodated 352 sentenced prisoners and the Ambulanta 198 prisoners. At the time of the 2019 periodic visit of the CPT there were 557 and 128 prisoners respectively.

58. For example, a tunnel had been discovered leading to the outside of the prison in November 2022, two prison guards had been sentenced for abetting the escape of a prisoner while escorting him to hospital in January 2023, and there were suspicions about the illegal release of prisoners from the semi-open regime unit due to pressure exerted on prison staff by some gang leaders.

59. The state of emergency had been renewed monthly ever since and a crisis management centre took place periodically discussing the various security related aspects with several stakeholders including the NPM.

60. The conversion of the prison into a closed-regime facility required the construction of a proper perimeter, a new entrance and visiting facilities for prisoners.

61. 33 out of 111 were under a closed-regime and were accommodated in wing A and the adjacent closed-regime unit.

As part of the Council of Europe cooperation activities, the authorities of North Macedonia have adopted SOPs on the use of force in prisons as part of a strategy to eradicate ill-treatment. These consist of a procedure for documenting and reporting injuries in the event of intervention by prison staff during an incident.<sup>62</sup> Furthermore, the authorities of North Macedonia had informed at the beginning of the visit that, in the context of the activities of the EOM, a total of ten proceedings of misconduct by prison staff vis-à-vis detained persons had been investigated since 2021 by the competent Office of the Prosecutor for Organised Crime and Corruption, which had led to the conviction of four members of the prison police.<sup>63</sup>

**The CPT reiterates its recommendation to the authorities of North Macedonia that it hold to account not only prison officers but also all senior staff of Idrizovo Prison, including the Director and Deputy Director, to ensure that they fulfil their basic responsibility of guaranteeing that prison staff respect the right of prisoners to physical and mental integrity.<sup>64</sup>**

**The CPT recalls that any form of ill treatment is totally unacceptable and must be subject to appropriate sanctions. This demands that all senior and middle managers pay special attention to the actions of staff under their responsibility, notably prison officers, and take immediate steps to address any indications that staff are abusing prisoners. Failure on the part of supervisory staff to fulfil this role is, in itself, a serious dereliction of duty.**

49. The CPT delegation was concerned about the way in which the security measure of separation of an inmate following an incident of inter-prisoner violence or violation of the house rules, as implemented at Idrizovo Prison, was applied. Several inmates told the delegation that, following an incident of inter-prisoner violence, they had been placed in a solitary confinement cell (as described below) without a mattress, bed linen or access to outdoor exercise. Their placement was indefinite, despite the fact that Article 6 of the relevant Rulebook<sup>65</sup> stipulates that such placement should not last longer than 24 hours. Furthermore, in some cases, detained persons who had been subject to a separation measure told the CPT delegation that they had been provided with food at irregular intervals and that it had consisted only of cold cuts for several days at a time.

For example, an inmate who had been physically attacked by a group of prisoners in Wing 1 of Idrizovo Prison on 22 September 2023, had been separated and placed in a solitary confinement cell (see paragraph 86), where he remained at the time of the CPT's visit on 4 October 2023. The person in question was not provided with bed linen and blankets, slept on a worn half mattress, and his cell was full of rubbish. He further stated, and it was confirmed by the prison management, that he had not been offered access to outdoor exercise since his placement. Furthermore, he stated that he had been given food at irregular intervals, that he did not know the conditions of his placement and that he had not received a written decision on the same. Further, he had not been permitted to communicate with his family since the start of the measure. Following discussions with the management of Idrizovo Prison, the prisoner in question was transferred to Kumanovo Prison.

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62. The SOPs provide that any application of a means of restraint or use of force in respect of an inmate must be the object of a report (consisting of four standard forms), to be initiated by the custodial officer in question, on the circumstances and the legality of the application, which must be recorded and include a medical report, the statements of the inmate in question, witnesses, and members of security staff. In case of physical injuries sustained, the report must be sent to the competent prosecutorial authorities and the Ministry of the Interior.

63. Two of whom were serving their sentences at Idrizovo Prison and had just been transferred to Kumanovo Prison during the CPT's visit. They had been convicted of aiding and abetting the escape of a prisoner in January 2023. Further, another prison officer from Idrizovo Prison had been sentenced in the course of 2023 for punching an inmate before escorting him to be Ambulanta where he had been physically ill-treated by other inmates with hits of kicks, hits with an iron rod and cigarette burns over his body.

64 In this context, reference is also made to the need to comply with the elements of the Code of Conduct for Prison Staff adopted in 2018 and the Strategy on Zero Tolerance of Ill-treatment adopted in 2017, as both documents concern the entire prison hierarchy.

65. The Rulebook on the Conditions and Methods of the use of means of restraint by the prison police in penal and correctional institutions foresees, *inter alia* that the temporary isolation of prisoners (in case of incidents such as escape from the institution, physically assaulting or injuring an officer or another person, self-harm, resisting a lawful order of an officer, and causing damage to property) may only last up to 24 hours (for security reasons) or six hours in case of de-escalation of aggressive behaviour.

In view of the cumulative effect of the above restrictions, such a practice could in the CPT's view amount to inhuman and degrading treatment. The Committee considers that the temporary isolation of a prisoner following an incident, for security reasons or for his own protection, should be enforced for the minimum period and should be subject to a periodic assessment of the reasons for the measure. The CPT wishes to emphasise that a regime of solitary confinement may have a detrimental effect on the mental and physical health of the persons concerned. The European Prison Rules of 2020 echo the requirement of the CPT, that prisoners held in segregation for security reasons should be provided with at least two hours of meaningful human contact per day and that every effort should be made to reintegrate the prisoner concerned into the normal regime.

**The CPT recommends that the management of Idrizovo Prison and the Director of the DES review the current practice of separation of inmates following a violation of house rules and episodes of inter-prisoner violence in light of the above-mentioned remarks.**

50. The delegation learned that, following its visit, a group of intervention police from the Ministry of the Interior, acting on the order of an investigating judge of the Skopje Basic Court,<sup>66</sup> had carried out a search of the semi-open regime unit of Idrizovo Prison on 28 October 2023. The operation had apparently been met with active resistance from inmates, who attempted to obstruct the activities of the intervention team and to damage the CCTV cameras, forcing the police to use restraints.

A team from the Ombudsman's Office carried out an independent investigation into the operation, reviewing relevant CCTV footage and carrying out a medical examination of the prisoners' injuries. The operation resulted in the seizure of several illegal items, including mobile phones, illicit drugs and fake weapons. **The CPT would like to be informed of the outcome of the above-mentioned investigation of the Ombudsman, as well as other investigations carried out by the judicial authorities of North Macedonia into the above-mentioned search conducted on 28 October 2023 at Idrizovo Prison.**

51. The situation with regard to inter-prisoner violence and intimidation had improved in Skopje Prison, since previous CPT visits. Sporadic incidents of incompatibility between remand prisoners were resolved by cell transfers. In Štip and Prilep prisons, a few incidents of physical confrontation between inmates were reported, in particular in fights related to the high level of overcrowding, especially in the closed regime sections of the establishments. Prison staff intervened promptly to deal with them, separating the inmates and placing them in different cells and sections of the prisons.

However, the situation remained particularly serious in Sections I, III, IV and Ambulanta of Idrizovo Prison, and the high number of incidents of inter-prisoner violence was documented in the relevant register of segregation of inmates (some 65 incidents in the course of 2023). The incidents in question consisted of verbal and physical confrontations, as well as extortion and blackmail over cell allocation and sleeping surfaces, access to a doctor, the trade of opioid substitution therapy, cigarettes and other services. Conflicts were also of an inter-ethnic nature, or the victims were targeted on the basis of their criminal profile (for example, sexual offenders) and social destitution. The high level of inter-prisoner violence and intimidation was also confirmed by the high number of artefact weapons (made of cutlery, metal wires, blades etc.) which inmates showed to the delegation, particularly in Wings I and IV. In addition, the medical records of detained persons who claimed to have been the target of physical violence and who had been treated with medication after being transferred to hospital bore witness to their traumatic injuries.<sup>67</sup> The situation in the Ambulanta in this respect was particularly serious, given the high occupancy rate, the absence of staff<sup>68</sup> and the mental health profile of the prisoners, as well as the chaotic environment and the total absence of any regime of activities offered.

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66. The operation was apparently linked to a murder that took place in a Skopje mall, which the judicial authorities suspected had been ordered by a prisoner from the semi-open regime unit.

67. The delegation was able to examine several medical certificates in prisoner's personal files attesting that they had received injuries from other prisoners during episodes of inter-prisoner violence.

68. One member of the prison staff was responsible for supervising the 198 inmates accommodated at the Ambulanta during each shift and simply acted as a gatekeeper, with no clear control over the situation in the detention areas, as evidenced by the fact that, during the delegation's visit, inmates had to assist the guard on duty in opening the barred door leading to the detention areas.



52. The seriousness of the situation in Idrizovo Prison is illustrated by one particular case of inter-prisoner violence. An inmate met by the CPT delegation in Štip Prison told the delegation that on 18 June 2023, he had been subjected to intimidation and serious physical ill-treatment by a group of inmates of Albanian ethnic origin in a cell of the Ambulanta, consisting of punches, kicks, slaps and an attempt to rape him with a stick after he had been forced to undress, while other prisoners took photographs of the aggression with a mobile phone. The prisoner claimed that he was only able to escape from the aggression on the next morning when the gate of the B wing of the Ambulanta was opened by a prison officer and he managed to speak with his lawyer and to request a transfer to another prison establishment, which the DES promptly granted.

**53. The CPT calls upon the authorities of North Macedonia to draw up and diligently implement a strategy to combat inter-prisoner violence and intimidation, notably at Idrizovo. Part of this strategy will have to include investing far more resources in recruiting additional staff and promoting their professionalism in terms of targeted training activities. In addition, the extension of CCTV coverage within common spaces and the offer of a wide range of purposeful activities at Idrizovo Prison should also be improved. Further, a proper cell share risk assessment should be undertaken upon the admission of every prisoner to identify incompatible categories of prisoners.**

**Further, the CPT recommends that additional emphasis at the level of the new training centre for penitentiary staff be placed upon providing prison officers and specialist staff with the skills and knowledge to ensure that the measures provided for can be effectively implemented. This should include being able to identify perpetrators of violent acts against other prisoners and to recognise when vulnerable prisoners might be seeking help through actions that are contrary to the internal prison rules.**

**In addition, the Committee recommends that, whenever bodily injuries<sup>69</sup> are recorded by a doctor which are consistent with allegations of inter-prisoner violence, the record be immediately brought to the attention of the relevant prosecutor and a preliminary investigation initiated.**

### **3. Conditions of detention**

#### **a. material conditions**

54. In recent years, the DES has invested in the refurbishment of prison conditions, in particular with the complete renovation of Bitola and Tetovo Prisons, of which the CPT delegation received full photographic documentation.<sup>70</sup> This was supplemented by ad hoc renovations financed by external donors, which the respective prison directors had managed to attract. Nevertheless, the most important strategic project for the entire prison system remains the implementation of the second phase of the CEB-funded reconstruction of Idrizovo Prison, which will allow for the closure of the closed regime block of Idrizovo Prison and several pre-trial detention wings of Skopje Prison. As mentioned in paragraph 46, this was conditional on the CEB agreeing to disburse a loan for the second phase of the project.

55. The conditions of detention in Prilep, Skopje and Štip Prisons, despite some clear and serious shortcomings (such as severe overcrowding, intractable vermin infestation and penury of cleaning products distributed to prisoners), reflected the authorities' efforts to maintain some form of basic maintenance and decent hygiene conditions. In particular, at Skopje and Štip Prisons, the CPT delegation noted some modest improvements since previous visits, in particular the whitewashing of cells and the repair of sanitary facilities at Štip, and the progressive refurbishment and renovation of additional cells of Skopje Prison (see below point ii.).

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69. See Articles 130 and 131 of the Criminal Code.

70. At Tetovo prison, for example, the cells, sanitary and communal facilities have been completely renovated, a library has been created and the courtyard has been equipped with a basketball hoop and a small swimming pool. Further, at Bitola Prison, the CPT delegation was able to observe the extensive EU-funded renovation of the facility in 2019 and 2020, which included both administrative and detention areas, as well as a new gym and heating system.

In sum:

- i. Prilep Prison provided acceptable conditions of detention in the closed part of the prison. In particular the 14 cells of the main building, where the population was under control (cells measuring 20 m<sup>2</sup> and accommodating five prisoners each), were equipped with bunk beds, tables, chairs, lockers and shelving units and were in a good state of repair and hygiene. The rest of the establishment (the reception unit, closed-regime and segregation units) showed more serious signs of disrepair in terms of discarded furniture, lack of lockers and inadequate sanitary facilities (namely, high levels of mould, old ceramic toilets, broken tiles and damaged water installations), and more serious occupancy levels (up to seven prisoners in cells measuring 20 m<sup>2</sup>). The layout of the four double-occupancy cells of the segregation unit (measuring 8 m<sup>2</sup> including a semi-partitioned sanitary annex), with no direct access to natural light, was of concern. Finally, the cells in use for the solitary confinement of prisoners measuring a mere 4.5 m<sup>2</sup> and equipped with a bed and stool should be taken out of service (see paragraph 83).
- ii. At Skopje Prison, six cells of the A section had been entirely renovated for the accommodation of a group of seven prisoners serving long sentences.<sup>71</sup> Further, the renovation of cells of the B section in the remand part had been completed and additional sections were under refurbishment (notably in sections G, C and D), consisting of whitewashing the walls and placing foam rubber cushions on them in order to reduce the effects of humidity, and repairing the in-cell semi-partitioned sanitary facilities and communal showers. However, the rest of the establishment (the C section,<sup>72</sup> and unrenovated parts of sections G and D)<sup>73</sup> continued to offer the same unhygienic and dilapidated facilities already described by the CPT in its reports in terms of cracks on walls and ceilings, foul odours, dilapidated and semi-partitioned sanitary facilities, old mattresses and lack of bedding for destitute prisoners and high levels of humidity. This was exacerbated by overcrowding (up to five prisoners in 14 m<sup>2</sup>), the persistent lack of electric sockets in cells<sup>74</sup> and widespread bed bug infestations (see paragraph 58).
- iii. Štip Prison offered slightly better material conditions for prisoners than recorded during previous visits, given the renovation of the sanitary facilities in the three eight-cell wings (Numbers 1, 2 and 3) of the closed-regime unit, the entire two-cell reception unit and the whitewashing of cells and efforts to keep the occupancy levels under control. Further, the two communal facilities/ TV rooms in each wing offered some level of personalisation with some exercise equipment and electric kitchen appliances. However, conditions remained cramped in the double-occupancy cells (measuring 8 m<sup>2</sup> including a semi-partitioned sanitary annex), their ventilation was inadequate, and there was a lack of water supply in the in-cell sanitary facilities. The adjacent two-storey building of the semi-open regime unit had also undergone some renovation, but some cells remained cramped (with up to six inmates in a cell measuring 16 m<sup>2</sup>) and some sanitary facilities showed signs of disrepair.

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71. The prisoners in question belonged to the so-called Divo Naselje group and had been sentenced for terrorist related offences with terms above 20 years.

72. In the C section only cells 11 to 23 were in use; cells 1 to 10 had been taken out of service due to the high levels of humidity and dilapidation and were being renovated.

73. In particular cells G3, G8, G12 accommodating females on remand detention and cell G13 accommodating three juveniles.

74. This meant that prisoners only had access to battery operated radio devices.

56. The CPT takes note of the modest improvements introduced and efforts made in order to keep prison facilities in an acceptable state of repair at Skopje, Prilep and Štip Prisons. **The CPT recommends that the authorities of North Macedonia take effective steps to remedy the deficiencies outlined above and in particular:**

- **Pursue the renovation of the remaining wings of Skopje Prison with a particular accent on the reduction of humidity levels, procure new mattresses and furniture and conduct a regular disinfection and disinfestation, and distribute cleaning products and hygiene kits including essential personal hygiene products, such as soap, toilet paper, toothbrush and toothpaste to prisoners. Finally, all cells should be equipped with electric sockets.**
- **Pursue the policy of reducing occupancy levels at Štip Prison, repair the water installations in the cells of the closed regime as well as the furniture in cells and communal rooms;**
- **Pursue the necessary repairs and maintenance in cells of the segregation department and reduce the placement of prisoners in the same at Prilep Prison. Further, the sanitary facilities of the admission and closed-regime section should be repaired and lockers and shelving units provided in the same sections.**

57. At Idrizovo Prison, improvements had been made to the separate female section since the previous visit,<sup>75</sup> consisting of the whitewashing of cells and the purchase of new furniture (beds, lockers, shelving units, new windows and flooring) and mattresses. As a result, the 69 female prisoners were, in principle, provided with adequate conditions of detention.

Further, the dilapidation and persistent water infiltration observed in cells and communal areas, as well as mould on the walls of the new stand-alone buildings accommodating prisoners under open and semi-open regimes,<sup>76</sup> had been addressed by the DES in the course of January 2024 as a precondition for the CEB's further financial involvement in the second phases of the loan.

In the closed part of the establishment, with the exception of wings IX, VI and 1A, which accommodated prisoners serving long sentences<sup>77</sup> who could afford to pay a certain amount of money to staff in exchange for "luxury cells" (being allowed to equip them with all sort of appliances, furniture and cooking devices) and were generally in a good state of repair and acceptable hygienic conditions, the rest of the block offered the same poor conditions of detention as described in the CPT's previous reports. In particular, in Wings I, III, IV and VII, there was still no proper cell allocation system and dozens of destitute or vulnerable inmates continued to sleep on mattresses on the floor or on improvised hanging platforms or hammocks in the corridors. Cells were overcrowded and lacked lockers, communal facilities were improvised in corridors and sanitary facilities were dilapidated (featuring dripping water pipes, broken ceramic toilets, hot water provided through improvised showers and boilers made out of suspended plastic garbage canisters).

The worst conditions continued to be found in the reception/ quarantine unit/ dormitory (namely, dilapidated and inadequate sanitary facilities, non-functioning lighting, holes in the ceiling, dirty and crumbling walls and old and dirty mattresses), and in particular in the adjacent Ambulanta building. Its 27 cells (now housing 198 prisoners as compared to 128 during the 2019 visit) remained in an extreme state of disrepair (with dirty, crumbling walls, holes in the floor and ceiling, missing light bulbs, vermin infestation, filthy mattresses, lack of bedding and basic furniture, and uncollected rubbish in the corridor), the sanitary facilities were in an appalling state (floor-level toilets emitting a foul stench, dripping taps and plumbing, flooded floors, broken showerheads and only two properly functioning showers for 198 prisoners). The only improvement in conditions since previous visits was the painting of the walls in some cells (which the inmates said they had done with their own money), but this was offset by the severe overcrowding and generally chaotic environment, as the Ambulanta was even more overcrowded than on previous visits (the standard cell measuring 14 m<sup>2</sup> was

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75. The renovations had been funded by the DES and related to the closed, semi-open regime units and the mother and child room.

76. At the time of the visit the two facilities were accommodating 226 prisoners under a semi-open regime and 65 prisoners under an open regime. The standard cells, which measured 18 m<sup>2</sup> and were accommodating four prisoners, included a fully separated sanitary annex equipped with inox toilet, shower and wash basin.

77. These were 46 lifers (the majority of them accommodated in Wing IX) and 73 prisoners serving sentences above 20 years of incarceration.

accommodating up to seven prisoners)<sup>78</sup> and continued to serve as “a last stop” for prisoners incompatible with the regime and prison population in the rest of the wings, such as those suffering from mental disorders, drug addiction and somatic or physical impairments. In the view of the Committee, such a situation could amount to inhuman and degrading treatment.

**The CPT calls upon the authorities of North Macedonia to fully address the shortcomings outlined in respect of the material conditions at Idrizovo Prison by providing the necessary resources required to maintain decent conditions, by developing a professional management and supervision approach and by pursuing efforts to avoid overcrowding.**

Further, the national authorities need to take a series of short-term interim measures in order to provide acceptable conditions of detention in the existing facilities until the final completion of the CEB reconstruction programme which might take effect only in 2026. **To this end, the Committee calls upon the authorities of North Macedonia to take immediate steps at Idrizovo Prison to:**

- **devise a phased programme to reduce the occupancy levels in multiple-occupancy dormitories to ensure a minimum of 4 m<sup>2</sup> of living space per prisoner, excluding the sanitary facilities;**
- **render the establishment safe and hygienic through repairing the sanitary facilities, providing sufficient detergent and hygiene products, instituting a preventive healthcare programme that emphasises cleanliness, replacing decrepit mattresses, providing clean bedding, eradicating the infestation of cockroaches and other vermin, replacing broken windowpanes and repairing the floors and roofs, ensuring adequate heating and artificial lighting in all living areas, etc.;**
- **ensure that all prisoners are now provided with their own bed;**
- **put in place an allocation system throughout the entire establishment and pay special attention when selecting prisoners for shared accommodation in the interests of health, safety and security;**
- **adopt a rolling programme for the complete refurbishment and maintenance of the building of the so-called Ambulanta, pending the construction of the 74-bed healthcare unit as a matter of urgency;**
- **ensure the regular maintenance of the artificial lighting and the heating system in the new semi-open and open-regime detention units.**

**The Committee wishes to receive a list of the concrete measures taken by the authorities of North Macedonia further to the above recommendations in addressing the shortcomings observed in relation to the different detention units of Idrizovo Prison, including details of the occupancy levels for each of the accommodation blocks of the establishment on an ongoing quarterly basis.**

58. The level of hygiene and cleanliness in the prisons visited remained generally poor. With the exception of Prilep and Štip Prisons, where at least in the closed part of the prison there were visible efforts to maintain cells and communal areas in proper hygienic conditions, the same could not be said of Idrizovo and Skopje Prisons, where inmates were not regularly provided with detergents to clean their cells and were dependent upon and forced to buy them from the prison canteen. Consequently, with the exception of those sections where conditions were personalised (see paragraph 57), hygiene remained poor in most of the cells and communal areas visited, exacerbated by the old mattresses, the lack of lockers and the omnipresence of bedbugs and the blood stains that remained on the walls after squashing them. The situation of cell G13 of Skopje Prison accommodating three juveniles on remand detention was of particular concern in light of its deplorable hygiene conditions with rubbish on the floor, foul stench, absence of bedding, and old and filthy mattresses. The delegation requested the immediate relocation of the three juveniles to a renovated cell and in the course of a second visit it ensured that they also received bedding and cleaning products.

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78. Further, the two separate cells for older prisoners and those affected by physical impairment accommodated 10 prisoners in 27 m<sup>2</sup>.

The situation of the 15 female prisoners on remand detention at Skopje Prison was further aggravated by the lack of systematic provision of hygiene kits (including sanitary towels) and cleaning products, particularly in Skopje Prison, and insufficient access to communal showers consisting of a mere 10-minute entitlement once a week.

In addition to the comments made in paragraphs 56 and 57, the Committee considers that maintaining an adequate level of hygiene in prisons, namely through the regular provision of hygiene kits and cleaning products, the collection of rubbish, the maintenance of communal facilities and the cleaning of cells, does not represent an insurmountable financial and logistical task for the authorities of North Macedonia, and could ultimately improve the material conditions of detention during the transitional period leading to the construction of new detention units at Idrizovo Prison. Further, particular attention should be paid to the situation of females and juvenile remand prisoners at Skopje Prison, whose situation in terms of lack of provision of personal hygiene kits, cleaning products and bedding as well as the limited access to communal shower facilities might well amount to inhuman and degrading treatment. **The CPT therefore recommends that the authorities of North Macedonia invest efforts in improving the material conditions in Idrizovo, Skopje, Prilep and Štip Prisons through the systematic provision of hygiene kits, cleaning products, the collection of rubbish, the provision of new mattresses and bedding, and a rolling programme of bedbug disinfestation using the most advanced technologies. In particular, steps should be taken to ensure for female and juvenile remand prisoners at Skopje Prison the regular provision of hygiene kits (including sanitary towels), cleaning products and bedding in order for them to keep their sleeping accommodation clean and tidy.<sup>79</sup> In particular, women's specific hygiene needs should be adequately addressed. Easy access to sanitation and washing facilities, adequate quantities of essential hygiene products such as sanitary towels and tampons, and safe disposal of towels and tampons, and safe disposal of blood-stained items are of particular of particular importance.**

59. Most prisoners continued to rely on food parcels sent to them by their families and the opportunity to cook in their cells or communal areas as provided by the prison management.<sup>80</sup> Prisoners were generally satisfied with the quality, quantity and variety of food provided to them in Štip and Prilep Prisons, due to recent improvements and renovations of the kitchen equipment and the procurement of ovens donated by the Council of Europe. Some improvements had also been made to the kitchen at Skopje Prison, but inmates continued to complain about the lack of fresh fruit and vegetables and the monotony of the menus.

At Idrizovo Prison, the Prison Director told the CPT that he was aware of the inadequacy of the kitchen and food storage facilities previously criticised by the CPT and located in an improvised section of the semi-open regime unit deprived of a ventilation system and affected by water infiltration.<sup>81</sup> He informed the delegation that he was negotiating with an external catering company to provide two hot meals a day for inmates. This appeared to have security and financial implications which the DES could not sustain. As a result, the food provided to inmates remained of the same poor quality as described in previous CPT reports and continued to be served only once a day. The only change introduced was the distribution of packaged loaves of bread (instead of sliced bread previously distributed in unhygienic conditions).

**The CPT once again calls upon the national authorities to take the necessary steps to ensure that:**

- **all meals provided to inmates correspond to the minimum legal norms provided for in the national legislation (Article 161 of the LES) and that the dietary requirements of prisoners with specific needs are duly respected;**
- **an oversight system for the quality and quantity of the food provided to prisoners is put in place;**
- **the kitchens are regularly inspected, with a special and constant focus on hygiene standards.**

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79. Reference is made in particular to paragraphs 65-68 of the [Recommendation CM/Rec\(2008\)11 of the Committee of Ministers to member states on the European Rules for juvenile offenders subject to sanctions or measures](#) on the necessity for member states to provide an adequate level of hygiene, clothing and bedding for juveniles and to teach them to keep their accommodation clean and tidy.

80. This represented one of the benefits foreseen in Article 218 of the LES.

81. During 2021, the kitchen was moved from its original location to a warehouse in the new semi-open regime unit, which had no ventilation and did not meet minimum hygiene standards in terms of food storage.

**Further, the Committee supports the efforts of the Director of Idrizovo Prison in engaging an external catering company for the provision of food to prisoners pending the construction of the new kitchen in the context of the CEB reconstruction programme and would like to be informed of the steps taken in that respect.**

60. The CPT has in the past described in detail the link between corruption and inadequate material conditions, in particular for disadvantaged prisoners, in the context of the prison system in North Macedonia and the need to eradicate this phenomenon (see also paragraph 69). During the visit, the delegation learned that several disciplinary proceedings had been launched against a number of prison staff for alleged corruption in Idrizovo and Štip Prisons<sup>82</sup> and that the specialised prosecutor's office for organised crime and anti-corruption had also received files from the Director of the DES. Despite these efforts, the CPT's visit in 2023 again showed that staff corruption was particularly visible in the area of prisoners' living conditions and cell allocation, especially in the closed regime section of Idrizovo Prison. Indeed, the delegation was again able to observe the blatant disparity between sentenced prisoners who were offered personalised "luxury conditions" (consisting of personal gyms with the latest martial arts and fitness equipment, kitchen appliances, sofas, flat-screen televisions, etc.), while destitute prisoners languished in deplorable, unhygienic and makeshift conditions just a few metres away.

The CPT considers that the authorities' efforts to combat corruption, as described in paragraph 69, should begin with an analysis of the extent of corrupt activities and their connection to the material conditions of detention (in terms of the informal system of cell allocation etc.).

**The CPT therefore recommends that, in addition to the accountability measures described in paragraph 69, a number of measures be taken to sever this connection, in particular by carefully examining the striking difference between the benefits and privileges granted to certain categories of prisoners in Idrizovo Prison and the squalid conditions offered to destitute inmates (such as Roma and foreigners), who are unable to obtain external financial assistance.**

b. regime

61. The regime offered to sentenced prisoners in the prison of North Macedonia system depends on their classification, which is initially conducted at the time of their admission/ 30-day quarantine period and is regulated by the relevant 2020 Rulebook on Classification and Accommodation of Sentenced Prisoners providing the criteria for the assessment, progression and regression of inmates between different regimes. Once again, the CPT delegation was able to observe that the process of classification and reclassification of prisoners was rather time-consuming for the prison staff and that they complied with it in a very diligent manner.<sup>83</sup>

As regards the provision of purposeful activities and the individualisation of treatment activities, the Council of Europe had developed a series of detailed treatment programmes for various categories of inmates (prisoners sentenced to life imprisonment, prisoners with substance use problems, female prisoners etc.) and their implementation was considered as a specific objective of the Prison Strategy in order to promote a better differentiation of the inmate's resocialisation path. Finally, in the context of the same strategic objective, the Ministry of Justice had committed to improving cooperation with external actors and companies in view of offering more vocational activities and work as well as on the drafting of SOPs on pre-release assessment and post-penal care.<sup>84</sup>

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82. For example, two prison officers had been recently dismissed at Štip Prisons for introducing mobile phones and 22 had left Idrizovo Prison since the beginning of 2023 in relation to various allegations of misconduct.

83. In principle, inmates sentenced to a prison sentence of more than three years are classified under a closed regime (as well as recidivists classified as high risk); those sentenced to imprisonment of up to three years may be classified to semi-open and open regime, depending on various penological risk assessment categories (such as the length of their sentence, the amount that remains to be served). Further, every regime is divided into sub-categories marking the progression of inmates in their classification path (namely, V1, V2, V3 for closed-regime prisoners, B1 and B2 for those under a semi-open regime and A for those classified under an open regime). The different groups and sub-groups differ in terms of the type of privileges granted to inmates.

84. The first and second assessment meeting of the Steering Committee of the Prison Strategy concluded that there had been no progress on this valuable commitment.

In practice, such efforts remained a dead letter in light of factors such as the lack of adequate communal spaces for workshops in prisons, the absence of economic activities and interested external investors and the existing legal framework which required that prisoners subject to the closed regime could only be offered work within their specific section. Further, the delays in the adoption of the relevant amendments to the Law on Compulsory Education, which would pave the way for the offer of school courses from accredited teachers in prison (see also paragraph 103), still meant that no school classes of any sort were being offered to prisoners in the penitentiary system where the illiteracy rate was assessed at 30%.<sup>85</sup> The paucity of activities and impoverished regime on offer is well illustrated by the following overview:

- i. At Idrizovo Prison, only 91 prisoners subject to the closed-regime (out of 550) were offered paid work in maintenance works within the relevant unit.<sup>86</sup> The rest of the prison population (including 46 lifers and 73 prisoners sentenced to more than 20 years) only had access to the yard for two hours a day, where they could play sports and practice some exercise in the relevant courtyard. The offer of organised leisure and recreational activities was non-existent.
- ii. At Štip Prison, a new library was established and additional equipment was procured for the economic unit. However, only semi-open regime inmates had the opportunity to work<sup>87</sup> and closed regime inmates were only offered outdoor exercise in a special yard equipped with a basketball hoop and some exercise devices. Further, a successful primary school class attended by 51 prisoners had been operated until 2022 when United Nations Development Programme (UNDP) funding was discontinued.<sup>88</sup>
- iii. Prilep Prison included an open regime section<sup>89</sup> where nine prisoners were employed and a vocational training programme for 19 inmates had recently been introduced, in cooperation with the municipality, on IT and machine operating skills. However, only 36 inmates subject to the closed regime were engaged in remunerated activities (notably in maintenance works, kitchen, laundry and library) and the prison management sought to compensate for their idleness by offering a more generous outdoor entitlement of up to six hours a day, in a spacious yard equipped with football and basketball courts.
- iv. In Skopje Prison, the 36 prisoners under the closed regime were not provided with any activities on offer, with the exception of access to the gym on a weekly basis in addition to their access to daily fresh air entitlements.<sup>90</sup>

The Committee regrets that, despite several commitments made by the authorities of North Macedonia such as those included in the “2021-2025 National Strategy on the Development of the Penitentiary System”, sentenced prisoners continue to be offered hardly any purposeful activities, contrary to the provisions of the LES. The CPT remains convinced that in line with Rule 4 of the Mandela Rules in order to ensure the re-integration of inmates into society upon release, so that they can lead law-abiding and self-supporting lives, they should be provided with a full range of education, vocational training and work, and other forms of assistance as appropriate and available, including those of a remedial, moral, spiritual, social, health and sports nature.

In this respect, the DES should reassess the current possibilities for work, education and recreational activities available to prisoners, including those subjects to the closed-regime, and promote their development, including with outside partners such as civil society and private companies.

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85. The relevant amendments had been tabled for parliamentary procedure on 20 November 2023.

86. In particular, 37 out of 72 female prisoners were engaged in a remunerated activity, such as maintenance and cleaning of various premises.

87. Two worked in the library, four in the bakery, eight in the kitchen, three in the laundry, three in the heating plant, eight in maintenance and the garden, four in woodcarving and seven on the detached farm.

88. Educational activities were meant to restart after the adoption of the relevant amendments to the Law on Compulsory Education.

89. The open-regime section was located approximately 500 meters from the main prison complex.

90. The open-regime unit of Skopje Prison had not been visited by the CPT but hosted woodcarving and dog grooming workshops.

**The CPT once again calls upon the authorities of North Macedonia to take the necessary measures to ensure that all sentenced prisoners are offered activities of a purposeful and diverse nature, in order to comply with the basic aims of imprisonment, in line with the above remarks.**

**The CPT urges the authorities of North Macedonia to ensure that the Ministry of Education and Science and the DES work rapidly to conclude an agreement to enable the Ministry of Education to develop and finance educational courses for sentenced prisoners in accordance with the relevant LES provisions.**

62. The situation of prisoners serving long sentences, in particular at Idrizovo Prison (46 lifers<sup>91</sup> and 73 serving sentences above 20 years) remained particularly worrying in light of the lack of offer of any individual treatment plan and any kind of individualised rehabilitation approach. In practice, they spent the whole day in their respective sections without any organised activity. In most cases, they were given the opportunity to personalise their spaces with specific furniture, gym and exercise equipment, kitchen appliances and games consoles. In this context, the delegation met several lifers whose applications for parole, submitted after more than 25 years of imprisonment, had been rejected by the competent judicial authorities on the basis of arguments such as the risk of reoffending.

The CPT would like to recall that long-term imprisonment can have a number of de-socialising effects upon inmates. In addition to becoming institutionalised, long-term prisoners may experience a range of psychological problems (including loss of self-esteem and impairment of social skills) and have a tendency to become increasingly detached from society, to which almost all of them will eventually return. In the view of the CPT, the regimes which are offered to prisoners serving long sentences should seek to compensate for these effects in a positive and proactive way. The prisoners concerned should have access to a wide range of purposeful activities of a varied nature (work, preferably with vocational value, education, sport, recreation/association). Additional steps should be taken to lend meaning to their period of imprisonment. In particular, the provision of individualised custody plans, targeted rehabilitation programmes, and appropriate psychological and social support are important elements in assisting such prisoners to come to terms with their period of incarceration and, when the time comes, to prepare for their release.<sup>92</sup>

**The CPT recommends that, in light of the above, the authorities of North Macedonia begin to implement the necessary changes in the treatment of persons sentenced to life imprisonment and long sentences, making use of the relevant thematic individual treatment plans developed by the Council of Europe. Furthermore, the Committee would like to receive information on the possibilities in practice for lifers to be released on parole and relevant court practice in that respect.**

63. In the past, the CPT has been particularly critical of the very poor conditions for remand prisoners in Skopje Prison, including the fact that there were no electric sockets in the cells and, consequently, no television sets. The situation observed at the time of the 2023 visit showed only minor improvements. In practice, remand prisoners were offered between 45 minutes and one hour of outdoor exercise per day and, in some cases, additional access to a furnished gym at the discretion of the prison administration, following a risk assessment.<sup>93</sup> The situation of juveniles on remand was identical to that of the adult population and they continued to have no additional access to outdoor exercise or to treatment and psychological support.

The 14 female remand prisoners were not offered any specific targeted activities and remained confined to their cells for more than 23 hours a day.

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91. Including one woman sentenced to life imprisonment.

92. See also Recommendation Rec (2003)23 of the Committee of Ministers to member states on the management by prison administrations of life sentence and other long-term prisoners.

93. In principle, access to the gym was granted once a week to those remand prisoners having served a longer period of pre-trial detention.



**The CPT calls upon the authorities of North Macedonia to take the necessary steps to provide educational, cultural and sports activities for remand prisoners with a view to enabling them to spend a reasonable part of the day (that is, at least eight hours) outside their cells with a full programme of purposeful activities (including education, sport, and recreation).**

**Once again, the CPT must insist that the authorities of North Macedonia abide by their own national legislation regarding access to outdoor exercise for prisoners on remand. To this end, it wishes to receive confirmation that all remand prisoners are now offered two hours of outdoor exercise every day, in accordance with the Code of Criminal Procedure.**

**The CPT recommends that the authorities of North Macedonia develop a gender-specific approach towards female remand prisoners at Skopje Prison and, where appropriate, in other prisons, offering them more meaningful human contact and psychological assistance and other purposeful activities in order to compensate for the prolonged periods of *de facto* solitary confinement to which they might be exposed.**

**Further, guidelines should also be issued in respect of juveniles and children in remand detention at Skopje Prison; they should notably make provision for educational and other activities, as being locked in a cramped cell throughout the day is particularly harmful to the welfare of persons of this age. The CPT also recommend that the authorities of North Macedonia actively increase the resort to non-custodial measure in relation to the pre-trial detention of juveniles line with Rule 13.2 of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice ("The Beijing Rules").<sup>94</sup>**

64. The Committee has on several occasions stressed the importance of educators in providing activities for prisoners. Their complements remained very low at the time of the CPT's visit at all prison establishments visited, and they were imposed a high workload in terms of risk assessment, reporting to the court and management of benefits.<sup>95</sup> During interviews with the delegation in the establishments visited, they expressed their willingness to take on additional responsibilities for the rehabilitation of prisoners, as well as their frustration at not being able to put into practice the skills acquired through the training they had received in the implementation of prisoners' individual thematic treatment plans developed by the Council of Europe, and in preparing for their release. In practice, the role of educators needs to be strengthened, as provided for in the Prison Strategy, since the potential and motivation exist to provide a coherent system of activities; however, these good intentions remained ineffectual at the time of the CPT's periodic visit, contrary to the stated intention of the Strategy.

**The CPT calls upon the authorities of North Macedonia to increase the number of educators at Idrizovo, Prilep and Štip Prisons and to ensure that they are actively involved in the provision of activities to prisoners in addition to their reporting and risk assessment and classification tasks.**

#### **4. Prison staff**

65. The authorities of North Macedonia had invested efforts in the recruitment of 70 prison officers soon to be deployed in order to address the volatile security situation, in particular at Idrizovo Prison. At the time of the visit, the additional staff were undergoing physical tests and were expected to start work in the weeks following the visit. In addition, the salaries of prison staff had been increased by 30% as a result of the 2019 LES amendments and were set to be additionally increased

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94 Rule 13.2 of the Beijing Rules reads as follows: "*Whenever possible, detention pending trial shall be replaced by alternative measures, such as close supervision, intensive care or placement with a family or in an educational setting or home*".

95. At Idrizovo Prison, the number of educators stood at 13 (each of whom was responsible for about 100 prisoners). In Štip and Prilep Prisons there was only one educator out of three budgeted posts in each establishment.

in terms of hardship conditions in light of the recent LES amendments.<sup>96</sup> The staffing levels of prison officers in the establishments visited were as follows and continued to reflect the overall shortage:

- i. At Idrizovo Prison 211 custodial staff (out of a budgeted component of 334) were in charge of the supervision of 1 191 prisoners.<sup>97</sup> A total of 22 prison staff had left the establishment for various reasons since the beginning of 2023. The supervision of the perimeter of the prison was being ensured by the Army with a specific supervision of the semi-open regime unit.
- ii. At Štip Prison 92 custodial staff (out of a budgeted component of 97) were in charge of the supervision of 191 prisoners and 22 were on duty on each shift.
- iii. At Prilep Prison 52 custodial staff (out of a budgeted component of 103) were in charge of the supervision of 124 prisoners and 12 were on duty on each shift.
- iv. At Skopje Prison 104 custodial staff (out of a budgeted component of 115) were in charge of the supervision of 352 prisoners and 20 were on duty on each shift.

The Committee notes the new recruitment of prison staff, in particular at Idrizovo Prison, and would like to be informed about their deployment and presence in shifts, in particular in the closed wings of the establishment. However, the Committee also considers that the staff-prisoner ratio in the establishment visited will remain inadequate even after the integration of the new recruits. **The CPT recommends that the number of prison officers in Idrizovo and Skopje Prisons be reviewed in order to ensure that staff are in a position to maintain effective control over the establishments, to ensure a safe environment for themselves and for prisoners and to provide a regime of activities for prisoners.**

66. One of the activities foreseen by the Prison Strategy in relation to the Strategic Objective No. 5 refers to the development of SOPs for the introduction of the concept of dynamic security within the prison system of North Macedonia. Further, the recent LES amendments tabled for discussion at the Parliament included the possibility to create special intervention groups mandated to carry out ad hoc operations within prisons, such as searches and the management of riots. The explanatory report of the LES amendments referred to this measure as a necessity to improve the professionalism of custodial staff in prisons. **The CPT would like to be informed of the steps taken by the DES in order to introduce a concept of dynamic security in the penitentiary system.**

67. Another longstanding and crucial issue affecting prison staff remains the need to professionalise the senior management of prison establishments through transparent, merit-based and depoliticised appointments, and the establishment of a clear hierarchical system between the DES and prison directors, particularly with regard to their appointment and dismissal. Regrettably, the recent draft amendments to the LES tabled for discussion in front of the Parliament risk sending a contradictory signal in this respect by introducing a provision under which the recommendation for the appointment and dismissal of prison directors is to be provided by the Minister of Justice rather than by the Director of the DES. In the CPT's view, the current legal provision risks sending a message that reinforces the politicisation of the appointment of prison directors along party lines and detracts from the necessary operational and coordinating role that the DES must ensure by providing a clear vision of the prison system.

**The CPT calls upon the authorities of North Macedonia to establish a professional management career path within the prison system and to ensure that prison directors and senior managers are recruited and given secure employment, subject to satisfactory performance, and receive relevant management training to enable them to perform their duties competently. In addition, the appointment and dismissal of prison directors should be governed by clearly defined rules, with all prison directors and prison managers being subject to the direct supervision of the Director of the DES. In this respect, the current draft amendments to the LES related to the appointment and dismissal of prison directors should be withdrawn from the parliamentary procedure or modified accordingly.**

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96. The draft bill stipulated certain additional financial benefits for all prison staff in terms of hardship allowances and increased retirement rights.

97. Only one prison officer remains present on each shift on each floor of the closed regime building in charge of the supervision of approximately 150 prisoners.

68. On a positive note, at the time of the 2023 periodic visit, the CPT delegation was able to assess the coming into service, after a long gestation period, of the Training Centre for Prison Staff, which had recently been inaugurated within the complex of Idrizovo Prison. The Centre was staffed by a director and two permanent members of staff and was providing induction and in-service training to prison staff based on a curriculum provided by a pool of experts from the penitentiary system.<sup>98</sup> The Centre was in the process of adopting an annual plan of training activities and represented a first embryo of the necessary training facility. **The CPT welcomes the fact that the Training Centre for Prison Staff has finally become functional and invites the authorities to ensure that it is fully staffed, and that its activities are adequately funded within the core budget of the DES in order to make its operation fully sustainable.**

69. As mentioned in paragraph 60, the endemic corruption, especially in Idrizovo Prison, had an impact on every aspect of prison life due to the wide range of services on offer, the striking and diverse cases of passive and active corruption observed, and its infiltration into the modus operandi of staff. The DES had attempted to curb the phenomenon by adopting several anti-corruption measures, such as stricter control of staff entering the prison (through the purchase of scanners),<sup>99</sup> the launch of a prison intelligence project as a pilot project,<sup>100</sup> the conclusion of an MoU with the State Anti-Corruption Agency and closer cooperation with the Office of the Special Prosecutor for Organised Crime and Anti-Corruption. As a result, some disciplinary proceedings and dismissals of staff had taken place in Idrizovo Prison, and disciplinary proceedings had also been initiated in other penitentiary establishments (see paragraph 60).

The findings of the CPT delegation during the 2023 visit indicate that, particularly in Idrizovo Prison, the above-mentioned measures, consisting in particular of more stringent security checks of staff entering prison, had not yet produced the expected results, as examples of corrupt activities remained clearly evident (see paragraph 60).

Furthermore, the recent seizure of a large number of mobile phones and illegal items in the semi-open regime of Idrizovo Prison is another indication of their persistence (see paragraph 50). Moreover, some prison staff had spoken openly about the activities of their colleagues and the fact that, in their view, it would be very difficult to eradicate such a practice as it had become too entrenched, particularly among more senior staff.

In the CPT's view, it is important that the authorities of North Macedonia pursue their efforts to combat the phenomenon of corruption and favouritism, in particular in Idrizovo Prison, through prevention, education and the application of appropriate sanctions. In this context, prison staff should receive a clear message that it is unacceptable to obtain or demand benefits from prisoners; this message should not only be repeated in an appropriate manner and at appropriate intervals, but should form part of the core training programme, and should be targeted in particular at the 70 newly recruited prison officers, who risk facing challenges to their integrity when they start working in the morally compromised working environment of Idrizovo Prison. Each prison should have a defined anti-corruption programme, preceded by an analysis of the factors that lead to corruption.

Furthermore, the screening of all persons entering and leaving a prison should be improved, with a dedicated team of officers responsible for such screening. Finally, the Special Prosecutor's Office for Combating Corruption and Organised Crime should carry out a full investigation into corrupt activities involving prison staff at Idrizovo Prison, notably as concerns the files forwarded to it by the Director of the DES.

**In light of the above, the CPT calls upon the authorities of North Macedonia fully and vigorously address the phenomenon of corruption in the prison system.**

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98. The first module lasts one week and is compulsory for all posts. Judicial police officers continue with Module 2, and treatment and rehabilitation staff move to Module 3. Module 4 includes additional targeted training depending on the subject (for example, communication skills, anti-corruption activities and de-radicalisation issues). A total of 300 staff members had undergone the four modules since the opening of the training centre.

99. Scanners had been donated by the US Embassy to Idrizovo, Prilep and Štip Prisons.

100. Prison intelligence CCTV situation rooms operated at Idrizovo, Prilep and Štip Prisons and were funded by the US and UK Embassies. However, their operation was not yet specifically regulated in the LES.

70. As mentioned in paragraph 44 above, the Ministry of Justice had submitted amendments to the LES which, *inter alia* provided for the continuation and extension of the prison intelligence project to all prison establishments. At the time of the visit, the CPT visited the premises of the intelligence project in Idrizovo Prison, which consisted of CCTV cameras covering several sensitive parts of the prison, with the aim of providing the DES with sensitive information on possible illegal activities of staff and inmates, as well as safeguarding against possible corrupt activities. The prison intelligence unit was operating at the moment as a pilot project at Idrizovo, Štip and Prilep Prisons and they proved beneficial in the investigation of the illegal activities in the semi-open regime unit, which prompted the special intervention of October 2023.

## 5. Healthcare services

### a. introduction

71. Since 2018, responsibility for prison healthcare had been transferred to the Ministry of Health (that is, to the respective territorial public health centre or PHCC). In practice, this meant that healthcare staff were now employed by the Ministry of Health, but the funds for the medical treatment of prisoners continued to be disbursed by the Ministry of Justice. This led to some frustration at the level of the Ministry of Justice, and inter-ministerial cooperation remained precarious. In its 2020 Roadmap, the Committee had recommended greater involvement by the Ministry of Health in terms of accountability, training of staff, quality monitoring and improvement of conditions in infirmaries. In 2022, the authorities had adopted new Standard Operating Procedures (SOPs) for the provision of healthcare in prisons.<sup>101</sup>

Further, in the context of the Prison Strategy, the Ministry of Health had announced the appointment of an official responsible for the provision of prison healthcare that would ensure the appropriate liaison with the DES.

During the visit, the delegation met the Director of the PHCC Skopje, who is responsible for the healthcare of prisoners accommodated in Skopje and Idrizovo Prisons, and gained the distinct impression that the Ministry of Health was frustrated by the task assigned to it in 2018 and that, despite the publication of several vacancy notices and agreed salary increases, it had not been possible to attract interested candidates to the key posts of doctor and nurse in Idrizovo and Skopje prisons.

**The CPT reiterates its view that the quality of healthcare provided to prisoners cannot be improved without a stronger and more consistent commitment on the part of the Ministry of Health, in particular with regard to the assessment and accreditation of healthcare staff for each prison and access to secondary and tertiary healthcare (with adequate funding). The Committee trusts that the recommendations made in the report, which are of a repetitive and long-standing nature, will be the subject of a serious assessment and action plan on the part of the Ministry of Health and its relevant staff responsible for prison healthcare.**

### b. healthcare staff

72. As mentioned in paragraph 71 the salary of healthcare staff had been increased by 30% (along with additional benefits), and three competitions to recruit general practitioners and nurses for Idrizovo and Skopje Prisons had failed to attract interested candidates.

As a result, staffing levels, particularly at Skopje Prison, remained at the same level as during previous visits and consisted of two full-time equivalent (FTE) General Practitioners (GPs), one FTE dentist, two FTE nurses, one laboratory technician, one dental technician and a psychiatrist who visited the establishment twice a week. One member of the healthcare staff would be on duty during weekends and holidays.

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101. The SOPs include measures on minimum requirements such as medical examination on admission, recording and reporting of signs of violence on admission, screening for communicable diseases, management of inmates suffering from mental disorders, substance abuse, as well as a protocol on hunger strikes, prevention of self-harm, women and children in prison, ethics in prison, medical confidentiality and deaths in prison.

At Idrizovo Prison, the same precarious staffing of only one FTE GP, three FTE nurses, a dentist and a dental technician and visiting psychiatrist (once a week) continued to try to provide some form of healthcare to the numerous, diverse and demanding population of Idrizovo Prison.<sup>102</sup> The continuity of healthcare was ensured by one member of the healthcare staff during weekends. However, the GP had to organise her own replacement during her holidays.

Staffing levels at Štip and Prilep prisons were less dramatic, especially given their smaller size. They consisted of one doctor, three nurses and one dentist at Štip Prison. However, there was no GP at Prilep Prison and the healthcare component consisted of two nurses, one visiting psychiatrist, one contracted dentist and a dental technician. Both prisons had agreements with the relevant hospitals for the transfer of prisoners, in particular for psychiatric and opioid agonist treatment (OAT).

**The CPT calls upon the relevant authorities to carry out a detailed needs assessment to determine the precise requirements in terms of healthcare staff at all prison establishments in the country, starting with Idrizovo Prison.**

**In particular, the number of qualified nurses should be substantially increased as soon as possible, and at least one clinical psychologist should be recruited at Idrizovo Prison.**

c. access to a doctor

73. The SOPs on healthcare stipulate that detainees should have prompt access to a doctor and undergo a thorough medical examination. At Štip, Skopje and Prilep Prisons, access to a doctor was in principle not a problem, and records showed prompt medical examinations and transfers to hospitals when necessary. In particular, the situation at Štip Prison had improved following the introduction of a dedicated box for the confidential referral mechanism of medical consultations.

At Idrizovo Prison, it remained the case that the prison doctor was not systematically informed by the security staff of new arrivals and that, in practice, she examined on a daily basis those inmates who had been pre-selected by the prison staff, often on the basis of corrupt activities. Consequently, newly admitted inmates were examined by a doctor only after several days or even weeks following their admission.

**The CPT reiterates its recommendation that the authorities of North Macedonia take steps to ensure that prisoners at Idrizovo Prison are able to approach the healthcare service on a confidential basis, for example, by means of a message in a sealed envelope and use of a mailbox to which only the healthcare staff have access (in line with the practice already adopted at Štip Prison). Further, prison officers should be reminded of their duty not to filter prisoners' access to the healthcare service.**

d. medical screening

74. Admission screening consisted in principle of a general medical history and physical examination; injuries of newly admitted prisoners were described in a cursory manner and not photographed (see paragraph 17).

As was the case during past visits, there was no systematic screening for transmissible diseases upon admission to prison at any of the establishments visited. In practice, testing for hepatitis B, hepatitis C and HIV was performed only incidentally on suspicious cases, and at Idrizovo Prison the TB screening was based on a standard questionnaire compiled during the admission screening. Further, the Institute for Tuberculosis and Lung Diseases from Skopje organised photofluorography for inmates at Idrizovo and Skopje Prisons once a year. In conclusion, at none of the establishments visited was there any information on the number of hepatitis B and C and HIV-positive prisoners. Given the availability of drugs, and moreover the number of prisoners who were confirmed as injecting drugs, and the absence of a comprehensive approach that included, *inter alia* harm reduction education and needle exchange programmes, the number of prisoners infected with

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102. In particular, Idrizovo Prison accommodated several prisoners with serious chronic illnesses, physical impairments, substance use disorders and mental health disorders.

hepatitis C was likely to be high, in particular at Idrizovo Prison. Further, as regards female prisoners admitted to Skopje and Idrizovo Prisons, there was no gender-sensitive screening upon admission to the establishments on issues such as mental health, suicide risk and substance use problems, as well as sexual abuse and other forms of gender-based violence suffered prior to admission to prison.

**The CPT reiterates its recommendation that the authorities of North Macedonia remind all prison directors and healthcare staff that every newly arrived prisoner should be properly interviewed and physically examined as soon as possible, and no later than 24 hours after admission by a doctor or by a fully qualified nurse reporting to a doctor. In this respect, a systematic referral mechanism should be put in place in order to inform healthcare staff promptly of any new admission to prison (including following escape or late arrival from leave). The CPT wishes to be informed in detail of the steps taken in this regard at Idrizovo Prison.**

**The Committee further recommends that the Ministry of Health take the necessary steps to systematically offer screening for communicable diseases to all newly arrived prisoners. In addition, the current prison population at national level should be offered the possibility of such screening, if possible, by means of mobile x-ray machines, as well as testing for blood-borne infections and treatment for hepatitis C in line with that offered to the civilian population.**

**The CPT also recommends that the authorities of North Macedonia further develop the admission process at Skopje and Idrizovo Prisons in order to take into account the gender-specific needs of female prisoners. This should include screening for sexual abuse and other forms of gender-based violence inflicted prior to entry to prison and ensuring that such information is considered in the drawing up of a care plan for the woman in question. This should be conducted in a way that is sensitive and trauma-informed, that is, not necessarily using a questionnaire during the initial interview, but should nevertheless make it possible to identify needs shortly after admission.**

e. interface with community hospitals

75. In principle, there were no major obstacles to emergency hospitalisation of inmates in any of the prisons visited and the interface with civil hospitals appeared to be functioning as one of the few positive aspects of the transfer of stewardship. However, one specific case came to the attention of the delegation which exemplifies the pitfalls and constraints faced by prison healthcare authorities in their interface with hospitals.

Mr M.G.,<sup>103</sup> an inmate met by the delegation on 4 October 2023 in one of the two geriatric cells of the Ambulanta, was lying in his bed covered in flies and incontinent of urine and faeces<sup>104</sup> and had not gotten out of his bed since his discharge from hospital on 22 September, some 2 weeks prior. The Director and the Doctor of Idrizovo Prison both expressed to the CPT delegation that M.G. could not be appropriately cared for within prison. Further, the delegation's doctor assessed that he might be clinically dehydrated as he was only taking small amounts of water as given to him by the other prisoners and had not eaten for several days. The delegation suggested that an ambulance be called to transfer him to hospital. An ambulance was called, however the ambulance doctor simply recorded his blood pressure, there being no other clinical examination recorded in the note.<sup>105</sup> When met by the delegation on the second occasion on 11 October 2023, the CPT delegation doctor suspected that M.G. may have hypostatic pneumonia and advised the prison doctor accordingly,

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103. The inmate in question had received a suspended sentence in light of his health status but remained accommodated at Idrizovo Prison in light of the refusal of his family to care for him. He had recently been discharged from hospital having suffered a fractured hip. Mr M.G. had a history of mental health problems and was under psychiatric review, having previously spent a long period as a psychiatric inpatient. During his psychiatric admission in 2021 he was noted to be delusional and was lacking in personal hygiene.

104. The fellow prisoners told the CPT that they had paid a prisoner to change Mr M.G.'s diapers every day.

105. The ambulance doctor felt that the only requirement was for physical therapy. On the following day (5 October 2023), the prison doctor sought to arrange his transfer to the physical therapy clinic, hoping they would keep M.G. in for rehabilitation. In reality though, they transferred him back to prison that same day.

setting out that unless he was transferred to hospital it was likely that he would succumb within the next few days. The CPT delegation raised the urgency of the transfer of M.G. with the Prime Minister on 12 October 2023. Consequently, he had been transferred to a geriatric hospital only four days thereafter, where he sadly died three hours after his admission on 16 October 2023.

**The CPT would like to receive the result of the autopsy records conducted, if any, into Mr M.G.'s death. Further, the Committee recommends that a study into the lesson learned from the therapeutic abandonment and refusal of hospitalisation of M.G. be conducted by the Ministry of Health and the relevant lessons learned shared with the DES.**

f. specialist healthcare

76. As regards access to specialised care, there was ample evidence of diagnostic and treatment referrals to the relevant hospitals (either territorial civil hospital or Secure Unit of Skopje Clinical Hospital Centre Mother Theresa) in the case of inmates in need. However, the Ministry of Health charged the DES for the specialised medical and therapeutic activities of prisoners, in accordance with a gap in the legislation.<sup>106</sup> The DES informed the CPT delegation that such billing prompted the diversion of funds from other important items of its budget.

**The CPT recommends that the Ministry of Health in co-operation with the DES finds a modus operandi in terms, if necessary, of legislative amendments, in order to clarify the issue of the payment of expenses for the provision of secondary and tertiary healthcare to prisoners.**

g. medical equipment

77. The donation of medical equipment to the various prison infirmaries by the Council of Europe Office in Skopje represented the most visible improvement in prison healthcare in recent years.<sup>107</sup> Consequently, the infirmaries in all the prisons visited were, in principle, adequately equipped with defibrillators, oxygen and ECG and dental chairs. However, the dental chair recently donated by the CoE Office in Skopje at Idrizovo Prison was damaged (the hydraulic adjusting system was malfunctioning).

Further, at Idrizovo Prison, the delegation found that the supply of incontinence pads was scarce and that staff or families had to buy them at their own expense.

**The CPT recommends that steps be taken in order to ensure that a stock of incontinence pads be provided for the needs of older prisoners and those with physical impairments at Idrizovo Prison. Further, the dental chair at Idrizovo Prison should be adequately repaired and rendered fully functional.**

h. psychiatric care

78. Skopje, Idrizovo and Prilep Prisons continued to receive weekly visits from a psychiatrist, and prisoners with mental disorders appeared to be receiving adequate pharmacological input. However, due to the limitations described above, it was still not possible to provide any other form of psychosocial rehabilitation, especially in the miserable and dilapidated conditions of the Ambulanta and the closed regime. Further, at Prilep Prison an inmate prescribed with Clozapine did not have his white blood cell count monitored on a regular basis.

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106. Article 183 of the LES stipulates that the costs of secondary and tertiary medical care for prisoners are to be covered by the state of North Macedonia without further specification. In practice, the PHCC and hospitals throughout the country send the relevant bills for these expenses to the DES for payment.

107. From 2019 to 2022 the Council of Europe Office had donated, *inter alia* the following medical equipment to prison establishments in North Macedonia for a total value of €49 000: Dental cabinet – one, Otoscope – five, Blood pressure measuring device – six; Oxygen bottles with reducer and masks – six, ECG device – six, Glucose measuring device – two, Defibrillators with monitors – two, Small refrigerator for storage of ambulant therapy – one, AMBU sets – two, Ophthalmoscope – two, Janet record syringe – one.

The CPT recommends that the authorities of North Macedonia take the necessary steps to ensure that, throughout the prison system, all prisoners diagnosed with a mental disorder prior to imprisonment are reassessed and that those in need of in-patient care are hospitalised without delay. More generally, all prisoners suffering from an acute mental disorder should be transferred to an appropriate psychiatric facility where they can receive adequate treatment. Further, a full-time psychiatrist should be recruited at Idrizovo Prison in order to ensure regular psychiatric treatment for inmates suffering from a mental disorder, especially those accommodated in the Ambulanta. In this context, the authorities of North Macedonia should also develop adequate psychosocial rehabilitation activities for prisoners diagnosed with a mental disorder.

Further, the Committee recommends that the authorities of North Macedonia strictly comply with the above-mentioned principles and in particular take steps to train general practitioners and nurses in the detection and care of persons with a mental disorder in order to support the small number of available psychiatrists at the level of the PHCC.

Finally, the Committee underlines that Clozapine can have severe side-effects such as a potentially lethal reduction of white blood cells. The CPT recommends that the authorities of North Macedonia take steps to ensure that a protocol for a system of mandatory monitoring of the white blood cell count of patients treated with Clozapine be drawn up at the national level. Further, staff should be educated, in particular about the early signs of the potentially lethal side-effects of Clozapine.

i. prisoners with substance-use disorders

79. The CPT delegation reviewed once again the situation of prisoners with opioid-use disorders in terms of opioid agonist treatment (OAT), harm reduction and psychosocial rehabilitation. At Idrizovo, Skopje and Prilep Prisons, inmates (including remand prisoners) were easily admitted into an OAT programme during imprisonment upon a positive urine test for opioids<sup>108</sup> and the administration of OAT was regularly supervised. That said, the arrangement at Štip Hospital, which only received prisoners twice a week for the initiation and readjustment of OAT, resulted in delays in the initiation of OAT and necessitated numerous trips by staff to accompany prisoners for the readjustment of dosages. Further, there was no needle-exchange programme available in any of the prisons at the national level, nor any type of psychosocial rehabilitation activity for prisoners with drug related problems.

The CPT recommends that the arrangements for admitting prisoners with substance use disorders to Štip Hospital be modified to allow for the prompt initiation of OAT and its regular readjustment. Further, the CPT reiterates its view that the management of prisoners with substance use disorders needs to be diversified, in particular by eliminating the supply of drugs in prisons, addressing drug abuse by identifying and engaging with substance users, providing them with treatment options of a psychosocial nature and ensuring that they receive appropriate care, developing standards, monitoring and research on drug issues, and providing training and development for staff, as well as being linked to an appropriate national prevention policy.

j. medical ethics

80. On a positive note, healthcare staff at the establishments visited did not carry out urine tests on prisoners, at the request of custodial staff, for security related purposes. That said, at Idrizovo Prison the poor interface and exchange of information between the prison doctor and security staff meant that inmates serving a solitary confinement or separation measure did not receive regular visits, as healthcare staff were not aware of their placement. **The CPT recommends that the prison doctor at Idrizovo Prison be informed systematically about any instance of solitary confinement, temporary isolation and use of force of a prisoner in order to carry out the relevant medical examination.**

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108 At the time of the visit there were 214 prisoners on OAT at Idrizovo Prison (200 on methadone and 14 on buprenorphine). The ratio was of 21 and 1 at Štip Prison, 23 and 2 at Skopje Prison, 14 and 9 at Prilep Prison.



k. training and quality control

81. Given the disengagement of the Ministry of Health, it was difficult to expect the same authorities to provide the necessary training and supervision of the quality of care provided in the establishments visited, and this remained chimerical. **The CPT recommends that in the context of the responsibilities of the Ministry of Health in relation to its task to ensure better quality healthcare of prisoners, due attention be given to the need to organise targeted training activities for prison healthcare staff, as well as to ensure the relevant quality control of the care provided in light of the deficiencies highlighted in the CPT's reports.**

l. deaths in prison

82. With regard to deaths in prison, the CPT delegation was dismayed to learn that a terminally ill prisoner, who had been treated at Prilep Hospital, had been transferred back to Prilep Prison a few days before his death. The brother of the deceased, who was also detained in the same establishment, told the delegation that although the prisoner had been adequately taken care of by prison healthcare staff during his last days, such a lack of compassion and empathy from the side of the hospital staff had deeply affected his family. The CPT is concerned by the decision of Prilep Hospital to discharge a terminally ill person to a prison establishment in order to die; such a practice goes against the principle of compassionate release.

**The Committee recommends that in the future in such circumstances the prison authorities, in consultation with the competent judge for the execution of sanctions, decide a different course of action in respect of the principle of compassionate release of terminally ill-prisoners.**

## 6. Other issues

a. discipline

83. The authorities of North Macedonia had amended the system of disciplinary proceedings imposed on sentenced inmates by adopting a relevant rulebook and, pursuant to this, a detainee subject to disciplinary proceedings now had the right to receive a decision on the initiation of proceedings, to present his defence and to have an oral hearing. Furthermore, the maximum period of solitary confinement remained at 14 days.

At Štip and Prilep Prisons, there was no disproportionate use of disciplinary procedures and solitary confinement was not used excessively. At Idrizovo Prison, the number and reasons for disciplinary sanctions were higher and related to the serious level of inter-prisoner violence registered there (solitary confinement was imposed in 313 instances in the course of 2023).<sup>109</sup> As regards procedures, the findings of the CPT delegation indicate that disciplinary commissions regularly held hearings on disciplinary proceedings and that inmates received reasoned decisions indicating the avenues for appeal. Nevertheless, some inmates of Idrizovo Prison complained to the delegation that they had not been able to present their defence during the hearings, which mainly resembled a summary presentation of the facts as established by the security staff.

**The CPT recommends that the authorities of North Macedonia invest efforts in the implementation of the new Rulebook on Disciplinary Proceedings against Sentenced Prisoners, in particular by offering to them the opportunity to call witnesses on their own behalf and to cross-examine evidence given against them including to challenge the statements made by prison officers in the context of disciplinary proceedings, notably at Idrizovo Prison.**

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109. Out of a total of 378 disciplinary proceedings.

84. The solitary confinement cells in use at Štip Prison had been renovated (in terms of whitewashing of walls) and provided adequate conditions of detention; the same cells were also used for temporary isolation of prisoners. In Prilep Prison, the four cells in use for solitary confinement and temporary isolation of prisoners at the segregation unit measured a mere 4.5 m<sup>2</sup> and were equipped with a metal bed fixed to the floor, a stool and a floor level toilet, and lacked direct access to natural light. The disciplinary wing of Idrizovo Prison had been reduced from eight to six cells<sup>110</sup> and displayed the same shortcomings as described by the CPT in its previous reports. The cells, measuring 8 m<sup>2</sup> and equipped with a bed fixed to the floor and a semi-partitioned sanitary annex, were in a deplorable state of hygiene and dark, and there was no call-bell. Further, the two solitary confinement cells in use in the women's section of Idrizovo Prison had not been renovated like the rest of the unit, and displayed deficiencies such as mould on the walls and poor ventilation.

**The CPT recommends that all cells in use for disciplinary purposes at Idrizovo Prison be refurbished and kept in a satisfactory state of hygiene. Further, the cell in use for the enforcement of solitary confinement at Prilep Prison should be taken out of service. Finally, all prisoners serving solitary confinement should be provided with at least one hour of outdoor exercise on a daily basis.**

85. As regards disciplinary sanctions for pre-trial detainees, according to the relevant regulations in the Rulebook on House Rules for the Enforcement of Remand Detention, these consisted of the imposition of visitation bans and restrictions on parcels. In practice, such restrictions were rarely imposed in Skopje Prison due to the inaction and passivity of the competent judicial authorities in responding to correspondence from the prison administration.

In the CPT's view, restrictions on family contact in the context of a disciplinary offence should be imposed only where the offence relates to such contact and should never amount to a total prohibition of contact. The importance of maintaining family contact cannot be overstated and the suspension of family visits should not be imposed as a general disciplinary sanction.

**The CPT recommends that the authorities of North Macedonia take the necessary steps, including at the legislative level, to ensure that the system of disciplinary sanctions for remand prisoners is revised, in light of the above remarks.**

b. segregation and use of force (including means of restraint)

86. As mentioned in paragraph 48, the authorities of North Macedonia had adopted SOPs on the use of force, which consisted of a comprehensive procedure to be followed in the event of incidents of violation of house rules and inter-prisoner violence. The results of the CPT's 2023 periodic visit showed that, when an incident occurred, the use of force forms were in principle duly completed in terms of the description of the incident, the nature and the proportionality of the use of force. However, in several instances the reports did not show that an independent assessment of the proportionality of the use of force had been carried out, and in some cases, there was no medical assessment of the detained person's injuries and no victim's statement. For example, in the case of an inmate who was subjected to the use of force by prison staff on 1 October 2023 at Prilep Prison following an episode of aggressive behaviour,<sup>111</sup> the relevant report on the use of force examined by the delegation showed several shortcomings. These consisted of a scant description of the injuries sustained by the inmate without an assessment of their possible origin and a compatibility test, and the absence of a statement by the inmate concerned. Furthermore, the CCTV recording of the corridor where the staff intervention and the self-harm had allegedly taken place was not included in the relevant report. Consequently, the use of force was considered justified by the prison management only on the basis of the written statements of the four prison officers and three inmates as eyewitnesses.

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110. Part of it had been converted into an accommodation unit for high-security prisoners belonging to a paramilitary group (namely, Divo Naselje).

111. The measure consisted of the handcuffing, use of physical force and temporary isolation of the prisoner in question, who, due to his agitated state, had banged his head against the wall of the corridor. As a result, the prisoner sustained a cut over his left eye.

**The CPT recommends that the authorities of North Macedonia make the necessary efforts to improve the modalities of drawing up and recording the reports of the use of force, in accordance with the SOPs, in particular by including the statement of the prisoner concerned, a better description of the injuries sustained and an assessment of their compatibility with the prisoner's statement. In addition, the prison management and the Director of the DES should exercise the necessary supervision over the proportionality of the use of force in such cases.**

87. Article 6 of the relevant Rulebook on the use of means of restraint provides for the measure of separation of inmates from the rest of the prison population in cases of serious disturbance of good order for a maximum period of 24 hours (or six hours in the case of de-escalation of aggressive behaviour). Such a measure was frequently resorted to at Idrizovo Prison in cases of inter-prisoner violence and incompatibility with the prison regime and consisted in the placement of the prisoner concerned in a disciplinary cell in inadequate conditions without a mattress and bedding for an indefinite period of time, and the prisoners were not always informed about the duration of the measure or given a written decision on the placement.<sup>112</sup> In addition to the case described above in paragraph 49, reference is also made to several allegations received by the CPT delegation at Idrizovo Prison concerning the placement of prisoners in a solitary confinement cell of Idrizovo Prison for security or protection reasons following an incident of inter-prisoner violence, in inadequate conditions in terms of the absence of a mattress, blankets and bed linen, irregular access to outdoor exercise and food consisting only of bread and pâté. **The remarks outlined in paragraph 49 in respect of the modalities of the application of the measure of separation of inmates following an incident are also valid in this context.**

88. In the past, the CPT has strongly criticised the practice of prolonged restraint of prisoners in cells, ordered by a psychiatrist, in the event of excessive agitation. The CPT delegation was informed by the psychiatrist that this practice had been discontinued following the CPT's previous recommendations. Nevertheless, the examination of the register revealed that, in one case in November 2022, a remand prisoner had been restrained in a cell for a period of four days in light of his aggressive behaviour and over-agitation.<sup>113</sup> The register in question had been compiled by security staff and there was no trace in the relevant medical documentation. **The CPT calls upon the authorities of North Macedonia to put an end to the measure of mechanical restraint of agitated remand prisoners at Skopje Prison, in light of its previous comments and recommendations.<sup>114</sup> In particular, an agitated prisoner who poses a serious risk to himself or others could be temporarily isolated in an appropriate cell until he regains control of his behaviour (only as a last resort, when all other reasonable options (such as de-escalation strategies vis-à-vis the prisoner concerned) have failed to contain these risks satisfactorily). Further, in all such circumstances the healthcare staff must be promptly informed by custodial officers in view of the possible transfer of the prisoner in question to Skopje Psychiatric Hospital.**

c. contact with the outside world

89. The legal framework governing the visiting rights of inmates consists of two visits per month for sentenced prisoners and in principle one visit per week for remand prisoners subject to the approval of the competent investigating judge.

With regard to the facilities visited, the delegation noted improvements at Štip and Prilep Prisons, where a child-friendly playground had been installed following a donation of the Council of Europe Office in Skopje. At Idrizovo Prison, the facilities consisted of a dedicated common room with tables and chairs and a cafeteria/ canteen. At Skopje Prison, visits of remand prisoners continued to be held in closed conditions in a special room equipped with a booth with a glass screen and an intercom system.

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112. The measure in question had been resorted to in 64 instances in the course of 2023 at Idrizovo Prison.

113. The incident was recorded in a handwritten critical incident register, which merely stated that the remand prisoner in question had been restrained in cell G12 from 10 to 14 November, without specifying the method of restraint.

114. See in particular paragraph 50 of the [report on the 2006 visit](#), paragraph 29 of the [report on the 2007 visit](#) and paragraph 15 of the [report on the 2008 visit](#) and paragraph 99 of [the report on the 2019 periodic visit](#) to North Macedonia.

**The CPT once again calls upon the authorities of North Macedonia to review the arrangements for visits in all prisons with a view to increasing the amount of visiting time offered to both remand and sentenced prisoners, to at least one hour every week.**

90. Sentenced prisoners' telephone entitlement varies according to their classification and is in principle two calls per week. In practice, mobile phones were ubiquitous and in the possession of almost all prisoners, who told the delegation that their possession was tolerated by the management and staff as compensation for the impoverished regime offered and on condition that there was no misuse or illegal activity. Several prisoners also appreciated the availability of VoIP calls during the pandemic and regretted their withdrawal in recent months. Prison management told the delegation that this had been made possible by external donations. Further, access to a telephone for remand prisoners was still restricted, requiring the permission of the investigative judge and taking place in a specific room where the calls were monitored by prison staff.

**The CPT recommends that the authorities of North Macedonia take the necessary steps, including of a legislative nature, to ensure that both remand and sentenced prisoners are granted regular and frequent access to the telephone.**

91. The national legislation allows for prisoners with V1, V2 and V3 classification to have conjugal visits of a maximum duration of two hours per month. The arrangements at Štip, Idrizovo, Prilep Prisons were adequate in terms of hygiene and state of repair.<sup>115</sup>

d. complaints procedures

92. According to the legislation, complaints might be lodged to the prison administration, director and the Ombudsman/ NPM. Efforts have been increased in order to improve the possibility for inmates to lodge complaints with the installation of dedicated complaint boxes and the display of dedicated posters and brochures on such avenues.

An examination of the complaints registers showed that the number of complaints lodged remained relatively low and that, in principle, prisoners did not trust the system and its confidentiality, preferring to express their problems verbally directly to the prison director. **The Committee recommends that all prisoners (including juveniles) be informed upon admission about how to lodge complaints in a manner that instils trust (for example, complaints boxes which may only be opened by certain persons).**

e. inspection procedures

93. As mentioned in paragraph 44, the new amendments to the LES provide, *inter alia* for the creation of the function of a judge for the enforcement of sanctions with the duty to visit detention facilities. At the time of the visit, investigative judges regularly visited remand prisoners in Skopje Prison on a weekly basis by visiting their cells.

The Ministry of Justice had also strengthened the inspection powers of the DES inspectorate, which carried out unannounced visits to prison establishments in accordance with a recently adopted rulebook.<sup>116</sup>

94. As regards the independent monitoring of penitentiary institutions, the NPM had carried out inspections of various penitentiary institutions within its limited capacities. In addition, the NGOs Macedonian Young Lawyers Association and the Helsinki Committee had carried out visits as part of an EU-funded project, one of the aims of which was to provide prisoners with legal representation (legal clinic).<sup>117</sup>

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115. At Štip and Prilep Prisons the visiting facilities, including rooms in use for conjugal visits had recently been renovated.

116. See in this respect the relevant Rulebook on the Methods of Exercising Professional Supervision over Prison and Correctional Educational Facilities.

117. The NGOs in question were publishing a monthly factsheet on their monitoring activities and legal advice provided to prisoners.

## 7. Tetovo Correctional Educational Centre (VPD)

### a. preliminary remarks

95. In the course of the 2023 periodic visit, the CPT delegation visited the Tetovo Correctional Educational Institution (VPD, or *воспитно поправен дом*), where juvenile offenders between the ages of 14 and 23 can serve a court-ordered educational measure of placement in a VPD for a minimum of one and a maximum of five years.<sup>118</sup> The Tetovo VPD had been inaugurated in November 2020 in a new location, built with CEB funding, after a long gestation period when it was closed in 2008. During this period, juvenile offenders had to be accommodated in temporary facilities, first in Veles and then, following CPT's criticism related to the poor material conditions and serious incidents of inter-prisoner violence,<sup>119</sup> in a dedicated section of Ohrid Prison. This relocation also placed a burden on the treatment and security staff, who had to endure long commutes and relocations during these years.

96. The juvenile justice system of North Macedonia is based on the 2013 Law on Juvenile Offenders, which stipulates that a juvenile offender must serve an institutional educational measure in an educational correctional centre for a period of one to a maximum of five years (subject to *ex officio* review every six months).

In practice, male juvenile offenders were serving this measure in Tetovo, while female offenders under an educational measure would be accommodated in the corresponding cells of the female unit of Idrizovo Prison. In addition, the aspects of the implementation of an educational measure are regulated by the relevant provisions of the LES (Articles 308-316 of the LES), the House Rules of the VPD and several ad hoc rules and instructions issued by the Director of the institution.

97. The Tetovo VPD was accommodating 14 juvenile offenders<sup>120</sup> (ranging in age from 14 to 21 years) out of a capacity of 110 places. The facility consisted of three two-storey residential blocks, an administrative building (including an admission and intensive treatment unit), a spacious area for workshops, a well-equipped gym, classrooms, and basketball and football pitches, and was located in the village of Volkovija, about 15 km south of Tetovo. The centre was oversized in relation to its capacity as a possible basin for detained persons. In fact, at the time of the visit, only one of the three accommodation blocks was in operation (pavilion B), the other two pavilions being used for segregation and group workshops.

### b. ill-treatment

98. The delegation did not receive any allegations of ill-treatment of juveniles by staff, nor did it gather any evidence of such ill-treatment. On the contrary, juveniles spoke positively about the way they had been treated by staff and educators. However, some staff carried truncheons in the detention areas, which seemed totally unjustified, particularly in light of the positive relations between staff and juveniles observed by the CPT delegation during its visit. The CPT considers that carrying truncheons openly by security staff who come into direct contact with juveniles is not conducive to fostering positive relations between staff and inmates. Moreover, the wearing of uniforms and truncheons contributes to a prison-like environment in juvenile institutions. **The CPT recommends that the authorities of North Macedonia ensure that security staff at Tetovo VPD working in direct contact with juveniles do not carry truncheons.**

99. The testimonies and the examination of the relevant registers showed that incidents of inter-prisoner violence and intimidation were sporadic and that staff intervened promptly to separate juveniles, ensuring their separation in one of the special rooms and their placement in an intensive treatment unit (SGPV or *група за засилено превоспитно влијание*) for a period of up to three months.<sup>121</sup> The personal files and documents examined showed that staff and, in particular, the team of experts were alert to such signs and actively prevented them.

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118. Pursuant to Article 46 of the Law on Juvenile Offenders.

119. See in this respect paragraphs 90-95 of the CPT's report on its 2014 periodic visit to North Macedonia CPT/Inf (2016) 8.

120. Further, two additional juvenile offenders were serving a sentence of juvenile imprisonment at Ohrid Prison and one was subject to a security measure at Demir Hisar Psychiatric Hospital.

121. Pursuant to Article 21 of the Instruction on Classification, Progression and Regression at the Tetovo VPD.

c. material conditions

100. Accommodation blocks A, B and C (of which only B was in use at the time of the visit) provided very good conditions of detention in the rooms and communal areas. The 13 m<sup>2</sup> double rooms, furnished with bunk beds, tables, chairs and wardrobes, had a separate sanitary annex consisting of a ceramic toilet, shower and washbasin. The rooms were in good hygienic condition, well-lit and adequately ventilated. The communal facilities, consisting of a small cafeteria and a living room equipped with sofas, a TV projector, a games console and board games, were well decorated and provided a relaxing, family environment. Overall, the accommodation block provided a healthy and appropriate environment for the rehabilitation of young people. However, some of its architectural elements were of a carceral nature, such as horizontal metal bars on windows and a metal grille door at the entrance to the accommodation block, which detracted from the overall positive impression.

**The CPT recommends that the authorities of North Macedonia act to render the conditions at Tetovo VPD less carceral. In particular, in the accommodation, the metal bars across the bedroom windows should be removed, and the metal grille doors replaced.**

d. regime

101. According to the House Rules, each newly admitted juvenile would spend up to 30 days in an intake unit pending assessment by the multidisciplinary team before being integrated into one of the two educational groups and having an individual treatment plan drawn up.<sup>122</sup> The regime in the residential block and the house rules were generous in terms of outdoor exercise and activities. In principle, the children spent six hours a day in one of two courtyards equipped with football and basketball hoops and had daily access to a fully equipped gym.

This was complemented by participation in art, plastic assembling, painting and music workshops. The centre also offered vocational courses for plumbers, cooks and gardeners, culminating in the award of a diploma.<sup>123</sup>

102. The treatment staff demonstrated a high level of professionalism and commitment and were additionally motivated by the fact that they were now working on a permanent basis in the facility with all the necessary architectural advantages, which were lacking during the course of the temporary facilities in Veles and Ohrid.<sup>124</sup> Juvenile offenders told the delegation of their satisfaction with the level of activities offered, the professionalism of the instructors, the caring attitude of the prison staff and educators towards their rehabilitation, and the building of positive relationships. The juveniles' personal files (psychological, social and criminological assessments for the courts) and individual treatment plans demonstrated a detailed and sensitive individualised approach to their rehabilitation and to maintaining their relationships with their respective families. Personal files were well kept and detailed, with daily notes and regular assessments of the juveniles' behaviour and progress in their rehabilitation.

103. The facility was equipped with a classroom, and compulsory education courses in Macedonian, English and Mathematics were delivered by a team of accredited primary school teachers until January 2023. However, the courses were interrupted due to the suspension of funding by the UNDP, and amendments to the Law on Compulsory Education had yet to be adopted to ensure the continuation of funding and the accreditation of teachers to deliver courses at the VPD. The juvenile offenders and staff were particularly disappointed by the suspension of the educational activities, which were particularly beneficial given that the majority had not completed compulsory primary education and were illiterate. In addition, VPD staff had in the past facilitated attendance at secondary school in Tetovo and the successful graduation of two residents under the relevant provision of the LES.

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122 During such a period the juvenile offenders were taking part to the communal activities with the rest of the population of the centre.

123. The management of the VPD boasted that several trained cooks educated at the VPD were permanently employed in restaurants in Skopje.

124. See in this respect the remarks of the CPT in paragraph 110 of the CPT's report on the 2019 periodic visit to North Macedonia.

Given the particularly difficult backgrounds and literacy levels of most of the juvenile offenders accommodated in the Tetovo VPD, it is imperative that every effort is made to offer them educational classes where they can learn skills that will help them after their release.

**As mentioned in paragraph 61 the CPT calls upon the authorities of North Macedonia to adopt as a matter of urgency the necessary amendment to the Law on Compulsory Education in order to ensure the necessary accreditation and funding of educational activities at Tetovo VPD.**

e. healthcare

104. The VPD's healthcare staff consisted of two part-time contracted general practitioners, who visited the facility three days a week, and two nurses. If necessary, the children were accompanied to a dental clinic and a private psychiatric clinic in Tetovo. The infirmary was well equipped, the pharmacy was well stocked and the distribution of medicines was ensured by nurses.

105. The medical screening on admission, which consisted of a general medical history, recording of injuries and screening for infectious and communicable diseases (namely, TB, HIV and HCV), was generally carried out promptly within 48 hours of admission and confidentiality was maintained in accordance with the relevant house rules. However, there was no indication in the medical records of the vaccinations given to the children and their compliance with the list of vaccinations available in the community. No adolescent was on OAT at the time of the visit, but there was the possibility of initiating such treatment. **The CPT recommends that the juvenile offenders at Tetovo VPD be included in the national vaccination programme.**

As was the case during the 2019 visit when the juvenile offenders were accommodated in Ohrid Prison, the majority of the children had been prescribed psychotropic medication without any apparent clinical need related to mental disorders (for example, anxiety and depressive disorder and unsocialised and socialised conduct disorders).<sup>125</sup> The prescriptions and treatment were provided by the contracted psychiatrist of the Tetovo PHCC, with whom the juveniles regularly attended sessions. A review of the doses and types of medication prescribed showed that they were more similar to those normally prescribed for an adult population.<sup>126</sup> In addition, some of the young people showed obvious signs of overmedication, such as slurred speech, and told the delegation that they felt drowsy. At the end of the visit, the delegation requested that the prescription and medication be reviewed by a child psychiatrist from Skopje. **The CPT would like to receive confirmation from the authorities of North Macedonia that all juvenile offenders receiving psychotropic medication at the Tetovo VPD have had the necessity of their prescriptions and dosage reviewed by a child psychiatrist.**

106. Treatment staff of the Tetovo VPD had received training from the Dutch Helsinki Committee on the prevention of anti-social and delinquent behavioural tendencies in juvenile offenders,<sup>127</sup> in particular on how to deal with aggressive behaviour in adolescents, which had proved useful for individual intervention, particularly in the intensive care unit. There were no cases of serious behavioural disturbances, such as self-harm and attempted suicide, recorded in the files or reported by residents at the VPD.

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125. For example, 10 were receiving psychotropic medicine at night, and six psychotropic medicines in the morning.

126. For example, a sample of the medication being prescribed and administered to a 18-year-old juvenile offenders was as follows: diazepam (an anxiolytic) 5 mgs twice daily. Olanzapine (an anti-psychotic) 5 mgs daily. Sodium valproate (a mood stabiliser) 500 mgs twice daily. Sertraline (an anti-depressant) 50 mgs twice daily.

127. The training programme had been delivered by the Dutch Helsinki Committee in the context of a juvenile delinquency project targeting North Macedonia, Albania and Kosovo. The programme under the name TOPs had the objective to lower the recidivism rate of juvenile offenders through the development of social, self-control and moral reasoning skills.

f. other issues

107. The Tetovo VPD was adequately staffed in terms of custodial officers (26 out of a total of 42 budgeted posts) as well as 13 members of treatment staff (head psychologist, master in juvenile delinquency, pedagogue, psychologist, two social workers, special educator, chemistry professor and mathematic professor and 4 instructors) out of 25 budgeted posts. The staff members had received induction training from the Dutch Helsinki Committee in the context of an EU-funded juvenile justice assistance programme (see paragraph 1060) as well as targeted training activities at the Idrizovo Staff Training Centre.<sup>128</sup>

108. According to the VPD's disciplinary regulations,<sup>129</sup> juvenile offenders could be sanctioned with a maximum of seven days of solitary confinement for disciplinary offences. This measure was carried out in one of two specially dedicated rooms. This measure had been imposed in 16 cases in the course of 2023 relating to breaches of good order such as attempted escapes, or physical altercations with young people or staff. The special rooms were of the same design as the ordinary rooms and the measure consisted in separating the young people during the night but allowing them to participate in ordinary activities.

The CPT wishes to stress that any form of isolation may have an even more detrimental effect on the physical and/or mental well-being of juveniles. In this regard, the Committee observes an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of juveniles. Particular reference should be made to the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) which have recently been revised by a unanimous resolution of the General Assembly and which explicitly stipulate in Rule 45 (2) that solitary confinement shall not be imposed on juveniles.<sup>130</sup> The CPT fully endorses this approach.

**The CPT recommends that the authorities of North Macedonia abolish the disciplinary measure of solitary confinement in respect of juveniles and that, pending its abolition in law, a circular be issued by the DES instructing prisons to no longer apply the measure for solitary confinement to juveniles as a disciplinary punishment.**

109. The legislation provides for the possibility of placing children in a special section under increased supervision (SGBV) for a maximum period of three months, separated from the rest of the population, in case of serious disturbance of the good order of the establishment and inability to adjust to life.<sup>131</sup> At the time of the CPT's visit, two children were accommodated in the SGBV in two single rooms (of the same type as those described above). They participated regularly in workshops with the rest of the population and spent the rest of the day with the dedicated staff of the SGBV in individual therapeutic sessions and in targeted interventions consisting of drawing, music and art therapy. The delegation gained the impression that there was a genuinely targeted and individualised approach aimed at the reintegration of children into the mainstream population.

110. The relevant rulebook also provides for the use of means of restraint such as physical force, handcuffs and rubber truncheons in residual cases, and after the relevant proportionality and residuality assessment.<sup>132</sup> This has happened once since the opening of the VPD and consisted of the handcuffing of a juvenile. However, the report on the use of force did not record the duration of the handcuffing of the juvenile in question. The detainee told the delegation that this had been necessary in order to escort him to the segregation/ disciplinary room and had lasted for a few minutes before being examined by a nurse. **The CPT recommends that the authorities of North Macedonia invest the necessary efforts in ensuring that every instance of application of means of restraint in respect of a juvenile at Tetovo VPD is adequately recorded in terms of its duration and the justification of its application.**

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128. On issues such as anti-corruption measures, trauma recovery and anger management.

129. Article 7 on the Instruction on Disciplinary Responsibility at the Tetovo VPD.

130 See also Rule 67 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (General Assembly Resolution A/RES/45/113, Annex).

131. Pursuant to Article 21 of the Instruction on Classification, Progression and Regression at the Tetovo VPD.

132. Pursuant to Article 71 of the House Rules of Tetovo 126VPD.



111. The legislation provides for ample opportunities for children to maintain access to the outside world, consisting of family visits in a dedicated and well-decorated room with a maximum of one hour's notice, telephone and video calls, and these were regular and respected in the institution. In addition, staff often accompanied the children on daily and weekly outings to nearby Tetovo. The remoteness and location of the institution was partly compensated by the efforts made by the authorities.

112. A complaint system consisting of dedicated boxes, forms, displayed posters and brochures was available, but remained unused. Further, children also had the possibility to lodge complaints to external independent bodies such as the Ombudsman.

113. As mentioned in paragraph 95, placement in the VPD was initially set by the competent juvenile court judge for a period of one year and was subject to *ex officio* review by the court every six months up to a maximum of five years. The CPT delegation was able to observe that the management regularly submitted comprehensive reports to the court, together with a recommendation as to whether the measure should be imposed or continued. In principle, the judicial authorities approved such requests. However, the whole procedure was conducted in writing, as the judicial authorities never visited the establishment.

The CPT attaches particular importance to the regular visits to all places of detention for children by the competent juvenile judges, who are empowered to receive complaints from children, to take action, if necessary, and to inspect the premises. **The Committee therefore recommends that the authorities of North Macedonia make the necessary efforts to facilitate the visit of the competent juvenile judges to the Tetovo VPD.**

114. As mentioned in paragraph 112, there had been no visits by judicial authorities to the establishment since its opening. The NPM and NGOs had visited the establishment and produced reports highlighting concerns similar to those of the CPT.

## C. Psychiatric Hospitals

### 1. Preliminary remarks

115. In the Republic of North Macedonia, inpatient mental healthcare services are provided through three main psychiatric hospitals, namely Skopje Psychiatric Hospital (in Bardovci), Negorci Psychiatric Hospital (Gevgelija), and Demir Hisar Psychiatric Hospital (Bitola). Together, they have a capacity of around 750 beds, 200 of which are for forensic patients. In addition, the University Clinic of Psychiatry (Skopje) houses a 50-bed inpatient unit and around 150 beds are distributed across 11 general hospitals in the country.

116. In the course of the 2023 periodic visit, the CPT delegation conducted follow-up visits to Demir Hisar Psychiatric Hospital and Skopje Psychiatric Hospital.<sup>133</sup> At both hospitals, the visit focused on the closed wards for acute and forensic patients. Brief visits were also made to the chronic and geriatric wards.

117. *Demir Hisar Psychiatric Hospital*, serving the south-western part of the country, comprised nine inpatient wards with an official capacity of 332 beds. At the time of the visit, the hospital was accommodating a total of 264 patients (167 male and 97 female).<sup>134</sup> Out of a total of 372 admissions in the first nine months of 2023, 26 had been involuntary civil placements and 31 were court ordered hospitalisations following the imposition of the security measure of compulsory treatment in a psychiatric institution (forensic placements). Two mental health centres in the community were affiliated with the hospital, one in Demir Hisar and one in Prilep, both of which provided day hospital service for 150 patients and outpatient therapeutic treatment for 35 patients per month on average.

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133. Demir Hisar Psychiatric Hospital was last visited by the CPT in 2019 and Skopje Psychiatric Hospital in 2014.

134. 73 patients were placed in the acute wards (ward I female and ward III male), 84 in the chronic wards (ward V male and ward VII female), 51 in the geriatric wards (ward IV male and ward VIII female), 16 in the so-called "Adolescent" mixed Ward (ward II), which in reality was used for newly admitted patients or patients at their first hospitalisation regardless of their age, seven in the Addiction treatment Ward and 33 in the Forensic Ward.

118. *Skopje Psychiatric Hospital*, serving the north-western part of the country, was accommodating 293 patients at the time of the visit (221 male and 72 female) for a capacity of 323 beds.<sup>135</sup> In the first nine months of 2023, ten patients had been subject to involuntary civil placement and 75 to forensic placement. Three community mental health centres were affiliated with the establishment, namely the “Centre”, “Vlae”, and “Prolet” centres, together covering the Skopje city area. Each centre provided day hospital care for 30-50 patients and outpatient treatment for 100-200 patients per month on average.

119. The CPT expresses its appreciation for the measures taken by the authorities to progressively implement a national plan of de-institutionalisation of psychiatric patients through the development of outpatient care in the community, in accordance with the National Mental Health Strategy 2018-2025.<sup>136</sup> With the opening of two new mental health centres since the last visit in 2019 (in Demir Hisar and Kočani), ten centres were operating at the national level, providing care for approximately 650 day hospital patients and 800 outpatients per month on average.

120. These positive steps toward an increased level of outpatient care in the community should gradually reduce the existing pressure on hospital facilities and provide many patients who no longer require residential hospital care with a more suitable therapeutic environment.<sup>137</sup> Indeed, Skopje Psychiatric Hospital was operating at full capacity at the time of the visit, and only managed to remain functional owing to the considerable number of patients temporarily on leave outside the facility.

**The Committee encourages the relevant authorities, in particular the Ministry of Health and the Ministry of Labour and Social Policy, to redouble their efforts to fully implement the strategy for de-institutionalisation by expanding the offer of sustainable and effective mental health services in the community.**

121. Moreover, persons with intellectual disabilities occasionally ended up being admitted to psychiatric hospitals (see paragraph 136) that were ill-equipped to offer them a suitable therapeutic environment (see also paragraph 155). As recognised by the hospital staff, these admissions were due in large part to the lack of appropriate accommodation in social care residential facilities (see paragraph 190), and included cases in which there was no medical justification for keeping those persons in a hospital setting. **The CPT invites the Ministry of Health to intensify its cooperation with the Ministry of Labour and Social Policy to ensure that persons with intellectual disabilities who are in need of urgent residential care are accommodated in appropriate facilities (see paragraph 190).**

## 2. III-treatment

122. At both Demir Hisar and Skopje Psychiatric Hospitals, many patients spoke generally positively about their interactions with staff and the manner in which they were treated. However, the delegation heard some accounts of verbal abuse at both hospitals. Most concerning, at Demir Hisar Psychiatric Hospital, the delegation received several consistent allegations from patients in different wards that they had been attached to a bed with metal chains and padlocks.<sup>138</sup> These claims were corroborated by wounds displayed on a patient’s wrists and ankles consistent with the allegation of being fixated with a chain, credible testimonies from other patients, and a recent annotation in a staff shift handover logbook (*Дежурна тетратка*). The CPT has been critical of this practice at Demir

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135. At the time of the visit, the Forensic Ward was accommodating 41 patients, the II male Ward was accommodating 44 patients (14 of whom were forensic), the II female Ward had an occupancy of 14 patients (two of whom were forensic), the Acute mixed Ward was accommodating 16 patients (three of whom were forensic), and the Addiction treatment Ward accommodated ten patients (seven of whom were forensic).

136. [National Strategy for Promoting Mental Health in Republic of Macedonia \(September 2018-2025\) With Action Plan \(September 2018-2025\)](#).

137. For example, only nine of the 35 patients accommodated in the Acute male (III Ward) at Demir Hisar Psychiatric Hospital required acute care.

138. Credible and consistent allegations were received, in particular, in the Acute male, Chronic female and Forensic Wards. Of note is that a metal chain and padlock were found by the Ombudsman staff during their 2022 inspection to the hospital (see [report](#), p. 192).

Hisar Psychiatric Hospital since at least 2006 and has repeatedly urged the authorities to put an end to it.<sup>139</sup> The Committee must once again reiterate its view that the immobilisation of patients to a bed by means of metal chains may well amount to inhuman or degrading treatment.

123. By letters received on 14 November and 28 December 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee that the chain mentioned in the staff logbook had been removed from the hospital and that appropriate restraint equipment had been procured.<sup>140</sup> The CPT takes positive note of the action taken by the management of Demir Hisar Psychiatric Hospital and **wishes to receive confirmation from the authorities of North Macedonia that any and all chains have been removed from all psychiatric hospitals in the country** (as regards the use of appropriate restraint equipment, see recommendations at paragraph 159).

124. Instances of inter-patient violence and attacks against staff did occur at both hospitals, but they appeared to be especially frequent at Skopje Psychiatric Hospital (44 violent episodes in the Forensic Ward in the first nine months of 2023 alone).<sup>141</sup>

The Director and staff of this hospital acknowledged that the security situation in the Forensic Ward had spiralled out of control lately, with recurrent fights among patients as well as instances of physical aggression and intimidation towards staff. This escalation of inter-patient violence had already been highlighted by the Ombudsman in [2022](#) and attracted considerable media attention in early June 2023, following the online publication of video footage by a patient.<sup>142</sup> As an attempt to respond to the crisis, the Director of Skopje Psychiatric Hospital decided to establish a separate segregation unit within the Forensic Ward and to engage a private security company. While understanding the reasons for the actions taken, the CPT is highly critical of the way in which patients were treated in this new unit and its management (see paragraph 160 and following).

125. The delegation gained the impression that staff at both hospitals would generally strive to intervene promptly and effectively in most outbreaks of tension among patients, but that the level of understaffing affected their ability to do so in all cases. Further to the written records mentioned above, the scale and frequency of violent episodes was reflected in the visible signs of damage to walls, door panels, observation windows and furniture observed by the delegation in some wards (see paragraphs 133 and 134). **The CPT recommends that staff serving at the Demir Hisar and Skopje Psychiatric Hospitals be increased in number (see specific recommendations at paragraph 148) and be properly trained in managing challenging behaviour by patients, and maintaining a therapeutic and respectful environment for all.**

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139. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 143; CPT report on the 2006 visit to North Macedonia, CPT/Inf (2008) 5, paragraphs 8 and 145.

140. In minutes dated 25 October 2023, the hospital staff declared that said chain was used to lock doors. However, the delegation, as mentioned at paragraph 122, gathered compelling evidence that patients at Demir Hisar Psychiatric Hospital had been fixated to the bed with metal chains and padlocks until shortly before the visit.

141. At Skopje Psychiatric Hospital, the staff shift handover logbooks kept in the different wards contained annotations indicating that, in the first nine months of 2023, 33 episodes of inter-patient violence and 11 of patient aggression against staff occurred in the Forensic Ward, nine inter-patient and five patient-staff incidents in the II female Ward, six inter-patient and two patient-staff instances in the Acute mixed Ward, and no recorded episodes in the II male Ward. In the same period, at Demir Hisar, there were 18 recorded incidents of inter-patient violence (five of which were also directed against staff) and 17 episodes of patient injuries, in 12 of which injuries were as serious as bone fractures.

142. The video footage was placed [online here](#) while a related news article is available [here](#). Similarly, the 8 June 2023 report by the State Sanitary and Health Inspectorate found high levels of inter-patient violence and ordered the hospital to take measures to ensure respect for patients' right to personal security during their stay.

126. The Committee also found that there was no specific centralised register for recording episodes of violence among patients or against staff.<sup>143</sup> It was hardly surprising that the management of both hospitals did not appear to be fully aware of the extent of the inter-patient violence when the delegation asked for related information. A specific centralised register would represent a useful tool for management to obtain a more accurate picture of the state of affairs in the various hospital wards and to assist them in responding to the patterns of violence in a targeted and effective manner, thereby enhancing the safety and well-being of both patients and staff alike.

By letter received on 14 November 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee that a register of incidents was adopted by the Demir Hisar Psychiatric Hospital Management Board on 10 November and immediately put into use. The Committee welcomes the rapid implementation of a recommendation made to the Director at the end of the visit and trusts that this register will be comprehensively completed on a running basis.

**The CPT recommends that a specific register for recording instances of violence be introduced and duly maintained at Skopje Psychiatric Hospital.**

### **3. Patients' living conditions**

127. At the beginning of the visit, the national authorities informed the delegation that external grants from international institutions made it possible to renovate the University Clinic of Psychiatry in Skopje and improve energy efficiency in the country's psychiatric hospitals.

The Director of Demir Hisar Psychiatric Hospital explained that refurbishment works had recently been carried out in the Acute and Chronic male Wards as well as, to some extent, in the Acute female and Forensic Wards. In addition, the dental surgery, EEG department and kitchens had been renovated. There were also plans to erect two new buildings to house the hospital if the funding could be secured.

At Skopje Psychiatric Hospital, the Director clarified that a new unit had been opened for male patients with chronic psychiatric disorders, and another was going to be opened to house the Addiction Treatment, III male and Somatic Treatment Wards. Refurbishment works had recently been carried out in the III female Ward (sanitary facilities, energy efficiency, whitewashing), were ongoing in the admission infirmary, and should soon start in the II female Ward (sanitary facilities, kitchen). While the Director recognised the urgent need to fully reconstruct the building housing the Forensic Ward, he indicated that, for the moment, no funding was available for that purpose.

128. The CPT welcomes the initiatives to renovate the hospital estate. However, it emphasises that, as borne out by the visit findings (see below), any refurbishment or major reconstruction plan would only represent a short-lived solution if the hospital management does not, at the same time, develop and implement a comprehensive and multi-layered Facility Maintenance Plan. This plan should envisage preventive maintenance (routine checks and upkeep to prevent breakdowns and failures), corrective maintenance (repairs when malfunctions occur), asset management (keeping track of all building assets and their conditions), financial planning (allocating funds for maintenance), compliance and safety standards (ensuring compliance of regulatory and safety requirements), emergency preparedness (planning for emergencies and natural disasters) and contractor management (relationships with external service providers). Such plans are of crucial importance for the long-term upkeep and functionality of the buildings, and accordingly deserve as much attention as that usually devoted to developing new facilities. **The CPT wishes to receive updated information on the progress of the announced refurbishment works and the aforementioned plans to reconstruct hospital facilities.**

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143. Violent episodes would normally be noted down in staff shift handover logbooks together with other information to be passed on from staff working a shift to staff taking up service on the next shift. Separate paper logbooks existed in each ward. Nevertheless, the data contained therein served no statistical purpose and was not regularly transmitted to the central management level for analysis.

129. Not surprisingly, at *Demir Hisar Psychiatric Hospital*, the delegation found that the material conditions on the recently renovated wards, notably the Acute and Chronic male Wards, were better than in the other wards. However, as works had been limited to basic maintenance and repair (sanitation, whitewashing, plumbing, flooring and replacement of windows and windowpanes), the overall conditions remained barely satisfactory and, worryingly, appeared to be rapidly deteriorating due to poor maintenance and neglect.<sup>144</sup>

130. In the other (mostly non-renovated) wards visited (Adolescent mixed, Geriatric male and female, Chronic and Acute female Wards), the delegation observed an overall poor state of repair, with dirty, blistering and often mouldy walls,<sup>145</sup> missing or broken tiles, along with damaged door panels and broken windowpanes. Personal living space was sufficient, but conditions could become cramped at full room occupancy.<sup>146</sup> Room furniture – in many cases, old and damaged – included metal beds, often bedside tables and sometimes lockers, although there was a generalised lack of lockable space.<sup>147</sup> Mattresses and blankets were worn in some wards.<sup>148</sup> Most wards offered adequate ventilation, save for the two Geriatric wards, in which the air was stale and emanated a strong odour of sweat and urine. Artificial lighting and access to natural light was good. Sanitary facilities were on the whole adequate in terms of hygiene,<sup>149</sup> but remained in a poor state of repair (malfunctioning plumbing, leaks, broken tiles), especially the shower rooms, (blistering and mouldy walls, many missing shower heads, unreliable supply of hot water). The rooms and common areas were generally austere and impersonal. In some wards (such as Geriatric male and female), patients were wearing pyjamas throughout the day.

131. The worst conditions were found in the Forensic Ward. With decrepit furniture, damaged door panels and plaster, broken windows, cracked dirty walls, malfunctioning artificial lighting and a poor state of cleanliness, the ward was far from meeting the minimum requirements of hygiene and repair applicable to hospital facilities. In particular, the shower rooms were in an unacceptable state of disrepair (a missing windowpane, a large hole in the wall, broken tiles, rusty plumbing and radiators) and unhygienic conditions (large patches of mould on walls and ceiling). In the outdoor yard patients were at risk of injuring themselves by tripping over the broken or badly positioned manhole covers.

At the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention, and requested that the authorities of North Macedonia take immediate steps to improve the material conditions of the shower rooms of the Forensic Ward. By letter received on 14 November 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee, in writing accompanied by photographic evidence, that the shower rooms had been refurbished. The Committee welcomes the swift action taken in this respect.

132. *Skopje Psychiatric Hospital* comprised several one-storey buildings spread over a large plot of land with a guarded entrance and a surrounding fence. The wards for acute mixed and female patients occupied a Z-shaped block of adjacent buildings, the male wards another similarly shaped nearby block, while the Forensic Ward and the “Hostel”<sup>150</sup> were situated in a separate building at a

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144. An illustrative example of fast deterioration is the one-storey building housing the Geriatric male Ward at Demir Hisar Psychiatric Hospital. Fully renovated in 2018, it was already showing signs of dilapidation, such as severely blistering walls, plumbing issues and damaged furniture. In contrast, the delegation gained an overall positive impression of the “Hostel” at Skopje Psychiatric Hospital, despite the old building in which it is located. Its rooms were personalised, equipped with basic but suitable furniture, and in a satisfactory state of repair and hygiene, including in the common areas.

145. In particular, in the Adolescent mixed, Geriatric male and Chronic female Wards.

146. For example, in the four-bed rooms measuring 17-18 m<sup>2</sup> of the Adolescent mixed Ward, the four-bed rooms measuring 15.5 m<sup>2</sup> of the Geriatric male Ward, and the 27 m<sup>2</sup> rooms in the Chronic female Ward which held six to seven beds.

147. In the Adolescent mixed Ward, for example, personal belongings were kept inside bags placed under or near the beds, whereas in the Geriatric male Ward they were stored in lockers outside the accommodation area, hence not always accessible to patients. In general, lockers, when present, were not lockable.

148. Worn mattresses and/or blankets were seen in the Adolescent mixed, Chronic female and Geriatric Wards.

149. As an exception, ponds of urine and other rests of human excrements were found in the lavatories of the Geriatric male and female Wards.

150. The “Hostel” accommodated the patients that were soon to be discharged, preparing them for more autonomous living in the community. Its material conditions are outlined in footnote 144.

further distance from the entrance gate. The informal Segregation Unit was located in the same building as the II male Ward (see paragraph 160).

133. Material conditions in the renovated wards visited (Acute mixed, I and II female) were on the whole good, with rooms furnished with two or three beds and equipped with an adjoining sanitary annexe. However, the delegation noticed damage on some doors and walls. There was little to no personalisation or decoration in any of the rooms.

134. As for the non-renovated wards, the general state of dilapidation observed during the previous visits was evident.<sup>151</sup> The most deplorable conditions were found in the Forensic Ward, its building affected by water infiltrations and mould, unreliable plumbing and an obsolete electrical system. Disrepair and neglect added to unsatisfactory hygiene levels, including in the sanitary facilities. Extensive signs of damage were visible in door panels and handles, walls, plaster and windows. Rooms with barely acceptable occupancy levels,<sup>152</sup> equipped with derelict furniture, lacked lockable space and failed to offer sufficient artificial lighting. Patients complained about the irregular heating system. The outdoor yard was a mostly empty and austere space. Conditions were similarly inadequate in the II male Ward, (dirty and mouldy walls, broken tiles, new but damaged door and windows, worn mattresses, leakages in the sanitary facilities). A positive note was that both wards were equipped with new hospital beds.

135. In sum, the living conditions in the two psychiatric hospitals visited were overall acceptable in the wards which had benefited from recent refurbishment, and generally poor in non-renovated wards – particularly so in the forensic wards – which were in a state of disrepair, neglect and sometimes inadequate hygiene. With few exceptions, rooms and common areas were austere and impersonal, and did not provide lockable space. On a positive note, the vast majority of rooms offered adequate ventilation and good access to natural light.

**The CPT calls upon the authorities of North Macedonia to pursue vigorously the upgrading of the living conditions at Demir Hisar and Skopje Psychiatric Hospitals, assigning the highest priority to the respective Forensic Wards and the other non-renovated wards. In particular, they should ensure that:**

- a Facility Maintenance Plan is developed and implemented for all hospital buildings (see paragraph 128);
- reparations to walls, outside yards, plumbing, doors and windowpanes are carried out, and damaged or decrepit furniture is replaced;
- hygiene throughout the hospitals is improved and maintained to a standard worthy of healthcare institutions;
- all patients have ready access to decent sanitary facilities;
- all wards are properly ventilated;
- living space per patient is of an adequate level (that is, at least 6 m<sup>2</sup> each in multiple-occupancy rooms) and no more than four beds per room;
- patients benefit from a more personalised environment (including with individual lockable space) and are encouraged to wear their own clothes during the day.

136. At both hospitals, patients with intellectual disabilities were accommodated together in the same rooms with patients who suffered from a mental illness. The CPT has misgivings about such an arrangement, which is more likely to lead to inter-patient disputes as well as to have a negative impact on individualised care and the promotion of an adapted environment. It therefore **recommends that steps be taken to ensure a better allocation of patients, so that those with intellectual disabilities are separated from those suffering from a mental illness, and accommodated in rooms where the environment can be better adapted to their specific individual needs.**

137. It is positive that, at both hospitals, patients accommodated in the Forensic Ward were allowed to go outside into the open air every day. However, most patients from other wards, including

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151. See for example CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraph 141; CPT report on the 2002 visit to North Macedonia, CPT/Inf (2004) 29, paragraphs 67 and 68.

152. Rooms measuring 36 m<sup>2</sup> accommodating eight patients.

those who were voluntarily hospitalised, did not have such a possibility on a daily basis or, when they could go outside, the allotted time was clearly insufficient.<sup>153</sup>

**The CPT calls upon the authorities of North Macedonia to take steps without further delay to ensure that all patients at Demir Hisar and Skopje Psychiatric Hospitals 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 fresh air during the day unless treatment activities require them to be present on the ward.**

138. Most of the patients spoken to by the delegation complained about the quality of the food provided, and a few also complained about the quantity (many patients said that they had to ask relatives to send in food parcels). **The CPT recommends that steps be taken to review the quality and quantity of the food distributed at Demir Hisar and Skopje Psychiatric Hospitals.**

#### 4. Treatment

139. At both hospitals, psychiatric treatment was predominantly based on pharmacotherapy. It emerged from several medical files at Demir Hisar Psychiatric Hospital that a combination of antipsychotics and other psychotropic medication was prescribed in high dosage as a matter of routine to newly admitted patients, often for prolonged periods, in the absence of specific medical indications. Specifically, administered medication commonly included diazepam, haloperidol and chlorpromazine. **The CPT considers that this is not good practice and should be ended.** Further, neither hospital offered regular treatment for addressing the challenging behaviour of forensic patients other than pharmacotherapy.

140. The delegation took positive note of the efforts made to organise rehabilitative and recreational activities in the Rehabilitation Centre at Demir Hisar Psychiatric Hospital, which was open for four and a half hours on working days. Activities included sports, music, board games, painting, carpentry, knitting, sewing and physiotherapy. The Centre further organised events on public holidays (for example, exhibitions, theatre performances and musical parties), tours (walking or cycling) and excursions outside the hospital premises.<sup>154</sup> The delegation ascertained that between 25 and 40 patients usually attended the Centre during a typical day, two-thirds of whom were recurring participants. It followed that only a few of the hospital patients (10 to 15%) took advantage of these opportunities on a regular basis. As for occupational therapy and other psycho-social activities at Demir Hisar Psychiatric Hospital, interviews and analysis of relevant documentation suggested that, in effect, only a limited number of patients were able to benefit from training in independent living skills and psychotherapeutic sessions on a regular basis. Psychological support was similarly limited.<sup>155</sup> In turn, the delegation noted with interest a monetary reward system introduced to incentivise patients' cooperative behaviour and participation in activities.

Regrettably, the range of activities available at Skopje Psychiatric Hospital (in the II male, II female, mixed Acute and Forensic Wards) has not expanded since the 2014 visit.<sup>156</sup> Patients had literally nothing with which to occupy themselves during the day except, for some, listening to the radio; boardgames and television were limited in number and/or damaged, while reading material was seldom provided.

141. Very little, if any, progress was observed in respect of individual treatment and rehabilitation plans, which appeared to be treated as a mere bureaucratic task. Although the standard forms used

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153. For example, several patients from the Acute male (III Ward) at Demir Hisar said that, weather permitting, a limited number of patients (about six or seven) would be taken outside for no longer than 30 minutes, and not every day. Patients in the II male Ward at Skopje affirmed having been very rarely, if ever, taken outside.

154. Eight to ten excursions outside Demir Hisar took place in the 12 months preceding the visit.

155. According to staff, each of the four psychologists operating within the main premises of Demir Hisar Psychiatric Hospital worked for some 12 hours a week, performing psychodiagnostic examinations and roughly five individual interviews, including with relatives.

156. For example, data obtained from the management showed that in September 2023 only 23 patients were involved in some occupational and psychosocial rehabilitation activities. See, along the same lines, the observations in the CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraph 146.

to create the individual plans, normally prepared shortly after admission, complied with medical standards, they were filled out in a repetitive manner with generic information, absent of any rehabilitative, multi-disciplinary approach. Rather than clear therapeutic goals and the range of therapies required, plans merely indicated the dosage and frequency of prescribed medication. As in the past, patients were not involved in the drafting of their plans, and reviews of the patients' mental health condition and medication did not take place regularly (in the case of long-term patients, not for many years). At Demir Hisar Psychiatric Hospital, the treatment plans were archived in the doctor's office, thus nurses and social workers did not have regular access to them.

142. **The CPT recommends that the authorities of North Macedonia take the necessary steps to ensure that, at Demir Hisar and Skopje Psychiatric Hospitals, as well as in all other psychiatric establishments in the country, the administration of drugs with long-lasting effects is complemented by the implementation of a comprehensive treatment strategy. In particular, authorities should take action in order to ensure that:**

- **individual treatment plans include the goals of the treatment, the therapeutic means used and the staff members responsible. The treatment plans should also contain the outcome of a regular review of the patients' mental health condition and a review of their medication. Patients should be involved in the drafting and reviewing of these plans and informed of their therapeutic progress;**
- **a multi-disciplinary approach to the treatment of patients is adopted and various categories of clinical staff meet regularly in order to share information and discuss patients' needs and therapeutic progress;**
- **a range of therapeutic and psychosocial rehabilitative activities is provided to patients; to begin with, and as an absolute minimum, every patient should be offered the opportunity to participate in one organised activity every day and should be motivated by staff to participate. Long-term patients should be involved in rehabilitative psycho-social activities in order to prepare them for independent life or a return to their families;**
- **in respect of forensic patients, specific programmes are introduced to address challenging behaviour.**

143. An appropriate range of medication was available at both hospitals, and the delegation noted that it was in date. Although latest-generation antipsychotics were also available, many patients were administered older-generation antipsychotics. The dosage of administered medication was high in certain cases, but almost always within an acceptable therapeutic range, except for a few instances of oversedation noted in the II male Ward of Skopje Psychiatric Hospital.<sup>157</sup> Some patients in both establishments who were prescribed Clozapine had been subject to blood tests to check their levels of white blood cells, but such tests were not conducted with the regularity recommended in national and international guidelines.<sup>158</sup> Bearing in mind that Clozapine can have severe side-effects such as a potentially lethal reduction of white blood cells, **the CPT recommends that the authorities of North Macedonia ensure that all measures are taken in accordance with the guidelines for the use of this drug, which include regular white blood counts, in order to detect in time and prevent all potentially unwanted effects of the use of this medicine. Further, the CPT recommends that the authorities take the necessary steps to ensure that all hospitalised patients have access to appropriate medication.**

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157. For example, one patient was found to have probably suffered from a neuroleptic malignant syndrome, after he had been administered for four days running Haloperidol 10 mg in combination with Diazepam 10 mg, Chlorpromazine three times daily and Clozapine 175 mg (the patient had also been mechanically restrained for those four days). Two other patients were treated with a combination of Diazepam and Prazin in injection form in a high dose and based on a PRN.

158. According to the guidelines "on medical care during Clozapine therapy" issued by the Minister of Health of North Macedonia in 2015, white blood cell counts should be performed weekly for the first 18 weeks after the first administration of Clozapine, and then monthly. However, for example, medical charts of two patients at Skopje Psychiatric Hospital examined by the delegation indicated that they had been prescribed Clozapine, yet had their last blood count checked over six months prior. Other patients, at both hospitals, had not had any blood test for over three or four months.



144. The CPT welcomes the fact that, at Demir Hisar Psychiatric Hospital, several forensic patients could benefit from periods of weekend leave outside the hospital. In the CPT's view, such leave can be an important tool in preparing patients for living independently and returning to their families.

145. Access to dental care was satisfactory at Demir Hisar Psychiatric Hospital. Staffed by a dentist and a nurse, the dental surgery had recently been renovated. There had been 101 interventions in the first nine months of 2023, consisting of fillings and extractions. According to the staff, periodic dental check-ups of every patient were planned to resume within days. At Skopje Psychiatric Hospital, the delegation was told that patients were taken to a community dental centre as needed, however, allegations were received from a few patients of the Forensic Ward that they did not receive the dental care which they had asked for.

## 5. Staff

146. The vacancy rate of healthcare staff at Demir Hisar Psychiatric Hospital was 19% in respect of personnel who actually worked inside the hospital (30 vacancies vis-à-vis 156 theoretical posts), and 24% also taking into account personnel assigned to affiliated mental health centres (43 vacancies for 180 posts). The global staffing situation may be outlined as follows:

- doctors: eight psychiatrist posts filled out of 14 theoretical posts; five general practitioners out of eight posts;<sup>159</sup> one specialist in internal medicine; one dentist;
- ward-based staff: 95 nurses out of 117 posts; 32 orderlies out of 34 posts;
- other specialists: five psychologists out of nine posts; ten occupational therapists (no vacancies); four social workers out of eight posts. In addition, a contracted neuropsychiatrist visited the hospital twice a month to check patients with neurological problems. For other specialist examinations, patients would be taken to the local clinic.

Staff shortages affected some wards more than others. The delegation was particularly concerned about the vacancies in the Adolescent mixed Ward (II), notably those of psychiatrists (two vacancies out of four posts), psychologists (one vacancy out of three posts), social workers (one out of two posts) and nurses (10 out of 32 posts). Moreover, only one out of four positions of general physician was filled in the Acute and Geriatric male Wards combined (III and IV), and no psychologist was employed. It followed that, for example, one psychiatrist was in charge of approximately 115 beds in three wards generally accommodating patients with acute symptoms, and another psychiatrist, together with a trainee physician, were in charge of roughly 150 beds in four wards for geriatric and chronic patients.

Ward-based staff working twelve-hour shifts were complemented by staff working in the morning from Monday to Friday (08:00 to 15:00). Accordingly, the staff presence in the Adolescent mixed Ward (32 beds) consisted of three nurses and one orderly in the mornings of weekdays, and one nurse and one orderly during the rest of the day (and night), and on weekends and public holidays.

147. At Skopje Psychiatric Hospital, the global situation regarding healthcare personnel may be outlined as follows:

- doctors: 17 psychiatrist posts filled out of 28 theoretical posts; one specialist in internal medicine;
- ward-based staff: 77 nurses out of 95 posts; 56 orderlies out of 60 posts;
- other specialists: five psychologists out of seven posts; five social workers out of eight posts; three physiotherapists (no vacancies).

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159. Three of whom were following a specialisation programme in Skopje.

In particular, in the II male Ward, active staff consisted of one psychiatrist, a clinical psychologist and a social worker, as well as six nurses (two vacancies) and six orderlies (one vacancy) for 44 patients. In the Forensic Ward, the staff complement comprised two psychiatrists, a psychologist, six nurses (one vacancy) and six orderlies for 48 patients.<sup>160</sup> Accordingly, the II male Ward and the Forensic Ward were typically staffed with two nurses and an orderly in the mornings of weekdays, and with a nurse and an orderly for the remainder of time.

The doctors, psychologists and social workers usually worked Monday to Friday 07:00 to 14:00. For the rest of the day (and night) and on weekends and public holidays, two doctors were on call for the entire hospital. Ward-based staff worked in two twelve-hour shifts (07:00 to 19:00), and would generally be complemented by the head nurse and an additional orderly during weekday morning shifts. An internal specialist was available for general issues and covered the whole hospital.

148. In conclusion, the Committee considers that the number of psychiatrists was inadequate in both hospitals, as was that of ward-based staff. Further, training opportunities offered to ward-based staff were extremely limited.<sup>161</sup> **The CPT calls upon the authorities of North Macedonia to improve the staffing situation at Demir Hisar and Skopje Psychiatric Hospitals, including by taking decisive steps to address the difficulties in the recruitment process, if necessary by adjusting the applicable salary scales and ensuring that the related procedures are conducted without undue delay. More specifically, steps should be taken to:**

- **increase the number of nurses and orderlies, in particular during afternoon, night and weekend shifts;**
- **fill the vacant posts of doctors, with priority given to those of the psychiatrists;**
- **reinforce the staff qualified to provide psycho-social rehabilitative activities, in particular psychologists, occupational therapists and educators. These categories of staff should be integrated, together with healthcare staff, in multi-disciplinary teams providing treatment and care to patients (see also the recommendations made at paragraph 142);**
- **organise training for ward-based staff on interpersonal skills and interaction with patients with mental health disorders (see also the recommendations made at paragraph 159).**

## **6. Seclusion and means of restraint**

149. The delegation examined the use of means of restraint at both hospitals. Regrettably, it found that the long-standing CPT recommendations on this issue had still not been implemented.<sup>162</sup>

150. As in the past, in the absence of specific provisions in the law, the use of means of restraint was only regulated at the hospital level by way of a protocol adopted in 2010.<sup>163</sup> The protocol set out the principles that, for example, mechanical fixation was to be used as a last resort, required medical supervision and accurate recording, and had to be applied out of the view of other patients. However, healthcare staff in the wards neither appeared to be aware of the existence of such a protocol, nor had they received training on how to apply its precepts, which remained for the most part unimplemented. By letter of 14 November 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee that a procedure for tender had been initiated to organise training sessions for staff in relation to the control and treatment of agitated patients. The CPT welcomes this first step (see also the recommendations made at paragraph 159).

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160. Seven of whom were accommodated in the separate Segregation Unit (see paragraph 161).

161. The only recent training the delegation was informed of was a CPR training which took place in September 2022, in which 18 nurses, seven orderlies and one psychologist from Skopje Psychiatric Hospital participated.

162. See for example, CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraphs 143 and 144; also the CPT's standards on means of restraint in psychiatric establishments as set out in document [CPT/Inf \(2017\) 6](#).

163. At Skopje Psychiatric Hospital, the delegation was provided with a copy of a protocol adopted in 2016, which closely resembled the 2010 protocol.

151. In both hospitals there were observation rooms equipped with beds where patients would be subjected to mechanical restraint (most usually in combination with chemical restraint). The delegation examined four such rooms at Demir Hisar Psychiatric Hospital,<sup>164</sup> and three at Skopje Psychiatric Hospital.<sup>165</sup> Similarly designed, they had a glass screen which looked into an adjacent office of nurses or orderlies. However, as observation rooms were often used for other purposes, or as no such rooms existed in the ward concerned, patients were frequently fixated to their own beds in view of other patients. When restrained in a multiple-occupancy observation room, patients would often be in view of the other patients present in the same room.

The CPT reiterates that patients should not be subjected to means of mechanical restraint within view of other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient).

152. According to the official registers, mechanical restraint was resorted to in both hospitals<sup>166</sup> for periods generally not exceeding two hours. The records at Demir Hisar Psychiatric Hospital showed that some patients had been subjected to mechanical restraint for several consecutive days (up to seven) though, at least on paper, for no longer than a few hours each time. In reality, it transpired from interviews with several patients in different wards at Demir Hisar that the application of means of restraint was not always accurately documented, with the measure's actual duration exceeding the duration officially recorded in the registers.

153. Additional elements showed that registers on means of restraint at both hospitals were not accurately kept. At Demir Hisar Psychiatric Hospital, for example, the figures collected from the registers kept in the various wards did not add up to the global figures resulting from the central register. Furthermore, at both hospitals, registers were not always duly completed with all necessary information,<sup>167</sup> and several entries were not signed by a doctor. As regards restraint forms, they required information to be given on the reason for the restraint measure, its method, the prescribing doctor, the feeding of the patients and their somatic and mental status. However, they were not duly completed, and there was no indication of whether there had been an initial attempt to employ de-escalation techniques, or whether a debriefing had taken place after the end of the restraint measure (which, from interviews with patients, appeared not to be the case).

154. It emerged from interviews carried out and documents analysed by the delegation that at neither hospital were mechanically restrained patients under continuous direct supervision from healthcare staff. A few patients at Demir Hisar recounted that, throughout their period of fixation (allegedly longer than two hours), they had not been offered liquids or food or been accompanied to the bathroom. Other patients described occasions on which, in the absence of staff, they provided assistance to fixated patients, offering material and moral support. Patients should never be put in a position to fill in for staff in assisting patients under restraint.

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164. Notably, observation rooms in the Acute male (two beds), Acute female (three beds), Chronic female (one bed) and Forensic (1 bed) Wards. The Adolescent mixed Ward had no such room at the time of the visit. By letter of 14 November 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee that two new isolation rooms had been set up in the Adolescent and Chronic male Wards at Demir Hisar Psychiatric Hospital.

165. One room in the Forensic Ward, one in the II male Ward, the other shared between the Acute mixed and II female Wards. However, the room in the Forensic Ward was not used for restraining patients, but for accommodating patients transferred from prison, who were in need of close medical supervision (patients to be restrained would thus be taken to the room in the II male Ward).

166. At Demir Hisar Psychiatric Hospital, there had been 68 cases since 1 January 2023, 41 cases in 2022 and 40 cases in 2021 (data from the central restraint register), mostly in the Adolescent mixed, Acute female and Chronic female Wards. In the II male Ward at Skopje Psychiatric Hospital, there had been four recorded applications of restraint in 2022 and 15 since 1 January 2023.

167. In many cases at both hospitals, entries in the restraint registers contained indications of a measure's start but not the end time and did not indicate the reasons for the application of the measure. The fields regarding the measurement of vital parameters were often left blank.

155. In this regard, the delegation examined the case of a 17-year-old patient with autistic spectrum disorder who was discharged from Demir Hisar Psychiatric Hospital shortly before the delegation visited the institution. Accounts which appeared in the media stated that the patient had sustained injuries as a result of prolonged fixation by means of chains.<sup>168</sup> Given the seriousness of the claims, the case triggered the reaction of civil society organisations.<sup>169</sup> According to information and documents provided by the hospital management to the delegation, the patient in question had been involuntarily hospitalised at the request of his parents and “despite the fact that the parents had been informed about the inadequacy of treatment of such conditions”.<sup>170</sup> His placement at Demir Hisar Psychiatric Hospital lasted from 28 August to 1 October 2023.<sup>171</sup> Following episodes of agitation and aggressiveness, on 2 September he had been transferred from the Adolescent mixed to the Acute male Ward. There, according to the restraint register, he had been fixated to the bed by means of leather straps from 21:00 to 22:00 on 10 September to prevent self-harm, and from 11:00 to 13:00 on 24 September due to psychomotor anxiety. The psychiatrist who spoke with the delegation affirmed that the patient did not have injuries on discharge from the hospital. Both the hospital’s Medical Collegium and Quality of Care Commission reviewed the case and found that the patient had been adequately treated according to existing symptomatology.<sup>172</sup> After carrying out an extraordinary inspection to the hospital, the State Sanitary and Health Inspectorate concluded that no irregularity emerged from the examined procedures.<sup>173</sup>

156. In the course of its visit to Demir Hisar Psychiatric Hospital, the delegation was unable to gather sufficient elements to determine whether chains had been used to mechanically restrain the patient in question although, as mentioned, it did find that chains had been used for fixating patients there at that material time (see paragraph 122). That aside, the delegation heard from patients who had allegedly witnessed that the said patient had been fixated to a bed in the Adolescent mixed Ward for two or three days without interruption. With no permanent supervision from healthcare staff, he was reportedly left alone in a room and had to relieve himself on the bed. In this respect, the Committee draws the attention of the authorities to their obligation to conduct an effective investigation when there are arguable allegations of ill-treatment.<sup>174</sup>

157. The Committee reiterates that, in the case of mechanical restraint, a staff member should be permanently present in the room (see the recommendations made at paragraph 159). More fundamentally, the CPT is of the view that, as a matter of principle, persons under 18 years of age should not be subjected to mechanical restraint. The risks and consequences are indeed more serious considering the vulnerability of minors. Where it is deemed necessary to intervene physically to avoid harm to the patients themselves or others, staff should preferably resort to manual restraint, that is, staff holding the patients until they calm down. Agitated minors might also be contained in an unlocked room with staff present.

Furthermore, it is a matter of serious concern that a minor with autistic spectrum disorder was admitted to a psychiatric ward that, as admitted by the healthcare staff, was ill-suited to provide an appropriate therapeutic environment. Indeed, already in 2019, the CPT considered that the Adolescent mixed Ward at Demir Hisar Psychiatric Hospital did not provide suitable conditions for minors.<sup>175</sup> In the Committee’s view, minors should not be placed in a closed psychiatric facility unless their mental health requires such a placement. Importantly, their hospitalisation should not be because they are exhibiting challenging behaviour. In addition, as a rule, minors should be accommodated separately from adults.

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168. [www.denesen.mk/Article\\_they-bound-him-in-chains](http://www.denesen.mk/Article_they-bound-him-in-chains).

169. See for example the [statement](#) made by the Helsinki Committee for Human Rights and the Macedonian Association of Young Lawyers.

170. Minutes of the meeting of 3 October 2023 of the Medical Collegium of Demir Hisar Psychiatric Hospital.

171. According to the inspection report of the State Sanitary Health Inspectorate dated 4 October 2023, the recorded diagnosis on admission at Demir Hisar was F84.0. The patient had previously been hospitalised from 27 March to 13 April 2023 at the University Clinic of Psychiatry in Skopje with a recorded secondary diagnosis of F91.3.

172. Minutes of the meeting of 3 October 2023 of the Medical Collegium of Demir Hisar Psychiatric Hospital; Minutes of the meeting of 3 October 2023 of the Commission for Monitoring and Improving the Quality of Healthcare of Demir Hisar Psychiatric Hospital.

173. Inspection report of the State Sanitary Health Inspectorate dated 4 October 2023.

174. See [L.R. v. North Macedonia](#), application no. 38067/15, 23 January 2020.

175. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 124.

In light of the above remarks, **the CPT recommends that the authorities of North Macedonia take steps to end the application of the restraint of immobilisation to a bed with straps for agitated minors accommodated in psychiatric facilities. In parallel, the authorities should ensure that staff are trained in manual restraint techniques and that wards accommodating minors possess calming down rooms** (see also recommendation at paragraph 159).

158. As regards chemical restraint, the delegation noted that agitated patients were frequently administered injections of benzodiazepines or antipsychotics at both the establishments visited,<sup>176</sup> in particular while they were under mechanical restraint. Instances of chemical restraint were in most cases not recorded in the restraint register, but only in the patients' medical files.

159. In view of the above, immediate steps should be taken to put in place a comprehensive policy and approach towards the use of means of restraint with the necessary supervision and oversight. **The CPT recommends that the authorities of North Macedonia ensure that at Demir Hisar and Skopje Psychiatric Hospitals, as well as in all other psychiatric establishments in the country:**

- patients are only restrained as a measure of last resort, to prevent imminent harm to themselves or others, and restraints are always used for the shortest possible time (usually minutes rather than hours). When the emergency resulting in the application of restraint ceases to exist, the patient should be released immediately;
- if, exceptionally, a patient is subjected to mechanical restraint or seclusion for a period longer than two hours, the measure is reviewed by a doctor at least every two hours;
- only professionally recognised restraint equipment (preferably, padded cloth straps) is used for mechanical restraint in order to minimise the risk of the patient sustaining injury and/or suffering pain;
- every patient who is subjected to mechanical restraint or seclusion benefits from continuous supervision and regular checks of the vital parameters by a qualified member of healthcare staff. In the case of mechanical restraint, the staff member should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance. If patients are held in seclusion, the staff member may be outside the patient's room (or in an adjacent room with a connecting window), provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient;
- patients undergoing restrictive measures are able to satisfy the needs of nature in a dignified manner;
- the restraint does not occur in view of other patients (which is undignified, potentially unsafe and may be threatening to other patients);
- a debriefing of the patient (and other patients who have witnessed the measure) takes place once the restraint straps have been removed;
- all instances of restraint – including physical holding, mechanical restraint, seclusion and chemical restraint – are recorded in a dedicated restraint register (as well as in patients' personal medical files), and that all such registers are comprehensively completed;
- staff involved in the application of restraint measures receive training and refresher courses at regular intervals on both the application of means of restraint and on de-escalation techniques.

**Moreover, the Committee recommends that all types of restraint, the criteria for their use in psychiatric hospitals and related safeguards be regulated by law.**

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176. Some patients at Demir Hisar Psychiatric Hospital (Acute male Ward) were reluctant to enter the staff room to speak with the delegation, for fear of getting an injection.

## 7. Informal Segregation Unit at Skopje Psychiatric Hospital

160. As mentioned in paragraph 124, the delegation discovered that a separate and informal segregation unit had been set up at Skopje Psychiatric Hospital. Although a subdivision of the Forensic Ward, the unit was located in the building housing the II male Ward, with its own separate entrance from the back of the building. The unit consisted of three double rooms and four single rooms (two of which had observation screens looking into the staff office). Another room, supposedly reserved for staff, was also used to accommodate patients.

161. The unit had started operating on 30 June, when private security guards accompanied by the Director escorted four patients from the (ordinary premises of the) Forensic Ward to the newly established unit. At the time of the visit, the unit accommodated seven forensic patients who had been held there for periods ranging from around one to three months.<sup>177</sup> They were each being accommodated in their own room. As far as the delegation could verify, at least 12 patients had been segregated therein since the unit's opening. While the majority of patients had been transferred from the Forensic Ward, some had come from the II male and Addiction Treatment Wards.

162. The delegation found that placement in the unit was not based on any medical decision. Patients held in the unit stated – and some members of staff confirmed – that the authority to segregate (and release) patients resided with the Director and his “adviser”, neither of whom was a healthcare professional. The hospital doctors with whom the delegation spoke declared that they had not been involved to any extent in the placement decision. The rationale underpinning the segregation could not be gleaned from the patients' medical files either, which did not even mention the placement. Patients told the delegation that they had been segregated following escape attempts, violent episodes or for “trouble making”.<sup>178</sup> Several of them felt anxious and confused because of the uncertainty regarding the length of their stay in the unit, a factor which appeared to negatively impact their mental health. Nobody – staff or patients – was aware of any review procedure in place. Ultimately, the Director explained that the unit, in effect, functioned as a disciplinary isolator.

163. The material conditions in the unit were good in terms of state of repair and hygiene, but the rooms were undecorated and impersonal, and only equipped with beds (they also lacked call bells).<sup>179</sup> Doors could not be opened from inside the room. Access to natural light was good as was the artificial lighting. Only two rooms had an adjoining sanitary annexe, which meant that most patients did not have unimpeded access to the communal sanitary facilities once they were confined to their rooms.<sup>180</sup>

164. Treatment was exclusively based on pharmacotherapy, lacking any therapeutic, occupational or otherwise recreational activity. Even more troubling was the fact that none of the several doctors with whom the delegation spoke took responsibility for the medical supervision of the segregated patients, including the doctor in charge of the Forensic Ward. Doctors merely mentioned that it was the hospital's duty doctor who, if need be, would generally attend to these patients. The doctor in charge of the Forensic Ward said that other doctors visiting the unit would normally not consult nor report to her about their medical findings or therapeutic recommendations.

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177. According to annotations in the staff shift handover logbooks and interviews with patients and healthcare staff, it seemed that three patients had been segregated in the unit since its establishment, that is, for 101 days (although one of them had been transferred to Demir Hisar Psychiatric Hospital for approximately a month); one patient had been held there for 99 days, another for 60 days, one for 33 days and one for 24 days.

178. For example, a patient had been segregated for eight days after having told the “adviser” to the Director that he was a “corrupted criminal”. Another was transferred after having assaulted a nurse. Two or three patients had been involved in the above-mentioned media scandal (see paragraph 124).

179. Double-occupancy rooms measured 15 to 25 m<sup>2</sup>, single-occupancy rooms 12 to 13 m<sup>2</sup>.

180. Some patients stated that, at night, they would need to insistently bang on the door and wake the guards (along with fellow patients) and therefore often preferred to urinate in a bottle.

165. Segregated patients were often locked up in their rooms as there were no guidelines in place and the decision whether doors remained open or closed depended on which security guards were on duty. Patients were not offered any access to fresh air, which resulted in some of them not having been outdoors for several months. This is harmful for patients' well-being. A few patients were occasionally engaged in work (for example, digging trenches for drains), but others said that refusal to work would lead to threats and punishment, such as being confined to their rooms for longer periods.

166. No suicide prevention procedures were in place on the unit. The delegation heard credible accounts that, the evening before the visit, a patient in the Segregation Unit had attempted to commit suicide by hanging. He had allegedly locked himself in a room<sup>181</sup> before fellow patients intervened, as the security guards remained oblivious to the situation. Healthcare staff eventually arrived and chemically restrained the suicidal patient. The day after the incident, the patient was transferred to the ordinary premises of the Forensic Ward. No direct individual observation, psychological support or counselling was provided to the suicidal patient, nor any support offered to the patients who had intervened, one of whom was still visibly shaken when met by the delegation.

167. Staff present in the unit consisted of two private security guards on each 12-hour shift. They claimed to have received no specific training for operating in a hospital facility, let alone for interacting with potentially challenging psychiatric patients. Healthcare personnel was provided, in theory, by the Forensic Ward. However, a nurse and an orderly only visited the unit three times a day to administer the therapy.

168. Patients were denied most contact with the outside world. Throughout their period in the Segregation Unit, they were not entitled to make phone calls or receive visits. Most patients with whom the delegation spoke had been unable to communicate with their family or friends for months, while a few others relied on the goodwill of staff.<sup>182</sup> They could, however, receive parcels.

169. In sum, the functioning of the Segregation Unit of the Forensic Ward at Skopje Psychiatric Hospital, raised a number of serious concerns, including:

- the absence of a reasoned decision on the placement in the unit, its duration and review procedures;
- the lack of clear and express medical reasons for the segregation;
- the lack of effective medical supervision;
- the lack of any real suitable and individualised therapeutic measures, including activities, access to fresh air and contact with the outside world;
- the lack of clear policies regulating the unit, including suicide prevention procedures;
- the absence of healthcare staff on the unit, which resulted in the patients remaining under the sole supervision of private security guards with no specific training.

The CPT considers that the functioning of the unit was not conducive to the establishment of a therapeutic environment. Moreover, prolonged segregation devoid of any psychotherapeutic approach is harmful for patients.<sup>183</sup>

170. For the reasons outlined above, at the end of the visit the delegation invoked Article 8, paragraph 5 of the Convention and requested that the national authorities take immediate steps to review the functioning of the Segregation Unit at Skopje Psychiatric Hospital in line with the following principles:

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181. The room designated as a staff room, which could be opened and locked from inside.

182. Two patients said that, given their good relationship with some security guards, they could make calls using the guards' private mobile phones.

183. A hospital doctor told the delegation in reference to a patient with addiction problems, that "a period of isolation will do him good, as he won't meet with pushers outside". Such an approach is outdated and harmful. The purpose of placing mentally ill persons in a psychiatric hospital is treatment guided by therapeutic not punitive considerations, envisaging psycho-social and educational programmes as opposed to social isolation in an oppressive environment.

- written internal regulations for the operation of the Segregation Unit should be established by the hospital management, including a placement policy and the house rules in the Segregation Unit;
- placement on the Segregation Unit should be decided by a medical team (including a doctor), based on medical reasons, and subject to periodic reviews at short intervals;
- segregation of patients should never be used as a form of punishment;
- healthcare staff should be constantly present on the Segregation Unit;
- patients placed in the Segregation Unit should enjoy regular medical supervision and have a clear and individualised treatment plan;
- patients should be given the opportunity to have daily access to fresh air outdoors;
- patients should be entitled to receive visits and make phone calls;
- patients should have access to sanitary facilities, including at night.

In addition, the delegation requested at the end of the visit that the national authorities immediately review the medical necessity for the placement of the (seven) patients who were accommodated in the Segregation Unit at the time of the visit and inform the Committee of the outcome of the review.

171. By letter of 17 November 2023, the authorities of North Macedonia informed the Committee that around ten patients were still held in the Segregation Unit. On 31 January 2024, the authorities submitted to the Committee the guidelines regarding referral to and treatment in the Segregation Unit, which had been determined by the hospital's Medical Collegium. The guidelines specified that transfer to that unit may be decided by a ward's Head doctor when a patient's mental condition deteriorates to a degree that may endanger the health and safety of either the patient or others. Patients' return to an ordinary ward had to be decided by a specialist doctor after the patient achieved mental stability. The guidelines further stipulated that the reasons underlying the transfer into and out of the segregation unit must be recorded in the patients' treatment plans and medical files and communicated to the patients and their families. The authorities further provided the Committee with the newly adopted 'house rules' of the unit, which laid down regulations on patients' security and medical supervision, participation in activities, access to fresh air, and phone calls. Lastly, the authorities noted that expanding the therapeutic approach beyond pharmacotherapy, specifically by organising rehabilitation activities, required additional staff, which the hospital had been unable to recruit due to the unattractiveness of the advertised job positions.

The CPT takes note of these developments, and trusts that placement in the Segregation Unit is decided only on the basis of medical reasons relying on the findings of a standardised clinical risk assessment tool (for example, the HSR20 scale) and not, in effect, as an informal disciplinary measure. However, a number of serious concerns raised by the delegation have not been addressed. Most importantly, no information was provided on the review of the medical necessity for the placement in the unit of the seven patients met by the delegation. Furthermore, no element was communicated regarding the presence of healthcare staff in the unit, which should be constant, and the patients' entitlement to receive visits.

**The Committee recommends that the authorities of North Macedonia remedy these shortcomings, if necessary by reviewing the guidelines and house rules of the Segregation Unit, so that all principles outlined in paragraph 170 are complied with in practice (see also paragraph 148 on staffing). The CPT accordingly invites the authorities to provide updated and detailed information on the regulation, operation and occupancy of the unit.**



## 8. Safeguards

### a. legal framework

172. The legal framework governing the involuntary hospitalisation of civil and forensic psychiatric patients remained by and large unchanged since the 2019 visit.<sup>184</sup>

173. The grounds for involuntary placement of a civil nature were set out in Section 16(c) of the Law on Mental Health (2006). Additionally, a court may mandate involuntary placement during proceedings related to the deprivation of legal capacity.<sup>185</sup> Detailing the procedural aspects, Section 59 of the Law on Extrajudicial Procedure (2008) mandated that the hospital must submit a medical report to the relevant court within 48 hours of a patient's involuntary hospitalisation. The court must then review all relevant circumstances and hear the patient in question "if possible and if it does not adversely affect their health".<sup>186</sup> A decision on the involuntary placement must be delivered within three days.<sup>187</sup> Failing this, the individual was to be discharged.<sup>188</sup> Placement orders may be extended for renewable periods of up to one year at a time.<sup>189</sup>

174. As regards forensic psychiatry, persons with a mental disorder who have committed a criminal act in a state of mental incompetence may be placed by a criminal court in a mental health institution as a security measure for an indefinite period of time.<sup>190</sup> The court shall review the need for the placement once a year based on a medical report submitted by the hospital.<sup>191</sup> Compulsory placement may also be ordered in respect of offenders with a substance use issue,<sup>192</sup> and those who have committed an act of domestic violence while having a substance use issue or a mental disorder.<sup>193</sup>

### b. legal status of patients

175. The CPT assessment regarding the legal status of patients remains regrettably very similar to that formulated on previous visits.<sup>194</sup> As in the past, the vast majority of patients at both hospitals were classified as "voluntary", whereas in reality they were *de facto* deprived of their liberty, as they were not allowed to unconditionally leave the facilities on their own (most wards were closed). Patients who did not wish to be admitted to the hospital, or who no longer wished to remain there, were not treated as involuntary patients.<sup>195</sup> The application of means of restraint did not normally lead to a review of the legal status of the patients concerned by the measure.

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184. See CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraphs 120 and 121.

185. Section 46 of the Law on Extrajudicial Procedure.

186. Section 65 of the Law on Extrajudicial Procedure.

187. Section 66 of the Law on Extrajudicial Procedure.

188. Section 22 of the Law on Mental Health.

189. Section 67 of the Law on Extrajudicial Procedure.

190. Article 63(1) of the Criminal Code. See also Articles 522 to 528 of the Code of Criminal Procedure, and Sections 272 to 279 of the Law on Execution of (Criminal) Sanctions (2019).

191. Article 63(4) of the Criminal Code. According to Sections 275(1) and 286 of the Law on Execution of (Criminal) Sanctions, the hospital must submit a report to the court at least twice a year about the state of health of the patient concerned.

192. Article 65(1) of the Criminal Code; see also Sections 283 to 289 of the Law on Execution of (Criminal) Sanctions.

193. Section 58(1)(9) of the Law on Prevention, Combating and Protection against Domestic Violence (temporary protection measures). Inpatient psychiatric treatment may be ordered upon a proposal from the social work centre and may last for a renewable period ranging from three months to one year. See also the Rulebook of 20 July 2022 issued by the Ministry of Health on the Method of Execution of the Temporary Protection Measure of Mandatory Treatment.

194. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 146; CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraph 160.

195. At both hospitals, staff members told the delegation that in the (few) cases where patients expressed their wish to leave the establishment, doctors would not initiate the procedure for involuntary placement. Staff also declared that when newly admitted patients are unwilling to sign the voluntary hospitalisation form, in most instances it was sufficient to wait for a few days to obtain their signature.

176. Consent forms regarding voluntary admission continued to be signed by persons who were not authorised by law to do so (hospital employees, close relatives) and did not contain information on the possibility for patients to subsequently withdraw their consent.<sup>196</sup> At Demir Hisar Psychiatric Hospital, the delegation was informed that voluntary admissions were routinely notified to the Court pursuant to Section 59(2) of the Law on Extrajudicial Procedure.<sup>197</sup> In turn, the Court issued involuntary placement orders in respect of voluntary patients which were virtually identical to the orders issued in respect of involuntary patients.<sup>198</sup> By this procedure, voluntary patients were formally deprived of their liberty, regardless of their actual opinion whether to be admitted or continue to stay in the hospital. At Skopje Psychiatric Hospital, the delegation was informed that it was not their practice to notify the Court of voluntary admissions.

**177. The CPT calls upon the authorities of North Macedonia to ensure that the involuntary placement procedures set out in the law be followed whenever genuine informed consent to placement is not or cannot be obtained, or whenever a patient subsequently revokes their consent to placement. Further, the Committee would like to receive clarification regarding the procedure for voluntary admission laid down under Section 59(2) of the Law on Extrajudicial Procedure, in particular under which circumstances the current case law and practice envisage that the competent Court may (or must) issue involuntary placement orders in respect of voluntary patients.**

c. involuntary placement and review procedures

178. The legal safeguards afforded to involuntary “civil” patients<sup>199</sup> proved to be entirely ineffective in practice. A number of key recommendations, repeatedly made by the CPT in this area for over a decade, have resulted in no tangible progress, owing in part to the judiciary not fully playing its role.<sup>200</sup> In order to clarify the relevant legal procedures and establish a dialogue with the actors concerned, the delegation held a meeting with judges of the Bitola Basic Court.

179. Judges explained that, despite the severe understaffing affecting the Bitola Basic Court, the procedure for involuntary hospitalisation would not, as a rule, last longer than seven days from receipt of the report of involuntary hospitalisation from the hospital. They clarified, in this respect, that the three-day statutory deadline after which the patient must be released began from the moment at which the bench completed its review of all relevant circumstances (see paragraph 173), which required waiting until the expert opinions of the psychiatrists were submitted. While the law qualified this procedure as urgent, no definite time limit was set for its completion. The judges claimed to travel regularly to Demir Hisar Psychiatric Hospital to hold hearings on civil involuntary hospitalisation, at which the psychiatrists and, if possible, the patient was heard. They noted, nevertheless, that patients appeared very rarely, as their treating doctor would usually advise against doing so.

180. At Demir Hisar Psychiatric Hospital, the delegation received unequivocal information from staff that judges had not been holding hearings at the hospital since 2020. E-mail correspondence examined by the delegation revealed that, over the previous two to three years, the hearings on civil involuntary hospitalisation were purely fictitious. In practice, pre-filled documents titled “Minutes of oral and public hearing held before the Bitola Basic Court” were sent via e-mail from a Court clerk to

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196. A standard clause incorporated in the voluntary admission form stipulated that patients agreed to not leave the hospital without prior authorisation from their doctor.

197. Section 59(2) of the Law on Extrajudicial Procedure imposed a duty on the hospital to notify the Court of voluntary admissions “if upon admission the person shall be restricted in freedom of movement or contact with the outside world”.

198. Judges of Bitola Court posited that, in this way, any possible legal defect of voluntary forms would be remedied, and the hospitalisation accordingly validated.

199. As far as the delegation could ascertain, at the time of the visit at least five patients were formally subject to an involuntary placement order of a civil nature at Demir Hisar Psychiatric Hospital, and 17 were deprived of legal capacity. As for Skopje Psychiatric Hospital, due to the manner in which patients’ data were kept, the staff were unable to identify the exact number of civil involuntary patients and legally incapacitated patients present in the hospital at the time of the visit.

200. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 150; CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraph 160; CPT report on the 2006 visit to North Macedonia, CPT/Inf (2008) 5, paragraph 148.

a hospital staff member.<sup>201</sup> The minutes were then printed, filled out and signed by the assigned doctors, to be finally returned to the Court. Hence, neither judges nor doctors – let alone the patients concerned – were ever present together at hearings. In fact, no “oral and public” hearings had been taking place at all. This procedure constitutes a blatant violation of national law, flouts basic international standards of justice, and should thus be abandoned immediately.

**The CPT recommends that immediate steps be taken to end this illegal procedure. Further, it requests that the authorities of North Macedonia transmit these findings through appropriate channels to the State Judicial Council for appropriate action.**

181. The Committee is concerned about the fact that, as posited by competent judicial authorities (see paragraph 179), the procedure for involuntary placement (and related review) is not subject to a definite time frame determining its maximum duration. Based on an analysis of several files at Demir Hisar Psychiatric Hospital, the delegation found that involuntary placement proceedings in the two previous years lasted 34 days on average.<sup>202</sup> A similar situation prevailed at Skopje Psychiatric Hospital, at which, as the requested medical opinions usually took around six to nine weeks to be delivered, the placement orders were pronounced around two months after the involuntary hospitalisation had taken place, and in several cases, after patients had already been discharged. In a few other cases, no court order had been received by the hospital several months after submission of the involuntary hospitalisation report. It is not acceptable for involuntary patients to be left in a procedural limbo without adequate legal protection for a substantial period of time.

It was positive however that, in proceedings for patients at Skopje, medical opinions were sought from experts independent of the hospital, which was not the case at Demir Hisar. These shortcomings were compounded by other serious deficiencies at both hospitals, including the lack of patients’ legal assistance and representation in the proceedings, and the failure to routinely provide them with a copy of the court order.

**182. The CPT recommends that, in the context of an involuntary placement procedure, patients be heard in person by a judge (preferably, on the premises of the hospital), be entitled to legal assistance in such proceedings, and receive a copy of the court order (they should be asked to sign a statement attesting receipt). Indigent patients challenging their involuntary placement should have access to free legal aid. Where patients do not appear before the judge, they should normally be represented by a person acting in their interests. Further, the necessary steps should be taken, including at the legislative level, to ensure that the maximum duration of involuntary placement proceedings is clearly defined by law. Finally, involuntary placement orders should be taken only after clinical expertise has been obtained, which is independent of the institution in question.**

**The Committee also encourages the authorities of North Macedonia to provide specialised training on relevant mental health issues to judges who are dealing with involuntary civil placement procedures. Judges should be reminded of the importance of their role as an impartial and independent control of practices in psychiatric hospitals and not as a mere rubber-stamping authority.**

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201. The delegation examined the original e-mails and attendant attachments dating to 2020, 2021, 2022 and 2023, which exposed a consistent pattern in terms of methodology, and identically framed pre-filled hearing minutes. Both the Court clerk and the hospital staff member used their private e-mail accounts for these exchanges.

202. At Demir Hisar Psychiatric Hospital, the delegation analysed 15 files dating to 2022 and 25 dating to 2023. The duration of the procedure in those cases – that is, the time elapsed from the hospital report of involuntary placement to the issuance of the related Court order – varied from 17 to 47 days.

183. As regards forensic patients,<sup>203</sup> little progress had been achieved on the implementation of long-standing recommendations.<sup>204</sup> Both hospitals, in principle, regularly sent biannual medical reports on the state of mental health of their forensic patients to the courts. However, the courts rarely reacted, even in those cases in which the treating doctor proposed to modify the measure. This inertia risked undermining the purpose of the yearly review mandated by law.<sup>205</sup> Most patients interviewed by the delegation were either unaware of or not involved in the biannual reviews, were never heard by the judge, and in many cases were unaware of relevant court decisions. It is positive, however, that the management of Skopje Psychiatric Hospital was engaged in an enhanced cooperation effort with the competent court to allow a comprehensive reassessment of forensic patients' need for continued detention in a psychiatric institution.<sup>206</sup>

**The CPT calls upon the relevant authorities to take the necessary steps to remedy these shortcomings without further delay. It also wishes to receive updated information concerning the reassessment process that was ongoing at Skopje Psychiatric Hospital.**

d. consent to treatment

As was the case during previous CPT visits, no progress had been made on the distinction between free and informed consent to treatment as opposed to consent to placement. **The CPT reiterates the recommendations made in its report on the 2019 visit to the country.**<sup>207</sup>

## 9. Other issues

184. The arrangements concerning patients' contact with the outside world were on the whole satisfactory, except those in place at the Forensic Ward of Skopje Psychiatric Hospital, in which forensic patients had been deprived over the previous few months of their entitlements to visits and phone calls.<sup>208</sup> Additionally, by a directive of 29 September 2023, all visits had been prohibited at Skopje Psychiatric Hospital because of the increasing number of Covid infections.

**The CPT recommends that forensic patients, wherever placed, be granted the entitlements laid down in law regarding visits and phone calls. Further, it wishes to receive updated information on the continuing validity and practical implementation of the ban on visits to Skopje Psychiatric Hospital.**

185. At both hospitals, private security guards with no specific training were regularly called in to assist healthcare staff to bring patients with aggressive or agitated behaviour under control.<sup>209</sup> The CPT considers that the presence of security guards inside a forensic unit is not conducive to the establishment of a therapeutic environment, and that the role of security staff should be limited in principle to ensuring perimeter security. If, in exceptional situations, their intervention is needed to assist healthcare staff in the management of patients with aggressive behaviour, they should be closely supervised by – and subject to the authority of – qualified healthcare staff. Moreover, security guards working within the hospital premises should be carefully selected and given appropriate training before taking up their duties.

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203. The 41 patients in the Forensic Ward of Skopje Psychiatric Hospital had been held on average for five years, eight patients had been held for over ten years, while the longest-serving patient had been there for over 28 years. Among the 33 persons accommodated in the Forensic Ward at Demir Hisar, according to information provided by the psychiatrist, the longest-serving patients had been there for 17, 24 and 25 years respectively. 13 forensic patients have been discharged in 2023 (32 in 2022) from Demir Hisar Psychiatric Hospital and eight in 2023 from Skopje Psychiatric Hospital.

204. See for example, CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 151; CPT report on the 2010 visit to North Macedonia, CPT/Inf (2012) 4, paragraph 122.

205. See paragraph 174.

206. The Director confirmed that information was being provided to the court in relation to 19 forensic patients, most of whom in the hospital for long periods.

207. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 154.

208. See Sections 195-203 and 274 of the Law on Execution of (Criminal) Sanctions.

209. Roughly 15 to 16 security guards in total were working via an external company at Skopje Psychiatric Hospital. At Demir Hisar Psychiatric Hospital, two security guards were engaged during each shift and stationed at the entrance gate.

**The CPT recommends that urgent steps be taken at Demir Hisar and Skopje Psychiatric Hospitals to review the role, training, and supervision of the security guards in light of the above remarks.**

186. As in the past, while patients received some information on admission, and notice boards existed on the rights of patients, staff confirmed that no information was provided to the patients in writing.

**The CPT reiterates its recommendation that adequate and accessible information material be systematically provided on admission to patients and their families or guardians.<sup>210</sup>**

187. Although boxes for complaints were installed in all wards visited, patients appeared to be generally unaware of the existing avenues of complaint. Internal instructions on how to address complaints were in place at both hospitals.

**The CPT reiterates its recommendation that steps be taken in all psychiatric hospitals to ensure that patients are systematically informed of existing avenues to lodge complaints.**

188. As regards inspections and external monitoring, Demir Hisar and Skopje Psychiatric Hospitals were regularly visited by the State Sanitary and Health Inspectorate as well as by the Ombudsman.<sup>211</sup> Regrettably, as in the past, the local Commission on Mental Health had not been re-established in Demir Hisar municipality.<sup>212</sup> By letter of 14 November 2023, the Director of Demir Hisar Psychiatric Hospital informed the Committee that she had sent a letter to the Demir Hisar Municipality requesting the establishment of the said Commission.

**The CPT would like to receive information on the developments regarding the resumption of activities of the Commissions on Mental Health having authority over the Demir Hisar and Skopje Psychiatric Hospitals.**

## **D. Social Welfare Establishments**

### **1. Preliminary remarks**

189. The delegation carried out a follow-up visit to the Special Institution for Mentally Disabled Persons in Demir Kapija (“Demir Kapija Special Institution”) in order to examine the measures taken by the relevant authorities after the last visit to the establishment in 2019.<sup>213</sup> In addition, it paid a brief visit to two housing units in Demir Kapija.

190. Since 2000, there has been in North Macedonia a persistent endeavour to reform the social care sector, the main axes of which are outlined in the latest National Deinstitutionalisation Strategy.<sup>214</sup> In a gradual shift from institutionalised care towards community-based care, the Ministry of Labour and Social Policy, in cooperation with the European Union, local NGOs and private actors, has developed assisted living services for children and adults having mental disabilities. At the time

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210. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 158.

211. Since 2022, the State Sanitary and Health Inspectorate conducted five regular and two extraordinary inspections at Skopje Psychiatric Hospital, as well as with eight regular and two extraordinary inspections at Demir Hisar Psychiatric Hospital. The Ombudsman’s reports on its November 2022 visits to Skopje and Demir Hisar Psychiatric Hospitals are available [online here](#).

212. Sections 34-37 of the Law on Mental Health.

213. The Special Institution had previously been visited by the CPT in 2002, 2006, 2010, 2014 and 2019. The other social welfare public institutions in North Macedonia are the “Institute for Rehabilitation of Children and Youth – Skopje” and the “Institute for Protection and Rehabilitation ‘Banja Bansko’”.

214. See the National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018-2027 ‘Timjanik’ and its Action Plan, developed with the support of the European Union as the continuation of the previous 2008-2018 strategy. See also the National Strategy for the Rights of Persons with Disabilities for 2023-2030 with Action Plan 2023-2026.

of the visit, *housing projects* were accommodating a total of 254 residents in 56 housing units.<sup>215</sup> The Ministry of Labour and Social Policy reported that it has also established *day care centres* in numerous locations across the country, providing services for roughly 380 daily users. The CPT takes positive note of these figures, which are a testament to the fruitful efforts of the authorities of North Macedonia, and trusts that the authorities will ensure the lasting sustainability of the above-mentioned projects and secure stable funding for them. In addition, as the need for placements in social care facilities was not fully met by the capacity of existing housing units,<sup>216</sup> **the CPT invites the authorities to further step up their efforts to expand the offer of social care living services in the community, including possibilities to accommodate persons in need of residential care on an urgent basis (see paragraph 121).**

191. *Demir Kapija Special Institution* accommodated 57 residents (15 females and 42 males) at the time of the visit. Aged from 24 to 87 years old (52 on average), their stay in the institution had lasted from six to 60 years (32 on average). Residents were internally classified according to their mobility (48 mobile, four semi-mobile, five not mobile) and disability (three with the most severe disabilities, 48 with severe disabilities, four with moderate disabilities, and two with no specified disabilities). The Committee was pleased to note that the establishment's population has continued to decrease,<sup>217</sup> resulting in large part from the combination of a moratoria on new admissions and the above-mentioned deinstitutionalisation strategy. A total of 76 persons lived in 16 housing units directly managed by the Demir Kapija Special Institution,<sup>218</sup> 67 of whom were former residents of the institution.<sup>219</sup> In addition, since 2019, 49 former residents have been transferred to housing units managed by private actors, and 40 have died.<sup>220</sup>

192. At the time of the visit, Demir Kapija Special Institution still provided institutional care only in its oldest block, erected in 1958 (styled the "Health Department"). The "New Building" had been abandoned due to its dilapidated state,<sup>221</sup> with plans to repurpose it as a geriatric care facility. The "Dependence", comprising two separate buildings located a few kilometres from the establishment, had been fully renovated and equipped with new furniture (three specially designed sensory rooms were part of the project). The delegation was informed of plans to create a "respite centre from family care" in one of those two buildings,<sup>222</sup> whereas the other building should accommodate, by the end of 2023, residents currently housed in Wards A and B of the old Health Department. However, the Director of the Special Institution clarified that it remained uncertain whether a transfer to the Dependence of the residents presenting the most challenging behaviour (currently in Ward C) would be feasible. She added that, in any event, additional staff would be required to run the new facility, as laid down in a recent "functional analysis" submitted to the Ministry of Labour and Social Policy.

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215. According to the authorities, 102 residents lived in 25 units managed by public institutions, and 152 residents in 31 units managed by private service providers.

216. At Demir Kapija Special Institution, a waiting list comprising the files processed since January 2023 included 12 persons who had been approved for admission into housing units but were still being accommodated elsewhere due to the lack of available places. See also paragraph 121.

217. The number of residents in the institution's main premises decreased by 66% as compared to 2019 (170 residents) and by 78% as compared to 2010 (264 residents, with 67 accommodated in the "New Building").

218. Seven housing units were located in Demir Kapija, five in Negotino, two in Skopje, one in Timjanik and one in Koreshnica. The Director stated that authority over the two units in Skopje was soon to be transferred to another institution, due to the challenges in managing them effectively from Demir Kapija.

219. Since the last visit in December 2019, 11 new housing units affiliated with the Special Institution were opened (seven in 2022, four in 2021). Of the 76 residents at the time of the visit, ten entered the units in 2018, seven in 2019, one in 2020, 18 in 2021, 37 in 2022 and three in the first nine months of 2023; nine of the 76 residents entered the housing units directly, that is, without having first been accommodated in the Special Institution's main premises.

220. Six residents died in the first nine months of 2023, 12 in 2022, 10 in 2021, six in 2020 and six in 2019.

221. CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraphs 169 and 171.

222. The Centre was intended to "ensure respite, rest and satisfaction of the personal and professional needs of a person who takes care of a dependent member of the family" (Official Gazette of the Republic of North Macedonia No. 53 of 5 March 2021).

In the view of the Committee, a transfer to the new facilities would certainly offer better living standards to residents, although some structural adjustments will be necessary to ensure the safety of the most demanding residents of the institution. Furthermore, for the overall management of the institution it would be preferable by far that all residents be transferred to the new facilities. **The CPT encourages the relevant authorities to reinforce their efforts to implement the planned transfer of all residents to the new facilities. It also wishes to receive updated information on the progress of the transfer plan, including regarding the recruitment of additional staff and the required structural adaptations.**

## 2. Ill-treatment

193. The delegation was pleased to note that, as during the last visit in 2019,<sup>223</sup> it did not receive from residents any allegations of ill-treatment by staff.<sup>224</sup>

194. Instances of violence between residents did occur, especially in Ward C (accommodating the most challenging residents). The insufficient presence of staff in Ward C was an obstacle to an adequate and prompt response in all cases (see paragraph 205). Usually the only orderly in charge of Ward C would call a nurse from Ward B, who would come to administer a rapid reaction tranquiliser (see paragraphs 202 and 211). The frequency and scale of residents' aggressive behaviour – occasionally directed at staff as well – was confirmed in conversations with healthcare personnel and reflected in the evident signs of material damage in the ward (see paragraph 196).<sup>225</sup> However, the delegation did not have all relevant elements at its disposal to comprehensively assess the situation, as no register of incidents existed in the institution, the various episodes being only recorded (yet not systematically) in the staff logbook. **The CPT recommends the establishment of a specific register of incidents** (see also recommendations at paragraphs 205, 206 and 213).

## 3. Residents' living conditions

195. The CPT welcomes the fact that bedrooms and communal areas in Wards A (accommodating 20 residents) and B (14 residents) generally offered clean and decent living conditions, with good access to natural light and adequate ventilation. Although the furniture in Ward A was rather old, the environment was tidy and well maintained, with many rooms personalised. Walls in the common areas, however, needed repainting. Sanitary facilities were in an overall acceptable state of hygiene and repair, save for several missing shower heads.

Some residents in Ward A wore their own clothes, while the majority were dressed in clothes provided by the institution. As clothes were not name-tagged, it was difficult to ensure that residents received their own clothes back from the laundry.

196. The material conditions of Ward C remained unsatisfactory. The ward divided into Wards C2 and C3, located in two separate wings on the ground floor. There were extensive signs of damage on the deteriorated and dirty walls as well as on windowpanes, doors and some chairs and tables. While some mattresses were new, others were worn and dirty. The rooms lacked any personal storage space or decoration. A pervasive stench of sweat, urine and faeces filled the air, as flies buzzed over excrement left in piles on the floor. Sanitary facilities were in a poor state of repair (leaking plumbing, broken washbasin, non-functioning lighting). Notably, in the absence of any serviceable showers, a single rubber hose in Ward C2 was used for all the 23 residents of Ward C.

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223. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 164.

224. In 2023 a disciplinary procedure which had been initiated following an allegation that a staff member had slapped a resident was discontinued due to lack of evidence.

225. The delegation noted that one resident from Ward C remained outside the ward on his own for most of the day. Staff clarified that, if let in, he would keep harassing the other residents in the ward.

197. As regards outdoor exercise, it was positive that the more autonomous and mobile residents could move freely on the premises of the institution. Yet, access to fresh air was very rarely, if at all, offered to bedridden residents from Ward B, due to the lack of a lifting device, while most of the residents from Ward C did not enjoy any outdoor time at all. Such a state of affairs remains unacceptable.<sup>226</sup>

198. The quality and quantity of food provided to the residents was satisfactory and adapted to their different dietary requirements.<sup>227</sup> Food was distributed in hygienic and decent conditions, including in Ward C.<sup>228</sup>

199. The delegation was told that capital investment in the institution's old premises would not be an efficient use of public funds, as residents would soon be transferred to new facilities (see paragraph 192). However, pending the completion of the transfer of all residents, **the CPT calls upon the authorities of North Macedonia to take steps at Demir Kapija Special Institution to ensure that:**

- **regular maintenance and upkeep of the institution's main premises is treated as a priority;**
- **conditions of hygiene and repair in Ward C are brought to acceptable standards, including as regards sanitary facilities;**
- **all residents are able to benefit from outdoor exercise every day (with appropriate support and/or supervision if required).**

200. The delegation gained a good impression of the two housing units it visited in Demir Kapija. Residents spoke highly of the living conditions and level of care provided therein. Accommodating four to five residents, each unit was staffed with four orderlies working on three shifts who, further to their habitual duties, also had to attend to food preparation. In addition, a coordinator (usually a social worker or a special educator) supervised four units, and an extra orderly working on two 12-hour shifts assisted as needed. As for treatment, nurses working at the institution's main premises would come to administer therapy (see paragraph 204). A problem highlighted by staff was one of sustainability, as projects were funded through external donations, and it was uncertain whether the Government would continue to have the capacity and intention to ensure adequate resources in the future. The CPT welcomes the caring environment provided to residents in the housing units, and emphasises that it is crucial to secure sufficient and reliable funding to allow those projects to continue functioning properly.

#### **4. Treatment and staffing**

201. The staffing situation had further deteriorated since the 2019 visit.<sup>229</sup> Demir Kapija Special Institution was still without a regularly employed doctor. The Director explained that the post was unattractive given the lower remuneration as compared with doctors employed by the Ministry of Health. Although a general practitioner working on contract was generally available for phone consultations with nurses, he would only rarely visit the establishment.<sup>230</sup> In many cases, residents had to be taken to his practice in Negotino when appropriate transport could be organised.<sup>231</sup> The residents' medical status was monitored through an annual blood test. Female residents did not benefit from regular preventive women's health screening, but received gynaecological check-ups as needed. Bedridden residents were not consistently weighed. The last screening for tuberculosis was carried out in 2020, with the next one scheduled before the end of 2023. Dental care remained inadequate and limited to extractions.<sup>232</sup> If necessary, emergency services from Negotino could be called.

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226. See CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 167; CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraph 173.

227. At the time of the visit, seven residents were on a diabetic diet, 12 on mixed food, one on a milk diet, while one resident on dialysis was not on any special diet. The menu had last been revised around 20 months earlier.

228. This represented a positive development when compared with CPT report on the 2014 visit to North Macedonia, CPT/Inf (2016) 8, paragraphs 171 and 172.

229. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraphs 170 and 171.

230. The doctor came to Demir Kapija Special Institution three times in the six months prior to the visit.

231. The staff clarified that transport was difficult to organise due to the lack of drivers and adequate vehicles.

232. Over the five preceding months, nine extractions were performed at an external dental surgery.



202. It was a matter of serious concern that the provision of mental healthcare services was critically deficient due to the very infrequent presence of a psychiatrist.<sup>233</sup> It was hardly surprising, in this context, that the delegation found in the nurses' room a general psychiatric prescription (PRN – *pro re nata*), valid for all residents of the institution, authorising an injection of rapid reaction tranquilisers “whenever a resident is agitated or aggressive”.<sup>234</sup> Although it appeared that this prescription did not lead to abuse,<sup>235</sup> this practice is not acceptable and must be discontinued immediately (see paragraph 211). Of note is also that the position of psychologist (envisaged to work in the housing units) was vacant.

**203. The CPT calls upon the authorities of North Macedonia to take urgent action to ensure that the residents' healthcare needs are adequately met, including by taking decisive steps to address the difficulties in the recruitment of staff, if necessary by adjusting the applicable salary scales and ensuring that the related procedures are conducted without undue delay (for example, when authorisation is required from the Ministry of Finance). In particular, the authorities should ensure that:**

- **the vacant post of general practitioner is filled and, pending this recruitment, the presence of a doctor at the establishment is ensured on at least a weekly basis;**
- **a psychologist is recruited;**
- **residents are provided with adequate healthcare in the fields of mental health (including regular specialist consultations), gynaecology (including an annual check-up) and dentistry (including preventative/conservative treatment);**
- **appropriate means of transport, including drivers and vehicles, are provided to take the residents to clinics outside the institution;**
- **residents and, in particular, bedridden residents are regularly weighed.**

204. The number of nursing staff was adequate, with 14 full-time nurses for 57 residents, although steps to fill the two vacant posts should be taken. Two nurses working 12-hour shifts ensured a permanent presence on the wards, complemented by a head nurse and a laboratory nurse working weekday mornings. A workforce reorganisation before the end of 2023 was aimed at reducing the necessity for the nurses on duty at the institution's main premises (the Health Department) to also provide assistance to the housing units.

The main concern for several nurses related to the lack of sufficient medical guidance due to the absence of a doctor, who was also not always available for consultation by telephone. **The Committee would like to receive information regarding the workforce reorganisation and the nursing levels on the wards of the Health Department.**

205. The situation regarding orderlies remained worrying.<sup>236</sup> Of the 65 orderlies,<sup>237</sup> only 15 worked in the Health Department, which meant that only one orderly was generally present in each of the three wards, working 12-hour shifts (06:00 to 18:00). As a consequence, residents from Ward C3 were left without constant supervision from staff,<sup>238</sup> a situation generating a severe safety hazard for the residents.

**The CPT calls upon the authorities of North Macedonia to take urgent steps to reinforce the number of orderlies and to ensure that both Wards C2 and C3 are permanently staffed.**

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233. According to the documentation consulted by the delegation, a psychiatrist working on contract had last come to the institution four months before the visit. Only three out of 21 medical files of Ward C residents analysed by the delegation contained a note indicating that a psychiatric examination had been carried out over the six months prior to the visit.

234. The PRN prescription, dated to 16 March 2023, was signed by a psychiatrist.

235. Nurses gave assurances that, before administering an injection as per the PRN, they would seek advice from the psychiatrist by phone. Furthermore, an examination of several individual medical files, staff logbooks and invoices of purchased medication did not disclose any element indicative of overmedication.

236. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 170.

237. There were 20 vacancies, and 15 orderlies only had temporary contracts until March 2024.

238. Staff said that the auxiliary orderly supposed to work in Ward C from 06:00 to 14:00 Monday to Friday had retired and attended the institution only sporadically.

206. As regards training, neither the nursing staff nor orderlies were receiving any ongoing training. The only recent training opportunity the delegation was informed of was one organised in February 2023, concerning the preparation of individual treatment plans, which was attended by social workers and special educators.

**The CPT recommends that the Ministry of Labour and Social Policy take the necessary steps to put in place initial and ongoing training for both nursing and orderly staff, including on managing challenging behaviour, de-escalation techniques and means of restraint, as well as alternative communication skills (sign language and other forms of communication support) and support in decision making.**

207. The institution also employed six special educators (three of whom were assigned to the housing units), five physiotherapists (three assigned to the housing units) and two social workers. Psycho-social and recreational activities available to residents were extremely limited (assistance in maintenance of personal hygiene, drawing, music therapy, involvement in various chores), especially for those accommodated in Wards B and C.<sup>239</sup>

**The CPT recommends that the management of the institution invest more efforts in expanding the offer of psycho-social rehabilitative activities for all residents, including targeted activities for residents of Wards B and C.**

208. Treatment consisted almost exclusively of pharmacotherapy. Although the available medication included second-generation antipsychotics, an analysis of the medical files of many residents from Ward C pointed to a predominant prescription of first-generation antipsychotics, the prolonged use of which may lead to increased side effects. A number of therapeutic protocols of Ward C residents disclosed polypharmacy. However, the doses of prescribed psychotropic medication were within the therapeutic range. **The CPT recommends that the authorities take the necessary steps to remedy these shortcomings.**

209. The Committee welcomes the fact that residents transferred to the housing units had individual treatment and rehabilitation plans, normally prepared by the special educator, in consultation with the social worker. However, real treatment and rehabilitation plans were missing for the remaining residents, their annotations scant, vague and formulaic. In general, plans had not been developed by a multidisciplinary team including healthcare professionals (nurses), did not contain individualised treatment goals, had not been subject to periodic reassessment, and had not been drawn up with the involvement of residents.

**The CPT recommends that the authorities take the necessary steps to remedy these shortcomings, prioritising the involvement of nurses and residents in the development of treatment and rehabilitation plans.**

210. As in the past, medical files reflected the lack of adequate medical supervision; in most cases, entries, including those of the visiting physician or psychiatrist, were minimal and limited to diagnosis and treatment without a clear description of the medical status of the residents. In addition to the recruitment of a full-time general practitioner, **the CPT recommends that the necessary steps be taken in order to ensure that residents' files are rigorously maintained and that the entries provide a comprehensive description of residents' somatic and mental state.**

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239. According to data provided by the authorities, 17 residents were involved in work education, and 14 (mostly from Ward B) in maintenance of personal hygiene. However, the delegation had the impression that, aside from a few distractions provided to the residents of Ward A, very little was offered to the other, less autonomous residents, save for occasional walks in the garden, weather permitting. In addition, it appeared from the delegation's own observations as well as conversations with the institution's management and staff that there existed an issue with staff motivation, as borne out by a number of disciplinary sanctions imposed on staff for negligent care for residents (four in 2022 and three since 1 January 2023).

## 5. Means of restraint

211. There was no indication of an excessive resort to means of manual or mechanical restraint of residents at Demir Kapija Special Institution. However, it emerged from an analysis of medical files, nurses' logbooks and from interviews with staff that chemical restraint (that is, injections of benzodiazepines and/or antipsychotics) was resorted to rather frequently in response to episodes of agitation or aggressiveness. Means of restraint, including chemical restraint, should only be used as a last resort, after all other reasonable methods, including de-escalation techniques and mediation skills, have proved to be unavailable or have failed. The generalised use of PRN medication without systematic control by a doctor place too much responsibility on nurses, especially in an establishment such as Demir Kapija Special Institution, which was visited only sporadically by medical practitioners. As with any drug treatment, its clinical effects should be carefully monitored at sufficiently frequent intervals. In addition, despite a previous recommendation by the Committee,<sup>240</sup> there was still no specific restraint register; injections were only recorded in residents' medical files, a procedure that did not allow an overview of the application of these measures. Finally, no protocol or written policy had been adopted by the institution on the application of means of restraint.<sup>241</sup>

212. The padded seclusion room<sup>242</sup> was no longer in use. However, the delegation was told that a room in Ward C2 had until two weeks before the visit been used to segregate a resident for a very long period.<sup>243</sup> Due to the lack of a specific register (or other relevant annotation in other documents), the delegation was not in a position to fully assess the situation.

**213. The CPT recommends that the authorities of North Macedonia take steps to ensure that all means of restraint are only applied as a last resort. The current practice of applying chemical restraint through PRN prescription should be discontinued immediately. Every instance of restraint (including chemical restraint and seclusion) should be recorded in a specific register established for this purpose (as well as in the resident's file). Further, a protocol on the application of means of restraint should be adopted and implemented at Demir Kapija Special Institution, including through appropriate staff training.**

## 6. Safeguards

214. The legal framework regarding both the placement at Demir Kapija Special Institution and the deprivation of legal capacity has not substantially changed since the 2019 visit.<sup>244</sup> The placement of a person in a social welfare institution was based on a decision of the competent social work centre, subsequent to a medical examination and an assessment of individual needs.<sup>245</sup> This decision, effective for up to a year, could be renewed for additional 12-month periods based on biannual reports from the institution. As for legal capacity,<sup>246</sup> it could be removed on the basis of two medical opinions, following a hearing to which the applicant (a family member or the social work centre), a representative of the social work centre and, when assigned, a provisional guardian for the individual were invited. The court examined the person concerned "if possible and if it does not adversely affect his health".<sup>247</sup> The ruling was open to appeal by any of the parties within three days. Review proceedings could be initiated at any time either *ex officio* or upon request by the individual, their guardian, an immediate family member, or the social work centre.

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240. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 175.

241. Staff explained that the law required the adoption of such a protocol only in healthcare institutions, whereas Demir Kapija Special Institution was a social care institution, and as such not subject to that legal obligation.

242. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 175.

243. At the time of the visit, the room (measuring 21 m<sup>2</sup>), freshly repainted and fitted with five beds, was locked and unoccupied.

244. CPT report on the 2019 visit to North Macedonia, CPT/Inf (2021) 8, paragraph 176.

245. See Sections 94-97 and 261-263 of the Law on Social Protection (2019).

246. See Sections 34 to 57 of the Law on Extrajudicial Procedure.

247. Section 43 of the Law on Extrajudicial Procedure.

215. At the time of the visit, 14 residents (that is, only 25% of the residents in the institution) had been deprived of their legal capacity and accordingly had a guardian.<sup>248</sup> Seven other residents had a temporary guardian, as they had been considered incapable of expressing valid consent in relation to certain significant medical procedures which they had to undergo (for example, hospitalisation or surgery). As readily admitted by the staff, many of the residents still accommodated in the institution's main premises would in all probability satisfy the conditions for the removal of legal capacity. However, it appeared that families were often reluctant to initiate the procedure as they would have to bear the (considerable) related expenses. In addition, Demir Kapija Special Institution lacked information concerning the identity and contact details of many of the appointed guardians, which mean that staff would have to liaise with the social work centre every time they needed to involve the guardians (allegedly, a rare occurrence).

**The CPT recommends that the legal status of the residents of Demir Kapija Special Institution be reviewed. Further, an effective procedure should be established to ensure that, every time a guardian is appointed for a resident, their identity and contact details are systematically communicated to the institution (for example by the social work centre).**

216. The Committee is deeply disconcerted by the case of a resident who, after being placed in the institution in 1971 as a young, abandoned child, had not yet been assigned a name, let alone an official identity and documents. Without citizenship, birth certificate or identity number, this person (referred to in the institution's documents as "N.N. Beep", after the sound he often vocalised) has been living for over 50 years without enjoying any of the rights and entitlements conferred upon individuals in North Macedonia. After an unsuccessful attempt in 2014, it was only in 2022 that a procedure was set in motion to clarify his origin and assign him an official identity. At last, in February 2023, he was granted citizenship of North Macedonia, the first step toward legal recognition.<sup>249</sup>

**The CPT would like to receive an update about the legal recognition procedure related to this person, along with detailed information concerning any similar case existing in other social welfare institutions.**

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248. The individual files of residents deprived of legal capacity rarely included the relevant judicial decisions.

249. The delegation found that Mr Z.V, a foreign national who, having been accommodated in Demir Kapija Special Institution for around 20 years, had similarly not been assigned an official identification number until 2023.

## APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

### **Law enforcement establishments**

Kičevo Police Station  
Butel/Chair Police Station, Skopje  
Bit Pazar Police Station, Skopje  
Centar Police Station, Skopje  
Gazi Baba Police Station, Skopje  
Veles Police Station

### **Prisons**

Bitola Prison (targeted visit to newly admitted pre-trial detainees)  
Idrizovo Prison  
Prilep Prison  
Skopje Prison  
Štip Prison  
Tetovo Education Correctional Institution

### **Mental health-care institutions**

Demir Hisar Psychiatric Hospital  
Skopje Psychiatric Hospital (Bardovci)

### **Social care homes**

Demir Kapija Special Institution for Mentally Disabled Persons

## APPENDIX II – LIST OF THE AUTHORITIES AND ORGANISATIONS WITH WHICH THE CPT DELEGATION HELD CONSULTATIONS

### A. National authorities

Djmitar KOVACHEVSKI

Prime Minister

#### **Ministry of Foreign Affairs**

Elena BODEVA

Head of Unit - Directorate for Multilateral Relations

#### **Ministry of Interior**

Oliver SPASOVSKI

Minister

Igor ARSOVSKI

Assistant Minister for Internal Control, Criminal Investigation and Professional Standards

Gojko KOTEVSKI

Deputy Director of the Strategic Planning, Standards and Quality Control Department

Shefik BAJRAMI

Deputy Director of the Uniformed Police Department

Danijel OKANOVIĆ

Head of the Internal Control and Professional Standards Department of the City of Skopje

Maja REDZEPAGIĆ

Administration and Documentation Department in the Department for Internal Control, Criminal Investigation and Professional Standards

Marija ANCHEVSKA

Head of Department for International Cooperation

#### **Ministry of Justice**

Viktorija AVRAMOVSKA MADIĆ

Assistant Minister

Jovica STOJANOVIKJ

Director of the Directorate for the Execution of Sanctions (DES)

#### **Ministry of Health**

Maja MANOLEVA

Assistant Minister

Dr Stojan BAJRAKTAROV

National Coordinator for Mental Health

Dr Danica STEVKOVSKA

Sector for Secondary and Tertiary Health Care

Dzemile ALIJI

Sector for Primary and Preventive Protection

## **Ministry of Labour and Social Policy**

Jovana TRENČEVSKA	Minister
Iva MIHAJLOVSKA	Inclusion and Disability Advisor
Drita ASLANI	Head of Department for Development of Social Services at Local Level
Dušan TOMŠIĆ	Social Protection Advisor

## **Basic Court of Bitola**

Dragan JAKOVLEVSKI	President of the Basic Court
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## **Basic Public Prosecutor's Office for Prosecuting Organized Crime and Corruption**

Lile STEFANOVA	Head of Unit for Investigating and Prosecuting Criminal Offences perpetrated by Persons with Police Authorisations and Members of the Prison Police
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## **B. Ombudsman of the Republic of North Macedonia**

Naser ZIBERI	Ombudsman
Slavica DIMITRIEVSKA	Head of National Preventive Mechanism

## **C. Non-governmental Organisations**

Macedonian Young Lawyers Association (MYLA)