

LEGAL NEEDS AND ACCESS TO JUSTICE FOR PEOPLE WHO INJECT DRUGS AND SEX WORKERS IN MACEDONIA

Ivica Cekovski
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We would like to take this opportunity to thank all actors, only some mentioned here, who helped in the development of this report. This is the first analysis in Macedonia, and according to available information, worldwide, on the legal needs and paths to justice of people who inject drugs and sex workers, who often live on society's margins.

To begin with, we declare our greatest appreciation to the Open Society Foundation Macedonia for the conceptual and financial support, and particularly to Suzana Velkovska for her trust.

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We hope that this report will contribute to raising the public, professional and institutional awareness on the challenges that people who use drugs and sex workers face in their attempts to exercise their basic human rights. Moreover, we are optimistic that the findings will initiate specific changes in policies and practices resulting with substantial advancement of the access to justice for these citizens and their social and economic wellbeing and health.

The Authors

ABBREVIATIONS

- CPT** European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
- CSO** Civil Society Organization
- FLA** Free Legal Aid
- LFLA** Law on Free Legal Aid
- MOI** Ministry of Interior
- N** Number or Total Number (Base)
- PCI** Punitive Correctional Institution
- PWID** People Who Inject Drugs
- SW** Sex Workers



EXECUTIVE SUMMARY

This research represents the first effort to assess the legal needs and paths to justice for people who inject drugs and sex workers in Macedonia. It was conducted at the end of 2016 and the beginning of 2017 using a mixed-methods research approach. The quantitative phase included 250 respondents chosen through stratified random sampling in two stages, out of which 169 injected/had injected drugs, and 107 were/had been engaged in sex work at the moment of the interview or in the prior three and a half years. The qualitative research phase, on the other hand, was comprised of focus group discussions with 69 respondents from both communities, as well as individual or group interviews with 7 representatives from competent institutions.

The research results showed that people who inject drugs and sex workers in Macedonia are ten times more likely to experience non-trivial justiciable problems in comparison to the general population in the country. In addition, low level of legal literacy, lack of trust in the institutions and systematic discrimination, among other factors, prevent citizens from these communities to seek protection of their rights and delivery of justice through institutional mechanisms. Such circumstances confirm the communities' high vulnerability and underline the need for advancement of their access to information, legal advice and protection.

AN EXCERPT FROM THE DAILY LIFE OF PEOPLE WHO INJECT DRUGS

While the ordinary Macedonian citizen experiences, on average, from 1.3 to 1.5 justiciable problems, people who inject drugs report as many as 14.0 problems with potential legal remedy in a period of around 3.5 years. Almost all PWID (98.2%) experienced at least one justiciable problem in this reference period. The most common problems for citizens from this community are related to employment discrimination, rights violations by the police, as well as numerous challenges while serving prison sentences. Justiciable problems are more frequent in younger portions of this community, those with Macedonian ethnicity, as well as those living outside of the capital city.

In addition to the problems with the police, the most serious legal problems identified by the respondents are the ones related to obtaining proper health care, legal disputes with their spouses/partners, as well as problems with money and access to public services. Despite existing awareness of the potential harms, as many as a quarter of these citizens fail to take actions to resolve these problems, with additional 18% attempting to find a solution only by themselves, without seeking assistance. Failure to act is more frequent for problems related to the police, receiving proper health care or problems encountered during sex work. Inactivity arises from the respondents' lost hope that someone could help due to lack of trust in the Macedonian judicial system, as well as fear of aggravating the problem or fear for their personal safety if they seek solution.

In the seldom cases when these citizens ask for legal advice or aid towards resolution of their problems, most often they address legal practitioners or other individuals from civil society organizations, they seek advice from lawyers whose services they cover themselves, or from relatives and friends. They hardly ever use other available mechanisms for protection of their rights, for instance the Ombudsman, the Commission for Protection from Discrimination or the Sector for Internal Control at the Ministry of Internal Affairs.

The systematic discrimination people who inject drugs face generates negative attitudes towards the Macedonian judicial system, hence over half of them have no faith that institutions are efficient in the protection of their rights and that laws are implemented justly, while almost 85% are convinced that the legal system functions better for the rich than the poor. Such opinions probably discourage people from this community to initiate procedures for the protection of their rights and delivery of justice and to insist on their resolution.

AN EXCERPT FROM THE DAILY LIFE OF SEX WORKERS

As many as 96.3% of the sex workers in Macedonia experienced at least one non-trivial justiciable problem in a period of approximately 3.5 years, with the average number of problems being 13.0 per respondent. In comparison, only 49% of the general population in the country reported at least one justiciable problem in the similar reference period, with the average Macedonian citizen experiencing 1.3 to 1.5 problems.

Most frequent problems for sex workers in Macedonia are the ones related to employment, home rental, as well as challenges in access to public goods and services. However, respondents from this community identify as most serious the problems they encounter during sex work, as well as problems with members of their families, their spouses or extramarital partners, which mostly imply exposure to violence and humiliation.

Despite the gravity of the problems, as many as one third of the sex workers do nothing to resolve them, with an additional third only attempting to solve their problems by themselves, without asking for aid or advice from anyone. Roma sex workers are significantly less proactive in resolving legal problems, similarly to respondents with lower level of education and male sex workers. Inactivity among sex workers often arises from their lost hope that someone could help in solving their problems, the lack of trust in the judicial system and the weak economic power.

In the instances when assistance is sought, sex workers mostly address legal practitioners or other individuals from civil society organizations, as well as relatives and friends. They rarely seek help from the police or state social protection services, and almost never reach for other instruments for exercising their rights, such as workers' unions or meetings with MPs or municipality councillors.

Once again, such practices arise from the existent negative attitudes towards all Macedonian institutions and the judicial system. In that regard, for instance, over half of the sex workers do not believe that implementation of laws in the country is fair for all citizens and that marginalized communities have equal access to justice as the rest of the population.

PUBLIC POLICY IMPLICATIONS

- It is of crucial importance to intensify the efforts for increasing the **legal literacy among people who inject drugs and sex workers** in Macedonia in order for them to be able to recognize the violations of their rights and get familiarized with the existing mechanisms for legal protection and delivery of justice. A possible outlet for realizing these efforts could be through civil society organizations that enjoy the communities' trust. This includes the expansion and advancement of paralegal services. In order to achieve greater effect, the activities should focus on the areas with greater legal need detected with this research.
- **Free legal services offered by civil society organizations need to be extended and promoted** because most people who inject drugs and sex workers trust civil society organizations the most when dealing with justiciable problems. It is necessary to include these services in the system for free legal aid supported by the state.
- The systemic discrimination against citizens of both communities entails the requirement of **sensitizing employees in public institutions towards working with these groups, particularly the police, prosecutors, courts,**

prisons, as well as health care institutions and social protection institutions. One possibility to achieve this is with temporary measures such as trainings and field and study visits, while systematic changes in the process of professional training of employees in the mentioned institutions could offer a longer-term solution. Sensitizing civil servants would probably lead to eliminating institutional practices that criminalize drug use and sex work without any legal ground.

- **The trust of people who inject drugs and sex workers in Macedonian institutions and in their efficiency and justness must be restored.** A change in institutional practices would be perceived as a positive signal promptly observed by the communities. It might also be beneficial to organize workshops through which public servants, according to their fields of competency, will educate members of both communities on the manners of accessing justice.
- **The Law on Free Legal Aid has to be amended** towards acknowledging the specifics and needs of people who inject drugs and sex workers. This implies loosening the eligibility criteria and eliminating all administrative obstacles in the access to free legal aid, as well as allowing advertisement of this service among the communities.
- It is necessary to open a public debate on the **decriminalization of personal drug use and of sex work in Macedonia.** Only by introducing humane drug use and sex work policies will these communities be substantially empowered and can, without fear, seek protection of their rights in all spheres of life.



INTRODUCTION

Legal need, in broad terms, arises when citizens require legal services for resolving the problems they are facing, which have a legal dimension.¹ To realize their legal needs, citizens first need sufficient information on their rights in order to be able to choose how to solve the problems; they need access to mechanisms for legal resolution of problems, should they opt to utilize them; and it is crucial for them to have trust in the existing legal protection system.

Access to justice, on the other hand, derives from the constitutional principle of equality and is an essential mechanism in the system for providing and promoting human rights and freedoms of all Macedonian citizens. Equal access to justice implies the right of every citizen to present his/her case in front of the competent institutions under equal terms and with equal opportunity to invoke the right to legal advice and representation.²

The legal needs and paths to justice available to Macedonian citizens were assessed in a national research conducted in 2013.³ The research revealed that it is quite common for Macedonian citizens to deal with non-trivial legal problems, yet when faced with one, most citizens make an effort to resolve it.

- 1 Pleasence, *'Legal need' and legal needs survey*.
- 2 MAYL, *Providing Information, Advice and Legal Aid* (МЗМП, *Обезбедување на информации, совети и правна помош*).
- 3 *Korunovska Srbnjanko et al., Legal Needs and Paths to Justice* (Коруновска Србјанко и др., *Правните потреби и патот до правдата*).

However, anecdotal evidence discloses that citizens living on the social margins, among which people who inject drugs and sex workers, are more often exposed to grave rights violations. It appears that they occupy a subordinate position in the attempts to exercise and protect their rights in front of Macedonian courts, administrative bodies and other institutions, in comparison to the general population. Testimonials of experts engaged for many years in harm reduction and sex workers' support programs support this thesis. According to them, members of these communities frequently do not recognize the problems they are facing and the violations of their rights. Moreover, because of their weak financial power, their lack of trust in institutions and the systemic discrimination, they rarely seek protection of their rights and delivery of justice through institutional mechanisms.

These circumstances have partially been documented through previous research projects. Several reports, for instance, highlight the restrictive influence social and institutional stigma and discrimination against people who inject drugs (particularly within the health care system and by the police) have on the advocacy efforts towards promotion of addiction treatment programs.^{4, 5} Different types of violence (from clients, family members and the police), violation of privacy and systemic rights violations sex workers in Macedonia experience on a daily basis are well documented.⁶ Yet, there has been no comprehensive effort to assess the frequency of the different justiciable problems people who inject drugs and sex workers experience, as well as the factors affecting them to seek and receive proper legal protection.

It was, therefore, necessary to conduct a comprehensive study to assess the legal needs and paths to justice for members of these communities in Macedonia. The document in front of you is the result of research conducted around the end of 2016 and the beginning of 2017 with the aim to establish the most frequent justiciable problems people who inject drugs and sex workers experience in Macedonia, the effect these problems have on their

4 Dimitrievski et al., *Coming Out of the Closet* (Димитриевски и др., *Излегување од плакарот*).

5 Dimitrievski, *Advocacy from/in the Community* (Димитриевски, *Застапување од/во заедницата*).

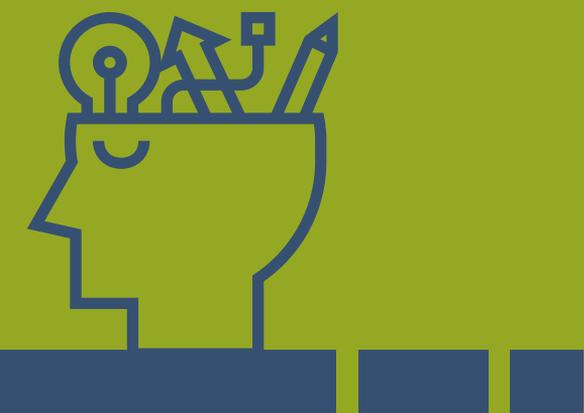
6 Boshkova and Shterjova-Simonovic, *Analysis of Sex Workers' Opinions* (Бошкова и Штерјова-Симоновиќ, *Анализа на ставовите на сексуалните работници*)

personal life, the paths to justice available to these citizens, as well as their perceptions on the fairness of the judicial system in Macedonia.

The first part of the publication analyzes the frequency rates of justiciable problems. At the beginning, the cumulative results are presented and then put in correlation with the socio-demographic characteristics of the communities. The later parts contain the most common problems in 15 distinct areas of interest (employment and labour relations; housing and property; home rental; money and access to public services; access to state services and transfers; education; family; problems with a spouse or extramarital partner; underage children; access to health care; problems with the police; problems while serving a prison sentence; problems encountered during sex work; problems within the judicial system; as well as other legal problems). Alongside, we present the personal stories shared by members of both communities in order to convey a clearer picture of their daily life.

The second part of the publication contains an analysis of the paths to justice, i.e. the procedures these citizens initiate (or do not initiate) to resolve the justiciable problems they have identified as the most dire, the experiences of seeking legal aid, as well as their views on the Macedonian judicial system.

Towards the end, our findings are put in the context of current policies and practices of the parties concerned with the provision of legal aid to people who inject drugs and sex workers in Macedonia and the protection of human rights for all citizens, among which are the members of these communities.



METHODOLOGY

The research employed a mixed-method sequential explanatory design, involving an initial quantitative phase, followed by a qualitative research phase. The qualitative phase in this methodological approach aimed to explain and interpret the findings from the quantitative research phase.

The quantitative phase encompassed 250 people who inject drugs and/or sex workers who answered an interviewed questionnaire. The respondents were identified through stratified random sampling in two stages: first, the estimated sample size was proportionally divided according to the estimated size of the two populations of interest at different data collection locations; and second, the potential respondents were randomly selected from the coded clients attendance lists in the harm reduction or sex workers' support programs during the last three months before the data collection period, holding the assumption of at least 50% response rate. The attendance lists over the last three months were used as a sampling frame in order to increase the chances for availability of the respondents.

All citizens identified through the aforementioned manner who were between the ages of 18 to 65 at the moment of data collection, and who injected drugs and/or exchanged sex for goods or services after 1 January 2013, were considered as eligible to participate in the research. This three-and-a-half-year reference period

prior to the data collection, apart from serving as a criterion for inclusion of eligible respondents in the research, was also employed for assessment of the frequency of justiciable problem in different areas, explained further below. The length of the reference period was selected to approximately correspond to the reference period employed in the research for legal needs and access to justice of the entire population in the Republic of Macedonia,⁷ in order to provide a basis for comparison of the findings, where possible.

Pursuant these criteria, the quantitative research phase encompassed 169 respondents who inject drugs and 107 respondents - sex workers. Out of them, 26 respondents identify with both communities of interest to the research. The sample distribution according to place of residence and group of interest is presented in table 1.

		Community			Total	
		PWID	SW	PWID and SW		
Residence	Skopje	#	82	44	9	117
		% of group	48,5%	41,1%	34,6%	46,8%
	Bitola	#	30	23	3	50
		% of group	17,8%	21,5%	11,5%	20,0%
	Tetovo	#	25	1	1	25
		% of group	14,8%	0,9%	3,8%	10,0%
	Gostivar	#	6	7	6	7
		% of group	3,6%	6,5%	23,1%	2,8%
	Ohrid	#	0	14	0	14
		% of group	0,0%	13,1%	0,0%	5,6%
	Shtip	#	18	1	1	18
		% of group	10,7%	0,9%	3,8%	7,2%
	Other	#	8	17	6	19
			4,7%	15,9%	23,1%	7,6%
Total	#	169	107	26	250	

Table 1: A crosstab display of respondents included in the quantitative phase according to group of interest and place of residence

⁷ Korunovska Srbjanko et al., *Legal Needs and Paths to Justice* (Коруновска Србјанко и др., *Правните потреби и патот до правдата*).

Data was collected at six locations throughout the country (Skopje, Bitola, Tetovo, Gostivar, Shtip and Ohrid), however due to the mobility of the communities, we also encompassed respondents from Strumica, Vinica, Kochani, Sveti Nikole, Kumanovo, Veles, Prilep and Struga.

The data collection instrument in the quantitative phase was largely based on Genn's questionnaire,⁸ later adapted to the Macedonian context during the 2013 research on the legal needs and paths to justice of Macedonian citizens.⁹ However, additional adjustments were made pursuant the recommendations from three focus group discussions, two of which with representatives from the communities of interest and one with legal practitioners and other professionals who work with the communities on a daily basis. In the process, we identified specific justiciable problems of relevance to people who inject drugs and sex workers in Macedonia, which were added to the questionnaire, such as problems encountered while serving prison sentences, as well as specific problems during sex work. Nonetheless, for the needs of the research and this publication, we kept to the definition of "justiciable problem" according to Genn et al., who define justiciable problems as "problems which raise civil legal issues, whether or not this is recognised by those facing them and whether or not any action taken to deal with them involves the legal system."¹⁰ We considered as acceptable all justiciable problems the respondents experienced personally during the research reference period (after 1 January 2013) on the territory of the Republic of Macedonia.

Before finalizing the questionnaire, we also considered the recommendations of professor Pascoe Pleasence from the University College London. The Macedonian and Albanian version of the questionnaire was tested for clarity and validity among 18 representatives from both communities with different ethnicity.

8 Genn et al., *Paths to Justice Scotland*.

9 Korunovska Srbjanko et al., *Legal Needs and Paths to Justice (Коруновска Србјанко и др., Правните потреби и патот до правдата)*.

10 Genn et al., *Paths to Justice Scotland*.

For the field data collection in the quantitative phase, we engaged 11 professionals working with the groups of interest on a daily basis and who enjoy their trust. Although most of them had previous experience with field data collection, all were trained on the specifics of this research during a two-day training.

The quantitative data was collected from the end of September to the beginning of November 2016, using a platform for electronic data collection with the survey installed on tablets (SurveyCTO). During the data collection, quality control measures were applied, among which audio-control through random automatic recordings of parts of the interviews, tracking the length of interviews, and continuous data consistency control. The collected data was imported to IBM SPSS (v.21)¹¹ for further descriptive and inferential analysis (analysis of frequencies, crosstabulation, correlation tests and analysis of variance, among other).

In order to better interpret the findings from the quantitative phase, triangulate the data¹² and acquire better insight in the respondents' justiciable problems, we conducted a second, qualitative research phase from November 2016 to January 2017. The initial findings from the quantitative phase were used to design the instruments for the qualitative research phase, which comprised of 9 focus group discussions with community representatives, as well as 6 individual and/or group interviews with respondents from other stakeholders, including representatives from state institutions.

The focus group discussions included people from both communities, i.e. sex workers and people who inject drugs. Table 2 presents in details the sample encompassed with the focus group discussions.

11 SPSS is a software for analyzing quantitative data.

12 Triangulation in the context of this research is the use of several data collection methods on the same research question in order to validate them

Community	City	Number of respondents	Total respondents according to groups of interest
Sex workers	Skopje	8	27
	Bitola	5	
	Ohrid	10	
	Gostivar	4	
People who inject drugs	Skopje	6+7	42
	Bitola	16	
	Tetovo	7	
	Shtip	6	
Total respondents			69

Table 2: Crosstab display of respondents encompassed with the focus group discussion, according to place of residence

The interviews, on the other hand, included respondents from key public institutions and organizations concerned with and competent for the rule of law in Macedonia in order to determine the situation and how functional are current mechanisms for protection of the rights of the researched communities. Out of ten institutions and organizations we reached to, only six accepted our request to offer their perspective on the legal needs and access to justice of people who inject drugs and sex workers. Interviews were conducted with representatives from the:

- Sector for Social Protection and the Sector for Violations of Labour Relations and Occupational Safety and Health, at the Ministry of Labour and Social Policy of Macedonia;
- Directorate for Execution of Sanctions, at the Ministry of Justice of Macedonia;
- Public Prosecutor’s Office of Macedonia;
- Ministry of Interior of Macedonia;
- Macedonian Young Lawyers Association; and
- Doctors’ Chamber of Macedonia.

The Ombudsman's office refused the interview request, offering as an excuse the increased work load during the proposed period. Despite all efforts, we failed to establish contact with the Association of Macedonian Judges, the Left-wing Movement Solidarity and the Consumers' Organization of Macedonia. In conclusion, at the time the research was closed we had conducted six interviews with 7 respondents, including the written response sent by the Ministry of Interior.

The focus group discussions and the interviews were transcribed and thematically analysed, in part with the purpose to record and present in their originality the testimonials of respondents related to rights violations and damages suffered.

In addition to the primary data collected for the purpose of this research, during the data interpretation we also took into consideration evidence from previous research efforts and testimonials from people who inject drugs and sex workers gathered through other channels, which helped us get a clearer picture of the situation in the field.

2.1. Introduction to statistics for beginners

This report is primarily designed for practitioners and decision-makers with a mission and responsibility to promote the rights and access to justice for all Macedonian citizens, including people who inject drugs and sex workers. Consequently, the authors made substantial efforts towards presenting the findings in a graphic and descriptive manner that does not require substantial research background on part of the readers. However, the considerable amount of statistical data imposed the necessity for sporadic usage of specific terminology and presenting the more significant results of the conducted statistical test towards supporting the findings. In order to enable all readers to properly interpret the presented findings, we offer a short introduction to the terminology and the utilized statistical tests throughout the report.

The **absolute frequency** is the absolute number of respondents qualified for a specific value of a given variable. For instance: a total of 142 male respondents

participated in the research (i.e. the frequency of male respondents for the gender variable is 142).

The **relative frequency, or proportion**, is the ratio between the number of respondents qualified for a specific value of a given variable and the total number of qualified respondents for the same variable, often expressed as the proportion of the nearest possible lowest whole numbers, or as a portion of a 100 (in %). For instance, out of 250 respondents who participated in this research, 119 were Macedonians, or almost $\frac{1}{2}$ (or 47.6%) of the respondents were Macedonians.

The mean, or the **mean** frequency, is the arithmetic mean of the numerical values of a given variable. It is calculated from the sum of all reported numerical values, divided with the number of recorded reports, or $(a+b+c+d+\dots)/n$. Other research parameters are typically reported along the mean such as the range (the lowest and the highest reported numerical value for the parameter), the standard error (SE – statistical measure for assessing the possible deviation of the sample mean from the mean of the entire population), and the 95% confidence interval (CI95%, that comprises the values of two standard errors around the estimated mean in the sample and practically guarantees with a 95% certainty that the population mean for the explored variable can be found in the stated range). For instance, people who inject drugs reported from 0 to 48 justiciable problems (range), with an average of 14.9 reported problems (SE=0.7; CI95%=13.4-16.4). In other words, the respondents reported at least 0 and not more than 48 legal problems, where the mean frequency of reported problems per each respondent in the sample is 14.9, while the real mean of encountered legal problems for each member in the entire population ranges from 13.4 to 16.4 problems with a 95% certainty.

Statistical **correlation tests** show the association between two scale variables (parameters that can be expressed in numerical values, for instance age, number of problems etc.). As with other statistical tests, the correlation is considered as significant (i.e. cannot be prescribed to chance) if the value of $p \leq 0.05$ (which gives evidence in favour of rejecting the null hypothesis, i.e. that there is no association between the two variables in

the sample). The value of the correlation can range from -1 (negative linear association), over 0 (no association among the researched variable), up to $+1$ (positive linear association). The correlation can be weak ($r < 0.3$), moderate ($r = 0.3 - 0.6$) and strong ($r > 0.6$). For example, the correlation between the parameters of age and total number (frequency) of reported problems in the group of people who inject drugs is $r_s = -0.241$; $n = 169$; $p = 0.002$. Since $p \leq 0.05$, the association between these two variables is statistically significant, i.e. cannot be prescribed to chance. The negative value of r (-0.241) shows that the association is negative linear, i.e. that younger people who inject drugs experience a larger number of problems. Because $r < 0.3$, age is a weak (though significant) predictor for the number of justiciable problems in this group. The value $n = 169$ simply shows that the analysis is based on a sample of 169 people who inject drugs.

The **analysis of variance (ANOVA)** is a collection of statistical models used to identify the differences among the means of certain scale variables (for instance number of problems) between two or more (sub)groups (for instance respondents' gender, place of residence etc.). The difference in the variance of the means among the researched (sub)groups is significant when $p \leq 0.05$. For instance, our research established a significant difference in the problem frequency among people who inject drugs from different ethnicities [$F(3,165) = 4.091$; $p = 0.008$]. This means that the analysis of variance (F) with 3 between-group degrees of freedom (number of researched groups (4: Macedonians, Albanians, Roma and Other) reduced by 1) and 165 within-group degrees of freedom (total number of observations/qualified respondents - 169, reduced by the number of researched groups - 4) is 4.091. The differences are statistically significant because $p = 0.008$ (i.e. $p \leq 0.05$). In practical terms, the mean number of reported justiciable problems is significantly different in the Macedonian, Albanian, Roma and other ethnicity subgroups, i.e. ethnicity is a factor that influences the frequency of justiciable problems in this community. The analysis of variance only determines that there are differences between the (sub)groups, however it does not offer data on which of the researched subgroups deviates from the means. Consequently, there are the so-called "post-hoc" tests, from which we used the Tukey test that determines the pairs of researched subgroups whose means for the researched variable are significantly different. In the specific case, we

determined a significant difference in the means of reported justiciable problems among people who inject drugs from Macedonian ethnicity (with an average of 17 reported problems) and those from Albanian ethnicity (with an average of 11.4 problems).

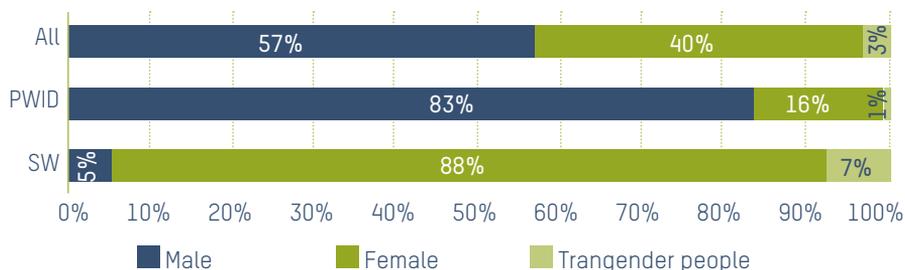
The **Chi-square independence test** (X^2 – chi-square) is used to determine the relationship between two categorical variables (nominal, i.e. descriptive – for instance gender or (not)taking action after an experienced problem; as well as ordinal variables – for instance education level or monthly income). If $p \leq 0.05$, the null hypothesis is rejected (i.e. that there is no relationship between the two variables). In this research we examined the influence of socio-demographic characteristics of the respondents on the decision not to take any actions after experiencing a justiciable problem. For instance, it was found that the ethnicity of sex workers affects the decision not to look for legal remedy [$X^2(3, N=97)=13.911$; $V=0.379$; $p=0.003$]. This means that the value of the Chi-square independence test (X^2) for 3 degrees of freedom (calculated by multiplying the number of possible values of both researched variables, both reduced by 1) is 13.911 and there is significant association between the researched variables ($p=0.003$, i.e. $p \leq 0.05$) with a medium effect ($V=0.379$), from possible low ($V < 0.3$), medium ($V=0.3-0.6$) or high ($V > 0.6$) effect. In this case, Roma sex workers significantly more often fail to take actions to resolve their legal problems in comparison to their colleagues from other ethnicities (a finding here and thereafter presented only descriptively, but derived from the crosstab tables which are not shown in order not to overburden the report).

Throughout the report, we present the results from the conducted inferential statistical tests (correlation, analysis of variance and independence tests), only when the findings are significant. Otherwise, the values of the tests are mostly not presented to avoid overloading the report.

2.2. Socio-demographic characteristics of the respondents

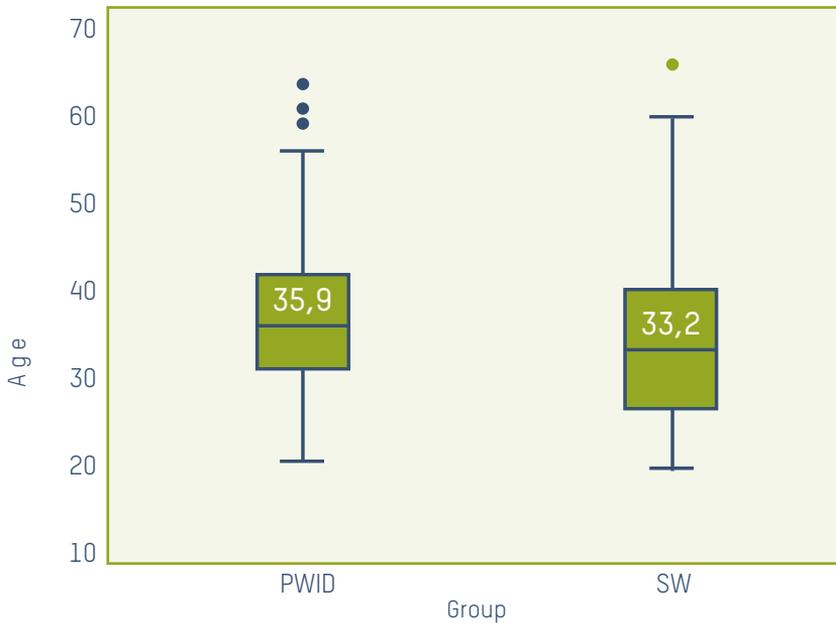
The quantitative research phase encompassed 250 respondents. Out of them, 169 inject/injected drugs, while 107 are/were engaged in sex work in the research reference period. The number of male participants was 142 (56.8%), 100 (40%) were female and 8 (3.2%) transgender respondents. The gender structure of the sample within the two communities is presented in graph 1.

Sample gender structure



Graph 1: Gender structure of the sample, according to groups

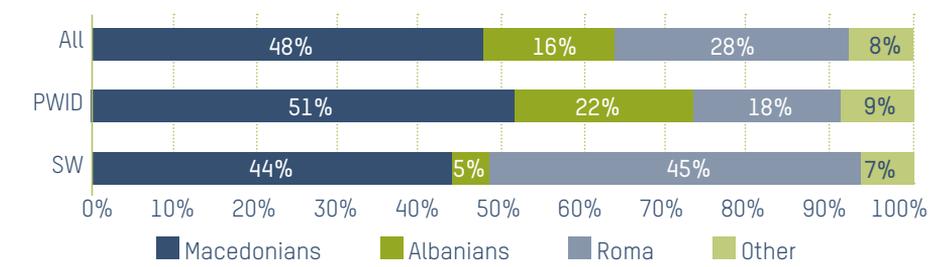
At the moment of the interview, the respondents were at the age from 18 to 65. The average age in the sample is 35.4. The respondents' age distribution in the two communities, with the central tendency measures are presented in graph 2. As it can be observed, respondents – sex workers are slightly younger, with an average age of 33.2, while those who inject/injected drugs are on average older, with an average age of 35.9.



Graph 2: Age distribution of respondents according to groups

The quantitative research phase encompassed 119 Macedonians (47.6%), 41 Albanians (16.4%), 70 Roma (28%) and 20 (8%) respondents from other ethnicities (Serbs, Turkish, Bosniaks, Vlachs and other). The ethnic structure of the respondents is presented in graph 3.

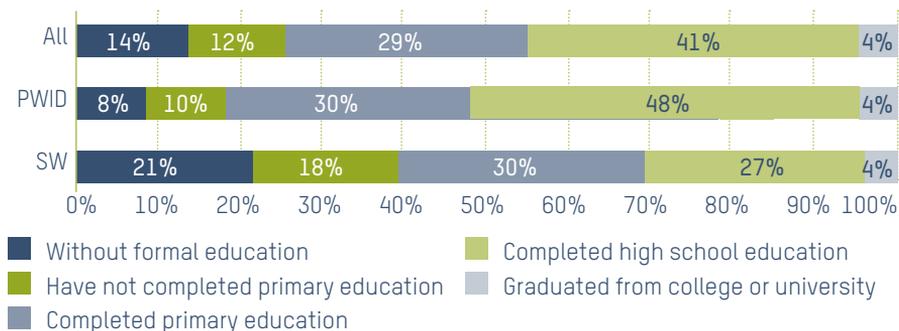
Ethnic structure



Graph 3: Ethnic structure of respondents

The highest level of education for around a third of the respondents was primary education. As many as 39.3% of the sex workers had no formal or have not completed their primary education. This was also the case with 18.4% of the people who inject drugs. The level of formal education for both communities is presented in graph 4.

Level of formal education



Graph 4: Level of formal education according to groups

Graph 5 reveals that barely a fifth of the members of both communities are employed, while the employment status of the majority of them is not regulated pursuant to the Law on Labour Relations. People who inject drugs are mostly unemployed but looking for a job (44.4%), while sex work was the only source of income for 27.1% of the sex workers.

Employment status



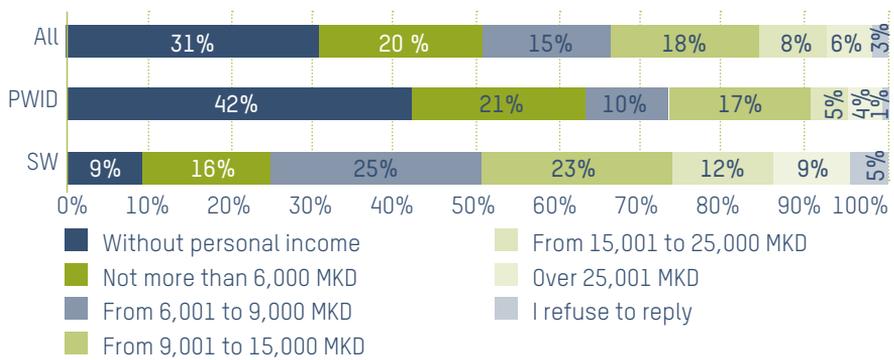
Graph 5: Employment status according to groups

(* "manages" implies that the respondent works at times and is unregistered, usually refers to manual labour or cleaning or caretaking services)

Consequently, as shown in graph 6, as many as a third of the respondents have no personal monthly income, with additional 20% living with an income lower than 6,000 MKD (100 EUR). The situation is graver with people who inject drugs, 42% of whom have no income, while this is the case with 9.3% of the sex workers.

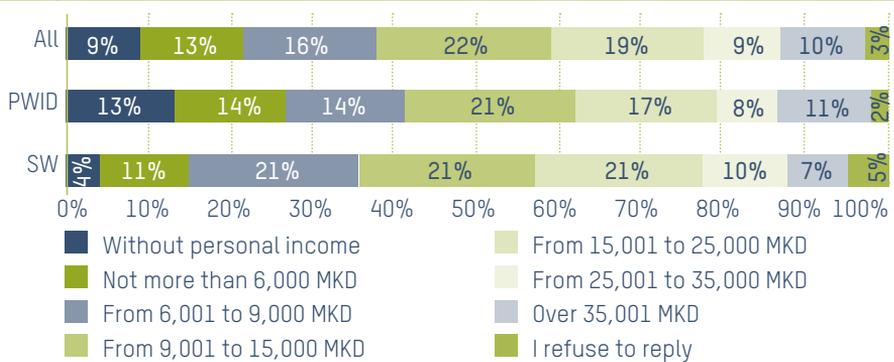
Members of both groups live in households with 3.3 members on average. However, the monthly income of two thirds of these households does not exceed 15,000 MKD (250 EUR), with around 21% living without any income whatsoever or an income less than 6,000 MKD (100 EUR) monthly (graphs 7). It is clear that both communities exhibit low financial power.

Personal monthly income



Graph 6: Personal income according to groups

Monthly household income



Graph 7: Monthly household incomes, according to groups (household average size is 3.3 members)

Respondents from the focus group discussions confirmed that their marginalized societal status prevents them from providing regular income, making them dependent on aid and forcing them to live in poverty.



LEGAL NEEDS OF PEOPLE WHO INJECT DRUGS AND SEX WORKERS IN MACEDONIA

3.1. Frequency of justiciable problems

In order to establish the legal need, i.e. the incidence of problems with a potential legal resolution, the respondents were asked 108 questions in 15 areas. 107 of them were closed-ended questions quoting a specific legal problem and offering a “yes or no” answer (for instance: Have you encountered problems with a division of property or inheritance after 1 January 2013?). One of the questions was open-ended, offering the respondents a chance to add any and all other justiciable problems they have faced, which were not mentioned in the structured questionnaire.

Cumulatively, as many as 98.2% of the people who inject drugs and 96.3% of the sex workers faced at least one justiciable problem in the research reference period. For comparison, this proportion among the general population in Macedonia was 49%.¹³

¹³ Korunovska Srbjanko et al., *Legal Needs and Paths to Justice* (Коруновска Србјанко и др., *Правните потреби и патот до правдата*).

While the general population experience between 1.3 and 1.5 problems on average,¹⁴ the incidence of justiciable problems reported by people who inject drugs ranges from 0 to 48, with 14.9 problems on average (SE=0.7; CI95%=13.4-16.4). The range of problems reported by sex workers in the reference period is from 0 to 35, with an average of 13.0 problems (SE=0.8; CI95%=11.4-14.6). It must be noted that the frequency of problems among respondents who identify themselves with both groups simultaneously, i.e. they inject drugs and are engaged in sex work is significantly larger. Namely, the range of reported problems for this subgroup is from 3 to 35, with an average of 18.1 problems (SE=1.6; CI95%=14.8-21.4), which only confirms their multi-layered vulnerability.

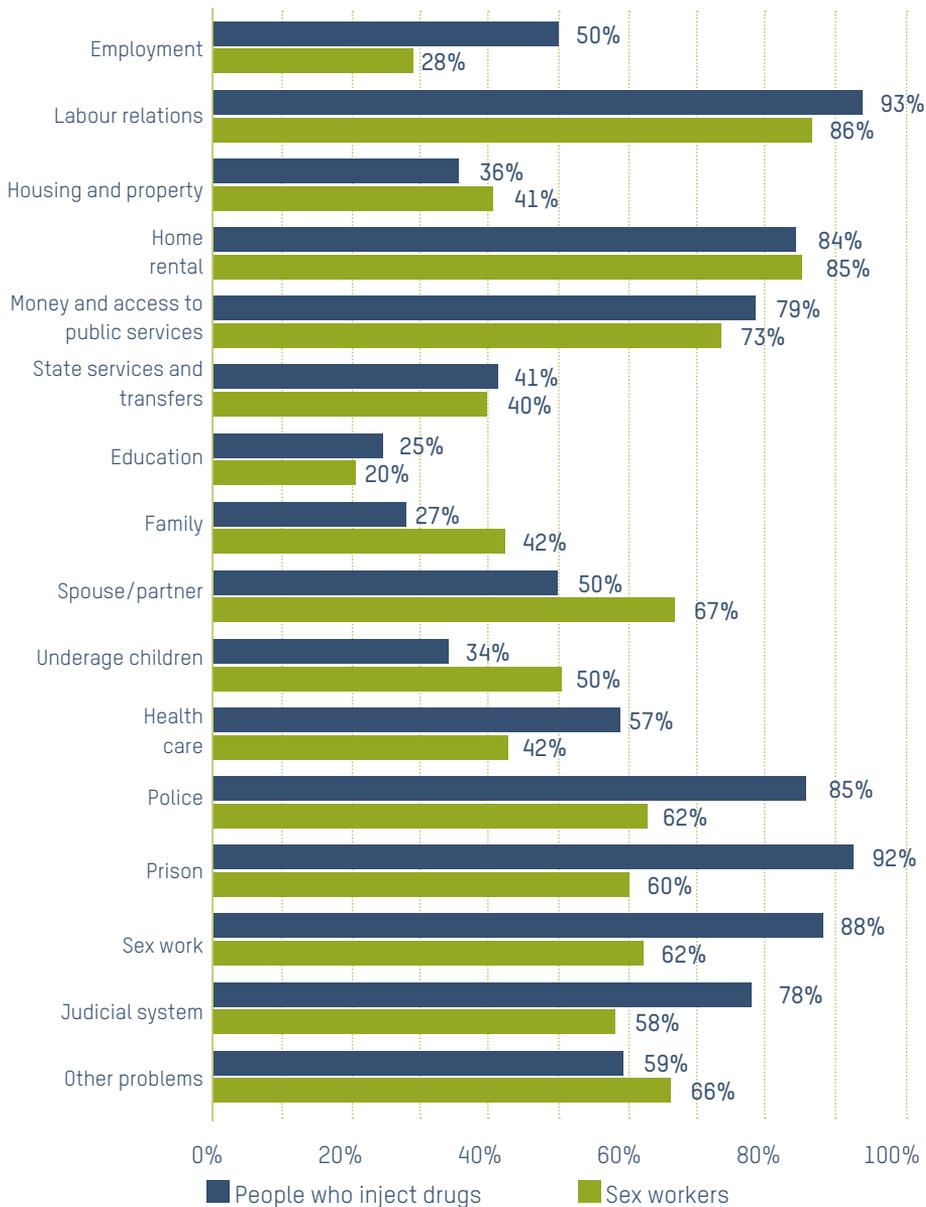
The proportion of respondents who reported at least one problem, and the mean incidence of problems vary in the different categories of researched problems (as it can be observed in table 3). Violations of employment rights, problems encountered with the police and while serving a prison sentence are most common problems people who inject drugs face. Sex workers, on the other hand, most frequently report problems with living in a rented property, access to public goods and services, with spouses/partners and with underage children. The proportion of respondents reporting at least one justiciable problem in a given category is visually presented in graph 8. This comparison should only serve as an observation of the general situation, and should not in any case be perceived as an absolute indicator of the problem incidence in different areas, considering that the number of questions and the severity of the problems from different categories are not identical.

14 Korunovska Srbjanko et al., *Legal Needs and Paths to Justice* (Коруновска Србјанко и др., *Правните потреби и патот до правдата*).

Problem category	Q	PWID			SW		
		N	% one problem	Mean (M)	N	% one problem	Mean (M)
Employment	1	125	50%	0,5	58	28%	0,3
Labour relations	9	58	93%	3,6	28	86%	2,6
Housing and property	8	169	36%	0,5	107	41%	0,5
Home rental	9	50	84%	3,3	55	85%	2,8
Money and access to public services	12	169	79%	2,1	107	73%	1,9
Government services and transfers	8	169	41%	0,6	107	40%	0,5
Education	5	4	25%	0,3	5	20%	0,6
Family	2	169	27%	0,3	107	42%	0,5
Spouse/partner	4	82	50%	0,7	51	67%	1,0
Underage children	10	58	34%	0,6	48	50%	1,1
Health care	9	169	57%	1,5	107	42%	0,8
Police	7	169	85%	2,9	107	62%	1,7
Prison	8	50	92%	2,7	5	60%	1,0
Sex work	4	26	88%	2,2	107	62%	1,3
Judicial system	8	169	78%	2,2	107	58%	1,5
Other problems	4	169	59%	0,8	107	66%	0,9
OVERALL	108	169	98%	14,9	107	96%	13,0

Table 3: Proportions of respondents who reported at least one problem and mean problem incidence in different areas (Q = number of questions in the specific category; N = number of respondents qualified to answer the questions in the category; % one problem = % of the qualified respondents who reported at least one justiciable problem in the category; M = mean number of justiciable problems per qualified respondent in the category)

At least one problem



Graph 8: Proportion of respondents who reported at least one justiciable problem, according to categories and groups

Respondent's age was found to be inversely related to the frequency of reported problems among people who inject drugs ($r_s = -0.241$; $n = 169$; $p = 0.002$), i.e. younger respondents experienced justiciable problems more

frequently compared to their older counterparts. The most affected is the 18 to 29 age group, with mean problem incidence of 17.8 (table 4). Even though there is no significant relationship between the age and the frequency of justiciable problems in the group of sex workers ($r_s = -0.109$; $n=107$; $p=0.262$), it can be observed that the most affected is the 30 to 39 age group, with a mean incidence of 15.5 justiciable problems (table 4).

Age	Average frequency of problems	
	PWID	SW
18 – 29 г.	17,8	13,1
30 – 39 г.	15,3	15,5
40 – 49 г.	13,1	10,2
50 – 59 г.	8,0	8,0
> 60г.	10,0	7,0
Overall	14,9	13,0

Table 4: Mean incidence of justiciable problems according to age groups

Respondent's gender does not have a significant influence on the mean incidence of judiciable problems in both groups. Men, women and transgender people who inject drugs report experience, on average, similar number of problems [$F(2,166)=0.939$; $p=0.393$], as is the case among sex workers [$F(2,104)=1.396$; $p=0.252$].

Ethnicity	Average frequency of problems	
	PWID	SW
Macedonians	17,03	14,90
Albanians	11,41	11,20
Roma	14,97	10,80
Other	11,07	15,70
Overall	14,9	13,0

Table 5: Mean problem incidence according to ethnicity

Sex workers from different ethnicities report similar number of justiciable problems [$F(3,103)=2.324$; $p=0.079$]. However, the mean frequency of problems greatly differs between people who inject drugs from different ethnicities [$F(3,165)=4.091$; $p=0.008$]. Macedonians, on average, experience justiciable problems more often in comparison to PWID from other ethnicities

(averagely 17 problems). Further analysis (table 5) reveals that the difference in the mean frequencies of reported problems is statistically significant between Macedonians and Albanians PWID.

No significant differences were noted in the average frequency of problems among the subcategories with different educational background among people who inject drugs [$F(4,164)=0.679$; $p=0.608$] or among sex workers [$F(4,102)=1.692$; $p=0.158$]. The employment status also has no influence over the frequency of problems in both communities ([$F(7,161)=1.318$; $p=0.246$] and [$F(8,98)=1.008$; $p=0.435$] respectively).

Respondents' personal monthly income is not related with the frequency of justiciable problems ([$F(5,162)=0,884$; $p=0.493$] and [$F(5,96)=1.623$; $p=0.161$] respectively for both groups), similarly to the monthly household incomes ([$F(6,159)=0,872$; $p=0,517$] and [$F(6,95)=1,129$; $p=0,352$] respectively).

Residence	Mean frequency of problems	
	PWID	SW
Skopje	13,2	12,3
Bitola	20,7	10,0
Tetovo	9,3	***
Gostivar	20,7	19,4
Ohrid	***	13,4
Shtip	17,2	***
Other	18,9	15,3
Overall	14,9	13,0

Table 6: Mean frequency of problems according to place of residence
 (***)the number of respondents is too small for the post-hoc test to produce results)

However, significant differences were found in the average problem frequency between people who inject drugs at different places of residence [Welch $F(5,28)=5.521$; $p=0.001$]. Respondents who live outside of the capital city, with the exception of Tetovo, experience justiciable problems more frequently in comparison to those living in Skopje and the surrounding areas (table 6). The difference is statistically significant ($p<0.05$) between the subgroups of people who inject drugs from Bitola and Skopje, as well as between those living in Bitola and Tetovo. There was no statistically significant difference of the average problem frequency among sex workers living in different towns

throughout Macedonia [$F(4,102)=2.289$; $p=0.065$], even though respondents from Gostivar report problems slightly more often than others (averagely 19.4 problems, whereas the overall average in the community is 13.0 problems).

3.2. Types of problems experienced by people who inject drugs and sex workers

3.2.1. Employment related problems

About a third of the people who inject drugs (34%) and a quarter of the sex workers (26%) were employed for a certain interval during the research reference period (graph 9). Most of respondents from both communities were unemployed, but were seeking employment (40% and 28% of the groups respectively).

Employment state



Graph 9: Employment status according to groups

As many as half of the people who inject drugs, and almost a third of the sex workers who were employed or were seeking employment in the reference period faced discrimination in their attempts to find a job (graph 10).

Employment related problems are quite common among respondents who were employed after 1 January 2013. High 93% of the people who inject drugs and 86% of the sex workers report at least one employment related problem, with the average of reported problems in this area being 3.6, and 2.6 respectively for both groups. The most common problem for both communities is working without having signed an employment contract, i.e. as unregistered workers, without health and social insurance. The frequency of other employment related problems is presented in graph 10.

Employment related problems



Graph 10: Frequency of employment related problems according to groups

Further analysis reveals no significant differences in the frequency of the employment related problems among PWID at a different age, gender, ethnicity, place of residence and personal income. Among SW, on the other hand, men experience these problems more often (averagely 5.7) than women (2.0) and transgender people (3.3) [$F(2,25)=4.810$; $p=0.017$], with no differences regarding other socio-demographic characteristics.

During the focus group discussions, people who inject drugs and sex workers reveal complete disappointment and apathy due to the obstacles society constantly poses in front of them. Most respondents claim that membership in a political party is the only way to find employment, i.e. exhibiting proof of affiliation with the political party in power is required by all organizations where employment is sought. In their experience, this practice is not applied solely in public institutions and enterprises, but rather in privately owned

companies, mostly due to political pressures on institutions and companies. This practice is accompanied by intensive stigmatization of drug use and sex work, which additionally disqualifies their competencies in attempts to find employment, as it is perceived in current cultural norms.

It is evident that the general stigma against people who inject drugs obstructs their employment, while in the rare instances where they manage to find a job, respondents have to hide their drug use or adherence to opiate substitution treatment in order to prevent being terminated or degraded to a lower position. In fact, employment is often terminated when employers discover their employees are treated for opiate addiction with a methadone or buprenorphine substitution therapy.

”

“Let me tell you about problems... wherever you look (for a job), straight away they ask where’ve you worked before, right? But at the end, when they find out we’re on methadone therapy, they just say ‘We’ll call you tomorrow’ and you never hear from them again. (...) And you know the entire town knows who we are. You can’t hide. It’s just immediate degradation, from the first step you make in their offices. Discrimination everywhere.”¹⁵

”

A2: Those of us on methadone or who take drugs are the riskiest category. They don’t even see you as humans. No respect whatsoever. You see?

A7: ‘He is a junkie, an addict.’

A2: Just one look and they say ‘We don’t need anyone.’ Just one look of you and it’s ‘No, no, we don’t need anyone.’”¹⁶

”

“I was let go ... I was let go because of a guy who lives down the street. We were working together... He told the boss that I was taking drugs. The boss came and told to me, ‘You need to go. You can’t work here

15 Field research, focus group discussion, transcript TS_IC_PM2016_Shtip_LID_005-1 and 2 [2.11.2016].

16 Field research, focus group discussion, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

anymore.’ I asked him, ‘Why? Am I a bad worker? Don’t I work hard enough?’ ‘No,’ he said, ‘I don’t need you anymore,’ and then later they told me this guy went to the boss and told him I was using (drugs).”¹⁷

Those who, despite all challenges, manage to find employment, often work as unregistered workers, i.e. employers do not register them at the Employment Agency, which prevents them from exercising the basic workers’ rights and receiving fair compensation for their labour. However, registered workers are also in a disadvantageous position due to lack of courage to act upon wrongful termination or in cases of unpaid salaries.

Q: They offer not to pay, or what is the case?

A4: I’ll tell you about me. I worked at three different places. On three houses. ‘We don’t have any money now, you’ll have to wait. We’ll pay you.’ And it’s November, and I don’t have any wood for heating, even though I worked my socks off. There’s not a log in the house or anything else. Why? Because I didn’t get paid.

Q: Didn’t you ever think to sue them and get your money?

A4: I can’t sue them because I have no contract.”¹⁸

A5: I have over 250 hours overtime. And if you’ve worked 19 Saturdays you should receive a 13th salary (holiday bonus). I have over 200 hours overtime, maybe more, but I don’t get a 13th salary. So that’s 22,000 for overtime, plus the holiday bonus, 8,000 – it’s 30,000 and the 20,000 for the salary – it’s 50,000. And they didn’t pay me for two months. The boss, he’ll hire new people, he’ll be paying them for five months with those 50,000. (...)

Q: Is there another case like yours or is it just you?

17 Field research, focus group discussion, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

18 Field research, focus group discussion, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

A5: This happened to me.

Q: No, I mean, did they also fire anyone else at that time or was it just you?

A5: Just me and another guy. He was also in treatment, he had just started therapy (methadone therapy) and he also got sacked, the same month actually.”¹⁹

Police practices towards PWID also contribute to the high unemployment rate among members of this community. According to testimonies, certain police inspectors disclose the drug use background of employees or candidates to employers, thereby hindering (maintaining) employment. To go on, such negative practice of police inspectors obstructs the opportunities for financial independence of people who inject drugs, and consequently their chances for successful rehabilitation and resocialization.



A: “A specific example. Two weeks ago, in K (a large private company), I had a job interview. (...) And after two weeks, when I was supposed to get the call, someone who works there told us that the “coppers” were there and have put some words in about us.

Q: From the police?

A: The police. The coppers. Sorry, you’re not from Bitola I guess, and so...

Q: What does “the coppers” mean?

A: The cops, the inspectors...

Q: They got them not to hire you?

A: Yes, few of us. Few people. They hired the others, but not the few of us.”²⁰

¹⁹ Field research, focus group discussion, transcript TS_IC_PM2016_Shtip_LID_005-1 and 2 [2.11.2016].

²⁰ Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_LID_002 [17.10.2016].

On the other hand, sex workers, particularly women, face different kinds of obstacles in their attempts to find or maintain employment. It appears that they are often exposed to sexual extortion and sexual harassment by employers or potential employers.

”

A1: If you are a woman – ‘give me your number, maybe we can go out tonight. Then we’ll think about it.’ That’s the way it goes.

A2: And the add says – seeking female shop assistant.

A3: Yes, but first you have to go out with the owner and then...

A1: I called to ask – and he said – give me your phone number and go out on a date with me. I’ll hire you after that. What are you looking for- I asked- a mistress or a worker.”²¹

”

A1: You’ll fool around with me if you want to get the job.

A2: That’s extortion.

Q: Extortion. OK. What did he ask you to do?

A1: He asked me to sleep with him to get the job. At night.

A2: And then he can fire you when he feels like it.”²²

According to sex workers’ testimonies, certain employers or representatives from institutions mediating in the employment process tend to extort sexual services as a compensation for securing employment in an industry unrelated to sex work. Instances of sexual harassment while seeking for a job other than sex work, as was described in the previous examples, cause sex workers

21 Field research, focus group discussion, transcript TS_VD_PM2016_Gostivar_SR_001-1 [7.11.2016].

22 Field research, focus group discussion, transcript TS_IC_PM2016_Ohrid_SR_006-1 i 2 [4.11.2016].

to lose interest in changing their qualifications and instead to continue with sex work. This is a quite distinctive social paradox, when society with its prejudices prevents sex workers from finding another qualification, while at the same time stigmatizing them for the profession they have chosen. Nevertheless, men, women and transgender sex workers believe sex work to be an honest way of providing for themselves and their families, but they would like to continue their work in circumstances that are more humane.²³

The Macedonian Ministry of Labour and Social Policy claims not to be able to identify discrimination in cases when employers terminate or disqualify people who inject drugs or sex workers when hiring them if the damaged party does not report the case. However, they confirm their independent observation of employers' repulsion towards most vulnerable categories of citizens that must be dealt with.²⁴

3.2.2. Housing and property problems

Over a third of the people who inject drugs and 41% of the sex workers report at least one justiciable problem related to housing and property, with the average number of problems detected in this category being 0.5 in both groups. Most common are neighbour disputes, while the frequency of other problems related to housing and property is presented in graph 11. It strikes out that a high portion of the respondents (5% or 3% respectively for both communities) were forced to live "on the street" for an average period of 30.4 (in the case of PWID), and 30.7 months (in the case of SWs).

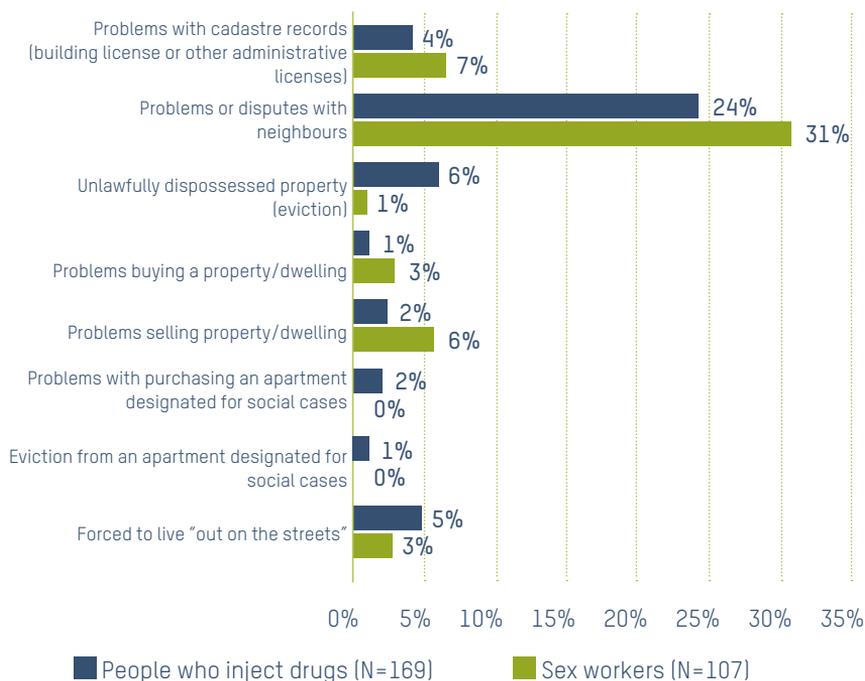
Respondents from Gostivar experience problems with housing and property considerably more often than those living in other towns, the average of reported problems being 1.0 among both groups, respectively [F(5,163)=2.447; p=0.034] and [F(4,102)=2.897; p=0.026]. Male sex workers also experience more frequently housing and property problems compared to female and transgender sex workers, on average 1.4 [F(2,104)=4.311; p=0.016].

23 Dimitrievski et al., *Legal Regulation of Sex Work* (Димитриевски и др., *Законска регулација на сексуалната работа*).

24 Field research, interview with key respondent, transcript TS_AD_PM2016_I_Skopje_MTSP_001 [24.11.2016].

During the focus group discussions, respondents stated that the most common reason for unsolved property affairs is lack of full documentation to prove the right to ownership, which is mostly the result of one or several factors: negligence, insufficient literacy or information, deceit by close relatives or friends. Unsolved property-legal relations, poverty, rejection from the family and similar reasons place people from these communities under greater risk of losing their homes and becoming even more vulnerable.

Housing and property problems



Graph 11: Frequency of problems related to housing and property according to groups

”

“Yes, I have problems with my mother. My grandfather from my mother’s side left me some land and part of the house, and when they sold it, they were supposed to share the money with me. My mother remarried, you see. She has two other daughters. They sold my house and shared the money among themselves, left me for dead. I am like the third wheel. (...) And she did nothing. She’s probably thinking ‘What could she do to me?’”²⁵

”

A1: As of today I’ll be almost out on the street, with a wife and two children. (...)

Q: What do you mean by ‘almost’?

A1: The others can tell you...

A2: He lives in a woodshed.

A1: I don’t have a house, I stay at...

A2: No water, nothing.

Q: This house, is it yours or nobody’s, you just found it empty?

A1: The woodshed is mine, the property is nobody’s.

A1: It’s a state property.

A2: This is common among us, you find a parcel, let’s say near them, and you build a shed or something, out of boards, card box, whatever you can find...”²⁶

”

Q: And? Did you complain anywhere?

25 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_003-1 and 2 [27.10.2016].

26 Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_LID_002 [17.10.2016].

A: I did, but they said: “You don’t have anything. Your mother took it. Your mother took those two rooms that were left to you.”

Q: OK. So where do you live now if they took...?

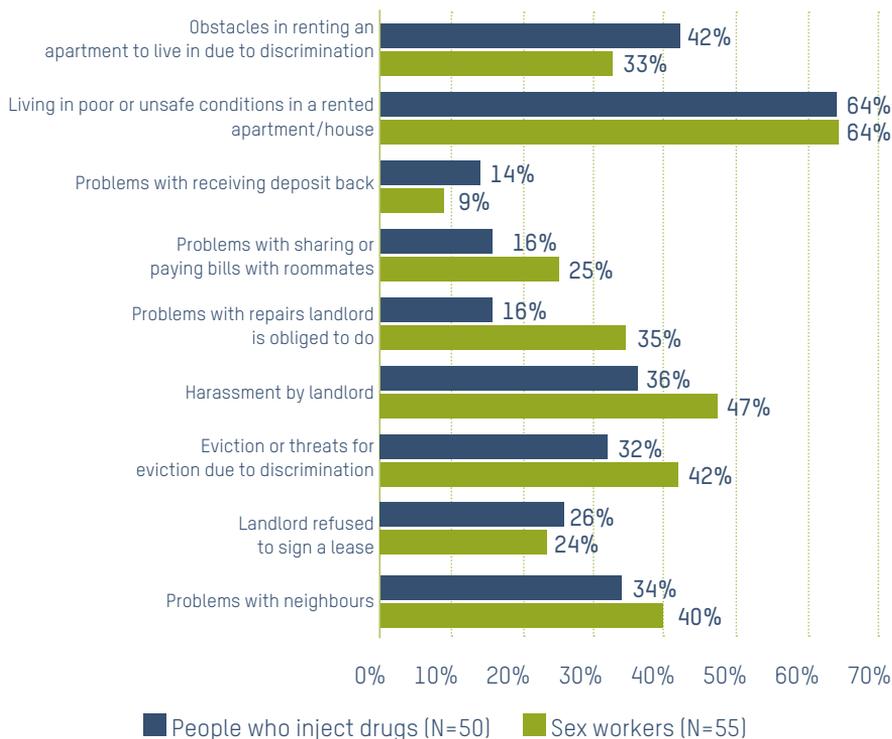
A: Nowhere. (...) Out on the street. I get by. And I am with my son, you see? I have nowhere to live.”²⁷

3.2.3. Problems with renting an apartment/house

Almost a third of the people who inject drugs and half of the sex workers lived in a rented apartment or house in the reference period. Out of them, as many as 84% and 85% respectively, experienced at least one problem. Sex workers faced more problems related to renting a place to live in, on average 3.3, while this the average frequency of such problems among people who inject drugs was 2.8 in the past 3.5 years. Living in bad or unsafe conditions in rented apartments or houses was a problem experienced by two out of three respondents, while harassment by landlords and discrimination when searching for an apartment/house to rent or during its utilization was also quite common. The frequency of reported problems related to renting is laid out in graph 12.

²⁷ Field research, focus group discussion, transcript AU_VD_PM2016_Skopje_SR_004-1 and 2 [1.11.2016].

Renting problems



Graph 12: Frequency of problems related to renting an apartment/house to live in according to groups

Renting an apartment/house to live in is particularly problematic for women who inject drugs, who face averagely 4.1 such problems, as opposed to men, who report 2.1 problems on average [$F(2,47)=6.216$; $p=0.004$]. People who inject drugs living outside the data collection locations (Strumica, Sveti Nikole, Prilep, Struga, Vinica etc.) also experience more frequently problems with renting a home (5.2 on average), in comparison to respondents living in Skopje (2.1 on average) [$F(5,44)=2.923$; $p=0.023$]. In the sex workers' community, we did not find any differences in the mean problem frequency regarding gender, age, ethnicity, place of residence and monthly income.

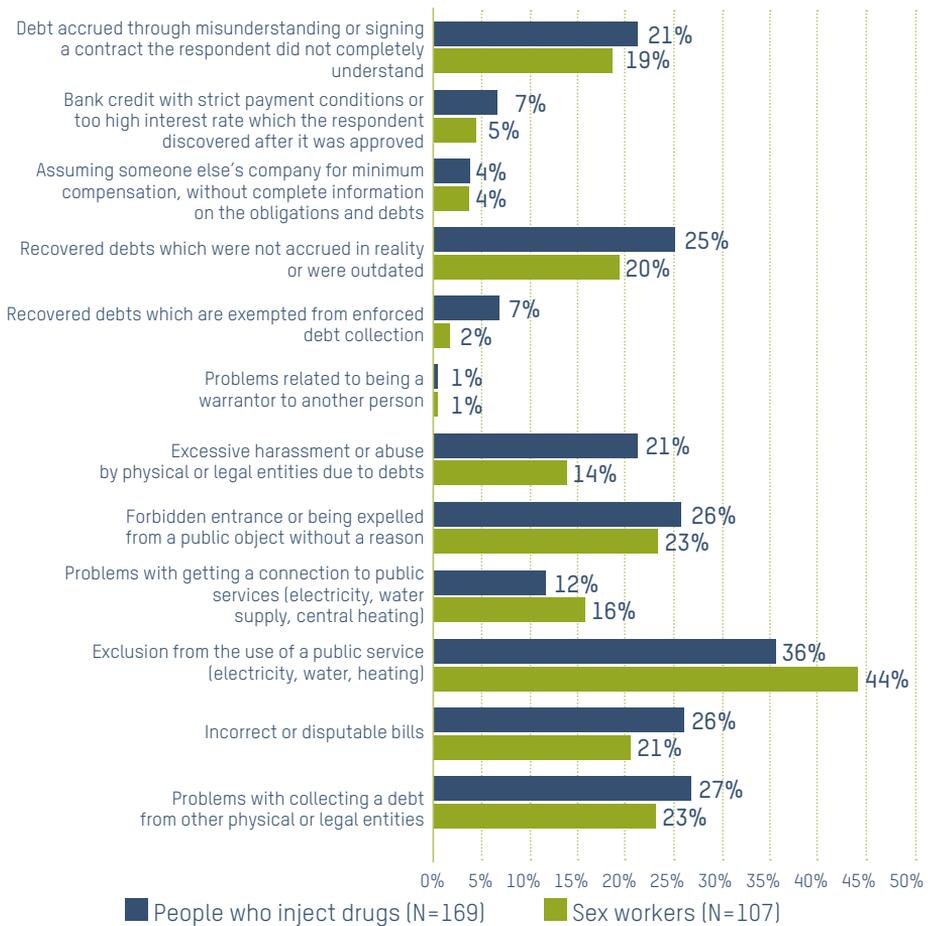
The focus group discussions revealed that respondents who rent or had rented an apartment rarely ask to sign a lease with the landlords. Reactions and responses convey that respondents do not attach importance to the

necessity of signing a lease verified by a notary. In certain cases, signing a lease is impossible since the space rented was built without a construction license and lacks valid ownership documentation. However, even in such circumstances, respondents find more problematic their difficulties to pay the rent, rather than their relationship with the property owners.

3.2.4. Problems related to money and access to public services

As many as 79% of the people who inject drugs and 73% of the sex workers face at least one problem related to money and access to public services. The average number of problems for both groups was 2.1 and 1.9 respectively for the reference period. The most common problem is the discontinuance of utility services, such as electricity, water or central heating. It is also common for members of these communities to acquire debts due to completely misunderstanding a contract they have signed or because they were deceived, while a quarter of the people who inject drugs and a fifth of the sex workers claim they were charged a debt for goods or services they hadn't used, and which was outdated. As many as 4% of the respondents from both groups assumed someone else's company with accrued debts for minimum compensation. 27% or 23% of the groups had problems collecting a debt from other physical or legal entities. The frequency of reported problems related to money, goods and services is presented in graph 13.

Problems related to money and access to public goods and services



Graph 13: Frequency of problems related to money and access to public services according to groups

Macedonians who inject drugs experience problems related to money or use of public services more frequently (2.7 on average) in comparison to respondents from other ethnicities [$F(3,165)=5.986$; $p=0.001$]. These problems are more common among people who inject drugs from Shtip (3.3 on average) in comparison to those living in other towns [$F(5,163)=3.462$; $p=0.005$]. The place of residence is a significant factor that influences the frequency of these problems among sex workers as well [$F(4,102)=3.176$; $p=0.017$], the most affected being those who live in Ohrid with 2.9 problems on average.

The focus group discussions also revealed that the most common problems in this area are utility services debts. The electricity company often shuts off electricity due to unpaid bills and respondents are forced to sign an instalment payment contract in order to be reconnected to the electricity power distribution grid.

A young man who uses drugs described the unpleasant experience he had with one of the bigger telephone operators in Macedonia. A month after he had signed a contract with the operator, the telephone he received in the package with the services broke. After two failed attempts to repair it, the telephone operator continued to charge him for conversation services unavailable to the respondent, according to him. The user did not feel powerful enough to initiate a procedure for legal resolution of the problem and received an order for enforced collection of the debt he owed to the telephone operator. The blocked bank account due to the enforced debt collection restricted the user's financial independence and deprived him of motivation to seek employment, despite his ability to work.

Even in cases when there is legal basis for winning a dispute, sex workers and people who inject drugs rarely confront institutions and public and private companies, mostly due to lack of power, lost trust in the institutions and financial constraints to initiate legal proceedings. They are forced to accrue new debts in order to pay the old ones, sometimes without a ground or accrued due to a misunderstanding, and often live without the basic conditions, such as electricity or water supply. Together with their families, they are forced into a vicious circle of constant sinking on the margins of society, which increases their vulnerability and risks to their health and life.

Apart from legal disputes with large companies in Macedonia, there were indications about risky debtor-creditor relations among members of the communities, however, our efforts to collect such data failed since none of the respondents shared such an example.

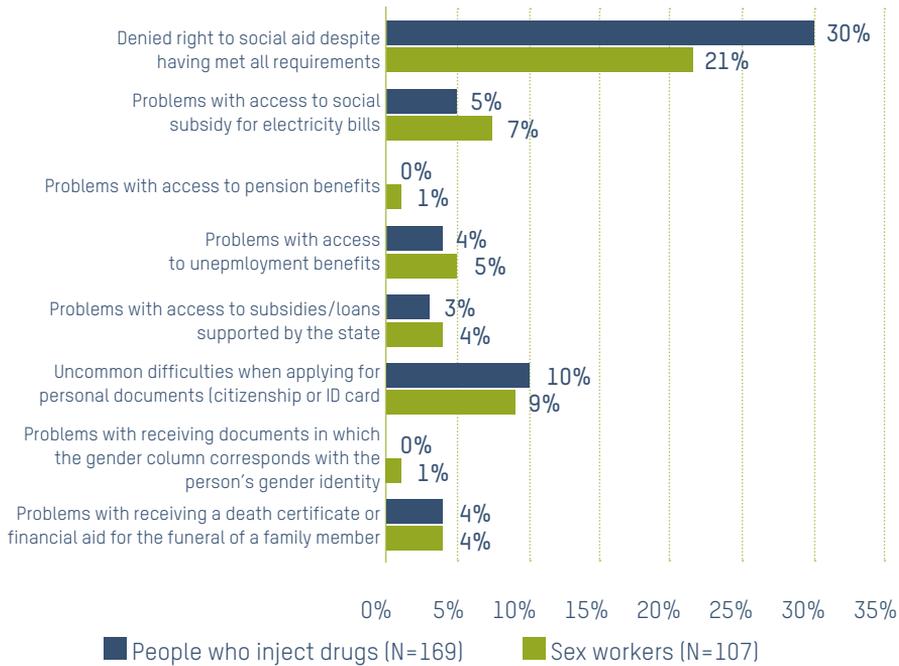
3.2.5. Problems with government services and transfers

Two fifths of both communities experienced at least one problem with transfers and services in the competence of the government during the research reference period. People who use drugs on average have 0.6 problems in this area, while sex workers averagely report 0.5. Most of these citizens were refused the right to social financial aid, despite their claim of having met the prescribed requirements. They also frequently face challenges in attempts to obtain personal identification documents or citizenship. The frequency of the problems related to government services and transfers are presented in graph 14

Sex workers above 50 years of age experience problems with exercising their rights in government institutions more frequently (1.0 on average) than younger sex workers [$F(3,103)=3.242$; $p=0.025$]. No significant differences could be detected regarding the problem frequency in this area in the other demographic parameters for both communities.

Findings from focus group discussions attest to the disappointment in Macedonian institutions of both communities. Most respondents, for instance, harshly criticize the requirements set for awarding social benefits, to which they believe are entitled. Most complaints addressed treatment from employees in social work centres, who are considered as the biggest obstacle in the realization of the right to social care. The inhumane treatment of sex workers and people who inject drugs leads to complete distrust in institutions, which instead of being supportive, often restricts or obstructs the exercise of their rights.

Problems with government services and transfers



Graph 14: Frequency of problems with government services and transfers according to groups



"A: My daughter receives financial aid for being my caregiver. She keeps telling them, 'My mother is in the hospital, on IV.' 'Bring your mother here!' they keep repeating. So my daughter got angry once and took me there (the Social Work Centre in Ohrid) in a wheel chair with the IV in my hand. She told them, 'Come out in front of the building, my mother is outside!' 'Well get her up here then.' 'You come down and get her up! Don't you get what I am saying? My mother can't come up here! What don't you get?' 'Go,' they said, 'to the director's office. Talk to him', they said. My daughter got even angrier and went to the director. She told him, 'my mother is downstairs, it's cold, my mother is in the hall, she is waiting. I brought her here, with the IV in her vein and everything. What is the problem... I am her caregiver, I can bring a document from a lawyer, notarized by a notary public, that I am my mother's caregiver! What is the reason for this?' 'Well, your mother

has to sign.’ Are you out of your mind? My mother is blind, how can she sign anything?’²⁸

“...I get 1,200 MKD (20 EUR) social aid. What can I do with 1,200 MKD?”²⁹

“In 2012 I was in (prison) for six months. When I was in (prison), they stopped it (the social aid). When I came out (of prison) they told me I don’t have the right to this (social aid) for six more months.”³⁰

“Wood for heating, flour, oil, they bring it in trucks. But not to those who don’t have it. They bring it to those who have everything. Truck loads! An entire truck filled... they unload it to people who have plenty. They give to the rich, not the poor. When they see a poor man they don’t see a human, they see trash.”³¹

Representatives from the Ministry of Labour and Social Policy of Macedonia explain that in cases of dissatisfaction with the decision of the first-instance body, the individual has the option to submit a complaint to the Ministry’s second-instance commission. The second-instance commission deliberates whether the complaint is founded, and reaches a decision or returns the case for re-examination to the first-instance body. However, they do admit that services for sex workers and people who inject drugs are insufficiently developed and need to be approached from a multisectoral aspect that includes the local self-government units and civil society organizations.³²

Considering the challenging access to government services and transfers, sex workers and people who inject drugs most often turn to civil society

28 Field research, focus group discussion, transcript TS_IC_PM2016_Ohrid_SR_006-1 and 2 [4.11.2016].

29 Field research, focus group discussions, transcript TS_IC_PM2016_Shtip_LID_005-1 and 2 [2.11.2016].

30 Field research, focus group discussions, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

31 Field research, focus group discussions, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

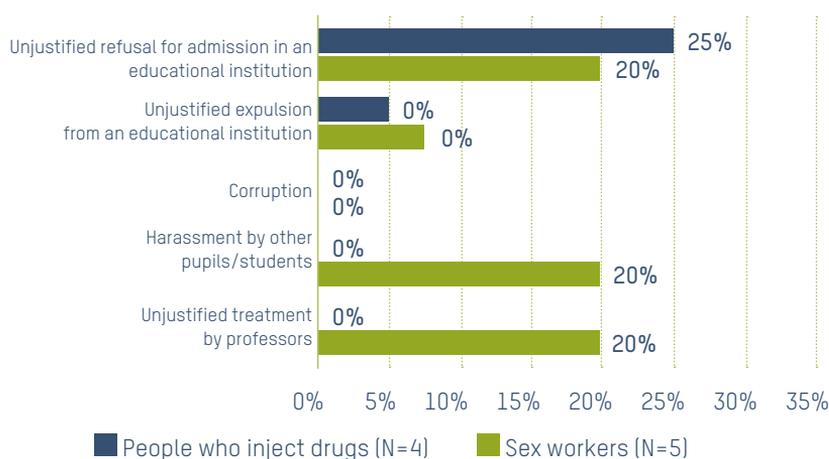
32 Field research, interview with key respondent, transcript TS_AD_PM2016_I_Skopje_MTSP_001 [24.11.2016].

operated harm reduction and sex workers' support programs, who they perceive as sole advocates for their rights. Civic organizations often act as mediators in the communication between both communities and institutions, all towards exercising the rights that should be guaranteed by the state.

3.2.6. Problems with education

Only 2% of the people who inject drugs and 5% of the sex workers were part of the educational system in the reference period. The small number of respondents qualified in this area is probably the result of the higher average age in the sample but also the tendency of people who inject drugs and sex workers to drop out from education early in their youth. One respondent in each group experienced a problem while the frequency of education related problems is presented in graph 15.

Problems with education



Graph 15: Frequency of problems related to education according to groups

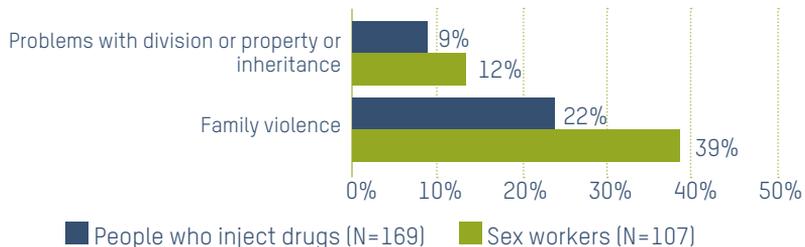
Respondents from the focus groups discussions had long ago completed their education or dropped out, hence they were not able to report more current problems in this area. Yet, it could be observed that the education level among respondents was quite low. Some respondents never enrolled in formal education or left school very early. Parents unable to afford education for the respondents, who were then forced to start earning early in their life, is the most common explanation.

3.2.7. Problems with the family

Somewhat more than a quarter (27%) of the people who inject drugs and 42% of the sex workers report at least one problem with their families (not considering partners and underage children). Respondents experience on average 0.3 or 0.5 problems respectively in this area. Violence from family members (not considering partners) is the most common problem, which 1/5 of the people who inject drugs and 2/5 of the sex workers experience.

Also quite common are problems with division of property or inheritance, frequent with 9% or 12% respectively for both groups. Family related problems are illustrated in graph 16

Family problems



Graph 16. Graph 16: Frequency of family problems according to groups

Family problems are more frequent among younger people who inject drugs, particularly in the 18 to 29 age group, with the average frequency of problems being 0.6, or double the overall average [$F(3,165)=4.411$; $p=0.005$]. Women who use drugs have problems with their families more often (averagely 0.7) than men [$F(2,166)=8.924$; $p<0.001$], while respondents from Gostivar report 1.0 problems on average, which is considerably more than those living in other towns [$F(5,163)=4.710$; $p<0.001$]. It was also observed that PWID with a monthly income from 9,000 to 15,000 MKD report significantly more problems (0.6 on average) in comparison to those without any income, who report 0.2 family problems [$F(5,162)=2.570$; $p=0.029$].

Family problems are more frequent among Macedonian sex workers (0.7 on average) and those from smaller ethnicities (Serbs, Vlachs, Turks and Bosniaks, with an average of 1.0 problems) in comparison to Albanians (0.2) and Roma (0.3 problems) [$F(3,103)=6.096$; $p=0.001$].

Respondents from the focus group discussions confirm that their extended families have difficulties in facing the fact that a family member uses drugs and/or is a sex worker. Some testify that they also suffer violence from their own children.



“My son (...) The one I gave birth to... says to me, “Get out of here, you whore... you do it for money,” imagine what other people say. Of course others will say things. I am telling you, my son says this to me. He cracked my head twice (she laughs with another respondent). He keeps beating me, but I made up my mind, I have to do it, he is older, he can get by, but the other two children are still small, they can't, I have to provide for them.”³³

A respondent from Skopje, similarly to the respondent from Bitola, has an adult son who insults her because of her professional orientation, although he has never hurt her physically. It is noticeable that all respondents are willing to suffer further violence from their children because they wouldn't want to harm them in any way by involving them in legal procedures.

Apart from family violence, as was mentioned in the housing and property chapter, respondents from these groups were also victims of deceit by family members who hide or destroy potential evidence needed to prove the right to family inheritance. However due to the low education level and/or the poor financial state, they were not able to initiate a corresponding legal procedure towards assuming their rights.

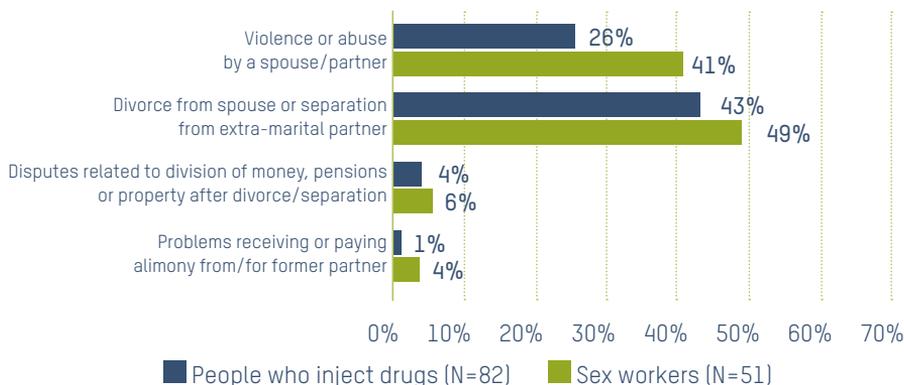
3.2.8. Problems with a spouse or extramarital partner

Almost half of the respondents from both communities (49% of the people who use drugs and 48% of the sex workers) were married or in an extramarital union for more than a year in the research period. Half of these people who inject drugs and 67% of the sex workers experienced a problem with their partner. The average number of reported problems in this area is 0.7 and 1.0 respectively for both communities. Divorces/separations are quite common, as well as violence (physical, psychological, sexual and economic) from the

³³ Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_SR_001 [17.10.2016].

partner. The reported problems related with partners are illustrated in graph 17.

Problems with spouse/partner



Graph 17. Graph 17: Frequency of problems with spouses/partners according to groups

Problems with partners are more common among younger people who inject drugs (1.1 on average in the 18-29 age group [$F(3,78)=3.453$; $p=0.02$]), among Macedonians (0.9 problems on average [$F(3,78)=3.740$; $p=0.014$]), and women (1.4 on average [$F(1,80)=15.8$; $p<0.001$]), compared to the other subgroups according to age, ethnicity and gender.

Sex workers from Gostivar, on the other hand, have more problems with their partners (2.3 on average) in comparison to those from Skopje (0.8) and Ohrid (0.6) [$F(4,46)=3.193$; $p=0.021$].

The focus group discussions leave the impression that most sex workers and people who inject drugs have unstable relationships with intimate partners, often terminated due to weak financial power, prison sentences, as well as the violence suffered mostly by women.



“I just want him out of town, I don’t want to see him here anymore. You never know what he is capable of.”³⁴



“We live together because I can’t get rid of him. I can’t. (...) I tell him to go away. All in vain! He broke everything I had left from my mother

³⁴ Field research, focus group discussion, transcript TS_IC_PM2016_Ohrid_SR_006-1 and 2 [4.11.2016].

(...) but who else can I find. And he is supposed to serve a prison sentence, ... but they don't come for him. The police have warrants after him, but they don't come to take him."³⁵

According to the testimonies, the police are quite passive in dealing with family violence. A respondent, after the formal conversation in the focus group discussion, privately shared a personal experience where the police officers to whom she reported physical abuse from her husband advised her to continue living with him and only report serious injuries. Eventually, a serious injury led to her divorcing her husband; however, she questions whether a life-threatening event had to occur in order for her to receive proper police protection.

3.2.9. Problems related to underage children

In the reference period, 58 (34%) of the people who inject drugs and 48 (45%) of the sex workers had underage children. Out of them, 34% and 50% had at least one problem related to their underage children. The average of reported problems in this category is 0.6 among people who inject drugs and 1.1 among sex workers. Sex workers face problems with their children more often. The problems are mostly related to exercising the right to child benefits, awarding custody over a child, and peer harassment. People who inject drugs, on the other hand, mostly have problems with access arrangements, i.e. restriction of contact with their children. The frequency of problems related to underage children is presented in graph 18.

35 Field research, focus group discussions, transcript AU_VD_PM2016_Skopje_SR_004-1 and 2 [1.11.2016].

Problems related to children



Graph 18: Frequency of problems related to underage children according to groups

Women who inject drugs experience problems with their underage children more often (1.4 on average in comparison to men, who report 0.4 problems) [$F(1,56)=8.550$; $p=0.005$]. PWID from smaller ethnic communities (Serbs, Vlachs, Turks, Bosniaks) also have significantly more problems with their children (2.3 on average) in comparison to, for instance, Albanians (0.14 on average) [$F(3,53)=5.759$; $p=0.002$]. The situation with sex workers from smaller ethnic communities is similar, i.e. they have more frequent problems in this area (2.5 on average, as opposed to 0.7 reported problems among Roma respondents) [$F(3,44)=3.518$; $p=0.023$].

During the focus group discussions, a respondent shared her experience with having difficulties in providing personal identification documents for her underage son because only one parent was recorded in the birth registry. According to her, the clerk at the Ministry of Interior refused to issue an ID

for the respondent's son because his birth certificate listed only the mother as the child's parent, omitting the father. However, at the respondent's insistence, the ID was issued in the legally prescribed period, which attests to the arbitrariness clerks in institutions practice while performing their duties.



"It happened a while ago. My child was supposed to go to a school trip. As his legal guardian I was supposed to sign the application for the ID because he is underage. So I went there and they said they needed a copy of the birth certificate. So I went to the birth registry office and the guy there (the clerk) asked me politely, he said, 'it says here that the child doesn't have a father.' 'That's right,' I said, 'that hasn't changed.' And he apologized, 'I apologize for asking,' he said. So everything was fine there. He issued a copy of the birth certificate. Then I went back to the other window and said 'Here you are' (addressing the clerk), the document, a photo, and the bank slip confirming that I paid... 'The father?' 'I beg your pardon?' I said. 'Madam. It says here very clearly that ever since my son was born, I have been listed as his only parent. There's no father, and the reasons are personal!' I don't have to explain anything to you. 'I know,' she said, 'that the prescribed period for issuing the ID is seven days... (...) but I have to go to the court,' she said, 'to check if you are a criminal offender, because the father is not listed here. (...) And it won't be ready in seven days.' And my son was supposed to leave before that. 'Listen,' I said, 'now listen to me, madam. Maybe I am not educated, I am illiterate. But I know about these things!' I said. 'If the father was listed here, or if we were divorced, then, yes, you're right, because my son is underage, I would need two signatures. But there is only one parent listed here... So please I kindly ask you, you have seven days,' I said, 'to issue the ID.' Finally, after a bit of push and shove, I got the ID."³⁶

Another respondent shared a case regarding awarding custody over her child. She also mentioned that she had already initiated a court procedure for this matter.

³⁶ Field research, focus group discussion, transcript TS_IC_PM2016_0hrid_SR_006-1 and 2 [4.11.2016].



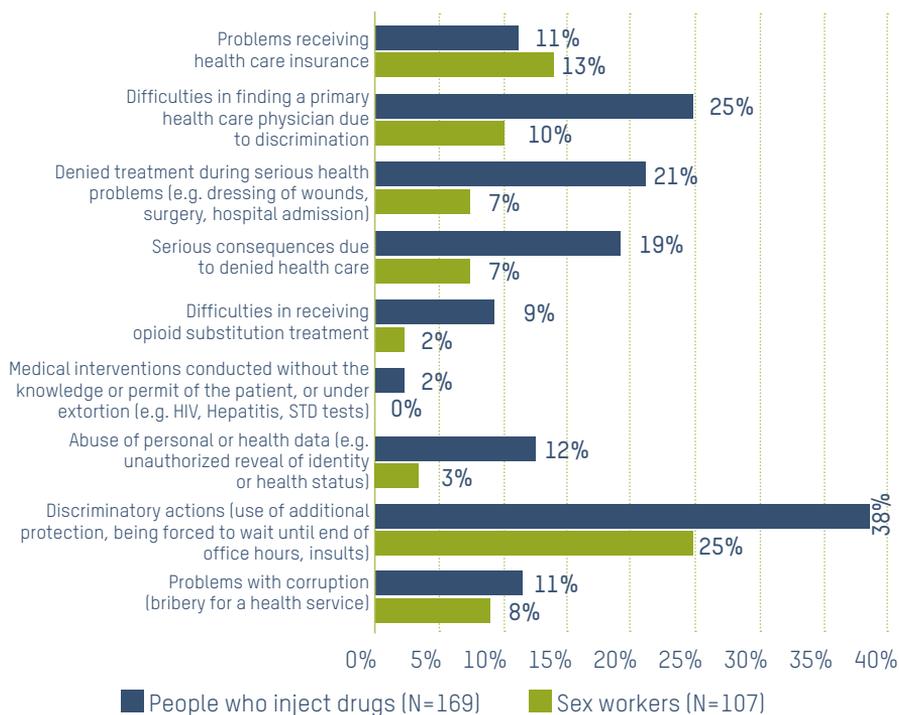
“...since we are separating,... we’ve been living apart for four months, and my son is with his grandparents (on the father’s side) in (Skopje neighbourhood 1). We had an apartment in (Skopje neighbourhood 2), I am at my parent’s in (Skopje neighbourhood 3). And I have a problem. I can’t take my son with me to (Skopje neighbourhood 3) at my parents’ place, even though it’s 300 square meters, because he has to go to kindergarten. His kindergarten is in (Skopje neighbourhood 2). But at present they are at his parents’ (the husband’s parents) in (Skopje neighbourhood 1). We are not officially divorced, however I was forbidden (by my husband) for a period to see him (the child).”³⁷

3.2.10. Problems in exercising health care rights

Almost two thirds (57%) of the people who inject drugs and 42% of the sex workers experienced at least one problem related to health care rights. Both groups report averagely 1.5 and 0.8 problems in this area, respectfully. Respondents from both communities often face discrimination in the health care system, demonstrated with the unnecessary use of additional protective equipment at the respondents’ expense, unjustifiable postponement for health examinations or interventions after working hours, insults by health workers and other behaviour contrary the ethic norms and laws. People who inject drugs faced specific difficulties in the search for proper health care. For them, it is even problematic to access primary health care physicians. And what is perhaps more concerning, significant portion of this community were refused treatment when facing severe health issues, and some of them suffered serious consequences because of the refusal. For sex workers, on the other hand, acquiring health insurance was more problematic. The frequency of problems related to health care rights is presented in graph 19.

³⁷ Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].

Health care rights problems



Graph 19: Frequency of problems related to health care rights according to groups

Macedonian PWID face more problems in exercising their health care rights (1.8 on average [$F(3,165) = 2.740$; $p=0.045$]) in comparison to respondents with other ethnicities. Access to health care is more problematic for people who inject drugs from Bitola (2.5) and Shtip (2.4) [$F(5,163)=6.763$; $p<0.001$], as opposed to those living in other cities.

Compared to sex workers living in bigger cities, SWs from Gostivar report significantly more difficulties with the health care system (1.1 on average), similarly to those from other towns (1.5 on average for SW from Strumica, Prilep, Struga etc.) [$F(4,102)=3.507$; $p=0.01$].

Respondents from the focus group discussions confirmed the challenges in exercising health care rights. For instance, a respondent complained that the General Hospital in Ohrid refused to admit her because she didn't have health insurance, although pursuant to Article 31 of the Law on Prevention and Protection from Family Violence, health workers are obliged to conduct

all necessary examinations, and victims of family violence are exempt from all financial obligations to health institutions.³⁸ The respondent went through hell to exercise her right to a medical assistance as a victim of family violence.



“I walked throughout Ohrid like that, bloody, on purpose, for everyone to see, obviously. You can’t hide something like that. And they said – you have to go to a doctor. And my citizenship was approved by then, but I didn’t have money for the ID and to get the other documents. (...) and they didn’t want to admit me in the hospital. (...) ... they said – you don’t have insurance. (...) You need to have all the documents. Right? But anyway, if it’s family violence then you don’t need... (...) insurance (she laughs). I mean, it’s stupid. So I went back to the police. And I told them, ‘They don’t want to admit me!’ ‘What do you mean? Go back,’ they said. So I went when the shifts change. And that doctor admitted me, examined me and wrote a report... injuries caused by fists, family violence. I insisted that she refers me to a surgeon. She didn’t want to. I was so pushy, I went three or four times to the hospital until they did the report and all examinations! I mean urine, blood... I was very determined. In a lot of pain but pushy. Tomography as well... everything! And she said... at the end the doctor said, ‘You don’t have to pay for the tomography.’ That happened here in Ohrid, at the general hospital.”³⁹

People who inject drugs also commented on the way health workers’ treat them. In fact, this was a bitter topic for them. People who are enrolled in opioid addiction treatment are recognized by health workers because of the F11 code stamped in their health cards, which is a code for opiate addiction according to the International Classification of Diseases.⁴⁰ When health workers deal with a patient for whom they know is/was a drug user, they use additional equipment for, as they explain themselves, protection

38 Official Gazette no. 138/14, *Law on Prevention and Protection from Family Violence* (Службен весник 138/14, Закон за превенција, спречување и заштита од семејно насилство).

39 Field research, focus group discussion, transcript TS_IC_PM2016_Ohrid_SR_006-1 and 2 [4.11.2016].

40 WHO, *International Classification of Diseases*.

from HIV and Hepatitis C. The Doctors' Chamber of Macedonia shared a specific example regarding a complaint they received from a patient who was intentionally examined at the end of working hours due to his Hepatitis C positive status. However, the Chamber rejected the patient's complaint, ascribing this practice of the health practitioners as compliant with the Protocol for Treatment of People with Hepatitis C for the purpose of protecting other patients.⁴¹ Such actions are not only manifestation of discrimination but also portray lack of knowledge on HIV and Hepatitis C. Health workers should know that exterior manifestations of HIV or Hepatitis C infections are seldom, consequently they should utilize protective measures while working with all patients, regardless of their background.

However, fear from HIV and Hepatitis C among health workers is probably not the only reason for the discriminatory treatment towards people who inject drugs. The respondents in the focus group discussions frequently recognize judgment and repulsion in the practices of health care institutions.

“...they don't offer any support. As soon as they see you're a junkie, it's all over ... My old pain with the knee from last year came back. I didn't know where to go, whichever hospital I went to, nobody wanted to see me.”⁴²

“I have only one thing to say. I am sure you know this too. In 90% of the cases when you call an ambulance for a guy who has OD'ed or fell unconscious from drugs, they don't come. I mean, it has happened to me personally.”⁴³

Judgement and aversion among health workers is particularly perceivable towards mothers who are using or have used drugs. Pregnant women before birth are advised to give their baby for adoption or in specific monasteries because they are expected to be bad mothers, incapable of taking care of a

41 Field research, interview, field notes FN_AD_PM2016_Doctors' Chamber_003 [16.12.2016].

42 Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_LID_002 [17.10.2016].

43 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].

baby. Individual health workers go as far as commenting that “those women” shouldn’t be allowed to have babies.



“I was pregnant, I gave birth last year. At the State University Hospital. Great, right? But when I went there, and while they were taking me upstairs, the nurse told me straight to my face, ‘F 11,’ she said, ‘you shouldn’t be allowed to give birth.’ Straight to my face! (...) Wait a minute! And I am crying with all the hormones. I am tough, but it hit me because of the hormones. (...) Before that, I went with him (she points to another respondent in the group) to transfusiology, because of my thrombosis. I had a lot of broken capillaries on my legs, from the pregnancy and from methadone injections from the past, so we went with him and he (another respondent) told me, he said, ‘let’s take a syringe and a needle, just in case.’ He said ‘what if they don’t want to do it (take a blood sample).’ And I said to him, ‘that’s ridiculous? I am a pregnant woman. Don’t be an idiot.’ But he took a syringe and a needle and we sat down (in the examination room) and she (the doctor) opened my health card. Obviously I was pregnant, there’s no need to look in the health card. This woman is pregnant, it’s obvious. So she said, ‘what is the problem?’. And I said, ‘well, I have thrombosis in my legs, because I became heavier now I have enlarged veins.’ (...) And she said, ‘we’ll have to take a blood sample.’ I said o.k. and I raised my arm, you know, so she could take blood. And she said to me, ‘why don’t you go to the toilets,’ she said, ‘and take your own blood sample?’ (...) She wanted me to take blood from the groin area. (...) She said, ‘take blood from here, you know how it’s done.’ And I said, ‘how do you expect me take blood from my groins, I am seven months pregnant?’ And really he (the other respondent) came with me to the toilets, took blood from the groins of a seven-month pregnant woman. (...) When the time came to give birth, their machines didn’t work. I was lying on that delivery table for two days, two days, I lie you not. I think my bones still hurt, the room was freezing, and this was in the new building (at the State University Clinic for Gynaecology and Obstetrics). (...) I tell you, I was giving birth, and a doctor there wouldn’t get off my case, ‘who made you take drugs? Look how beautiful you are.’ While I was giving birth! And so they took out the baby, healthy...

you know, it was so clean, like bathed. They looked at the baby and couldn't believe it was normal and there was nothing wrong with it."⁴⁴

Discriminatory treatment continues after birth. Women who use drugs and who give birth are placed in an isolated room and not provided with any additional care. Nurses mostly avoid entering their rooms. The story was confirmed by another respondent who went through the same experience several years previously.

The representative from the Doctors' Chamber of Macedonia stated that the Chamber has no competency in acting pursuant to such issues, which can be disputed since according to their Statute, Article 25-35, the Court of Honour is competent to penalize its members "from an ethic and deontological aspect."⁴⁵

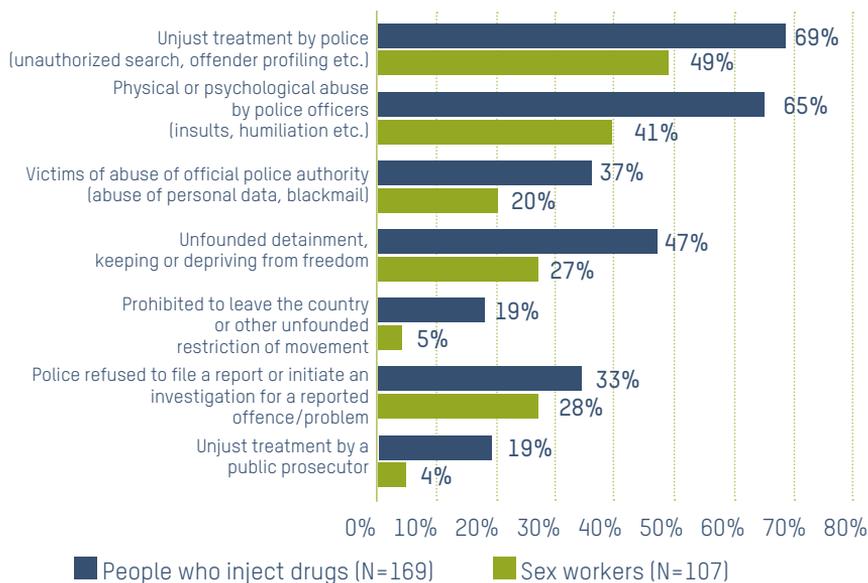
3.2.11. Problems with the police

Citizens from both communities often experience problems with the police. As much as 85% of the people who inject drugs and 62% of the sex workers had at least one problem with the police in the research period. The average number of reported problems in this area is high, 2.9 and 1.7 respectively for both communities. Almost two thirds of the people who inject drugs and half of the sex workers believe they were treated unfairly by the police, most of them declaring that they were physically or psychologically harassed by a police officer. Many of the respondents were victims of abuse of a police official, while the police refused to write a report or initiate a procedure pursuant a reported incident in as many as (almost) a third of the respondents. The frequency of problems related with the police is presented in graph 20.

44 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].

45 Doctor's Chambers of Macedonia, *Statute* (Лекарска комора на Македонија, *Статут*).

Problems with police



Graph 20: Frequency of problems with the Police according to groups

Problems with the police are more frequent among people who inject drugs from Shtip (3.7) and Bitola (3.8) [$F(5,163)=3.956$; $p=0.002$], and for sex workers from Gostivar (3.0 problems on average) [$F(4,102)=4.390$; $p=0.003$], compared to those living in other cities. Younger sex workers also experience problems with the police more often (2.2 on average in the 18-29 age group) in comparison to more adult sex workers [$F(3,103)=4.684$; $p=0.004$].

During the focus group discussions, people who inject drugs complained gravely on the way they are being treated by the police. All respondents confirmed the testimonies of police officers constantly stopping them on the streets or other public spaces and searching them in front of the passersby. Occasionally, they are detained in police stations and unlawfully held there past the legally prescribed period, without evidence for a committed misdemeanour or crime. Some respondents testify of police harassment during detainment and forced confessions for misdemeanours according to Article 20 from the Law on Misdemeanours against the Public Peace and Order, which prescribes sanctions for “enjoyment of narcotic drugs, psychotropic

substances and precursors”.^{46, 47} Respondents claim that the police punishes them without a reasonable grounds, and when taken to court they cannot defend themselves and are forced to pay fines in the amount of 500 Euros, in MKD equal value. There are plenty of testimonies about urine testing without informed consent of people who inject drugs, done in order to provide some evidence for a public peace and order misdemeanour, even though the respondents were not caught while using drugs, particularly not in a public place. Those insisting on their rights are exposed to police harassment and abuse more often, as retaliation. Execution of fines results with blocked bank accounts of people who use drugs, placing them in debt, which additionally voids them of motivation to look for employment. Consequently, such police treatment and frequent fines, apart from impoverishing people who use drugs and their families, also obstruct their efforts for successful resocialization.

”

“...I was detained for several days with two other guys. And for those several days I didn’t exist as a person, as a fact... I just didn’t exist, and there’s no evidence that the police took me in. For three days. I didn’t exist. Because it’s what the police wanted. They let us out after three days of beating, they left me in the mountains, in (illegible). They left me. But they remembered I had bruises. Three days they beat me, left me, then they came back, took me to detainment for four days, five, until (illegible) passed a bit, and they let me go.”⁴⁸

”

“Some time ago, as soon as we went out with my friend to go to the mosque, on Friday, an inspector stopped us. ‘What do you want?’ ‘Regular check’. So he checked our papers. It was... we were late with the friend. ‘I am going to the mosque. I don’t have time.’ ‘Wait a minute! That is not my problem. I am controlling.’ ‘But I am late.’ For four or five days he would stop us... ‘I’ll go to the police with my friend and report you for harassing me.’ ‘Really,’ he said, ‘feel free to do so.’ So I went immediately to the police. I asked them, ‘Where is your commander?’ He said, ‘Not here. Why?’ I said, ‘Every time I go out

46 Official Gazette no. 66/07, *Law on Misdemeanours against the Public Peace and Order* (Службен весник 66/07, Закон за прекршоците против јавниот ред и мир).

47 Official Gazette no.152/15, *Law Amending the Law on Misdemeanours against the Public Peace and Order* (Службен весник 152/15, Закон за изменување и дополнување на Законот за прекршоците против јавниот ред и мир).

48 Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_LID_002 [17.10.2016].

of my door, they harass me, a police inspector.’ ‘So what,’ he said, ‘That’s nothing. There’s no problem! He asks for an ID and leaves you alone.’ ‘But every day? My neighbours see him, they ask... what’s going on? Why is the police here, did he steal something?’ (...) He said, ‘go to OSCE’s offices, at the Pioneers’ Home.’ We went there, rang the bell, nobody answered.”⁴⁹

”

“Last year, I had a situation, although in two to three years of active drug use, the first two years, let’s say, until last year, I had never had any incidents with them because I am not into crime. I just buy for myself. I don’t sell or anything like that. So, anyway, last year I went to this place, famous among junkies, you know, I went to the dealers who sold heroin, with another guy... So I was waiting outside for the other guy who went inside to buy some. I am the one waiting outside. This was in the evening, somewhere around nine or ten. It was dark. So, we split, and I waited like 20-30 meters from the dealer’s house... 20-30 seconds later the police came. They actually just walked up to me; they were hiding somewhere near and saw us. They came, four of them and took me aside, two of them searched me, and the others went to (inaudible). And while the two others went to get the other guy, the friend who went to get the drugs, I was being searched, butt naked, they made me take all my clothes. It was on the street, you know, in a corner somewhere, but still... They saw I have nothing on me so they left me there... you know, to wait with them. In the meantime, they brought him... and this all happened in five minutes time, the friend who went to get the drugs and... they searched him too. The same thing with him... the same body search. They didn’t find anything in him either. And we are waiting... (...) And since they didn’t say anything, I asked, ‘So are you going to let us go? Can we leave now?’ ‘You’ll have to wait. You know, guys...’ They were talking to each other, what to do next, and they said they need a urine sample from us. I already had one similar experience where I had to give urine sample by force for having done nothing. So I knew what’s next (...) 500 Euros fine and they were doing the same thing again. So I started to complain. I didn’t make any problems physically. I just complained that

49 Field research, focus group discussion, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

I don't want them to take me with them. Why should they take me to the police? (...) ...I told them I was going to phone my lawyer, that what they are doing was unlawful. So they let me make the phone call, but, you know, like with derision, like they knew nothing's going to come out of my phone call. So I rang the lawyer, and described the situation. This happened 5-10 minutes after they did their thing. So I talked to my lawyer... and actually all they're waiting was for confirmation that they're transporting me to the police station. So while I described to my lawyer what had happened, he told me they didn't have the right to do that. (...) So I told them this. And since they didn't want to deal with this, he said, 'let me talk to one of them.' 'There's nothing to talk about. Tell your lawyer, according to the criminal and misdemeanour law, Article this and this, we have the right to take you in. The two of you.' (...) So we went to the police station. There I was, because the other one, my friend, he consented to give urine sample immediately. So once you go to the police, they give you to sign something..., like a statement or whatever it is, I don't know how it's called, to sign that you don't want a lawyer, that you don't need a doctor, that you're well physically and mentally and you don't need doctors to..., that you consent to all that and sign voluntarily, so they give you to sign that. So I refused, I told them 'there's no way I am signing that, I want a lawyer,' and they start... nothing physical, but verbal insults... You know? Like, 'where did you get that idea? How come you..., you want a lawyer now? What do you mean there's no crime? We just want you to give urine sample and that's all. And at first, I reacted, told them I knew that's a misdemeanour, right, and so if it's a misdemeanour, I wanted a lawyer. (...) So we argued for a long time, I and they, because I didn't want to sign, I just repeated that since my lawyer didn't come to the station..., (he asked) for them to provide me a public lawyer. 'What lawyer?', they said. I said, 'Whichever lawyer. I want a lawyer provided by the state, I want him to come here and then I'll sign, give urine sample or whatever'. So they took me aside, you know, so they could process the other guy more quickly, and they took me to the detainment cells. After an hour, a uniformed policeman came, not one of those who had detained me, another one, and he said, 'Look, tell me which lawyer you want us to call for you?' So he brought the yellow pages or whatever that was, with lawyers' names. And I told him, 'You know, anyone of those, you know.' And he gave me a choice, 'Which

one do you want from these?’ he said. I said, whoever. As long as he comes. Any lawyer. So after an hour, they come back and said ‘Look, in the name of all lawyers in Shtip, we inform you that no one wants to take your case. With those exact words, we explained about your situation, and no one wants to take your case. So what now?’ They said, ‘Come on, sign and give us a urine sample.’ ‘No way,’ I said, ‘I am not signing and that’s that. I am not paying a fine. You deprived me of freedom unlawfully.’ And so they left me there. They came and went, waited for me to change my mind. And so, some other men there told me that..., that there were some laws and that if I acted like that and didn’t accept anything, they had the power to take me to the hospital by force and take urine, blood sample and leave me for 24 hours under their... And I didn’t react to that either. I just asked for my rights and hoped that something will happen. So after 12 hours of them convincing me to agree, they stopped and just left me there in the cell. And so, since I had an addiction problem then and hadn’t taken my dosage, around 4 p.m. I finally said, ‘O.K., let me give you a urine sample and let me light a cigarette.’ Since I couldn’t stay there any longer and that’s how it ended.” (After this incident, the respondent had to pay a fine for violation of the public peace and order in the amount of 500 Euros in MKD equal value due to illegal psychoactive substances in his urine. Additionally, as a revenge for insisting on his rights, the police officers in Shtip started detaining him constantly for violations against the public peace and order.)⁵⁰

Sex workers have less remarks regarding police treatment, at least not in the research reference period. They have memories of brutal police treatment from the past, however, most respondents pointed they haven’t been suffering police harassment as much lately. Most complaints regarding current police treatment refer to exposure to ridicule by police officers and lack of efforts towards protection from violent clients. Attempts to report violence or robberies to the police are met with scorn and the common comment “you asked for it yourselves.” In addition, sex workers from the focus discussion groups stated that police officers sometimes attempt to extort bribery from their clients by threatening to expose their sexual habits.

⁵⁰ Field research, focus group discussion, transcript TS_IC_PM2016_Shtip_LID_005-1 and 2 [2.11.2016].

Sex workers working in clubs are often the target of police and inspection controls conducted mostly due to political and economic pressure against club owners rather than any intention to regulate this activity as a business. Sex workers suffer in police and inspection controls since their work is interrupted and they have to pay fines for solicitation of prostitution, and are additionally exposed to humiliation and harassment by employees in public institutions.

However, despite complaints, some sex workers also praise police officers for protection in cases of family violence or intervening against attackers. A group of respondents shared a specific example of timely and expedient police intervention after a report for kidnapping of a sex worker.

In the response to our request for access to public information, the Ministry of Interior stated that citizens mostly complain of “unprofessional treatment by officials” in the sense of inaction regarding a certain event or dissatisfaction from undertaken measures and activities. Petitions are usually filed against fines issued for misdemeanours mostly pursuant to the Law on Traffic Safety on Roads, traffic accident reports, as well as police actions when exercising police authorisations.⁵¹ The Ministry’s response leaves the impression that many citizens have remarks regarding the work of the police. The following table shows the number of petitions and complaints submitted to the Sector for Internal Control, Criminal Investigation and Professional Standards at the Ministry of Interior.

51 A written reply from the Ministry of Interior of Macedonia, registered under number 16-53/1, Skopje, 11.1.2017, to the request for free access to public information registered under number 23-1177/2, Skopje, 30.1.2017.

Petitions and complaints	2014	2015	2016
Written petitions from citizens	684	671	670
Records of orally submitted petitions	351	268	281
Anonymous submissions	131	143	156
Telephone reports on 199	8	6	2
Macedonian Helsinki Committee for Human Rights	5	8	2
Human Rights Watch	0	1	0
KHAM – Delcevo	0	0	1
NGO Forum – Kriva Palanka	0	0	1
HOPS – Healthy Options Project Skopje	0	0	1
Ombudsman of Macedonia	35	27	0
Lawyers authorized by citizens	59	45	0
Other legal entities	48	34	0
Cases initiated by MOI’s internal structure	130	150	229
TOTAL	1451	1353	1343

Table 7: Petitions and complaints submitted to the Sector for Internal Control, Criminal Investigations and Professional Standards at the Ministry of Interior

The Ministry lists only one case of a petition submitted on behalf of a member of the communities of interest to the research in the research reference period. The petition refers to a police officer discriminating a sex worker who wanted to report threats and blackmail from a certain individual. The Sector reached a decision regarding the petition according to which, “there is no evidence to confirm or reject the allegations of unprofessional and incorrect treatment by a police officer.”

The Public Prosecutor stated that the Public Prosecutor’s Office of Macedonia has not received any submissions of unprofessional and incorrect treatment of police officers, not excluding the possibility that cases of improper police treatment might exist. Their recommendation to citizens whose petitions

were rejected by the police is to file submissions to the Public Prosecutor's Office as a way to influence the exercise of their rights.⁵²

3.2.12. Problems during serving a prison sentence

Around 1/3 of the people who inject drugs and 5 % of the sex workers served prison sentences in the research reference period. 92% and 60% of them respectively experienced at least one problem while serving their sentences. People who inject drugs face averagely 2.7 out of the eight researched problems, while sex workers report 1.0 problem on average. Two out of three people who inject drugs had problems with access to proper health care in prisons and the same proportion was released from prison without valid personal identification documents. Around 40% of them were deprived of the right to submit a petition to the Ombudsman while in prison, while 28% were victims of violence by employees in these institutions. The frequency of problems during serving a prison sentence is presented in graph 21 for both groups.

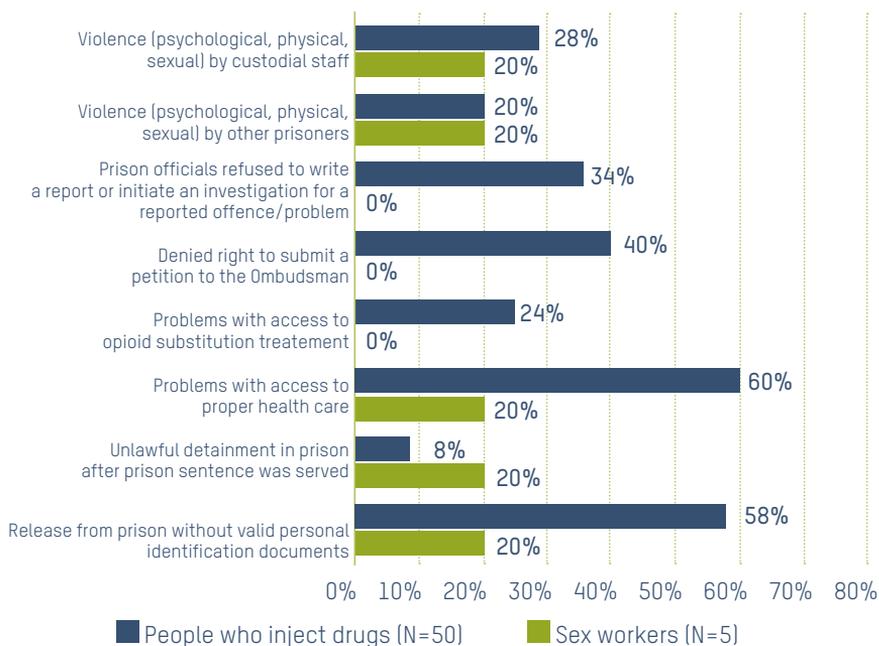
PWID serving a prison sentence in Bitola suffer rights violations more often than PWID from other towns (3.5 problems on average, as opposed to 0.6 in Tetovo [$F(3,46)=2.992$; $p=0.04$]). The small number of sex workers serving a prison sentence in the reference period prevented further analysis according to the demographic parameters.

The 2014 Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) assessed the situation in Macedonian prisons as utterly inhuman. The prison infrastructure is particularly poor, with corruption observed among custodial staff. Detainees reported violence by custodial staff, but also by other detainees. There is widespread trafficking of goods and services needed by detainees and typically considered as a privilege, such as: mobile telephones, drugs, additional home leaves, better accommodation. Health care in prisons is poor, while opiate addiction treatment with methadone substitution therapy in Public Correctional Institution Idrizovo – Skopje is improperly administered.⁵³

⁵² Field research, interview with key respondents, field notes TB_HSS_PM2016_JORM [26.12.2016].

⁵³ CPT, *Report to the Government*.

Problems in prison



Graph 21: Frequency of problems during serving a prison sentence according to groups

Many people who inject drugs from the focus group discussions have served a prison sentence and confirmed the findings from the quantitative research phase, as well as the notations in the CPT report, adding further details on the conditions in Macedonian prisons. In fact, this issue was observed with highest attention, with most respondents describing their prison experiences with great revolt. According to them, people who inject drugs often serve prison sentences in the Public Correctional Institution Idrizovo – Skopje unlawfully, even though sentences should be served in this institution only in cases of men convicted of a criminal offence serving a sentence longer than three years, imprisonment sentence of over six months delivered against recidivists, for foreign citizens and convicted female offenders.^{54, 55} The infrastructural conditions in this institution are exceptionally poor. According to testimonies, detainees who have money and/or power are privileged and

⁵⁴ Official Gazette no. 2/06, *Law on Execution of Sanctions* (Службен весник 2/06, Закон за извршување на санкциите).

⁵⁵ Nowak, *Establishing re-socialization and reintegration programmes for prisoners in "Idrizovo"*

are awarded cells with better conditions; they are allowed to own a telephone, television set, household appliances etc. Those with finances can purchase drugs or other material goods and services. On the other hand, detainees are not allowed to take medicine purchased outside the prison, even though they do not have access to appropriate pharmacotherapy in the prison. Yet, prison employees tolerate manipulation with methadone therapy.

Detainees who complain of discrimination and violence are exposed to bigger repression due to lack of proper victim protection system and sanctioning of offenders.

” “For example his (pointing to another person) therapy... The Commander sometimes turns a blind eye and I take his therapy for that day. The price is a pack of cigarettes. For 700 MKD (the official person) brings you a telephone, for 1,000 MKD he brings whatever you want. You can get what you need for money, for bribery.”⁵⁶

” “In the female unit (...) they award rooms with... with two beds. So in a room that can fit 9 beds, there are only two, with a plasma TV, a fridge... But you need to give some dough to the custodian.”⁵⁷

” “If you need a doctor, you first have to ask, to beg. For each right you have outside (of the prison) you have to beg the commander, he has to see you first, then you can go outside. ‘Nothing’s wrong with you.’ He has to check first if you are healthy or not.”⁵⁸

56 Field research, focus group discussion, transcript TS_VD_PM2016_Bitola_LID_002 [17.10.2016].

57 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_003-1 and 2 [27.10.2016].

58 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].



“But if you complain to the chief, and let’s say your complaint is heard, afterwards the person you complained about makes your life hell (...) He’ll say ‘go look for the commander’. Then the commander has to give the complaint to someone else, then to a third person. So six people get to read the complaint before it reaches the chief. So, if you want to make a complaint, you know that seven people will read it...”⁵⁹

3.2.13. Problems during sex work

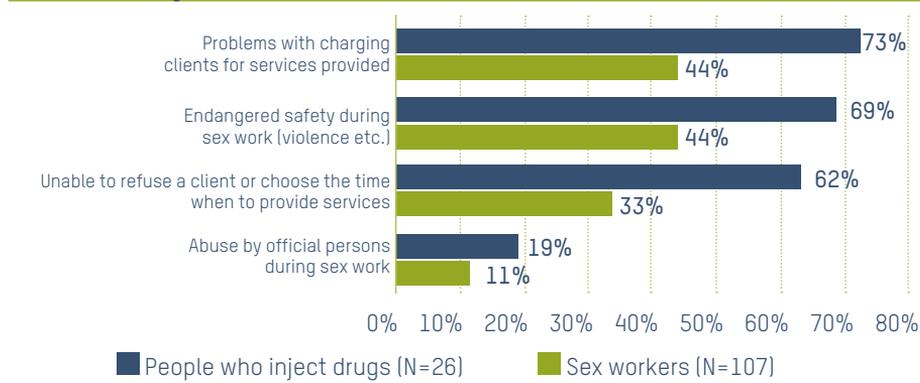
Sex work in Macedonia is regulated with two laws: The Law on Misdemeanour against the Public Peace and Order,⁶⁰ which prescribes misdemeanour sanctions for engaging in prostitution (monetary sanction – fine) and the Criminal Code,⁶¹ which prohibits solicitation of prostitution. Practically, this means that independent voluntary sex work in Macedonia is not a crime. Hence, the 107 sex workers included in the research (26 of whom inject or injected drugs) were asked about the problems they faced while offering sex services. As many as 62% of all sex workers, and as high as 88% of the subgroup of sex workers who use drugs experienced at least one problem. The average of reported problems is 1.3 for all sex workers and 2.2 for sex workers who use drugs. The most common problems were difficulties charging the clients for the services provided, as well as endangered safety during sex work, including violence. It is also noticeable that, even though they had chosen to do sex work voluntarily, as many as a third of the sex workers faced a situation where they weren’t able to choose (refuse) their clients or the time in which they offered sex services, which is the case with two out of three sex workers who inject drugs. The frequency of problems experienced during sex work is laid out in graph 22.

59 Field research, focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].

60 Official Gazette no. 66/07, *Law on Misdemeanour against the Public Peace and Order*, Article 19 [Службен весник 66/07, *Закон за прекршоците против јавниот ред и мир*, член 19].

61 Ministry of Justice, *Criminal Code – consolidated text* (Министерство за правда, *Кривичен законик – пречистен текст*).

Problems during sex work



Graph 22: Frequency of problems related to sex work

Younger sex workers face problems during sex work more often (1.6 problems on average in the 18-29 age group), in comparison to the older members of the community (0.3 problems for SWs over 50 years of age) [$F(3,103)=4.494$; $p=0.005$]. For sex workers who also inject drugs, the probability of experiencing problems in this area is higher for women (2.4 on average, as opposed to men, with averagely 1.0 problems [$F(2,23)=3.418$; $p=0.005$]), and for those living in smaller towns (3.0 on average for respondents from Strumica, Struga, Prilep etc. [$F(5,200)=4.665$; $p=0.006$]).

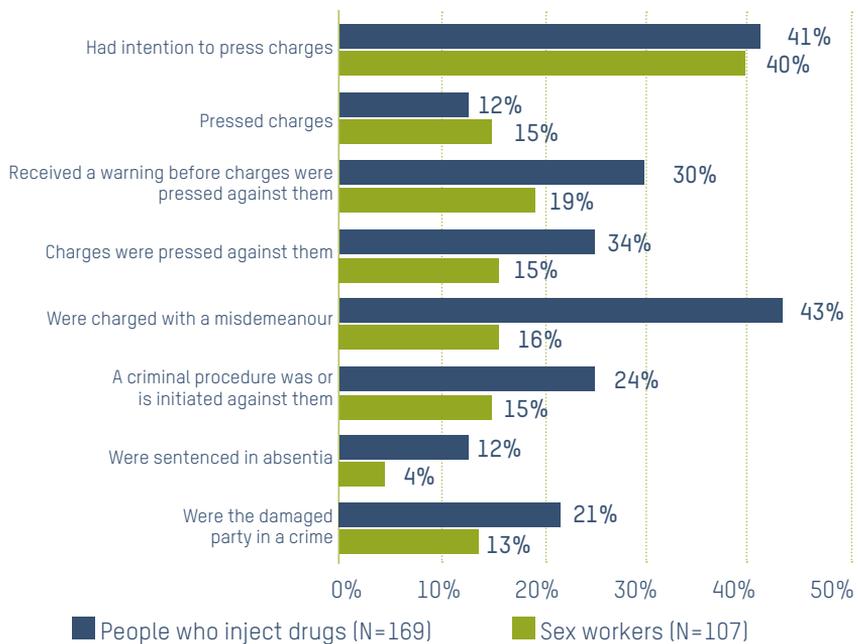
3.2.14. Experiences with the judicial system

The need to process this group of problems derived from the criminalization of drug use and sex work in laws and institutional practices. Moreover, during the discussion with the communities and professionals consulted for the development of the questionnaire, it was pointed out that people who inject drugs and sex workers frequently experience rights violations during criminal and other legal procedures, and are discouraged from seeking protection of their rights and delivery of justice due to systematic discrimination. According to testimonies, members of these communities are often deprived of the right to receive proper information on the charges and procedures against them, and are frequently sentenced in absentia or on the ground of misguided or misinformed confessions. In addition, some of these citizens suffer damages in civil procedures because of the weak financial power and low level of legal literacy, mostly in cases related to property-legal relations, divorce or awarding custody. Due to such and similar situations,

we considered this group of problems as valid in determining the legal needs of both researched communities.

As it can be observed in graph 23, many of the respondents were taken to court, were charged with a misdemeanour or a crime, and/or were sentenced in absentia during the research reference period. 78% of the people who inject drugs and 58% of the sex workers had at least one of these experiences in the reference period, while respondents faced 2.2 and 1.5 problems on average respectively in both groups.

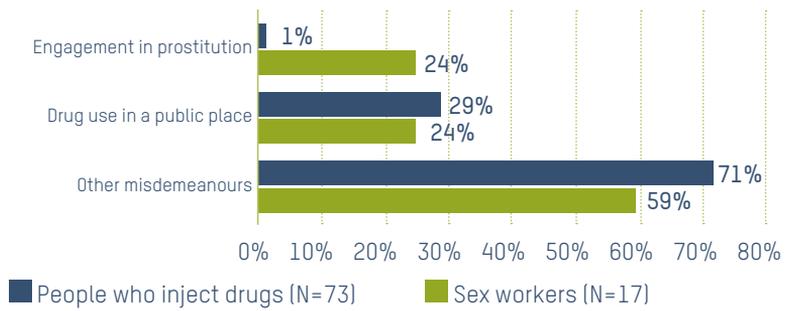
Experiences with the judicial system



Graph 23: Frequency of experiences with the judicial system according to groups

73 (43%) of the people who inject drugs and 17 (16%) of the sex workers were charged with a misdemeanour at least once in the reference period. The most common misdemeanour charges were for drug use in public space, engagement in prostitution or other misdemeanours (graph 24).

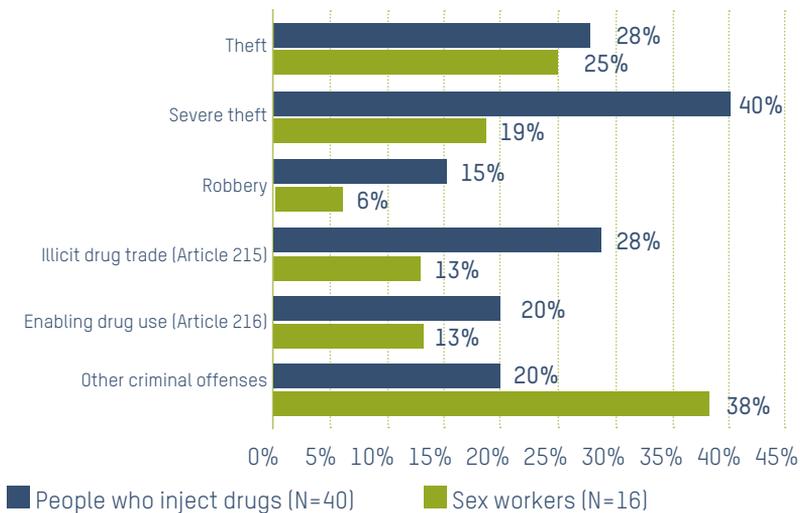
Misdemeanours



Graph 24: Types of misdemeanour procedures according to groups

Criminal procedures were initiated or are currently ongoing against a significant portion of the respondents (24% of PWID and 15% of SW). These are mostly related to thefts, severe thefts, robbery, illicit drug trade or enabling drug use (graph 25).

Criminal procedures



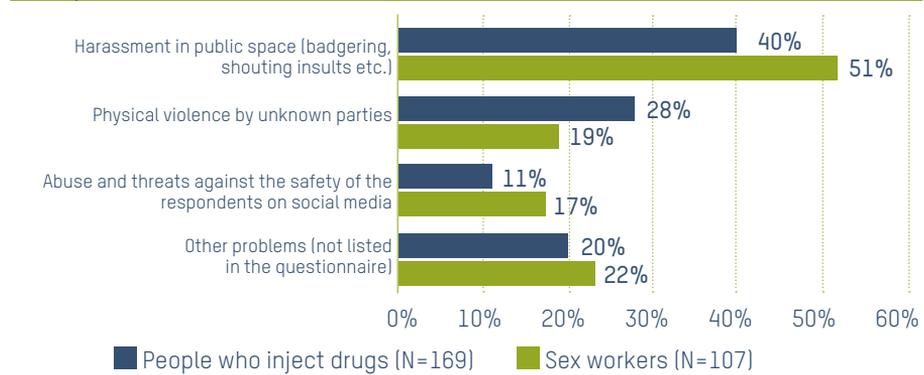
Graph 25: Types of criminal procedures against members of both communities, current or past.

3.2.15. Other justiciable problems

59% of the people who inject drugs and 66% of the sex workers experienced at least one justiciable problem unrelated to the previous categories (e.g. harassment in public or virtual space, physical violence by unknown parties and other problems), with an average frequency of 0.8 and 0.9 respectively for both groups, in the research reference period. The frequency of such problems is presented in graph 26.

As mentioned, respondents were given the opportunity to report other justiciable problems that occurred in the research reference period, which were not included in the previous interview. Around a fifth of both communities faced such problems, mostly referring to: disputes with local authorities, abuse and violation of rights by media, traffic accidents, problems with opioid substitution treatment, as well as legal procedures against respondents for acts they claim not to have committed.

Other problems



Graph 26: Frequency of other problems with potential legal resolution, according to groups

In the group of people who inject drugs, these problems are more frequent for Roma (1.1 problems on average [$F(3,165)=2.783$; $p=0.043$]), as well as for younger respondents (whereby the average observed frequency of such problems is 1.1 in the 18-29 age group [$F(3,165)=2.835$, $p=0.04$]). No differences of the mean frequency of such problems according to the demographic parameters could be observed among sex workers.



PATHS TO JUSTICE: REACTIONS TO PROBLEMS AND EXPERIENCES WITH THE JUDICIAL SYSTEM

In the remaining part of the report, we analyze the paths to justice, or in other words, the actions people who inject drugs and sex workers in Macedonia take (or do not take) after they experience a problem with a potential legal resolution, as well as their experiences with the legal/judicial system. To this end, the respondents were asked to assess the gravest problem they experienced from the aforementioned problems and describe it. The selection of the gravest legal problem, as opposed to the common practice for selecting the second most recent problem from all reported problems applied in the legal needs and access to justice studies, including the one of the general Macedonian population, was preferred for this occasion for several reasons. First, the research team expected a higher frequency of inter-related problems with potential legal resolution in both communities, hence the task of specifically identifying the second most recent problem would have been difficult due to the technical impossibility of defining the approximate date of occurrence of all problems, considering that the data was collected out in the field. Second, we expected a low activity level in the communities regarding resolution of justiciable problems, hence the selection of the gravest problem was established as the best proxy for acquiring the landscape of the paths to justice. In this context,

during the interpretation of the results it should be considered that inaction towards problem resolution is quite serious since it refers to the gravest from the many problems these citizens experience, while the instances they do address for help enjoy their full trust.

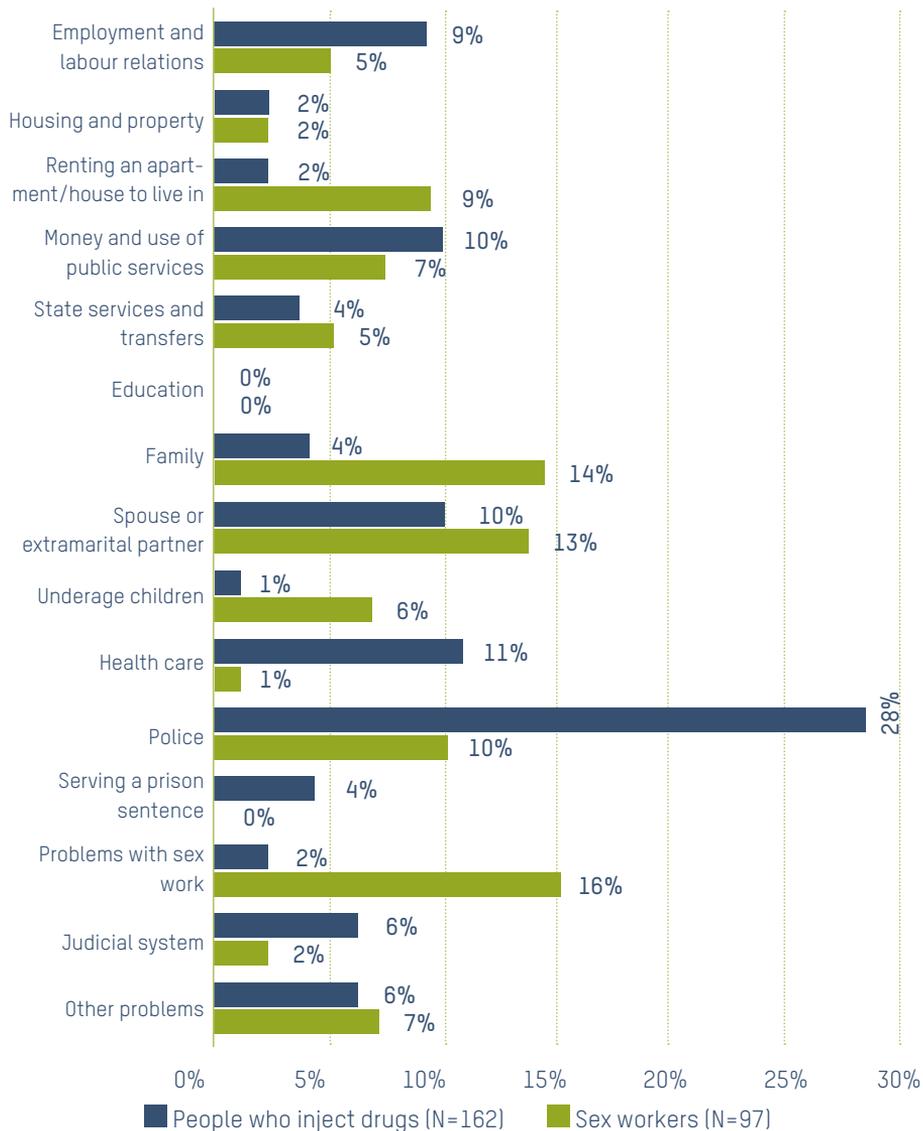
162 (96%) of the people who inject drugs and 97 (91%) of the sex workers agreed to share how they dealt with the gravest problem experienced in the research reference period. The analysis below firstly conveys the characteristics of the gravest justiciable problem, and afterwards the procedures respondents initiated towards resolving it.

4.1. Landscape of gravest problems

Based on the respondents' description, the gravest problems were categorized in previously determined areas. It must be noted that, according to consultations among the research team in the data collection phase and the reports prepared by the field researchers, classifying the problems citizens from the researched communities experience daily and their consequent actions was difficult at occasions due to the complexity and interrelation. For instance, in some cases the police refused to file a report and initiate a procedure pursuant to a report of violence by a partner or sex workers' clients, hence the dilemma whether such instances should be recorded as problems with a spouse/partner or problems with the police. In such circumstances, the respondents were allowed to choose which violation of their rights they considered to be the gravest.

The frequency of the gravest problems according to categories is presented in graph 27. As can be seen, the gravest problems for people who inject drugs were mostly related to treatment by the police, access to health care, as well as problems with debts and use of public services, while sex workers mostly faced grave problems when offering sex services, as well as with their families and spouses/partners.

Gravest justiciable problem

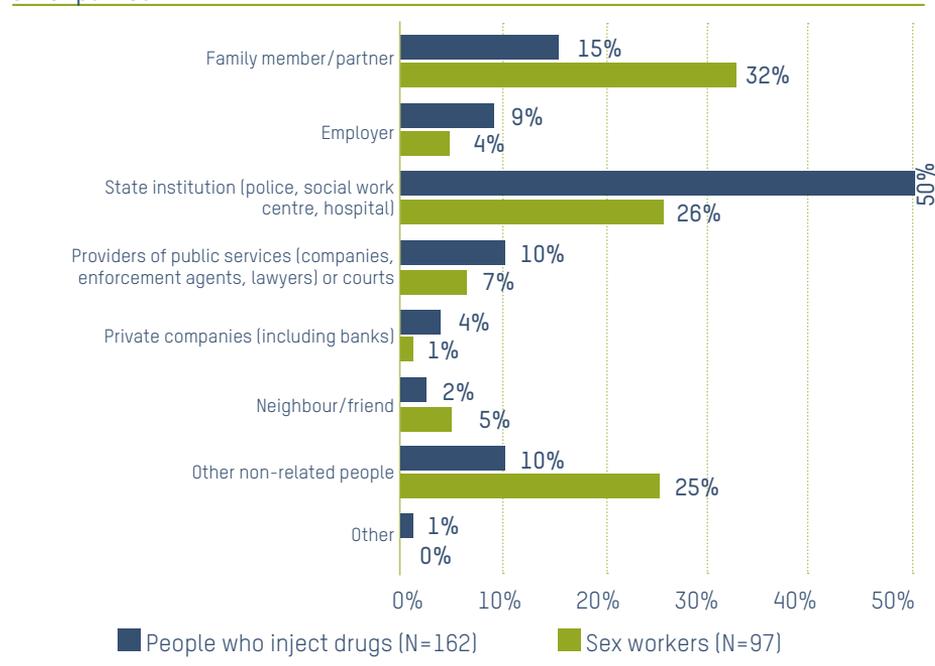


Graph 27. Frequency of gravest legal problems, according to categories

Considering the landscape of the gravest justiciable problems according to areas, it is understandable why state institutions (police, social work centres, health institutions etc.) are the other concerned party in the problems reported by almost half of the people who inject drugs. For sex workers, on the other hand, the gravest problems were mostly related with

family members or intimate partners (graph 28). Other parties involved in the problems these citizens face were mostly people not related to them, such as clients of sex workers, landlords, partners who were not spouses/extramarital partners, acquaintances (including other people from the community) or other unknown people.

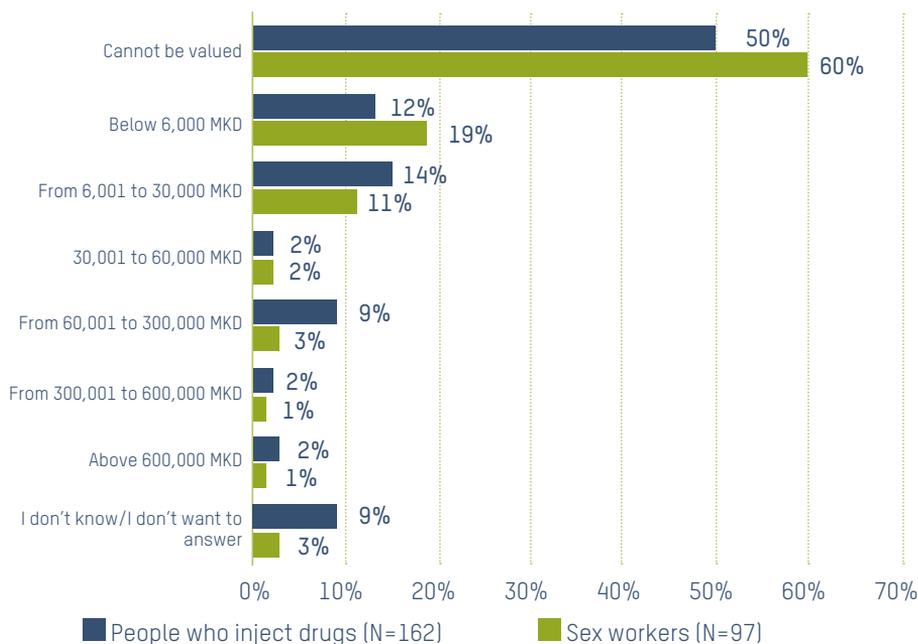
Other parties



Graph 28. Other concerned parties in the gravest reported problems, according to groups

According to most respondents from both groups, the gravest problem could not be valued monetarily (graph 29). The fact that the majority of citizens of both communities could not financially convey the damages they had suffered is hardly surprising considering that their gravest problems were mostly related to serious violations of their fundamental human rights by way of societal and systemic discrimination, violence and restrictions in their access to health, social and legal protection. A smaller portion of the respondents estimated that the value of the product, service or damage related to their problem was below 6,000 MKD (100 EUR), or below 30,000 MKD (500 EUR).

Monetary value of problem

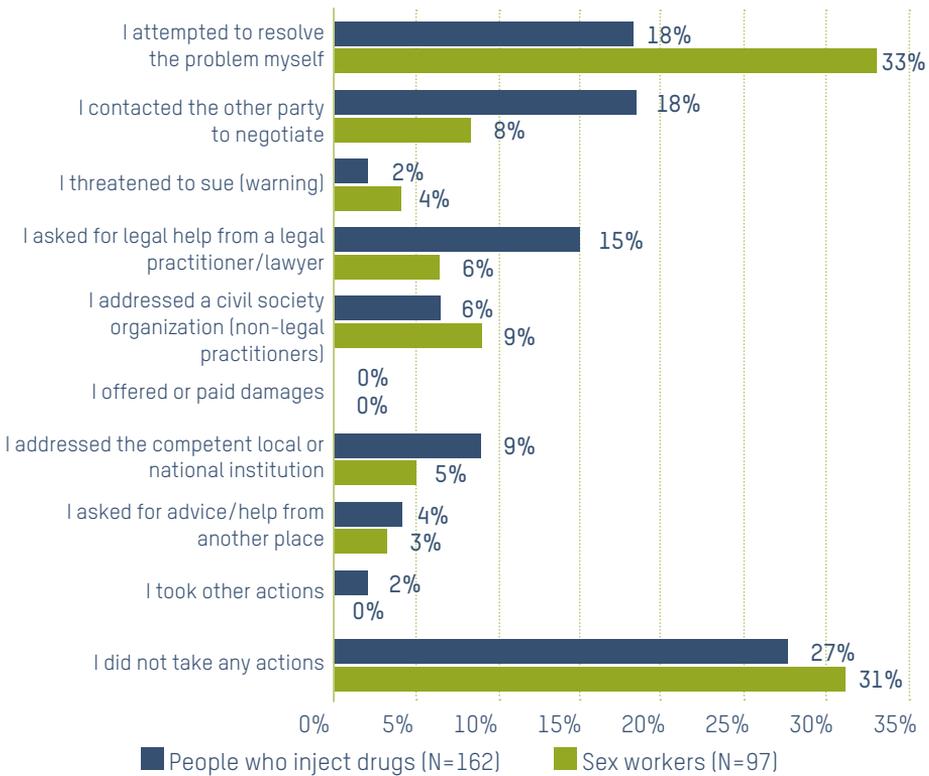


Graph 29. Monetary value of product/service/damage included in the problem, according to groups.

4.2. Actions following the gravest problem

Most of the people who inject drugs (18%) and sex workers (33%) initially attempted to resolve the problem by themselves (graph 30). Only 15% and 6% of them first reached to a legal practitioner/lawyer, only 9% and 5% addressed the competent national or local institution (Ombudsman, Sector for Internal Control at MOI, different commissions etc.), while 3-4% asked for help somewhere else (mostly family or friends, particularly towards finding “the right contacts”, i.e. acquaintances in institutions). Few (2%) of the people who inject drugs initiated other procedures mostly following the path of the least resistance, for instance they asked health care from somewhere else or purchased the medications that weren’t provided to them in prison. **What is concerning is that approximately a third of the people who inject drugs and slightly more than a quarter of the sex workers in Macedonia did not take any actions to resolve the gravest problem they faced in the period of interest.** The reasons for their inactivity are examined in chapter 4.5..

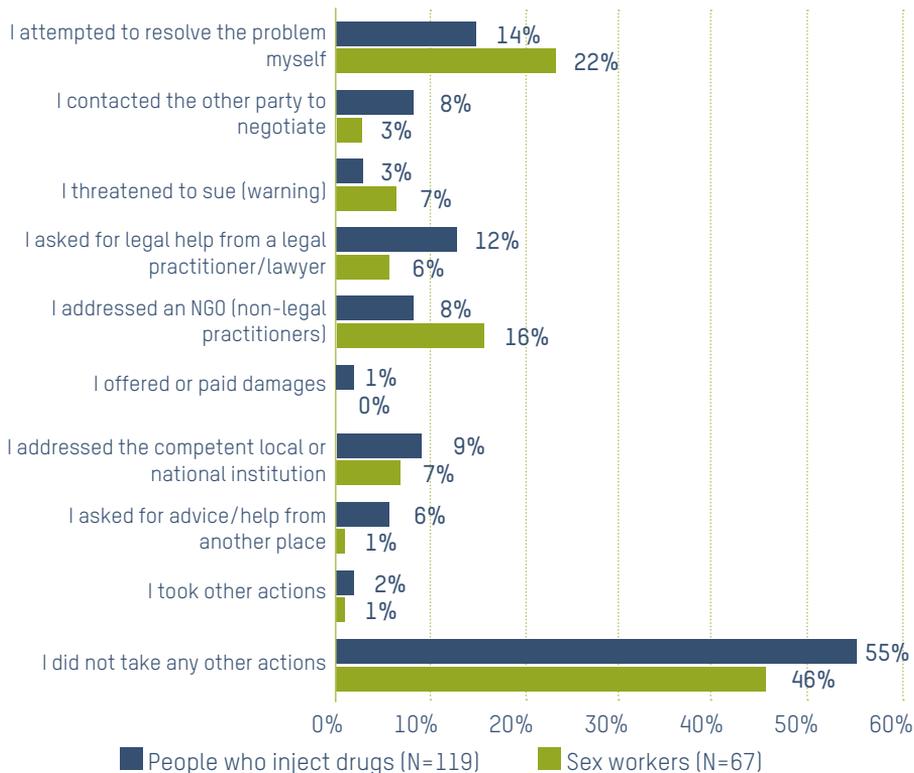
First action towards resolving the problem



Graph 30. First action towards resolution of the gravest problem

Around half of the respondents who took an action, did not engage other mechanisms towards resolving the problem (graph 31). Most of the other half, in addition to that first action, made further efforts to resolve the problem by themselves, addressed a civil society organization or asked for help from a legal practitioner or a lawyer.

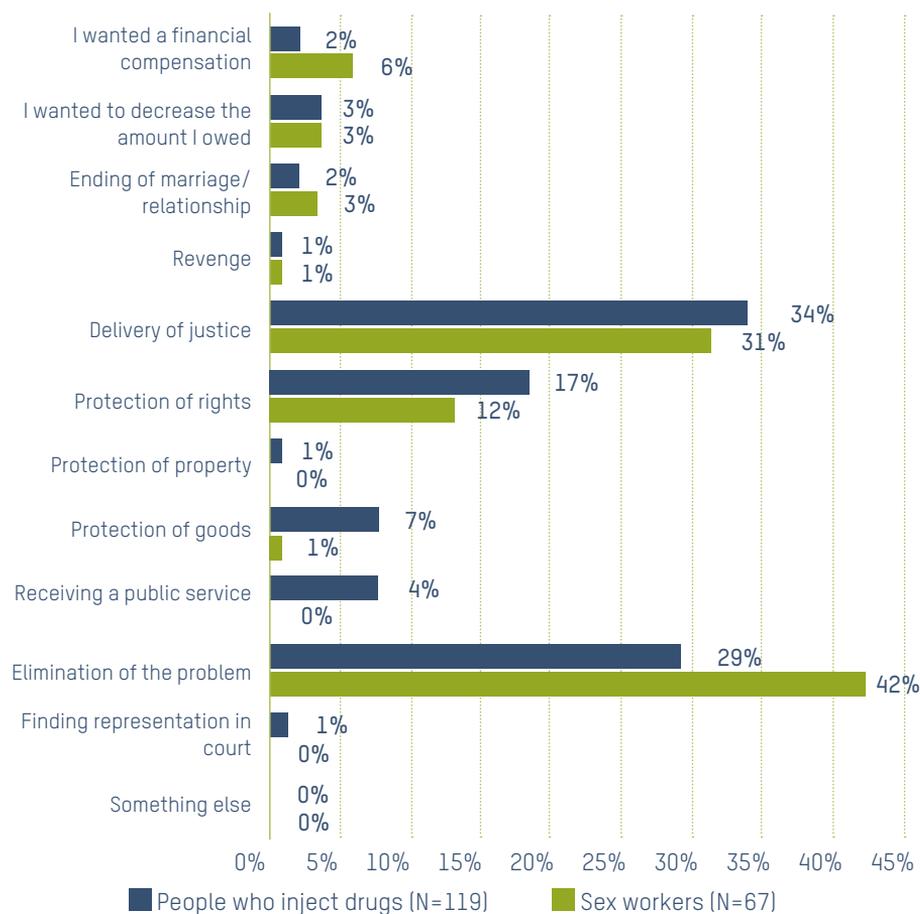
Other actions to resolve the problem



Graph 31. Other undertaken actions to resolve the gravest problem, according to groups (multiple choices)

People who inject drugs and sex workers most often undertook actions with the purpose to eliminate the problem, delivery of justice or protection of rights, and notably less towards receiving financial compensation, protection of property, ownership or other goods (graph 32).

Goals of undertaken actions



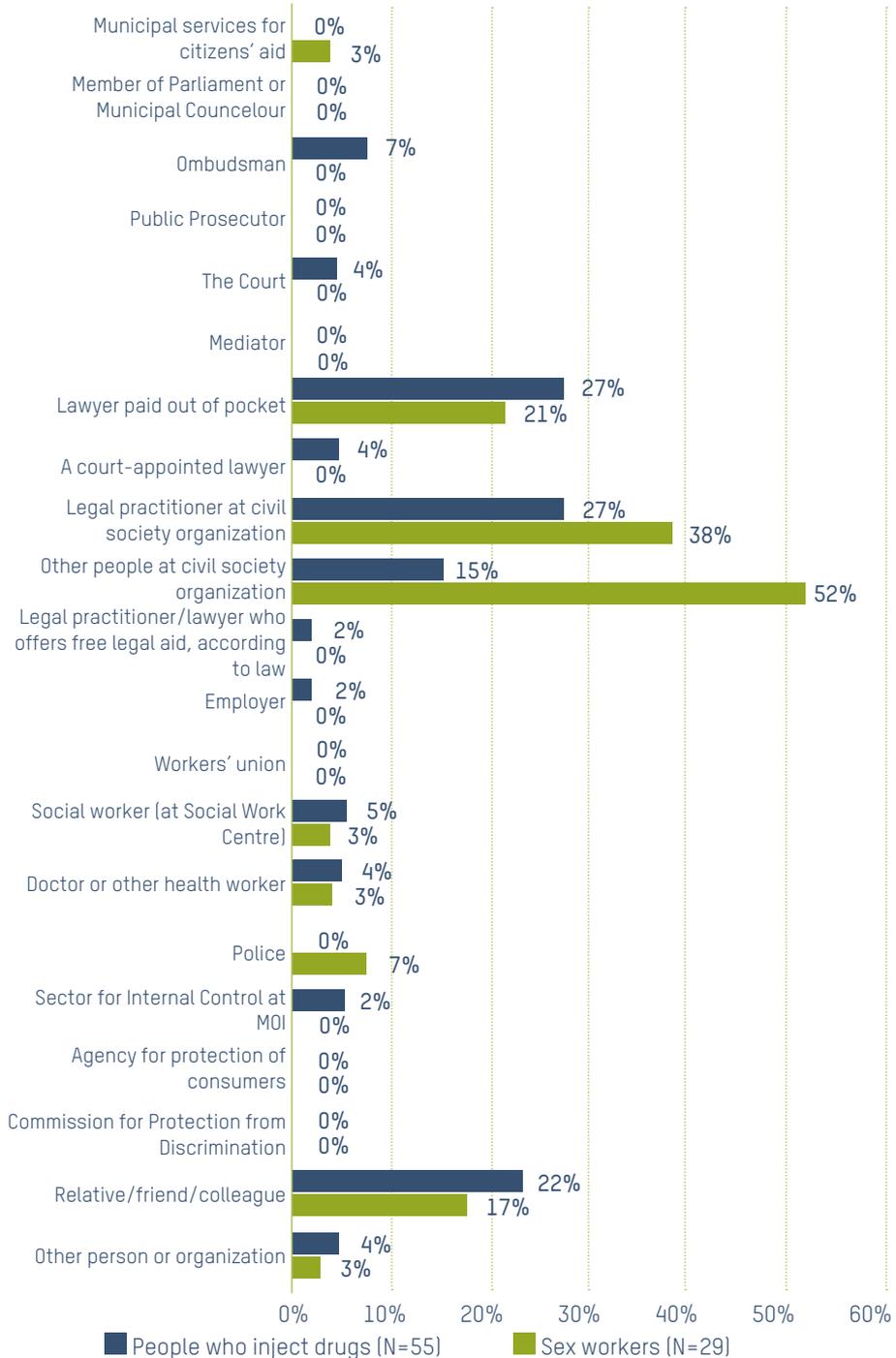
Graph 32. Goal of the undertaken actions to resolve the gravest problems, according to groups

4.3. Assistance sought and received

Only one third of the people who inject drugs (N=55) and sex workers (N=29) who report gravest legal problems sought assistance for resolving their gravest problems from a third party. The remaining, as was previously discussed, either failed to take actions or attempted to resolve the problem by themselves, without asking for help.

Out of those who sought assistance, most addressed legal practitioners or other people from civil society organizations, lawyers they paid out of pocket, or relatives, friends or colleagues. As shown in graph 33, people from both

Instances for seeking help

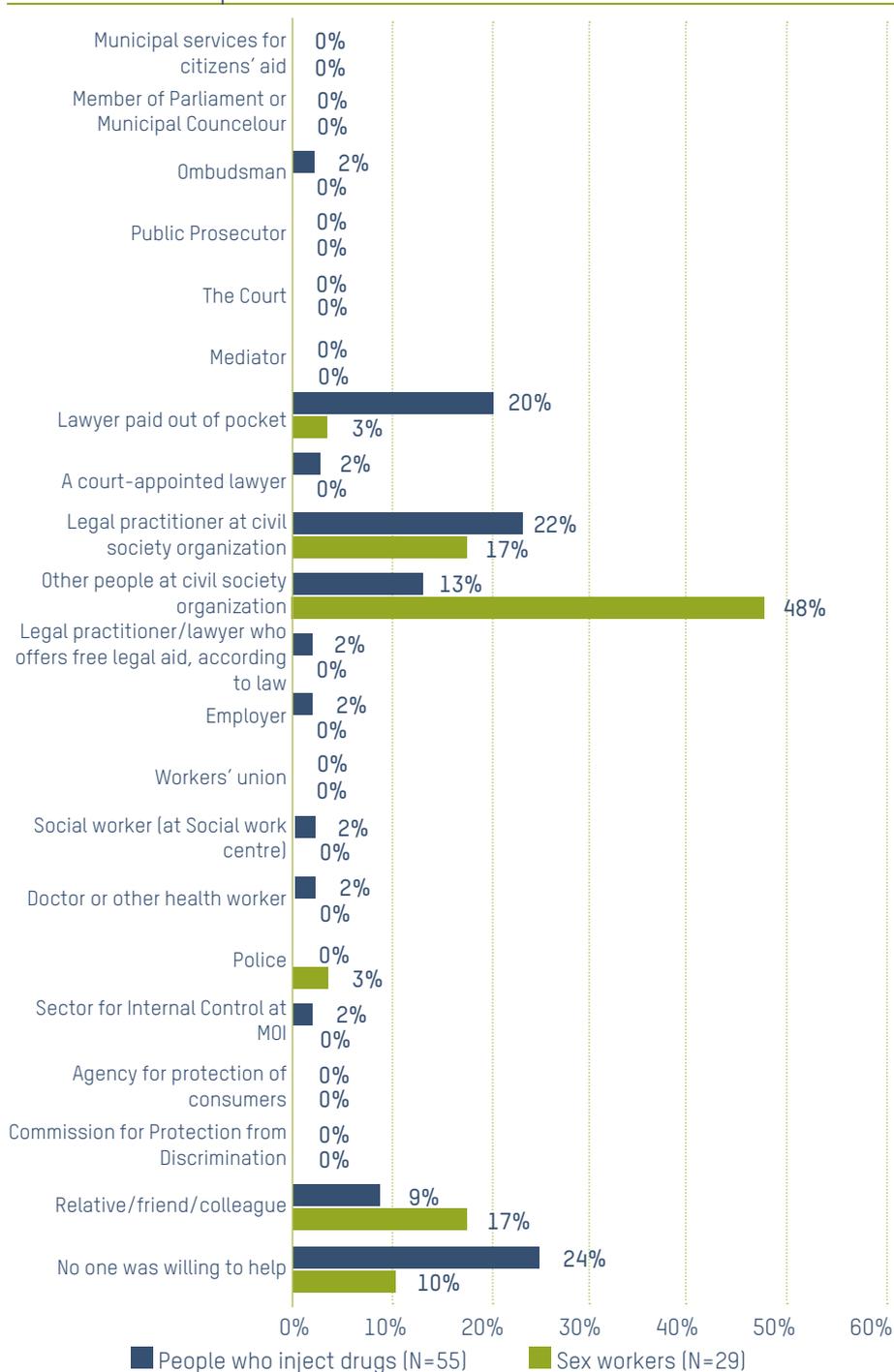


Graph 33. Instances for asking legal aid and protection for the gravest problems respondents experienced in the reference period (multiple choices)

communities rarely turn to other mechanisms for legal protection, such as the Public Prosecutor's Office, the Ombudsman, the police, workers' unions, social work centres etc. However, it should be taken into account that civil society organizations acting as mediators between the communities and institutions might be perceived by many respondents as the only instance of seeking help, although, very likely, the existing institutional mechanisms are also being engaged. There are frequent cases when, for instance, civil society organizations act as mediators in applications for personal identification documents or for regulating the right to health insurance on behalf of the members of the communities. Consequently, even though the Ministry of Interior or the Health Insurance Fund act as the instances where the problem is being solved, the respondents might still perceive people from civil society organizations as the ones helping them exercise their rights. Nevertheless, the necessity of civil society organizations to act as mediators in order to engage well-established institutional mechanisms speaks plenty of the legal power people who inject drugs and sex workers enjoy and the treatment they receive from Macedonian institutions.

Legal practitioners and other people from civil society organizations, lawyers and relatives/friends/colleagues helped people from these communities the most in finding solutions to their justiciable problems (graph 34). Other mechanisms for protection failed in providing the necessary help while as many as 24% of the people who inject drugs and 10% of the sex workers reported that no one answered their calls for legal assistance.

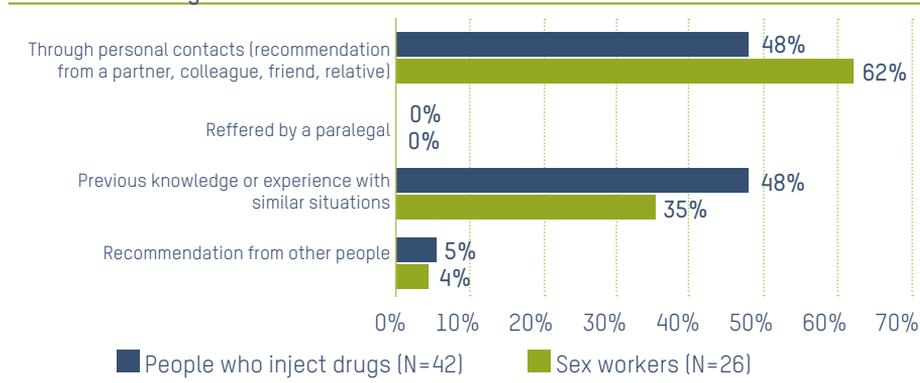
Instances which helped the most



Graph 34. Instances which helped the most towards resolving the gravest problem (single choice)

People who inject drugs and sex workers contacted the people/organizations/institutions that helped them the most towards resolving their problems at the recommendation of acquaintances (a partner, colleague, friend, relative) or based on previous knowledge or experience in similar situations. Rarely contact was made at the recommendation of other people (court, police), while none of the respondents were referred by a paralegal (graph 35). This probably implies that paralegals are not recognized as an individual entity, rather as people from the community, or friends.

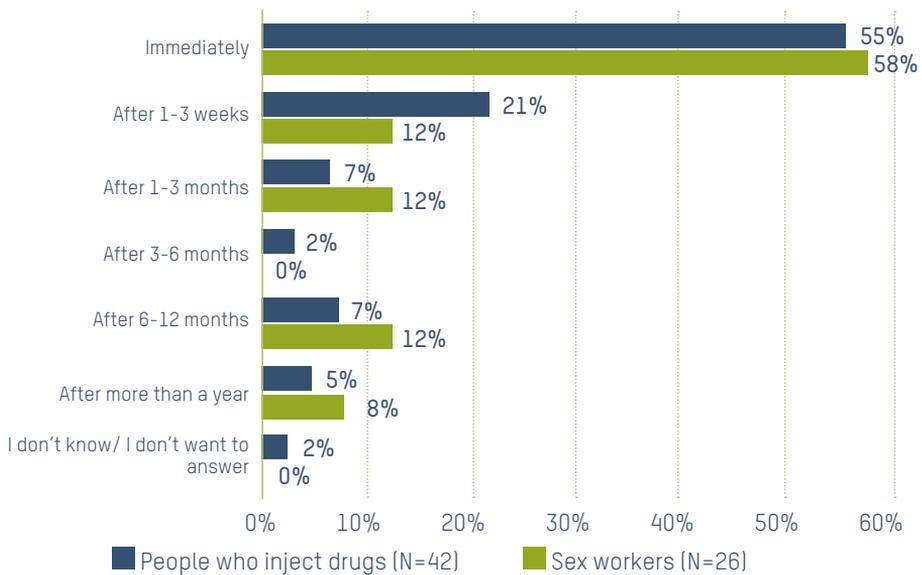
Manner of making the contact



Graph 35. Manner of making the contact with instances that helped the most in resolving the gravest legal problem

It is encouraging that the majority of respondents from both communities who sought legal advice or protection did so immediately or several weeks after the problem had occurred (graph 36). This finding confirms that the people who inject drugs and/or sex workers who are aware of their rights and who are informed of the legal protection mechanisms very quickly take actions to resolve their legal issues. However, it also indicates that efforts towards educating and motivating the other portion of citizens to ask for timely help and exercise their rights should be intensified.

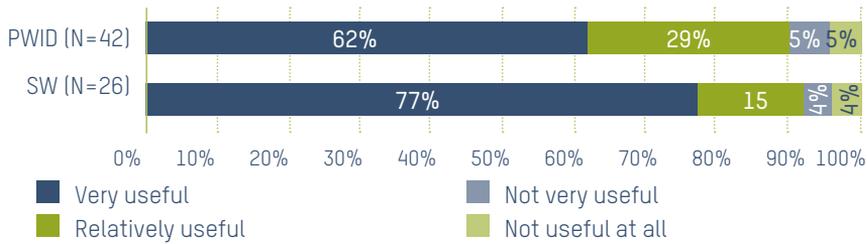
Time of contact



Graph 36. Time of making the contact with the person/organization/institution that helped the most after the gravest problem occurred

Respondents who received legal aid most often met the advisor personally from 1 to 5 times. However, 14% of the people who inject drugs and 42% of the sex workers had more than 10 meetings with the advisor who helped the most in resolving the gravest problem. Over two thirds of the respondents travelled less than 5 kilometres, and only 2% or 8% travelled more than 25 kilometres to realize these meetings. Most respondents of both communities accessed the aid they received as very useful (graph 37), while 90% of the people who inject drugs and 81% of the sex workers reported that they would recommend acquaintances who face similar problems to address the same type of advisor who helped them find a solution for their gravest justiciable problem.

Benefits from the advice received

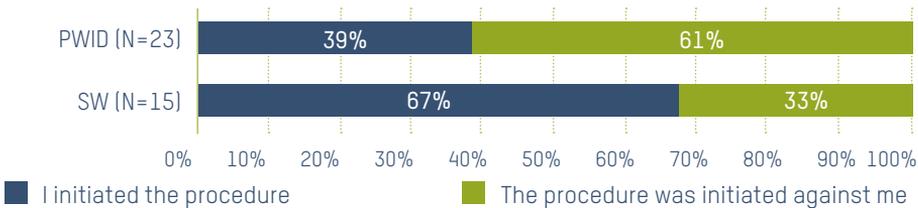


Graph 37. Satisfaction with the advice/help received from the advisor

4.4. Experiences with court procedures

Regardless whether they asked for aid or not, 23 of the gravest problems of the people who inject drugs and 15 of those of sex workers were resolved in court (representing around a fifth of the surveyed gravest problems for which the respondents of both communities reported to have undertaken actions). As it can be observed from graph 38, justiciable problems that ended up in front of the court authorities in the group of people who inject drugs are more often a result of procedures initiated against them by other parties. Meanwhile, problems of sex workers are more frequently resolved in court if they themselves initiated the procedure.

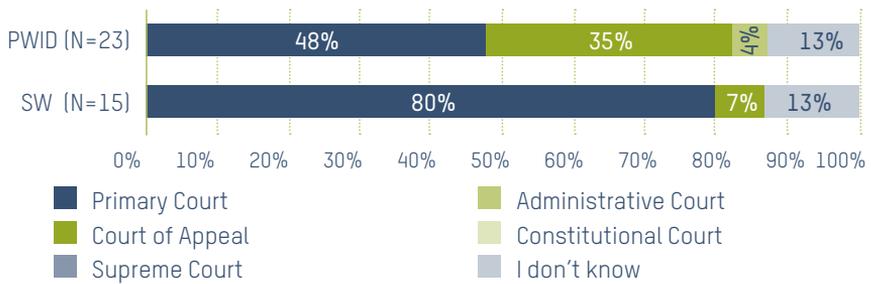
Initiating a court procedure



Graph 38. Party that initiated a court procedure

Most of the court procedures were resolved in the Primary Courts, while a certain number of cases continued in front of the Court of Appeal, particularly procedures in which one of the parties was a person who injects drugs. The Administrative and Constitutional Court almost never appeared as instances from which these communities sought justice (graph 39). It is noticeable that as many as 13% of the respondents of both groups were unaware of the highest court instance pertaining to their case.

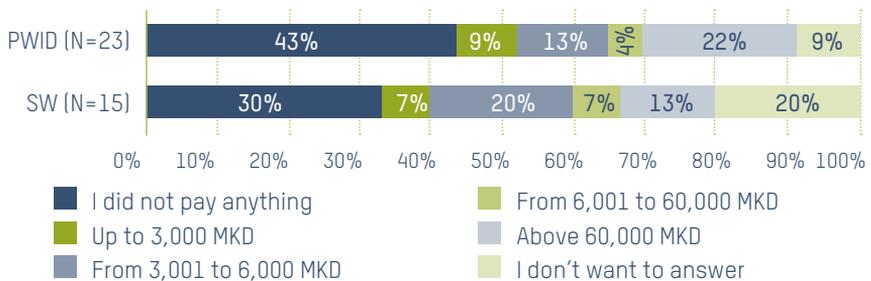
Highest court instance



Graph 39. The highest court instance addressed to resolve the problem

Court expenses incurred by the time of the research interview were insignificant for most respondents. However 22% of the people who inject drugs and 13% of the sex workers had to pay more than 60,000 MKD (1,000 EUR) for court expenses, including court taxes and forensic consultants required for the procedures (graph 40).

Court expenses



Graph 40. Expenses for court taxes and forensics

Around three quarters of the respondents personally attended a court hearing and most of them were able to follow the court hearings and discussions. However, around 20% of the people who inject drugs and 10% of the sex workers were not able to entirely understand the flow and the discussions at the hearings, were not clear why they were asked certain questions and/or could not comprehend who and why was present at the hearing.

Approximately one third of the respondents who resolved their problems in court did not have legal representation. Half of them had to represent themselves due to financial restraints, while the others believed they did not need professional representation at court, did not ask for representation because they felt innocent or were sentenced in absentia.

The remaining two thirds did have legal representation in front of the court, mostly lawyers they paid out of their own pockets, lawyers from civil society organizations or court appointed lawyers. None of the respondents reported they were represented by a lawyer who offered free legal aid (pursuant the Law on Free Legal Aid) or a legal practitioner from a workers' union. 80% of the people who inject drugs and half of the sex workers who had other representation at court believe their interests were well or relatively well represented.

The findings from the qualitative research phase confirm that people who inject drugs rarely feel empowered enough to initiate a court procedure in instances when they had suffered damages or had been the victims. Therefore, their involvement in court proceedings is mostly in the role of defendants or accused parties. As discussed before, members of this community are a frequent target of police searches and detentions with questionable legitimacy. In procedures for misdemeanours against the public peace and order, Macedonian courts often neglect their obligation to properly deliver invitations for the proceedings to the defendants and verdicts are frequently reached in their absence, most often to their detriment, which results with further diminishment of their financial abilities, auxiliary marginalization and inability to re-socialize.

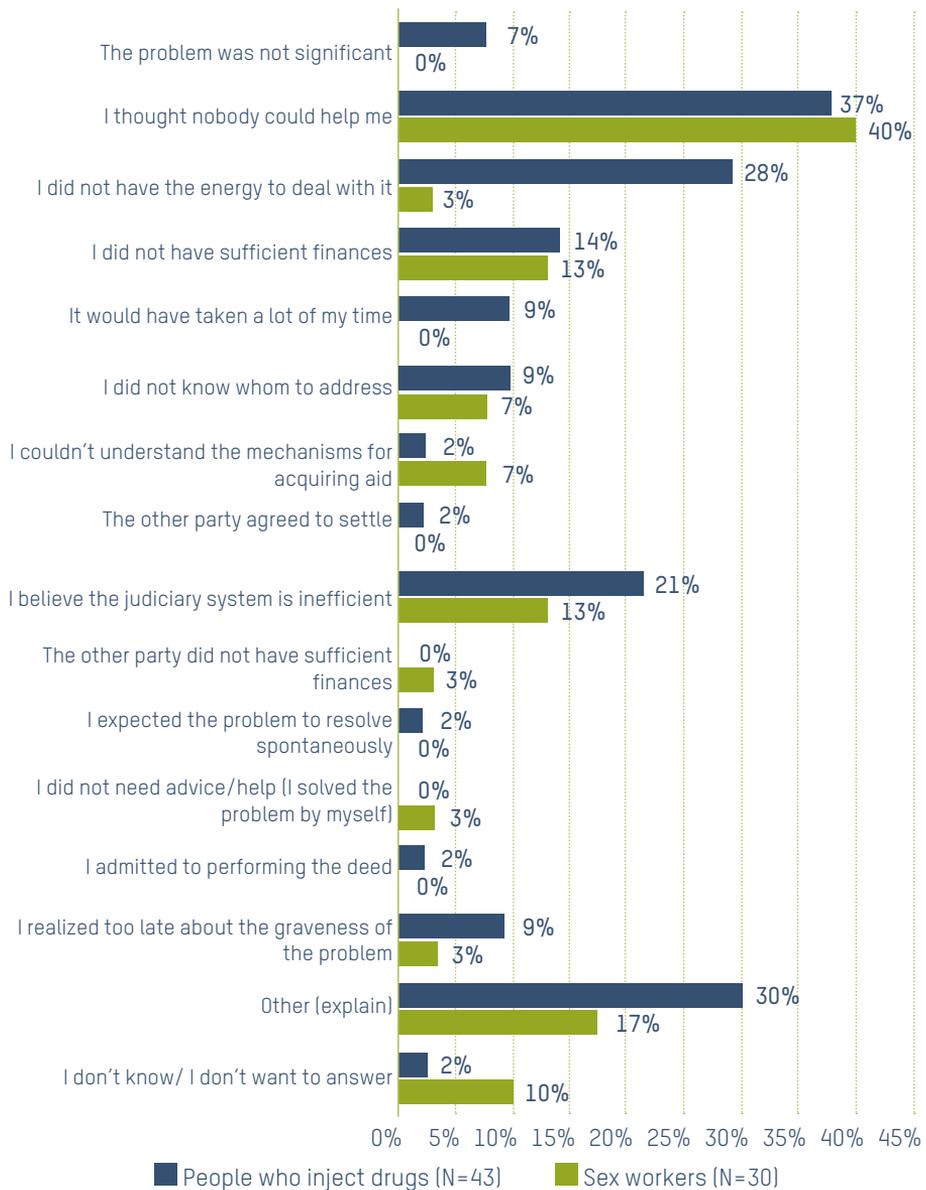
Sex workers included in the focus group discussions often experienced family violence, which was the most common reason for initiating a legal procedure. In most cases, the procedure began and ended with a report to the police, with only one respondent stating to have undertaken further actions for protection from family violence.

4.5. Reasons and factors for inactivity

Looking back to the respondents who failed to take any actions towards resolving the gravest problem that occurred in the reference period, they were asked to explain the reasons for their inaction. Most of them (around 40% in both communities) failed to take any action because they didn't believe that anyone could help them. However, many did not take any action because of the anticipated financial expenses which they could not afford, as well as due to their lack of trust in the Macedonian justice system. The occurrence of reasons for inaction is laid out in graph 41. In addition to the

quoted reasons, respondents shared other explanations for being inactive, such as: fear of aggravating the problem, fear for their personal safety, feeling innocent regarding the charges, as well as self-victimization (“I am an addict, and that’s what police do”).

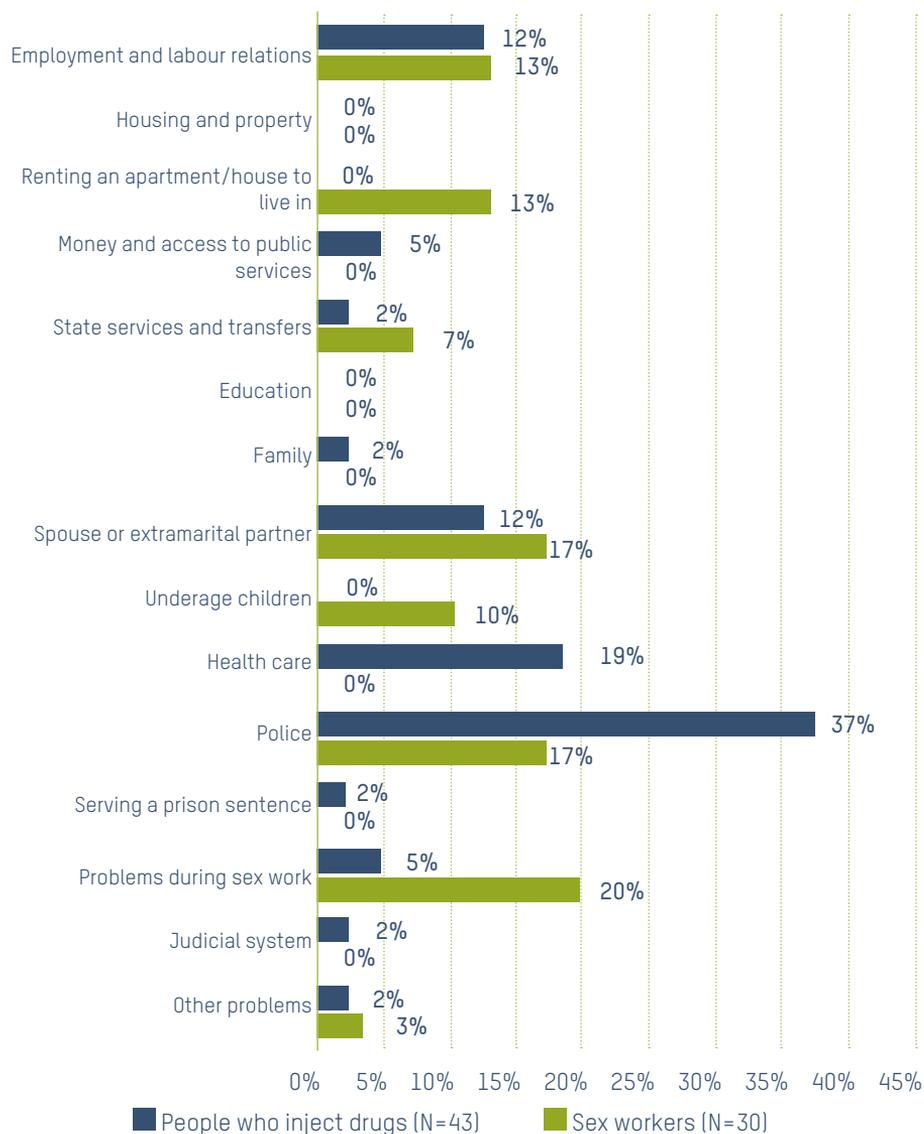
Reasons for inactivity



Graph 41. Reasons for inactivity towards resolving the gravest problem (multiple choices)

Most of the gravest problems for which people who inject drugs failed to take any actions were related to troubles with the police or for challenges in obtaining proper health care. Sex workers, on the other hand, are least proactive in resolving problems they experience during sex work, with their partners and the police (graph 42).

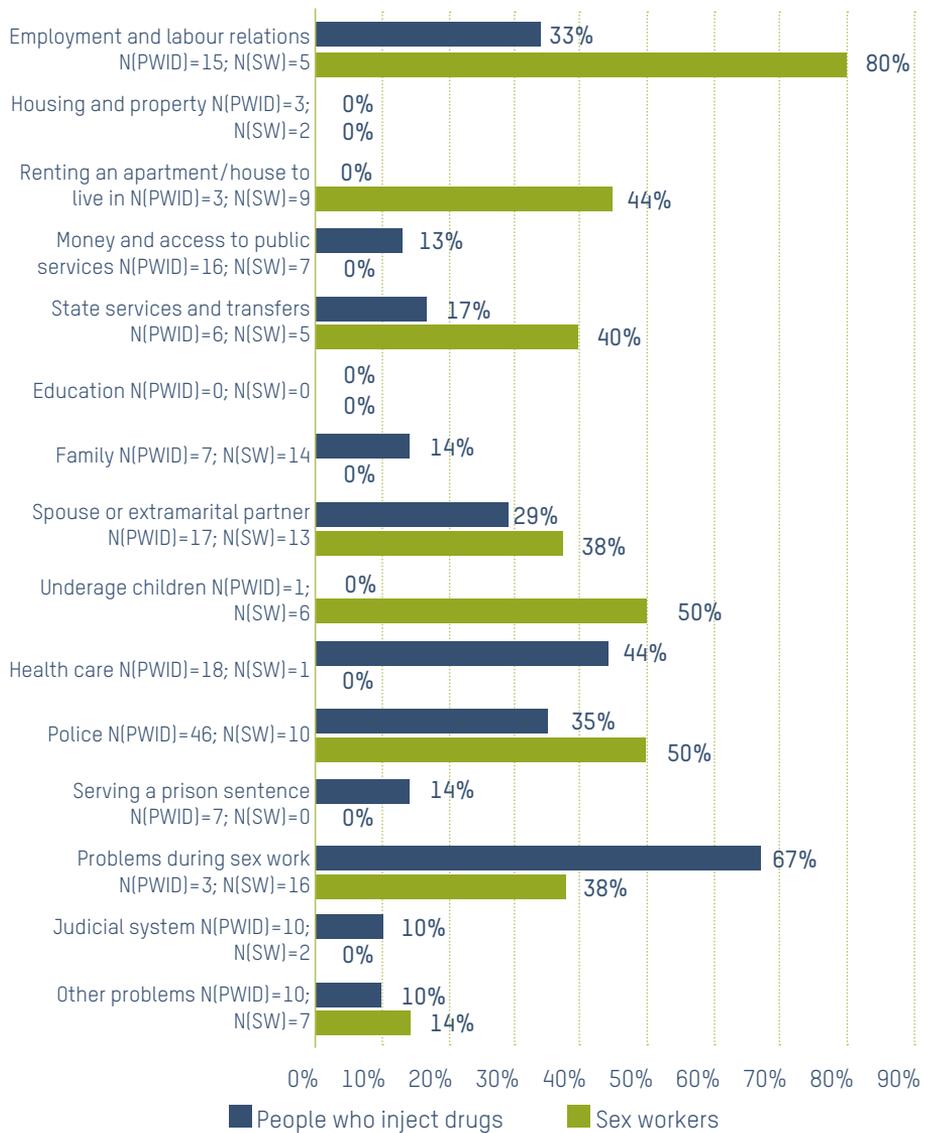
Inaction according to groups of problems



Graph 42. Inaction towards resolution according to groups of problems

However, the landscape of inaction slightly changes when observed as a proportion of the reported gravest problems (graph 43). In that regard, 80% of the sex workers who reported employment or labour relations problems as the gravest, did nothing to solve it, which was the case with half of the sex workers who's gravest problems were related to the police or their underage

Inaction within groups of problems



Graph 43. Inaction towards resolution within groups of gravest reported problems

children. Two thirds of the people who inject drugs, on the other hand, who's most serious problem was related to sex work did nothing to solve it, similarly to almost half of those who's gravest problems are in the area of receiving proper health care, as is the case of slightly more than a third of PWID who reported their most serious justiciable problem to be with the police.

In an attempt to examine the factors that might have influenced inactivity towards resolution of the gravest problems, we found no association with the explored demographic parameters (gender, age, ethnicity, place of residence, level of education, or personal income of the respondents) in the group of people who inject drugs.

In the sex workers' group, on the other hand, Roma are, on average, more frequently inactive towards solving their gravest justiciable problem compared to members of other ethnicities [$\chi^2(3, N=97)=13.911$; $V=0.379$; $p=0.003$], with as many as half of the Roma sex workers failing to take any action. Gender is also a factor for inactivity and male sex workers are more often inactive compared with women and transgender people [$\chi^2(2, N=97)=6.293$; $V=0.225$; $p=0.043$]. The level of education also has impact; sex workers with lower level of education are more frequently inactive in comparison to the more educated ones [$\chi^2(4, N=97)=15.381$; $V=0.398$; $p=0.004$]. As an illustration, almost half of the sex workers without any formal level of education did nothing to resolve their gravest problems, which is the case with only 7% of the high school graduates. Age, place of residence and personal income were not found to be related to undertaking actions towards resolving problems among sex workers.

Only 35% of the people who inject drugs and 37% of the sex workers who have done nothing so far, state that they intend (definitely or possibly) to do something to resolve their gravest problem in future. This mostly implies asking for help from a legal practitioner at a civil society organization.

Even though in the statistical analysis the respondents' financial situation was not detected as a factor related to undertaking actions towards resolving the gravest problems, this might be due to the fact that most members of both communities live with significantly low monthly incomes, which prevented the surfacing of any distinctions in the actions undertaken by the subgroups of respondents according to the level of monthly income.

However, as seen in graph 41, 13 – 14% of the respondents from both groups identify lack of financial means as a direct reason for inaction in resolving their justiciable problems. In addition, the focus group discussions confirmed that poor financial situation is often a factor preventing people who inject drugs and sex workers to initiate and pursue legal procedures, or to receive proper defence in procedures initiated against them.

Findings from focus group discussions also show that sex workers and people who inject drugs, even though often in need of legal aid, sadly, often avoid facing the need for legal resolution of the problems they experience. The overall impression is that they are completely disappointed and lack trust in the Macedonian legal system. Quite common are the comments of how there is no one to address towards resolution of their problems, and that courts rule to the benefit of the rich and powerful, with no justice for the “common” person, particularly in cases of drug use or sex work.

Due to the lost trust in institutional protection mechanisms, legal aid is mostly sought from civil society organizations that offer harm reduction services and support for sex workers. In the rare instances when a lawyer was hired or initial consultation occurred with an intention to hire one out of pocket, the respondents were mostly disappointed from the response or the service they received.

Persistence of initiated legal procedures often depends on the financial power, as well as other existential problems, such as: pressures and threats from the police, or from relatives and acquaintances, health difficulties and needs, lack of self-confidence, lack of trust in the legal system. Consequently, legal procedures are often unfinished, prolonged infinitely or end to the respondents’ detriment.

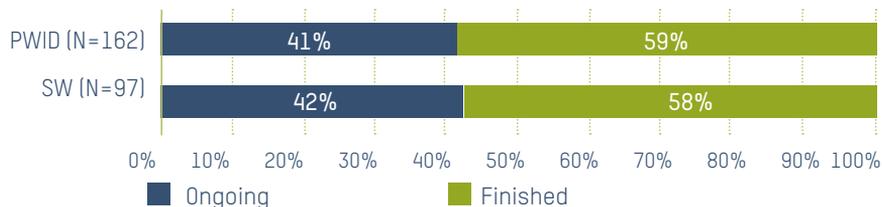
The lawsuit filed by the fourteen sex workers against the Ministry of Interior of Macedonia and the First instance (Primary) Court Skopje 1 – Skopje is an excellent example of how selective the Macedonian judicial system is towards sex workers, and most likely other socially marginalized communities. Namely, fourteen sex workers filed a lawsuit in 2009 in front of the Primary Court Skopje 2 – Skopje against MOI and Primary Court Skopje 1- Skopje for violation of rights pursuant three articles of the European Convention on Human Rights: Article 3, which prohibits torture, inhuman and

degrading treatment or punishment, Article 5, which guarantees the right to liberty and security of a person, and Article 8 related to the right to respect for private and family life.⁶² Although the first-instance court twice decided to the benefit of the plaintiffs, the Court of Appeals Skopje twice accepted the defendants' claims; the first time remanded the case for retrial, while the second time reversed the first-instance court judgement and rejected the plaintiffs' lawsuit as unfounded. A petition for an extraordinary judicial remedy – Revision – was submitted to the Supreme Court of Macedonia, which is ongoing at present. In addition, an appeal to the European Court of Human Rights is in motion.⁶³

4.6. Outcomes of the gravest problems

In slightly less than two thirds of the cases, the gravest problems faced by people who inject drugs and sex workers had ended by the time the interviews for this research were conducted (graph 44).

Current status of the gravest problem



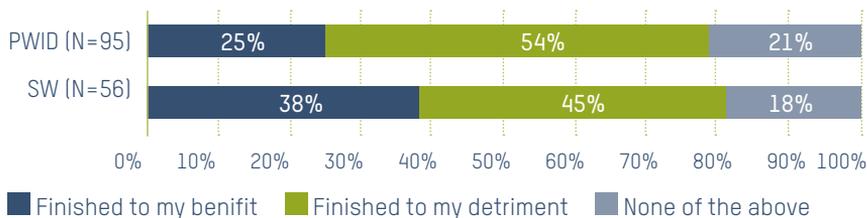
Graph 44. Current status of the gravest problem

The aforementioned problems were mostly concluded to the detriment of the respondents rather than to their benefit (graph 45). Consequently, as expected, members of both communities were rarely satisfied with the outcome (graph 46) and considered it to be unfair (graph 47). However, as was mentioned earlier, we were not able to confirm the validity of this deduction with the instruments of this research, although it would be preferable to do so with a future one.

62 Council of Europe, *Convention for the Protection of Human Rights and Fundamental Freedoms*.

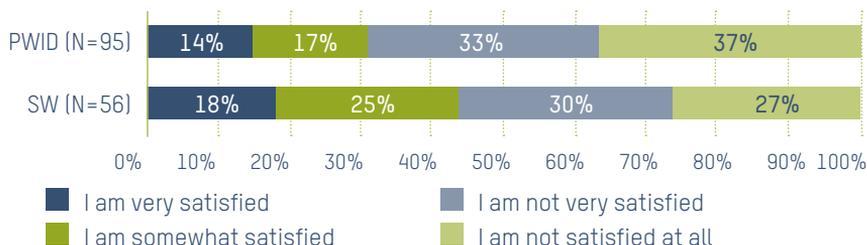
63 Details on the case described were acquired from the testimonies given by the legal representatives of the sex workers who appear as a party in the court procedure.

Outcome of finished problems



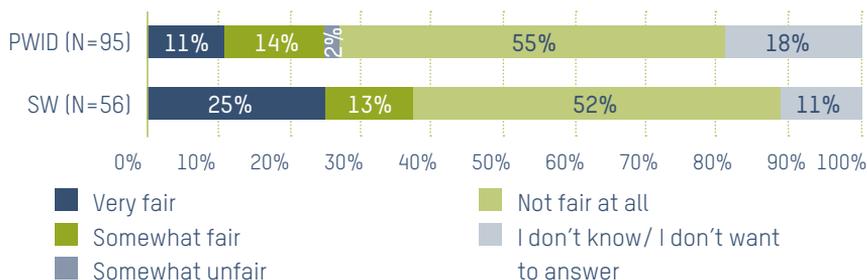
Graph 45. Outcome of the finished gravest problems

Satisfaction with the outcome



Graph 46. Satisfaction with the outcome of finished problems

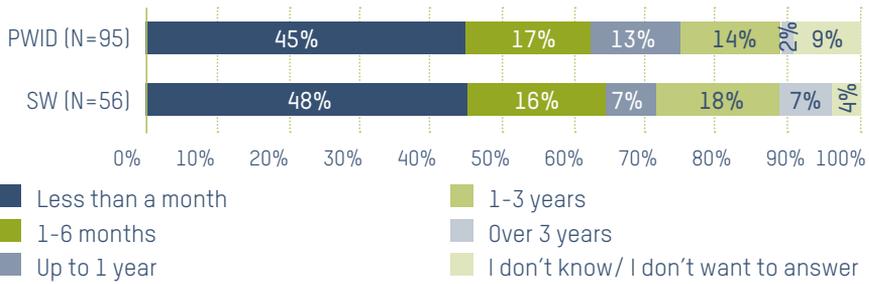
Fairness of the outcome



Graph 47. Respondents' perception on the fairness of the outcome of the finished problems

In the majority of finished problems, it took short time to reach resolution, not more than a month. However, resolution of some problems lasted one, three or several years (graph 48).

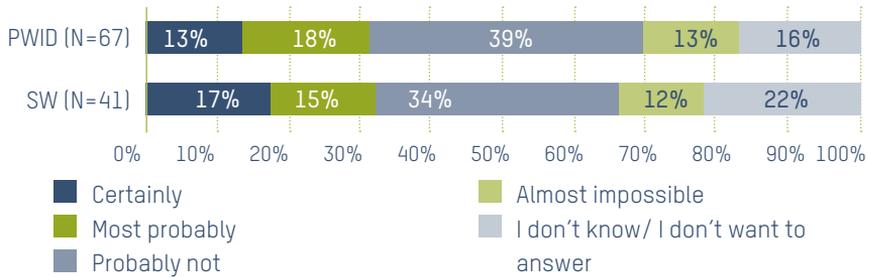
Duration of the resolution



Graph 48. Duration of the resolution of the gravest problems

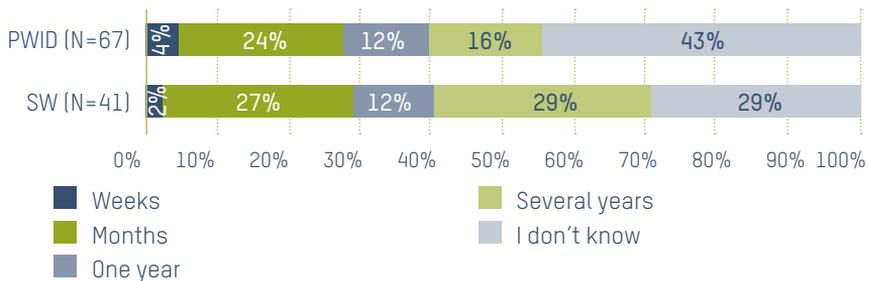
Respondents whose problems have not yet been resolved rarely hope that the outcome will be in their favour. Almost half of both groups presume that the outcome, certainly or probably, would be to their detriment (graph 49). They base their scepticism on personal experiences with the legal system in Macedonia and similar experiences of people from the communities, as they shared in the focus groups discussions. Most respondents were not able to presume how long they would have to wait for the outcome; however, many believe that it could take one or several years to solve their disputes (graph 50).

Probability that the dispute would end to the respondents' benefit



Graph 49. Expectations for the resolution of ongoing problems/disputes

Expected duration of resolution

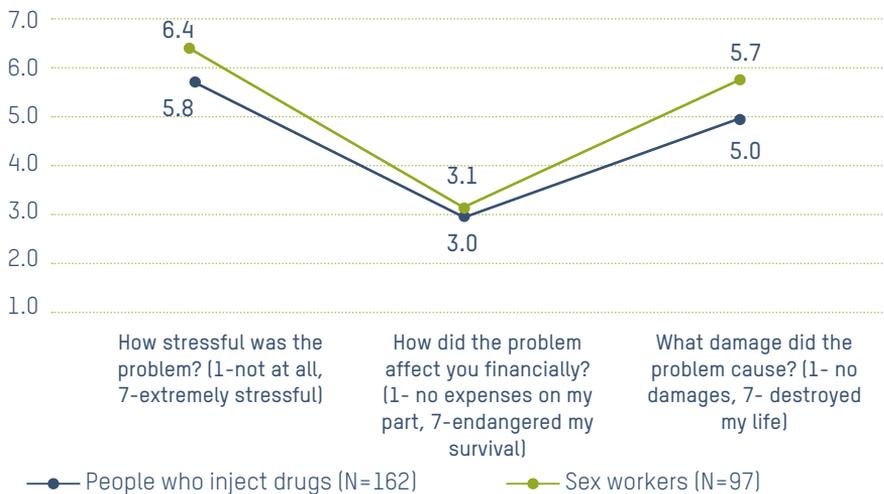


Graph 50. Expected duration regarding the resolution of ongoing problems/disputes

4.7. Consequences of the gravest problem

Respondents were asked to assess the effect the gravest problem has had on their life. On a scale from 1 to 7, they assessed the stress associated with the problem, the effect the problem had on their general financial situation and, in general, the damage the problem had caused in their life. The average results are presented in graph 51. It can be noticed that most of the problems were extremely stressful to members of both communities and caused damages that, according to a significant portion of the respondents, destroyed their life. However, dealing with the gravest problems, according to the respondents' perception, frequently did not result with catastrophic financial expenses for them. One of the reasons for this could be the fact that people who inject drugs and sex workers in Macedonia seldom took specific actions for legal protection or received free legal advice. On the other hand, and as discussed previously, due to the nature of the problems these citizens faced, it is possible that the respondents assessed the financial burden only on the grounds of direct expenses they had to cover, failing to consider the general damages they had suffered.

Consequences of the problem

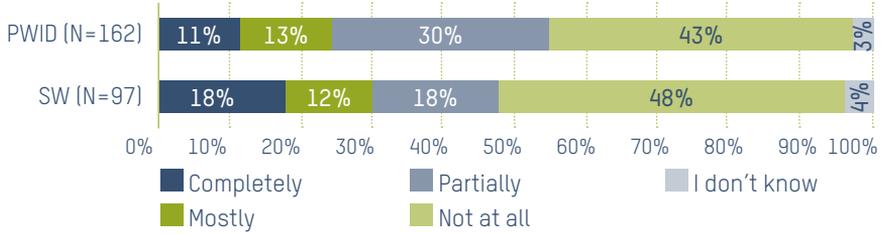


Graph 51. Consequences of the gravest problem on the respondents' lives

It is important to note that over two thirds of the respondents from both groups report that they were only partially or not at all aware of their rights

and could not assess their legal position at the moment when the problem occurred (graph 52).

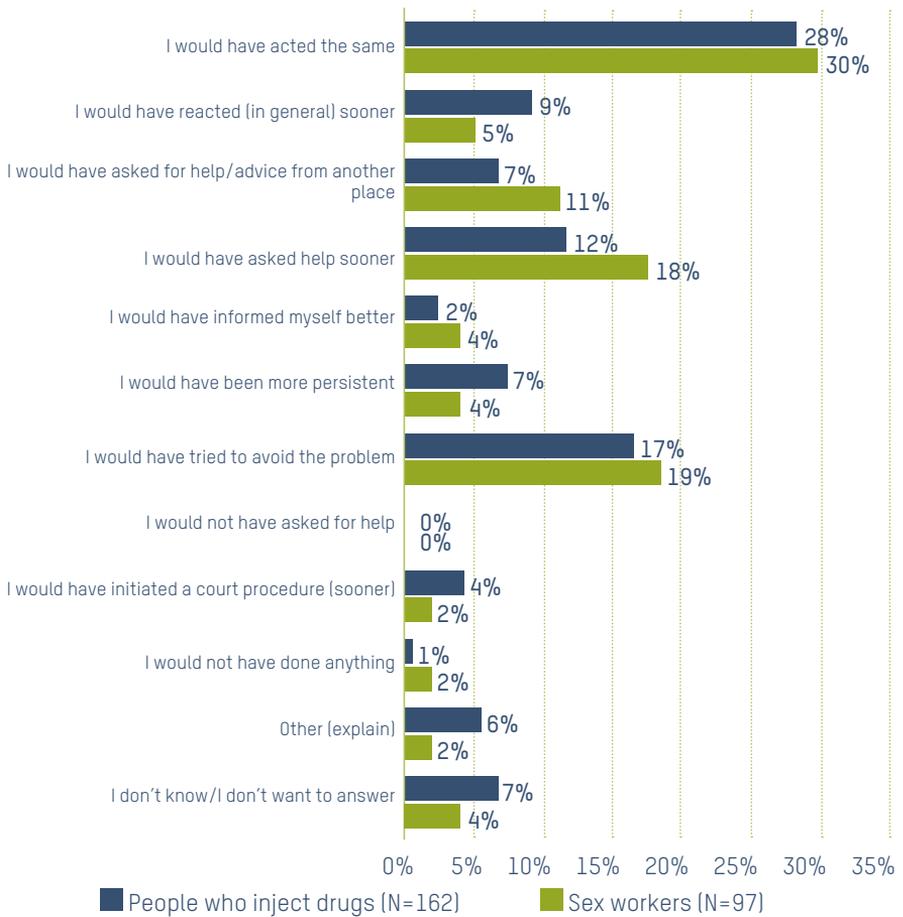
Knowing the legal position and rights



Graph 52. Awareness of one’s own rights and ability to assess the legal position at the moment the gravest problem occurred

Almost a third of both communities believe they would act identically if they could return to when the gravest problem started. However, most respondents believe that if they had known how the problem would have developed, they would have done something else, for instance, they would have tried to avoid it, would have asked legal advice/aid earlier, or sought help from somewhere else (graph 53). Some respondents add that they would undertake other actions as well, for instance, they would immediately address the competent institution (a social work centre, the Sector for Internal Control and Professional Standards at MOI etc.), would not marry or form a relationship with the partner, would “seek contacts” in the institutions, with some even stating that they would have engaged in a physical encounter with the other party. The last two statements only illustrate the absence of trust in the effectiveness and fairness of the judicial system, which at occasions builds up frustration among members of both communities.

Different actions



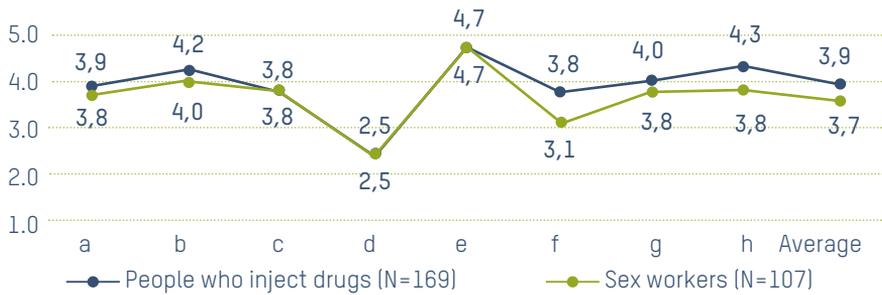
Graph 53. What would you have done differently if you could go back to the beginning when the problem occurred?



OPINIONS ABOUT THE JUSTICE SYSTEM

The attitudes of the community members towards the Macedonian justice system were assessed by way of eight statements to which the respondents answered on a scale from 1 to 5 (with 1 representing agreement with the statement, or positive attitude, while 5 represents disagreement with the statement, or negative opinion/ attitude). The results are laid out in graph 54, from which it can be seen that negative opinions and low level of trust in the Macedonian justice system prevail. The majority of respondents are convinced that delivery of justice is a privilege rich citizens enjoy and that people who inject drugs and/or sex workers have difficulties in exercising their rights through institutional mechanisms. Most respondents believe the institutions to be inefficient and the justice system and laws to be unfair. Trust in extrajudicial procedures is larger; however, in the context of the other findings, it might be possible that this statement was interpreted in the direction of extra-institutional actions. In general, sex workers trust the justice system slightly more in comparison to people who inject drugs.

(Lack of)trust in the Macedonian justice system



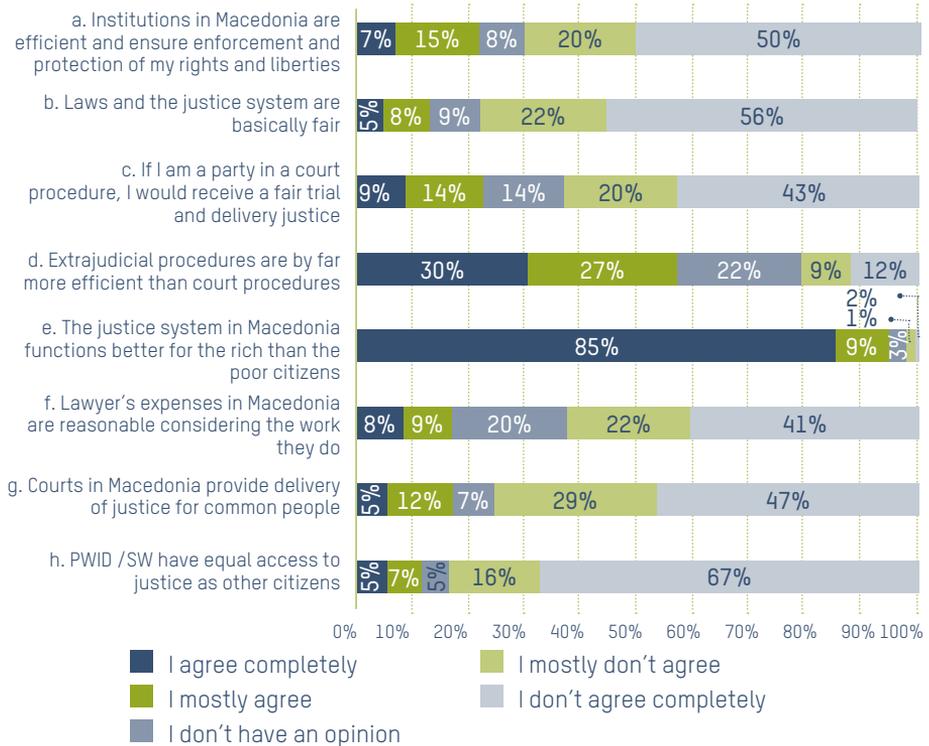
Graph 54. Attitudes towards the justice system, according to groups

On a scale from 1 (I agree completely, i.e. complete trust, or positive attitude) to 5 (I don't agree at all, i.e. complete lack of trust, or negative attitude) state your opinion regarding the following statements: a) Institutions in Macedonia are efficient and ensure enforcement and protection of my rights and liberties; b) Laws and the justice system in Macedonia are basically fair; c) If I am a party in a court procedure, I would receive a fair trial and delivery of justice; d) Extrajudicial procedures are by far more efficient than court procedures; e) The justice system in Macedonia functions better for the rich than the poor citizens (inverse scale); f) Lawyer's expenses in Macedonia are reasonable considering the work they do; g) Courts in Macedonia provide delivery of justice for common people; h) People who inject drugs/sex workers have equal access to justice as other citizens.

Further analysis did not reveal significant differences of attitudes towards the justice system among sex workers with different socio-demographic characteristics (gender, age, ethnicity, residence and personal income). However, the opinions on the justice system among the people who inject drugs from the Tetovo region are far less positive in comparison to their peers from other towns [$F(5,163)=5.138$; $p<0.001$], for instance, compared to PWID from Skopje and Shtip who's attitudes score is 4.0. No significant differences were identified among subgroups of PWID regarding the other researched socio-demographic characteristics.

The attitudes of people who inject drugs and sex workers towards the justice system are presented separately for better overview (in graphs 55 and 56 respectively).

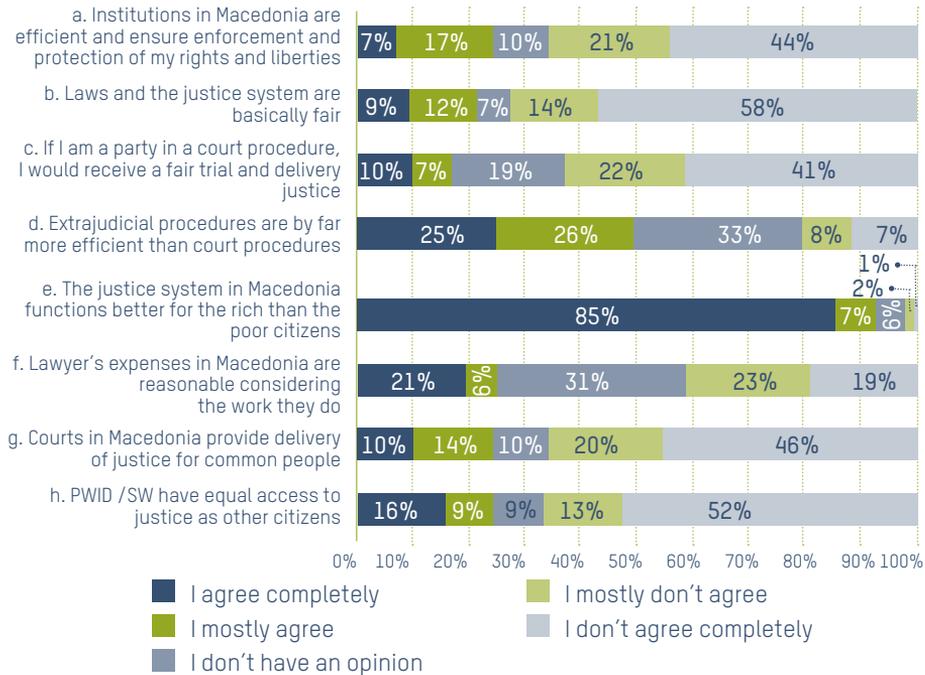
Attitudes of PWID towards the justice system



Graph 55. Attitudes of PWID towards the justice system in Macedonia

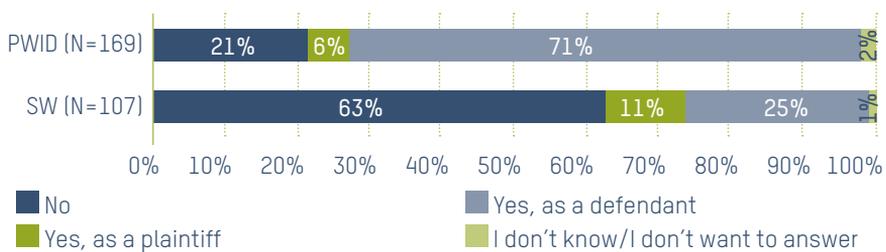
The negative attitudes and low trust in the Macedonian justice system are probably grounded on personal experiences of respondents, since more than a third of the sex workers and more than three quarters of the people who inject drugs have been involved in a court procedure over the course of their lives (graph 57). In the majority of these cases, members of both groups were the defendants or the accused party.

Attitudes of SWs towards the justice system



Graph 56. Attitudes of SWs towards the justice system in Macedonia

Experience with court procedures

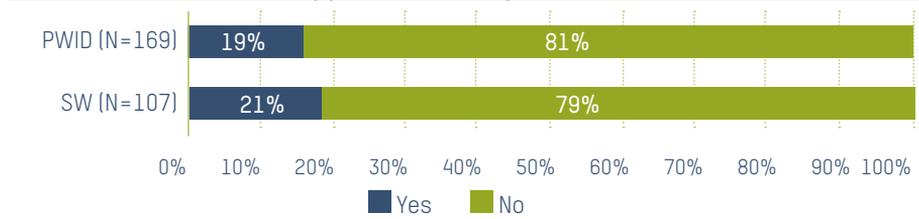


Graph 57. Lifetime involvement in court procedures

Despite the high frequency of grave justiciable problems often resolved in court, only a fifth of both communities are aware of the possibility for free legal aid available to socially vulnerable categories of citizens (graph 58). If assumed that some respondents who stated to have information on the possibility for free legal aid might have misinterpreted this opportunity with the legal aid provided by civil society organizations free of charge (yet on grounds different than the state supported free legal aid), it can be concluded that the state provided free legal aid is little known about nor available to most people who inject drugs and sex workers in Macedonia. In fact, the

findings from the qualitative research phase confirmed this line of argument since none of the respondents included in the focus group discussions have heard of the measure for free legal aid, as prescribed with the Law on Free Legal Aid,⁶⁴ and they often confuse this term with the legal aid they receive from civil society organizations that deal with harm reduction and support of sex workers. The concept of free legal aid caused great interest and many respondents expressed intention to obtain more detailed information on this opportunity. The prohibition for marketing of the state provided free legal aid⁶⁵ is probably among the main reasons for the lack of information among socially marginalized communities on their legal aid options.

Informed about state supported free legal aid



Graph 58. Awareness of the possibility to receive free legal aid provided by the state for socially vulnerable categories of citizens

To clarify, “Free legal aid is an instrument that alleviates access to institutions of the system for all citizens in cases when due to poor financial situation they cannot afford the expenses to exercise their rights. (...) Free legal aid refers only to legal aid in civil and administrative matters. Free legal aid is regulated with the Law on Free Legal Aid from 2009.”⁶⁶ Free legal aid is provided by the regional units of the Ministry of Justice of Macedonia who have Bar certified lawyers on their staff, lawyers registered in the Free legal aid attorneys’ registry, and citizens associations which meet the criteria.

64 Ministry of Justice, Law on Free Legal Aid – consolidated text (Министерство за правда, Закон за бесплатна правна помош – пречистен текст).

65 Field research, interview with key respondents, transcript TS_AD_PM2016_I_Skopje_Mladi_pravnici_002 [24.11.2016].

66 MYLA, Access to Justice (МЗМП, Пристап до правда).



CONCLUSIONS AND RECOMMENDATIONS

The research revealed high frequency of justiciable problems among members of both communities. While the general population in Macedonia faces 1.3 - 1.5 problems on average, people who inject drugs experienced averagely 14.9 problems in a time frame of approximately 3.5 years, while sex workers experienced 13 justiciable problems on average over the same period. This confirms the high vulnerability of both communities and their need for access to information, advice and legal aid.

Legal need is higher among younger people who inject drugs, as well as sex workers between the ages of 30 and 39. In the provinces of the country, legal protection has to be intensified because, in general, members of communities who live in other towns experience justiciable problems more often than those living in the capital. This is perhaps due to the CSOs' services for continuous legal aid in Skopje, and the efforts to increase legal literacy of both communities, as well as the years-long advocacy for building the capacities and sensitizing institutions on working with marginalized groups.

Findings show that the level of education and financial situation of respondents have little to no effect on the frequency of justiciable problems. However these are decisive factors on the manner of dealing with the problems. Ignorance regarding personal rights and unawareness of existent protection mechanisms, in addition to the low economic power of citizens from these communities quite often prevents the resolution of daily

problems. There is an apparent need to intensify the efforts for education on the rights and the mechanisms for their protection, as well as promotion of the services for free legal advice and aid. Since people who inject drugs and sex workers trust civil society organizations the most, quite logically, these organizations should assume larger role in the implementation of such interventions. Legal needs of Macedonians who inject drugs and Roma sex workers are greater, hence efforts should be more intense for these subgroups, which should not prevent the implementation and promotion of services for all citizens from these communities.

Educating the communities on their rights and motivating them to use the protection mechanisms should be prioritized according to areas with larger problem frequency and gravity. For the people who inject drugs these would be problems related to employment, police, serving prison sentences and obtaining health care. Education for sex workers, on the other hand, in addition to employment rights should also focus on information on the rights to access to public goods and services and home rental, as well as on manners of dealing with problems during sex work and with a spouse or extramarital partner, including violence. The needs for educating the communities should be continuously followed, while the effects of the educational activities should be monitored not only with process indicators but also from an outcome perspective. Since many of these citizens first seek advice from friends or colleagues when experiencing legal problems, development and promotion of paralegal services is a justified mode of delivering information to the communities.

It is evident that large portion of justiciable problems for both groups arise from discrimination by employers, the general population and employees at institutions. Developing programs for their sensitization could lead to advancement of these citizens' rights and provision of easier access to justice. Previously proposed educational measures for strengthening the communities' awareness on recognizing rights violations could also be beneficial in combating discrimination by way of, among else, triggering legal protection mechanisms through individual or class actions.

Overcoming prejudices against people who inject drugs and sex workers in institutions responsible for ensuring the legal order, such as the police,

prosecutors, courts and prisons is crucial. This could be achieved with temporary measures, such as trainings, field and study visits, but also through more sustainable systemic changes in the process of professional training of employees in the aforementioned institutions. Similar measures could be useful for health and social workers.

Poor treatment of people who inject drugs in prisons is also concerning. Quite often, they suffer violence from other convicts and custodian staff, while competent officers refuse to make a record of the reported problems and sometimes threaten convicts against filing petitions to the Ombudsman. Release from prison without valid personal identification documents is particularly problematic for people who inject drugs since it could disrupt the opioid substitution treatment with possible fatal consequences. Solving this complex problem requires intensive cooperation among competent institutions (prisons, the Department of Execution of Sanctions, the Ombudsman, the police, Ministry of Health and Ministry of Labour and Social Policy, among others). Building a system for legal protection of convicts independent of prison services could significantly improve the situation.

Numerous factors from the immediate and broader environment obstruct access to justice for members of both communities. The most common are scepticism that anyone could help them, lack of trust in the justice system, low financial power, low awareness about existing legal protection mechanisms, fear for personal safety or possible deterioration of the problem, self-victimization and no motivation to undertake specific actions. As a result, a third of both communities do absolutely nothing to solve even the problem they consider as the gravest. Those who opt to take action mostly attempt to solve the problems on their own or seek help from the civil society organizations they contact for other needs. Rarely do these citizens ask for legal advice and protection from lawyers, and hardly ever from other instances, such as workers' unions, municipality services, social work centres, mediators, the Commission for Protection from Discrimination, the Public Prosecutor's Office, the Sector for Internal Control at MOI and other competent institutions. In rare cases when members of both communities seek legal aid, usually they do so soon after the problem has occurred, and are mostly satisfied with the advice or help they received.

These findings again pinpoint the necessity to educate people who inject drugs and sex workers on existing institutional mechanisms for protection of rights and delivery of justice, and motivate them to take actions towards legal resolution. Since citizens from these groups trust civil society organizations the most, CSOs are the first instance where they seek free legal advice and aid. Hence, services offered to these communities by civil society organizations need to be developed further, while also advancing the cooperation between the organizations and the competent institutions, including introduction of functional referral mechanisms. Forming coordination bodies by all concerned parties on a local or regional level could lead to improved communication and can produce more tangible results. Meanwhile, it would also be important to restore the trust of people who inject drugs and sex workers in Macedonian institutions and their efficiency and justness. This, of course, might take some time, but a change in institutional practices would instantaneously send a positive signal promptly observed by the communities. Workshops through which public servants educate the groups on the manner of accessing justice, according to fields of competency, could also be useful.

Poor financial power is among the more critical obstacles on the road to justice for people who inject drugs and sex workers. Although the 2009 Law on Free Legal Aid was supposed to provide equal access to justice for all citizens, including those who live in poor financial conditions or meet some of the other criteria, obviously this instrument is not accessible for citizens from these marginalized groups. This is probably due to the strict qualification criteria for accessing free legal aid, as prescribed by the Law, the considerable amount of required paperwork and the long approval procedure. In addition, the most common legal needs of these communities are ineligible for the state provided free legal aid. For instance, this instrument does not allow for legal representation in front of courts in misdemeanour charges, pre-investigation and criminal procedures. Therefore, this report joins the calls of civil society organizations for amendments to the Law on Free Legal Aid towards acknowledging the specifics and needs of people who inject drugs and sex workers.

Lastly, as argued in other research documents^{67, 68}, most of the problems experienced by the members of both communities, for instance unfair treatment by the police, violence, systemic discrimination and limited access to legal protection mechanisms arise from the criminalization of personal drug use and sex work observed in institutional practices. Such practices exist despite the fact that personal drug use and voluntary sex work are not considered as crimes according to the existent legal provisions in Macedonia. It is therefore necessary to initiate a public debate and intensify the advocacy efforts for decriminalization of personal drug use and decriminalization of sex work in Macedonia. Only by introducing humane drug use and sex work policies will these communities be substantially empowered and can, without fear, seek protection of their rights in all spheres of life.

67 Dimitrievski et al. *Coming out of the Closet* (Димитриевски и др., Излегување од плакарот).

68 Boshkova and Shterjova-Simonovic, *Analysis of Sex Workers' Opinions* (Бошкова и Штерјова-Симоновиќ, Анализа на ставовите на сексуалните работници).

List of field units

Field notes

Interview with key respondent, field note TB_AD_PM2016_Lekarska komora_003 [16.12.2016].

Interview with key respondent, field note TB_AD_PM2016_MVR [17.11.2016].

Interview with key respondent, field note TB_AD_PM2016_UIS [21.11.2016].

Interview with key respondent, field note TB_HSS_PM2016_JORM [26.12.2016].

Transcripts of interviews

Interview with key respondent, transcript TS_AD_PM2016_I_Skopje_Mladi_pravnici_002 [24.11.2016].

Interview with key respondent, transcript TS_AD_PM2016_I_Skopje_MTSP_001 [24.11.2016].

Transcripts of focus group discussions

Focus group discussion, transcript TS_VD_PM2016_Skopje_LID_003-1 and 2 [27.10.2016].

Focus group discussion, transcript TS_VD_PM2016_Skopje_LID_009-1 and 2 [9.11.2016].

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Focus group discussion, transcript TS_IC_PM2016_Shtip_LID_005-1 and 2 [2.11.2016].

Focus group discussion, transcript TS_VD_PM2016_Bitola_SR_001 [17.10.2016].

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Focus group discussion, transcript TS_IC_PM2016_Ohrid_SR_006-1 and 2 [4.11.2016].

Focus group discussion, transcript TS_VD_PM2016_Gostivar_SR_001-1 [7.11.2016].

Focus group discussion, transcript TS_VD_PM2016_Tetovo_LID_008-1 and 2 [7.11.2016].

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