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# DECRIMINALIZING DRUG USE

## WHY IT IS IMPORTANT FOR GHANA



By Maria Goretti Ane-Loglo

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- To generate debates and discussions on these issues;
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# **Decriminalising Drug Use: Why It Is Important For Ghana**

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## LIST OF ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDPC</b>	International Drug Policy Consortium
<b>LI</b>	Legislative Instrument
<b>NACOB</b>	Narcotic Control Board
<b>NCC</b>	Narcotics Control Commission
<b>OSF</b>	Open Society Foundations
<b>OSIWA</b>	Open Society Initiative for West Africa
<b>PNDCL</b>	Provisional National Defence Council Law
<b>UNGASS</b>	United Nation General Assembly Special Session
<b>UNODC</b>	United Nation Office on Drugs and Crime
<b>WACSI</b>	West Africa Civil Society Institute
<b>WADPN</b>	West Africa Drug Policy Network



# Introduction

There is a significant academic debate about decriminalization of marijuana in the country, and this has received some degree of political and public support<sup>1</sup>. Some have argued that decriminalization will open a floodgate for drug use in the country,<sup>2</sup> while others (like myself), do not agree and see it instead as the best way to reduce drug use in the country. In practice, repressive drug laws have neither succeeded in reducing drug consumption nor put traffickers out of their lucrative business. Instead, these laws have only driven and expanded the trade underground.

This is a massive failure. This situation has not only stigmatized people who use drugs, it has also led to misguided and harmful policy making. It has also contributed to an ongoing concerted effort to overstate the dangers of drugs – the primary actors being politicians, law enforcement agencies, and ill-informed media – and led to a situation where billions of people are unable to access essential medicines for pain relief and palliative care.

The current policy on drugs in Ghana discourages people who use drugs from accessing health services through fear of arrest as there have been countless violations of the human rights of Ghanaians in the name of the war on drugs. As a result, the war on drugs is fueling the global HIV epidemic, among other health hazards, as drug using communities are driven underground and faced with increased risks such as the sharing of needles and syringes that can lead to blood-borne infections.

Mounting evidence shows that there is the need to move towards a new policy approach – one in which progress is measured by public health indicators such as the number of people receiving drug treatment, rather than being measured by seizures and arrests.

***The current policy on drugs in Ghana discourages people who use drugs from accessing health services***

<sup>1</sup> The Chronicle "Drug addiction is a public health issue-Woyongo", 26 June 2015, <http://thechronicle.com.gh/drug-addiction-is-a-public-health-issue-woyongo/>.

<sup>2</sup> Modern Ghana "Setting the Records Straight: Decriminalization is not Legalization of Controlled Drugs", 19 Nov. 2015, <https://www.modernghana.com/news/656817/setting-the-records-straight-decriminalization-is-not-legal.html>.

## I. INTERNATIONAL DRUG CONTROL TREATIES

The international drug control system is governed by three major drug control treaties, which in turn guide contemporary national drug laws and policies. The first treaty is the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), which formally established the current international drug control system. The single convention brought together under one document all the previous international agreements on drug control by establishing a universal system for the cultivation, production, distribution, trade, use and possession of narcotic substances. It is under the single convention that special attention was drawn to substances derived from plants such as opium, heroin, cocaine and cannabis by limiting their usage strictly to medical and scientific purposes.

The second treaty is the 1971 Convention on Psychotropic Substances, which widened international control to cover over a hundred synthetic psychotropic substances. However, due to international pressure from European and North American pharmaceutical companies, the control system of the 1971 convention was much weaker than that of the preceding 1961 Single Convention. Interestingly, the preambles of the 1961 and 1971 Conventions both state the protection of the 'health and welfare of mankind' as the fundamental objective of the conventions<sup>3</sup>. As this paper will highlight, the health aspect of drug control is specially relevant in today's debate about decriminalisation.

The last major international drug control treaty is the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances negotiated in response to the massive increase in both the demand and supply for non-medical use of cannabis, cocaine and heroin<sup>4</sup>. Given the prohibition of such substances by earlier treaties, the rise in demand led to the rapid growth of illicit drug trafficking and fuelled a criminal black market worth billions of dollars. The 1988 convention provides special enforcement measures designed to reduce the illicit cultivation, production and trafficking of drugs, as well as for the diversion of chemical precursors.

Around the world, national drug policies are underpinned by the international drug control system framed by the three major conventions. More importantly, the 1988 convention significantly reinforced the obligation of countries to domesticate its legal mechanisms by applying criminal sanctions to people who use drugs and traffickers. The problem with the legal framework of such conventions and by extent, of national laws, remains the approach in reducing the scale of drug markets and of drug use. This framework has been based on the principle of deterrence and focused on implementing tough laws punitive approaches prohibiting the production, distribution and use of drugs. It was believed that this prohibitionist strategy, which seeks to deter any involvement in the illicit drug market with the threat of punishment, would reduce - and eventually eliminate - the global drug market and its associated health and social harms.

As we have seen today, the United Nations' target of "a drug-free world" by 2008 has deviated far from its goal. The latest World Drug Report released by the United Nations Office on Drugs and Crime (UNODC) shows that suggests that the number of people classified as suffering from drug use disorders has increased disproportionately for the first time in six years. There are now over 29 million people within this category (compared to the previous figure of 27 million). Additionally, around 12 million people inject drugs with 14 per cent of these living with HIV. The overall impact of drug use in terms of health consequences continues to be devastating<sup>6</sup>.

## II. WHY DECRIMINALISATION IS A BETTER OPTION TO THE WAR ON DRUGS

It is generally accepted that the international "war on drugs" has had devastating and far-reaching consequences. These include public health crises, mass incarceration, corruption, and black market-fuelled violence. Even the United Nations Office on Drug Control (UNODC), responsible for monitoring and managing the international drug control conventions, acknowledges resulting from the creation of "a criminal black market of staggering proportions" that is a fundamental threat to global security. Many of the health risks associated with drug use result from the fact that drug production and

<sup>3</sup> United Nations "The single convention on Narcotics drugs, 1961 as amended by the 1972 Protocol amending the Single Convention On Narcotic Drugs, 1961", Page 1 paragraph 1.

<sup>4</sup> United Nations, [https://www.unodc.org/pdf/convention\\_1988\\_en.pdf](https://www.unodc.org/pdf/convention_1988_en.pdf)

<sup>6</sup> United Nations Office on Drugs and Crime "World Drug Report 2016" May 2016, [http://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf)

drug use is unregulated and controlled by black market forces. People take too much, do not get help quickly enough, take adulterated substances, and are poorly educated on the substances they are taking.

Additionally, new psychoactive substances ("legal highs") pose problems because health agencies have no idea what is in them, or how to deal with them when something goes wrong. When drugs are decriminalised it means people who use drugs will no longer receive criminal records or go to prison for their drug use, drug use is treated as a public health service rather than referring it to the justice system. The resulting effect of this module is that, it leads to a drastic reduction in addiction, the spread of blood-borne diseases such as HIV/AIDS and hepatitis among people who inject drugs. We tend to have a population of people who use drugs who are less sick. Drug related diseases including STDs and overdoses will reduce even more than usage rates.

Countries like Portugal in 2001 legislated one of the most extensive drug law reforms in the world when it decriminalised low-level possession and use of all illicit drugs nearly a decade and a half ago. Results of the Portuguese experience demonstrate that drug decriminalisation – alongside a serious investment in treatment and harm reduction services can significantly improve public safety and health<sup>7</sup>. There is a significant academic debate about the decriminalisation of marijuana. Ghana has also taken up the debate with some degree of political and public support<sup>8</sup>.

Critics of decriminalisation argue that it will open a floodgate for drug use in the country, while supporters (like myself), do not agree and see it instead as the best way to reduce drug use in the country; as showcased in other countries adopting a similar route<sup>9</sup>. In practice, repressive drug laws have neither succeeded in reducing drug consumption nor put traffickers out of their lucrative business. Instead, these laws have only driven and expanded the trade underground. Ghana over the

years have gone down the prohibitionist approach, and this has neither reduced drug use nor put traffickers out business. What we are seeing is rather a high rise in the number of people who use drugs. Criminalization has been the order of the day since the coming into force of the PNDCL 236.

### III. DRUG POLICY REGIME IN GHANA

Ghana's narcotic control measures by the authorities have over the years focused on criminalisation through heavy custodial sentences or fines with the obvious objective of deterrence. The main legislation dealing with the issue of illicit drugs in Ghana is the Narcotic Drugs Control, Enforcement and Sanctions Law of 1990, commonly referred to as PNDCL 236. This law, supplemented by the Narcotic Drugs (Control) Regulations (LI 1507), clearly showcases the Ghanaian State's approach of criminalisation for drug control.

PNDCL Law 236 prohibits in its first section the importation, exportation, possession, cultivation, manufacturing, supply, use and administration of any narcotic drug without lawful authority; providing Section 55 of the PNDCL 236 established a Narcotics Control Board (NACOB) led by the Ministry of Interior with the objective of fighting against trafficking and usage of narcotic and psychotropic substances notably: cocaine, heroin, cannabis Sativa, ephedrine, acetic acid, sulphuric acid, etc. As prescribed by Narcotic Drugs (Control) Board Regulation, 1990 LI 1507, the functions of NACOB include to collect, collate and disseminate information on narcotic drugs and psychotropic substances; to disseminate information aimed at educating the public on the effects of drug abuse; to advise the Government on suitable methods for reducing drug abuse and on rehabilitation facilities for persons addicted to narcotic drugs.

***We tend to have a population of people who use drugs who are less sick.***

<sup>7</sup> Medical Daily "Portugal's Drug Experiment: Tackling Heroin Addiction by Decriminalizing Drugs and Focusing on Health", 21 April 2016, <http://www.medicaldaily.com/portugal-drug-experiment-heroin-decriminalizing-drugs-382598>.

<sup>8</sup> The Chronicle "Drug addiction is a public health issue-Woyongo", 26 June 2015, <http://thechronicle.com.gh/drug-addiction-is-a-public-health-issue-woyongo/>.

<sup>9</sup> Modern Ghana "Setting the Records Straight: Decriminalization is not Legalization of Controlled Drugs", 19 Nov. 2015, <https://www.modernghana.com/news/656817/setting-the-records-straight-decriminalization-is-not-legal.html>.

Currently, the measures used in dealing with narcotics cases in Ghana are mainly in the categories of 'Supply Reduction' and 'Demand Reduction'. Supply Reduction enforces the laws against the use of narcotic and psychotropic substances in the country. And this is done through arrests or seizures of traffickers, casing and conducting surveillance on suspicious persons as well as embarking on raids or operations to destroy cannabis plantations in cities where narcotic substances are predominantly used such as Tudu, Nkonya, Alavanyo. In this same light, the Food and Drugs Act of 1992 (PNDCL 3058) also prohibits the sale of drugs or chemical substances which may cause injury to the health of the user. In a number of cases, the Supreme Court of Ghana has shown no leniency or sympathy to those involved with the drug trade while in other instances, the law on legal possession has been used to exculpate accused persons on the grounds that the law enforcers lacked the requisite knowledge of the nature and quality of the substance found in the accused person's possession.

On the other hand, Demand Reduction methods include carrying out educational programmes with the aim of sensitising the populace against the negative effects of narcotics and also to treat, rehabilitate and re-integrate people who use drugs into society. With respect to Demand Reduction as a measure, NACOB only embarks on educational programmes, counselling and preventive measures directed at preventing the use of narcotic substances. In terms of human right compliance of public health measures, these aspects have not been adequately addressed as the focus in Ghana has mainly been on deterrence. Public health measures do not come into play here because the current narcotic control measures focus more on preventing the negative effects of narcotic drugs instead of carrying out regular counselling, rehabilitation and re-integration of problematic users into society. Yet, resources are needed to achieve more visible results considering that 650,000 Ghanaians are estimated to be suffering from substance-abuse disorders with a further 2,166 suffering from a moderate to mild mental disorder while the budget allocated for was only 3.6% of the total health budget.

Although particular cases of high profile arrest under the control of NACOB can be pointed to as demonstrated success in Ghana, there is a general perception that the policies adopted by the government focusing on prohibition as a means of controlling demand and supply have not worked. The main reason is that the drug problem was pushed underground due to the repressive nature of the law and has now grown out of control and out of the sight of the agency supposed monitor and study the problem. The current drug policy in Ghana is very repressive in nature. It is a control approach that has failed to consider the health and wellbeing of those who use drugs. It makes no room for people who need life-saving, harm reduction programs such as needle and syringe distribution and opioid substitution treatments. What this kind of regime has done over the years is to marginalise the majority of our citizens.

To make matters worse, education – which is one of the most important roles of NACOB, has not received the necessary financial support from the government of Ghana to ensure that adequate education is provided about the drug problem in the country. Rather, the country relies on repressive laws designed to treat drug use as a criminal problem rather than a public health issue. Nonetheless, studies have shown that the criminalization of people who use drugs is often more detrimental to their health than the drug use itself and that this approach does not lower rates of drug use<sup>10</sup>. Moreover, some reports show that the criminal justice response contributes to a climate of stigmatisation of, and discrimination against, people who use drugs, which makes it less likely that they will receive impartial treatment from the police and the judicial system<sup>11</sup>.

Addressing consumption through criminal justice institutions ultimately infringes on various fundamental rights of people who use drugs, including the rights to health, information, personal autonomy and self-determination. Ghana's current drug law also lacks proportionality in the sentencing of drug offences. For instance, both possession and trafficking of drugs attract a minimum of 10 years in prison. There is clearly no distinction in the severity of the offences. Many countries

10 Barnett, Randy "The Harmful Side Effects of Drug Prohibition" (2009) 1 Utah Law Review, <http://scholarship.law.georgetown.edu/cgi/viewcontent.cgi?article=1837&context=facpub>.

11 International Network of People Who Use Drugs (INPUD) "Drug User Peace Initiative Stigmatising People Who Use Drugs: Drug War Peace", 2014, [https://www.unodc.org/documents/ungass2016/Contributions/Civil/INPUD/DUPI-Stigmatising\\_People\\_who\\_Use\\_Drugs-Web.pdf](https://www.unodc.org/documents/ungass2016/Contributions/Civil/INPUD/DUPI-Stigmatising_People_who_Use_Drugs-Web.pdf)

12 International Drug Policy Consortium "IDPC Briefing Paper- HIV prevention among people who use drugs in East Africa", 29 Aug. 2016, <http://idpc.net/publications/2013/08/idpc-hri-briefing-paper-hiv-prevention-among-people-who-use-drugs-in-east-africa>.



around the world have already taken steps to amend and update their drug laws – to align with the “Support Don’t Punish” approach advocated for by civil society around the globe.

#### IV. WHY MUST WE DECRIMINALISE DRUG USE?

Over time, there has been an increase in drug consumption in Ghana. Consumption of new arrivals of synthetic drugs, which are often more dangerous, has also been on the rise. As a consequence, HIV and hepatitis C infections have increased among people who inject drugs across West Africa. This has mainly been attributed to the sharing of needles<sup>12</sup>. Early this year, the International Narcotics Control Board presented its 2015 report on Ghana which indicated that only 1 out of 18 of people who use drugs have access to treatment in Ghana, even though the prevention and treatment of drug abuse are part of the main provisions of the international drug control conventions<sup>13</sup>. The Report further highlights cannabis use in Ghana as the highest in Africa, while heroin ranks second, with an annual prevalence as high as 7.5 percent among the population aged between 15- 64 years. The figure is particularly high in West and Central Africa, recording at 12.4 per cent<sup>14</sup>.

These statistics clearly show that repressive methods are not working, and the collateral damage that comes with the application of these laws is devastating, hence the need to adopt approaches that are evidence-based, more humane and more sustainable. The word decriminalisation has received a very negative response from society, partly out of ignorance or deliberate confusion from the discussion. Decriminalisation applies to the purchase, possession, and consumption of all drugs for personal use. It must be noted that, under a

decriminalisation model, drug possession for personal use remains illegal and prohibited – but the actions taken in response to this offence do not necessarily lead to criminal sanctions.

In fact, a more effective alternative to punishment can be social protection and detoxification services, health care, treatment of dependence, fines, and reintegration into society. Under this module, police resources can be channelled towards stopping more serious crimes, rather than being wasted on harassing people who use drugs. It is also crucial to remember that the supply, trafficking and production of drugs remain criminal actions under this approach.

By decriminalising a drug, you are protecting young people from the harms of disproportionate and unjustifiable criminalisation and harassment, as well as making it more likely that they will be able to seek help and treatment, as they will no longer fear arrest or prosecution. Children are often, rightly so, placed at the forefront of political justifications for the “war on drugs”. But the reality is that children’s rights have been increasingly violated through the current approaches. Furthermore, the levels of drug control measures with drug use and drug-related harms among children have continued to rise. In Mexico for instance, many children have been killed, orphaned, and neglected in an attempt to have a zero-tolerance approach to drug use. Since the beginning of the war on drugs, there have been increased killings of children and parents with thousands dead and tens of thousands orphaned<sup>15</sup>.

We need to reform the criminalisation provisions in our law books for possession and personal use of drugs. The longer these criminal provisions remain, the more

***Children are often, rightly so, placed at the forefront of political justifications for the “war on drugs”.***

<sup>13</sup> United Nations: International Narcotics Control Board “Report of the International Narcotics Control Board for 2015”, January 2016, [https://www.incb.org/documents/Publications/AnnualReports/AR2015/English/AR\\_2015\\_E.pdf](https://www.incb.org/documents/Publications/AnnualReports/AR2015/English/AR_2015_E.pdf).

<sup>14</sup> Ibid.

<sup>15</sup> Barra, A and Joloy D ‘Children: The Forgotten Victims in Mexico’s Drug War’ in Barret D Children of the Drug War: Perspectives on the Impact of Drug Policies on Young People, 2011.

<sup>16</sup> Hart, Carl. High Price: A Neuroscientist’s Journey of Self- Discovery that Challenges Everything You Know About Drugs and Society (2013).

<sup>17</sup> Open Society Foundations “Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use” 2011, <https://www.opensocietyfoundations.org/sites/default/files/drug-policy-in-portugal-english-20120814.pdf>.

we give law enforcement all the power to decide how these laws are going to be enforced<sup>16</sup>. Such action creates inconsistency among enforcement practices and contributes to the ongoing systemic injustices around the enforcement of Ghana's drug laws.

In 2001, Portugal passed a ground-breaking law decriminalizing low-level possession and use of all illicit drugs. More than a decade later, the results of the Portuguese experience demonstrate that drug decriminalisation – alongside a deliberate shift in public funding from law enforcement and into treatment and harm reduction services – can significantly improve public safety and health. There were fears that Portugal might become a free-for-all drug country, but that simply did not happen. According to the United Nations Office on Drugs and Crime (UNODC), "Portugal's policy has reportedly not led to an increase in drug tourism.

It also appears that the number of drug-related problems has decreased, including petty stealing among people who use drugs"<sup>17</sup>. Decriminalisation in Portugal enabled the country to save 18 percent in social costs over the first ten years of decriminalisation. These savings were related to the avoidance of lost income and lost production as a result of individuals avoiding imprisonment for drug possession, and indirect health costs such as the reduction of drug-related deaths and HIV rates. There were, furthermore, direct savings to the criminal justice system resulting from decriminalisation, something a number of other jurisdictions have experienced.

Indeed, there is significant evidence that ending criminal sanctions for drug use and possession can to an extent free up police time, allowing them to focus on more serious crimes such as crimes against the person and crimes against property. Portugal witnessed a decline in the number of criminal drug offenses from approximately 14,000 per year in 2000 to an average of 5,000-5,500 per year after decriminalisation. Additionally, the number of people incarcerated for low-level drug offending fell from 44 percent of prisoners in 1999 to 24 percent by 2013, resulting in a substantial reduction in prison overcrowding. Similar trends have been witnessed elsewhere.

Following the decriminalisation of cannabis possession in Jamaica in 2015, it was estimated that arrests for cannabis-related offenses fell by approximately 1,000 per month. It is predicted that there will be 15,000 fewer prosecutions annually, reducing the burden not only on police forces but also on the criminal justice system as a whole. That the most important message remains the following: under a decriminalisation framework, drug use and drug possession remain prohibited.

Decriminalisation simply removes criminal penalties and imposes, if and when necessary, other sanctions such as fines or required treatment. Crucially, under this new framework, incarceration is no longer imposed for drug possession or use and lives are no longer ruined by criminal records.

## V. DO THE INTERNATIONAL DRUG CONTROL CONVENTIONS PERMIT DECRIMINALISATION?

In my opinion, a careful reading of the 1961, 1971 and 1988 conventions, reveals a path towards decriminalisation of drugs for personal use without being in contravention of the mandates of the treaties. The preamble of the 1961 Convention indicates that the main reason to consider these drugs as dangerous is their capacity to induce "addiction"<sup>18</sup>. The drafters of the 1961 Convention were aware of the risk posed by controlled drugs and, in turn, the social and economic dangers related to addictive behaviour. Regarding the possession, purchase or cultivation of controlled drugs for personal consumption, i.e. not for medical or scientific purposes, the 1988 Convention determines that these actions shall be established as criminal offenses.

However, this obligation is subject to States parties' constitutional principles or basic concepts of their legal systems. The same Convention also indicates a crucial point namely, State parties may provide measures for treatment, education, aftercare, rehabilitation or

<sup>18</sup>United Nations "Single Convention on Narcotic Drugs, 1961: As amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961, convention\_1961\_en.pdf, Preamble Resolution III Social Conditions and Protection Against Drug Addiction.

<sup>19</sup> See article 3 (4) (c) of United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

<sup>20</sup> See Art. 36, para. 1 (b) of the 1961 Convention; Art. 22, para. 2 (b) of the 1971 Convention; Art. 3, para. 4 (b) of the 1988 Convention.

social reintegration as an alternative to conviction or punishment<sup>19</sup>. Therefore, the Conventions do not require the punishment of drug possession, purchase or cultivation for personal use. Hence, de-penalisation of the possession, purchase or cultivation of controlled drugs for personal use is highly possible under the international conventions guiding drug control.

It should be noted that decriminalisation of drug possession for personal use remains illegal (a punishable offense), but the action taken in response to this offense does not necessarily lead to punishment. In fact, a more effective alternative to punishment can be social protection and detoxification services, health care, treatment of dependence and reintegration into society. Also, the 1988 Convention indicates that in cases focused on drug dealers, the legislation should identify and divert cases of a minor nature from the criminal justice system. For example, as has already happened in many countries, individuals selling a small amount of drugs with the intent to obtain the money to maintain their habit as people who use drugs, do not receive the same institutional response given to criminals managing drugs as an illicit and profitable business.

For these reasons, the 1988 Convention states that “in appropriate cases of a minor nature,” the parties may provide “as alternatives to conviction or punishment” measures such as education, rehabilitation or social reintegration, as well as treatment and aftercare. Treatment, as an alternative to a prison sentence, is mentioned in many provisions of the Conventions, clearly indicating that individuals affected by drug abuse disorders do not need to be criminally punished<sup>20</sup>. Clearly, the conventions in their language allow for decriminalisation, such that Ghana would not be in breach of the international treaties if the country proceeds with decriminalisation.

## VI. THE ROLE OF CIVIL SOCIETY IN DECRIMINALISATION

Civil Society over the years have played a major role in current reforms in the area of drug policy globally. It has played a mediatory role between the state and the community by mobilizing social capital and participating in the entire global debate for reforms in drugs policy. This role of civil society is evident in the progress of the work in Ghana towards legislative reforms in the area of drug decriminalisation. Ghana is currently on the verge of decriminalising marijuana use to enable people who use drugs to freely access treatment. This was disclosed during the launching of a new report by the International Narcotics Control Board, which listed Marijuana as the most abused substance in West Africa.

According to the report, only 1 out of 18 problematic drug users gets the necessary help-needed, as a consequence of criminalization laws. James Agalga, Ghana's Deputy Minister of the Interior further hinted that a bill will soon be presented to Parliament to address the issue of the decriminalisation of marijuana<sup>21</sup>. Mr Agalga also added that the current situation where only 1 out of 18 people receive treatment for suffering from drug abuse, is worrying and must be reversed. This progressive move can be attributed to the work of key civil society organisations working in Ghana such as The International Drug Policy Consortium (IDPC), the West Africa Drug Policy Network (WADPN) and the West Africa Civil Society Institute (WACSI) in 2015.

In June 2015, the Ghana Chapter of the drug policy network organised a stakeholders' dialogue with sponsorship from IDPC to commemorate the world drugs day and to officially launch the “Support Don't Punish” Campaign in Ghana. With the support of WACSI, this dialogue brought together stakeholders from civil society working to promote harm reduction, government

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<sup>21</sup> <http://www.viasat1.com.gh/news/local/article.php?postId=9590>.

institutions notably the Narcotics Control Board, the Ministry of Interior, religious institutions, lawyers, ex-drug users and the media. The main objective of the forum was to raise awareness among the major stakeholders on the critical need to stop criminalising people for using drugs in Ghana.

The forum triggered discussions aimed at ensuring that the current Narcotics Control Bill in the country promotes the rights of people who use drugs and supports their rehabilitation into society rather than being an enforcer of harsh sanctions. After the 26 June celebration, there was a need to meet with policy makers, notably parliamentarians, for civil society to provide some recommendations on the Narcotic Control Commission Bill. This bill if passed into law will replace the current narcotics law, PNDCL 236. The current bill in its current state seeks to focus its efforts on organised crime and make stern calls for harm reduction and treatment options for people who use drugs. Its aim is to track the huge benefits of drug lords and fight against money laundering and corruption. Thus, a three-day workshop was organised by the Ghana Chapter of WADPN and the Parliamentary Committee on Interior and Defense, in collaboration with the Narcotics Control Board.

The event, which was sponsored by the Open Society Foundation (OSF) was organised led to a breakthrough decision. Harm reduction was accepted by the legislators as a critical aspect that needs to be included in the draft bill (NCC) currently before parliament. During this meeting, legislators admitted how beneficial and educative the workshop had been and expressed the need for more of such enlightening meetings. They admitted that civil society plays an instrumental role as government's watchdog. In June of the same year, WADPN received about \$6,000 from OSIWA through WACSI to carry out some advocacy programmes in the country. The Ghana Chapter organised its first ever media workshop for about 20 journalists in the country, engaged and conducted public awareness campaigns on the gaps within Ghana's current drug laws, drug prevention, treatment and harm reduction.

The engagements also sought to raise awareness for the SUPPORT DON'T PUNISH campaign and the consequences of the WAR ON DRUGS campaign on Ghanaians. The network also developed a documentary entitled "SUPPORT DON'T PUNISH" which emphasized the need to give people who use drugs the opportunity to seek treatment and rehabilitation instead of the continuous criminalization which only exacerbates their problem. Beyond civil society advocacy work in the country, there have been several meetings organised by the government where civil society played a key role.

For instance, between November 2015 –March 2016, a national steering community on drugs was set up by the Ministry of Foreign Affairs and the Narcotics control board, a process in which civil society groups such as IDPC were invited and played a key role in developing recommendations for drug policy reforms in Ghana. This process also provided the framework for Ghana to take a progressive position at United National General Assembly Special Session (UNGASS) 2016 that took place in New York in April.

UNGASS 2016 was a meeting of UN member states to assess and debate the world's drug control priorities. It was called by the presidents of Mexico, Guatemala and Colombia and supported by lots of member states about 95 UN Members. It was an excellent opportunity for a wide range of open debate that considers all options available to member states in addressing the global drug problem.

22 Penal Reform International. *Global Prison Trends 2015: Drugs and Imprisonment*, PRI: London, 2016, page 2, <http://www.penalreform.org/wp-content/uploads/2015/04/PRI-Prisons-global-trends-report-LR.pdf> accessed June 22, 2016).

23 United Nations Office on Drugs and Crime "World Drug Report 2016" May 2016, [http://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf), accessed June 23, 2016)

24 Ibid. pg. 35



## CONCLUSION

Despite reassessing the drug-free aim at the UN level, the overarching goal of prohibition remains to eradicate the production and use of illicit drugs. Indeed, efforts to deter the latter are perhaps the most intense -- prosecutions<sup>22</sup> for possession and/or use dominate the figures for drug-related offenses globally, accounting for 83 percent of total prosecutions. The United Nations Office on Drugs and Crime's (UNODC) 2016 World Drug Report shows, though, that deterrence has clearly failed; the number of people aged 15-64 who have used drugs in the previous 12 months rose from 208 million in 2006 to 247 million in 2014<sup>23</sup>.

At the same time, the illegal cultivation of opium poppies increased to the highest levels on record in 2014 reaching approximately 320,000 hectares globally, while cocaine production rose 38 per cent from 2013-2014<sup>24</sup>. Statistics in both of these cases have fluctuated markedly over the years, as they have in relation to other illicit drugs, making it clear that: although the current policy may achieve some yearly successes with falls in production, it has failed to eradicate the drug markets. Quite simply, where there is demand, there will be supply.

We should all support this reform because criminalisation does not address the root causes of the problem. People who use drugs do not need jail or punishment to solve their problems -- they need help and support, care and compassion. As we celebrate 26<sup>th</sup> June as the United Nations' International Day against Drug Trafficking and Drug Abuse, the global Support Don't Punish campaign aims to raise awareness of the harms being caused by the so-called 'war on drugs'. We call on our governments to leave behind harmful politics, ideologies, prejudices, and to prioritise the health and welfare of the affected populations, their families, and communities. Arresting and prosecuting these offenses is expensive for our criminal justice system. It traps too many young Ghanaians in the criminal justice system for minor, non-violent offenses.

***The time to act is now!.***

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