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Follow-up to the implementation at the national, regional, and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem

Conference room paper submitted by Ghana, titled “National Dialogue on the International Guidelines on Human Rights and Drug Policy, held in Accra, Ghana from 12 to 13 December 2022”**

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National Dialogue on the International Guidelines on Human Rights and Drug Policy

Meeting report

Accra, Ghana

12-13 December 2022

Report prepared by:



NACOC
NARCOTICS CONTROL
COMMISSION



MINISTRY OF FOREIGN AFFAIRS
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Executive summary

On the 12th and 13th December 2022, Ghana hosted the first ever National Dialogue on the International Guidelines on Human Rights and Drug Policy, with the involvement of more than 60 participants from Ghana's government, the UN system, and national and international civil society associations.

The two-day event was co-organized by the Ministry of Foreign Affairs, the Ministry of the Interior, and the Narcotics Control Commission, in partnership with the Joint United Nations Program on HIV/AIDS, the UN Office of the High Commissioner for Human Rights, the United Nations Development Program, the International Centre on Human Rights and Drug Policy at the University of Essex, and the International Drug Policy Consortium.

After welcome addresses by the Ministry of Foreign Affairs, the session was opened by the Minister of Interior Hon. Ambrose Dery, who emphasized that in 2020 Ghana adopted the Narcotics Control Act (Act 1019) in order to treat drug use and drug dependence as health matters. In this context, the National Dialogue aimed to create space for a broad range of stakeholders to discuss drug-related issues from a human rights perspective, and to develop key recommendations for the way forward.

A series of high-level speakers noted that human rights approaches to drug policy are crucial to achieve the Sustainable Development Goals, and discussed how the Guidelines could be used to help implement and strengthen Ghana's 2020 reforms. A series of technical panels and breakout group discussions ensued, concluding in recommendations for the way forward. Highlights included recommendations to ensure the effective depenalization of drug use and drug dependence (including retroactively); ensuring access to drug treatment and harm reduction services in the community; developing cannabis regulations that improve the lives of small-scale farmers and communities; and establishing gender-sensitive drug services.

1. Introduction

In 2020, Ghana adopted the Narcotics Control Act (Act 1019) to transform the former Narcotics Control Board (NACOB) into an independent Narcotics Control Commission (NACOC), providing it with law enforcement powers. Act 1019 also sought to address gaps in interagency coordination and envisaged legislative instruments on harm reduction and alternative development.

Ghana is currently developing a National Drug Control Master Plan (NDCMP) as a follow-up to Act 1019, to ensure drug policies are comprehensive, integrated and multidisciplinary. The Master Plan is meant to help reduce disproportionate sentencing for drug-related offences and ensure better health-related outcomes.

These notable milestones in the development of drug related policy in Ghana are consistent with the recommendations of the United Nations General Assembly Special Session (UNGASS) Outcome Document adopted in 2016¹.

In 2019, the United Nations Development Programme (UNDP), the United Nations Joint Programme on HIV and AIDS (UNAIDS), the Office of the UN High Commissioner for Human Rights (OHCHR), and the International Centre on Human Rights and Drug Policy at the University of Essex published the International Guidelines on Human Rights and Drug Policy², which elaborate standards to assist countries in developing and implementing drug policies consistent with international human rights law.

It is within this context that the first ever National Dialogue on the International Guidelines on Human Rights and Drug Policy (also referred to as “the International Guidelines” or “the Guidelines”) was hosted. The Dialogue aimed to develop key recommendations for next steps in reform processes, including identifying national drug control and human rights priorities and integrating them in the national plans.

2. Opening remarks & interventions from dignitaries

a. Welcome addresses and opening remarks by the Minister of Interior

Ghana’s Deputy Minister for Foreign Affairs and Regional Integration, Hon. Thomas Mbomba, and by Ghana’s Ambassador to Austria and the UN offices in Vienna, H.E. Philbert Johnson welcomed the participants, and expressing their pleasure that the Dialogue would present an opportunity for stakeholders in law enforcement to have meaningful discussions on the International Guidelines on Human Rights and Drug Policy and related issues, the Minister for Interior, Hon Ambrose Dery, took the floor to provide the opening remarks for the session.

The Hon. Ambrose Dery highlighted the importance of the Dialogue in the context of Ghana’s drug policy reforms. The Dialogue, he said, aimed to create space for a broad range of stakeholders to discuss drug-related issues from a human rights perspective, and to develop key recommendations for the way forward. He reiterated the need for evidence-based reforms of policies and emphasized the government of Ghana’s commitment to ensure that drug laws and policies are consistent with the international policies that Ghana has ratified or acceded to.

Hon. Dery proceeded to mention some of the benefits Ghana has derived from the passing of the Narcotics Control Act (Act 1019). He said that Act 1019 intended to treat drug use and drug dependence as a health issue, which was aligned with broader reforms to decongest prisons. He

¹ UN General Assembly, *Resolution S-30/1: Our Joint Commitment to Effectively Addressing and Countering the World Drug Problem*, UN Doc. A/RES/S-30/1 (2016). Available at:

<https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf>

² Available at: <https://www.humanrights-drugpolicy.org/>

said that Ghana's forthcoming Master Plan would ensure drug policy is comprehensive, integrated and multi-dimensional, and provide an opportunity to address disproportionate sentences for drug-related crimes. He concluded by reiterating the Government's commitment to working with all stakeholders to bring ideas on board for policy reforms on drug-related issues in Ghana.

b. Remarks by the Chairperson and the UN Resident Coordinator

The chairperson, His Lordship Professor Justice Sir Dennis Dominic Adjei, a Justice at Ghana's Court of Appeal, a judge at the African Court on Human and People's Rights and a member of the Advisory Committee on nominations of judges of the International Criminal Court, chaired the Dialogue. He mentioned that the Dialogue was timely and important for Ghana as it strives to align its policies to international standards and that he was hopeful that a key outcome from the session would be the development of policy recommendations to support the Government's efforts. He concluded by highlighting the similarities between the International Guidelines and Chapter 5 of Ghana's Constitution.

The United Nations Resident Coordinator, Mr. Charles Abani followed with his remarks and espoused that human rights-driven efforts are crucial if member states of the United Nations are to get on track to achieve the Sustainable Development Goals (SDGs) by 2030. He reinforced the United Nations' commitment to support Ghana in the development of reforms that will address complex human right issues, adding that the need to put a humane public health focus and human rights lens on drug-related challenges for sustainable outcomes has never been more important. He concluded by saying that the International Guidelines are, in the view of the United Nations, the best available tool to operationalise commitments on drugs by the international community, especially with regards to the 2016 UNGASS on Drugs, and the 2018 UN system Common Position on drugs.³

3. Keynote interventions

a. Opening keynote speech by Mr. Yaw Akrasi Sarpong

The opening keynote speech was delivered by Mr. Yaw Akrasi Sarpong, a former Executive Secretary of Ghana's Narcotics Control Board (now the Narcotics Control Commission (NACOC)). Mr. Akrasi Sarpong highlighted the need for a bi-partisan approach to discussions on drug policy in Ghana and gave an overview of how drug reforms have benefitted the country. Mr. Akrasi Sarpong noted critical challenges with the implementation of the Narcotics Control

³ Available here: <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>

Act (Act 1019) in Ghana, focusing on criminal justice, health, development, and gender, key thematic areas covered by the International Guidelines.

- i. Criminal justice: In spite of the Narcotics Control Act (Act 1019), there continues to be evidence of continued violence and arbitrary arrests for drug use, as shown by the Global Drug Policy Index⁴, an innovative tool launched in 2021 for evaluating the impacts of national drug policies on health, human rights and development. Pointing to the International Guidelines, he highlighted the need to ensure that nobody is detained simply because of the possession of drugs for personal use; to eliminate mandatory pre-trial detention for drug offences; and to ensure there are genuine alternatives to incarceration for drug offences.
- ii. Health: Mr. Akraasi Sarpong emphasized the need to ensure evidence- and human rights-based health responses (prevention, treatment and harm reduction) are adequately funded. Using the Global Drug Policy Index again as a yardstick, he noted that funding for harm reduction is very low compared to the needs of Ghana, and that people who inject drugs have no access to key interventions like needle and syringe programmes and opioid agonist treatment.
- iii. Development: Mr. Akraasi Sarpong noted that the International Guidelines call for governments to address the reasons that communities cultivate illegal crops such as cannabis by providing them with viable and sustainable economic alternatives to ensure their right to an adequate standard of living. He mentioned the need to adopt a legislative instrument on alternative development.
- iv. Gender: Mr. Akraasi Sarpong noted that women in Ghana, like other parts of the world, continue to suffer from the disproportionate impact of punitive drug policies. Women who use drugs experience the double stigma of using drugs and of breaking social expectations. Women who cultivate or supply drugs often do so because of poverty, caretaking obligations, or exploitation. Providing gender-sensitive services and sustainable alternative livelihoods is key.

b. Day 2. Keynote speech by Ms. Hilary Bedemah, member of the UN Committee on the Elimination of Discrimination Against Women

Ms. Hilary Gbedemah, a member and former Chair of the UN Committee on the Elimination of Discrimination Against Women (CEDAW), kick-started the second day with a keynote address on gender, the Sustainable Development Goals, and drug policy.

She began by reflecting on the role of CEDAW, which is the body of human rights experts that monitors the implementation of the International Convention on the Elimination of

⁴ Available at: <https://globaldrugpolicyindex.net/>. The Ghana country profile is available here: <https://globaldrugpolicyindex.net/country-profile/ghana>

Discrimination Against Women, which Ghana has ratified, and are also closely linked to the Sustainable Development Goals. CEDAW – she noted – will be reviewing soon Ghana’s obligations under the convention, and that is a good opportunity for the Committee to provide concrete and constructive recommendations on how to achieve gender equality in the country, also with regards to drug policy. Authorities and civil society should seize this opportunity.

Ms Gbedemah went on to reflect on the importance that the Convention places on achieving equality of outcomes between genders, which means that policies need to be tailored to the specific needs and circumstances of women – with particular attention to women who face additional forms of marginalisation because of factors such as race or ethnicity, poverty, sex work, or drug use. She noted several recommendations of CEDAW such as recommending that Member States reconsider the criminalization of the possession and use of drug, adopt a right-to-health approach to drug use with harm reduction strategies, and increase the availability of treatment services that are evidence-based and respectful of the rights of people who use drugs. Lastly, she raised concerns about the deficit in data regarding women and the drug situation and called for high quality, timely and reliable data so progress on sustainable development can be measured.

Ms. Gbedemah referred to the International Guidelines as a reference tool for stakeholders working to ensure compliance of human rights issues at local, national, and international levels.

4. Thematic panels and interventions at the plenary

a. Panel: Human Rights and Public Health Based Drug Policy in Ghana

The opening session was followed by a technical panel with key actors on drug policy in Ghana. The Director General of NACOC, Mr. Kenneth Adu-Amanfoh noted that, like other countries in West Africa, Ghana is vulnerable to threats from organized crime, particularly illicit drug trafficking. He referred to the Narcotics Control Act (Act 1019) as a core intervention to addressing Ghana’s drug-related issues. Among others, he mentioned the following as some important outcomes from the passage of Act 1019: the development of Ghana’s National Drug Control Master Plan (NDCMP); capacity building programmes in demand reduction interventions for NACOC officials; increased health interventions; and the adoption of the 1987 United Nations Comprehensive Multidisciplinary Outline of Activities in Drug Abuse Control.

Speaking on the same theme, Dr. Atuahene Kyeremeh, Director General of the Ghana AIDS Commission, made a presentation on the nexus between HIV/AIDS and drug use. He noted that people who inject drugs, sex workers, and men who have sex with men are at risk of being left behind in the HIV and AIDS response, largely due to stigmatization and cultural marginalisation. Dr. Kyeremeh regretted the absence of standard practices and protocols for harm reduction and the slow implementation of human rights policies in Ghana. He said that

the National Dialogue should not only lead to welcoming the International Guidelines, but should also enable participants to set a clear path towards strengthening Ghana's drug policy.

His Lordship Justice Charles Edward Ekow Baiden then delivered a message in his capacity as a human rights activist. He noted that resources are lost due to inadequate policies for providing health or medical care. He urged the judiciary to use its power to direct state institutions and agencies to concentrate their energies on resolving the resource questions, which he said ultimately affects the fulfilment of people's right to health. He also tasked judges to be creative in their application of drug laws, taking into consideration international law and the International Guidelines. To that end, he suggested more drug policy capacity building for judges.

Civil society was represented at the panel by Ms. Maria-Goretti Ane of the International Drug Policy Consortium. She lauded Ghana's progress to ensure adequate policies are established to address drug-related issues. However, she highlighted that the Global Drug Policy Index has pointed out abuses, torture, stigmatization of people who use drugs, and lack of harm reduction strategies, as some of the challenges in Ghana's implementation of its drug policies. The continuous criminalization of people who use drugs prevents them from accessing help; decriminalization is thus an important step towards fulfilling human rights. Ms. Maria-Goretti Ane highlighted that drug policies must be based on the principle of non-discrimination, with particular reference to women and girls. She also noted that communities most affected by drug policies, such as people who use or cultivate drugs must have a leading role in policy making.

Echoing similar themes, Jonathan Osei Owusu from the POS Foundation commended Ghana for having policies aimed at guiding reforms on drug-related issues but reiterated it is not enough to have these policies and then not implement them. He said people who end up detained for drug use are often the poorest and most marginalized. He referred to the Community Service Bill that is before the Parliament and urged that it is adopted to ensure that people charged with minor offenses have access to alternatives to incarceration. He called on the government and the international community to take advantage of the Universal Periodic Review of Ghana in early 2023 to obtain feedback and recommendations on drug responses and human rights.

b. Presentation on UN System Common Position on Drug Related Matters, the International Guidelines for Human Rights and Drug Policy, and the importance of civil society

Mr. Zaved Mahmood from the UN Office of the High Commissioner for Human Rights presented human right aspects of the 2018 UN System Common Position on drugs⁵. He

⁵ United Nations System Chief Executives Board for Coordination, *Summary of Deliberations*, UN Doc. CEB/2018/2 (2019), annex 1. Available at: <https://unsceb.org/united-nations-system-common-position-supporting-implementation-international-drug-control-policy>

explained the historical importance of this document, which represents the shared policy of 31 United Nations entities on drug-related matters (including key actors such as UNODC, OHCHR, UNAIDS, WHO, and UNDP), and endorses critical human rights interventions such as the decriminalization of drug possession for personal use, or increased investment of harm reduction. He recounted that approaches based on the so-called ‘war on drugs’ have failed, and expressed the need for joint commitments of all UN agencies to place human rights at the center of drug policies, thus supporting countries moving in that direction, such as Ghana. He commended Ghana for taking the lead in discussing drug-related issues as health and human rights issues.

Ms. Rebecca Schleifer from the International Centre on Human Rights and Drug Policy at the University of Essex discussed the history and background of the International Guidelines. She explained that the Guidelines were the result of a comprehensive and inclusive drafting process, with contributions from more than 200 stakeholders from across the world. She noted that the Guidelines do not create new rights, but apply existing human rights law to the legal and policy context of drug control law in order to maximize human rights protections, including in the interpretation and application of the drug conventions. She urged Ghana to use the Guidelines as a reference to develop and implement human rights-based drug policy.

Speaking after Ms. Schleifer, Mr. Adria Cots Fernández from the International Drug Policy Consortium highlighted the need to involve civil society and communities, including people who use drugs, in the design and implementation of human rights-based drug policies. He argued that if reforms are to have an impact in the real life of affected communities, they need to include political and financial support for their involvement, from policy marking to the delivery of health services.

c. Intervention by a representative of people who use drugs

Mr. Michael Agyin Frimpong shared his personal experiences of drug use and recovery. He recounted how he used drugs for 15 years and struggled to get treatment because the centres he visited for help were not using evidence-based interventions. He also recalled the difficult conditions in which some of these privately-owned centers operate, and the human right violations he experienced. He said he was stigmatised, did not have the freedom to leave the facility nor talk to people outside of it, and had to wear branded attire to show he was undergoing rehabilitation. He said people who use drugs are frequently harassed, arrested and detained without due process by the police.

Mr. Frimpong recommended that people who use drugs should not be forced to go through recovery, and their families should be involved in their recovery process so they can provide the needed support. He added that people provide services must be adequately trained and sensitized.

d. Other interventions at the plenary: reacting to panels and presentations

The Dialogue provided space for extensive discussions of the remarks and interventions made by panellists, and an opportunity for participants to make inputs. Some of the points made are summarized below.

- i. The issue about the high cost of treatment was highlighted by several speakers throughout the Dialogue and discussed extensively in the working groups. The absence of harm reduction services was also highlighted.
- ii. Participants made recommendations to widen the scope of stakeholders invited to subsequent dialogues to ensure the discussions are holistic. This included greater engagement of Ghana's Mental Health Authority, health practitioners, affected communities, judges, and law enforcement.
- iii. Participants shared that Ghana should explore and adopt the use of opioid agonist treatment (including methadone) for people who inject drugs. Some members recommended learning best practices from countries such as Senegal and Tanzania. (The International Guidelines highlight that this is a key obligation under the right to health).
- iv. To further the discussion on drug policy and health, it was mentioned that people who use drugs should not go to jail as the amended law stipulates. There was also a suggestion for the total decriminalization of minor drug offences. Drug use will continue to be an issue in closed settings, so prisons must be supported to take care of the health needs of people deprived of liberty.
- v. It was highlighted that it is essential that the additional legislative instruments on harm reduction and alternative development are put forward for timely consideration by Parliament. This was considered important in the light of the growing concerns about the absence of adequate harm reduction strategies for people who use drugs.
- vi. There were concerns about the linkages between drug markets, violence, and crime. Thus, while it is important people are not incarcerated for drug use or possession as the current law stipulates, it is also important the security of the state is not compromised.

5. Working Group Discussions

Participants were divided into four working groups to discuss innovative ways of using the Guidelines to support reforms on drug-related policy in Ghana on four topics: criminal justice, health, alternative development, and gender.

a. Drug Policy and Health

The key concern recognized by all participants was the lack of evidence-based drug treatment and harm reduction services. The training of community mental health experts, and the establishment of community-based services, were considered as among initiatives to localize the implementation of drug dependence treatment and harm reduction under the Guidelines.

On access to accurate, objective information about drugs and drug-related harm (Guidelines II.12), it was noted that a lot of advocacy is needed to ensure that mainstream on media and social media promote factual engagement on human rights and drug use. The need to engage communities and create awareness on mental health was stressed. Translating the Guidelines into local languages was also considered important.

On the right to health (Guideline II.1), participants said drug use is a public health issue and recommended health centres should be the first point of call for people who use drugs, just like for other health conditions. The lack of opioid agonist treatment, such as methadone for people who inject drugs was also raised as an issue of concern, with participants pointing to positive experiences in Senegal and other African countries.

Incorporating human right issues into the curriculum of public health schools was also discussed as one of the recommendations under evidence-based drug prevention in schools (Guidelines III.1.1).

b. Drug Policy and Criminal Justice Responses

There were recommendations that the entire Ghanaian justice system, from arrest through to sentencing, is critically assessed for opportunities to support people who use drugs. Participants mooted that the establishment of treatment, counselling and harm reduction services in the community must be replicated in prison settings.

On interventions for young people who use drugs (Guidelines III.1.2), the juvenile justice system in Ghana was identified as a neglected area. Adolescents who use drugs and those convicted for drug-related offences who are sent to correctional centres are not provided treatment and care support services. It was therefore recommended that the social welfare and juvenile court system is included in all drug-related reform processes.

Access to legal counsel, discussed under trial and due process (Guideline II.8), was also highlighted by members of this group. Participants mentioned that some people who are

arrested for the drug use cannot afford the services of lawyers. The Legal aid scheme provides pro bono legal services for people in the criminal justice system does not have enough lawyers. It was recommended that there should be advocacy so judges can assign lawyers to provide pro bono services for drug-related issues since they have discretionary powers to do so.

On aligning Ghana's judicial system to its international human rights obligations, it was noted that Ghana's laws do not envisage an amnesty for people who are already incarcerated for those drug offences that were depenalized under the Narcotics Control Act (Act 1019) in Ghana. It was recommended there should be advocacy for retroactive application of the new law, consistent with international law.

c. Drug Policy and Development

On sustainable alternative livelihoods, (Guideline II.3), it was noted that small-scale farmers would have difficulty participating in regulated cannabis farming as recommended in the Narcotics Control Act, including because they may have difficulty meeting licensing requirements under the Act. Participants called for the participation of such small-hold farmers in programs aimed at promoting regulated farming of cannabis for industrial and medicinal purposes in Ghana.

It was also noted that illegal cultivation of cannabis is highly lucrative, thus alternative livelihood programmes must provide equally viable options for farmers. There is the need to ensure crops used for alternative livelihoods seek to resolve food security issues. There were additional recommendations that discussions on alternative livelihoods are broadened beyond farming, so other viable businesses are explored. Ghana's Ministry of Agriculture was considered an important partner in the development of improved varieties of cannabis for better yields under-regulated cannabis farming.

On Guidelines II.3 and III.1.4, which seek to address root causes of involvement in the drug trade, participants noted that economic interventions by the Government in deprived communities could reduce the negative effects of illicit drug production and markets.

d. Developing Gender-Sensitive Drug Policy

It was recommended that existing and newly developed drug services in Ghana are standardized, regulated and gender-sensitive – which includes, inter alia, having provision for childcare, provision for sexual and reproductive health care, measures to address gender-based violence, etc. It was also recommended that an assessment of the needs of women who use drugs is conducted to allow for the appropriate development of targeted services..

Alternative livelihood empowerment programs were discussed as part of the measures to remediate disproportionate or discriminatory impacts of drug policies on women. Alternative livelihoods should ensure there are equal distribution of resources for men and women, and that the specific needs of women must be adequately factored into programs.

It was further noted that resources allocated to cater for the needs of women involved in drug markets are inadequate. The provision of legal support, for example, was considered to be low for women. Advocacy was encouraged for increased legal support for women involved in drugs and decriminalisation for minor drug offences. Related to this were discussions on the deplorable conditions of detention services for women and how they could be improved.

It was also recommended that women (particularly those impacted by drug policy) be included in drug-related policy discussions so their needs and concerns are better addressed.

6. Closing Remarks

Hon. Seth Kwame Acheampong, the Eastern Regional Minister, observed in his closing remarks that the discussions have been candid and progressive, and attested that Ghana is ready and prepared to ensure the rights of its citizens are respected. He called for a widening of the scope of the discussions on health, human rights and drugs, and recommended that more stakeholders are engaged in follow-up discussions of the Guidelines.

Hon. Acheampong further called for increased advocacy for harm reduction and low threshold ‘drop-in centres’ for people who use drugs, as statistics from the Ghana AIDS Commission show that this group remains amongst the most vulnerable. Advocacy and work with focal persons must continue to facilitate additional reforms in health, human rights and drugs.

To this end, he stressed the need to have the necessary legislative instruments, including new ones on harm reduction and alternative development, passed by Parliament swiftly to facilitate the implementation of the new law, and the rapid provision of harm reduction for people who use drugs.

Hon. Acheampong concluded that Ghana has the clear mandate to ensure that the International Guidelines are translated into reality at the national level, and there should be a commitment from all stakeholders to ensure this is done.

LIST OF PARTICIPATING ORGANISATIONS

1. Ghana judiciary Service
2. Harm reduction Alliance Ghana
3. Ghana missions in Vienna
4. Narcotics Control Commission
5. International Centre on Human Rights and Drug Policy
6. UN Human Rights Office of the High Commissioner

7. Norway Embassy
8. National Commission on Civic Education
9. Law Reform Commission
10. Office of the Attorney General
11. Ghana Prisons service
12. Ministry of Foreign Affairs
13. West Africa Drug Policy Network
14. West Africa Program to Combat AIDS and STI
Ghana Bar Association
15. UNAIDS
16. UG-School of Public Health
17. British High Commission
18. POS Foundation
19. Ministry of the interior
20. Ministry of Health
21. Ghana Muslims Council
22. National Aids Control Programme/GHS
23. CEDAW
24. International Drug Policy Consortium
25. Ghana expert in CND matters
26. Ghana Aids Commission
27. Community of People Who Use Drugs.
28. Dery& Co
29. West Africa Civil Society Institute
30. UNODC
31. Ghana Health Service