

ISSN (P): 2788-9815
ISSN (E): 2788-791X

JM
L&P
HEALTH

Vol. 3 No. 2 (2023): Apr-Jun



Expedited Publication:
08/06/2023

Adjudication and Treatment of Narcotic Drug Offenders in Ghana

Jacob Agboli

Narcotics Control Commission, Ghana

Article Link: <https://jmlph.net/index.php/jmlph/article/view/74>

DOI: 10.52609/jmlph.v3i2.74

Citation: Agboli, J. (2023). Adjudication and Treatment of Narcotic Drug Offenders in Ghana. *The Journal of Medicine, Law & Public Health*, 3(2), 222–230.

<https://doi.org/10.52609/jmlph.v3i2.74>

Conflict of interests: The authors have no conflicts of interest to declare.

Copyright: The Author.



Licensed under [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).

Adjudication and Treatment of Narcotic Drug Offenders in Ghana

Jacob Agboli

Abstract—Narcotic drug trafficking is a criminal and punishable offence in every country the world over. The use of certain narcotic drugs, on the other hand (especially marijuana), has been legalised in some countries, but under strict regulations. Like other countries, and as a signatory to the United Nations Conventions on narcotic drugs, Ghana has implemented severe punitive sanctions for narcotic drug-related offences to deter people from engaging in this crime. This paper assesses in detail the legal regime dealing with the adjudication and treatment of narcotic drug offenders in Ghana. It reveals that narcotic-related offences carry severe sentences including fines, imprisonment, or both fine and imprisonment. However, as narcotic drug use is currently deemed a public health issue, offenders may be sentenced to treatment facilities rather than imprisonment. Such treatment may be received in either a public or a private facility, and involves a combination of evidence-based and faith-based approaches.

Index Terms—Adjudication, Faith-Based Organizations, Narcotic drug, Treatment centres, use of drugs

I. INTRODUCTION

According to the United Nations Office on Drugs and Crime [1], drug abuse and illicit drug trafficking have catastrophic implications for all sectors of society in every country. Aside from their negative impact on health, they are associated with increased crime, violence, and corruption, the depletion of human, natural, and financial resources, and the devastation of individuals, families, and communities. The combined effect of the aforementioned factors is a compromised political, cultural, social, and economic system [2]. For these reasons, nations of the world have developed stringent measures to tackle

the narcotic menace. Illicit drug trafficking is an internationally recognised crime, punishable the world over, albeit the severity of the punishment differs between jurisdictions. Globally, drug dealers whose activities come to the attention of law enforcement are taken through the criminal justice system [3][4]. The use of illicit drugs is a significant public health problem that has a negative impact on both health and the economy. It is frequently accompanied by high comorbidity of drug dependence, physical and mental illnesses, and a variety of social issues including homelessness, involvement in the criminal justice system, unemployment, and, in some cases, financial hardship that results in poverty [5].

In many economies of the world today, illicit drug use and trafficking remain a thorny subject of debate and concern, with their myriad casualties and detrimental effect on society that prevent its effective growth and operation. For instance, the generally poor economic and living conditions in developing countries such as Ghana exacerbate the harm of illicit drug use and trafficking, and make it more pronounced. Government expenditure on drug addiction rehabilitation and resourcing law enforcement agencies to fight drug trafficking adds to the already-overburdened and meagre national budget [6].

The State often invokes its prosecutorial powers to ensure that drug offenders face various sanctions, depending on the severity of the offence. Available statistics suggest that drug-related activities are rife in low- and middle-income countries (LMICs), including Ghana [7][8][4], and, just like their counterparts in high-income regions, LMICs have also instituted criminal procedures for myriad offences, including those relating to illicit/narcotic drugs [9]. The severity of the drug problem in LMICs has raised a crucial topic for debate in the academic world about the criminal prosecution and rehabil-

itation of drug offenders. That is to say, how are individuals who engaged in drug use or trafficking dealt with by the criminal justice system of LMICs, and what treatment or rehabilitation options are available to them?

This discussion provides a great opportunity for international comparative analysis: to understand how the law is applied to mitigate the never-ending drug problem, identify opportunities for strengthening the criminal adjudication process, and examine the effectiveness of the reforms and rehabilitation systems. The literature is replete with reports from high-income regions, making it extremely challenging to properly understand how drug-related activities interface with LMICs' criminal justice systems [7].

Using Ghana as a case study, this paper seeks to address the aforementioned research gap by critically examining the country's criminal justice process concerning drug offences. The paper is divided into sections: The first relates to the drug trafficking menace in LMIC, focusing on West Africa, Ghana inclusive. Second, the paper examines the impact of drug trafficking in West Africa, Ghana inclusive. This is followed by a discussion about the criminal adjudication process for drug offenders and the rehabilitation of convicted drug offenders. Lastly, the paper offers some recommendations to strengthen the criminal justice system in Ghana, and perhaps other countries with similar criminal justice system arrangements.

II. DRUG TRAFFICKING MENACE IN SUB-SAHARAN AFRICA

According to the UNODC [8], "Drug trafficking is a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws". Drug trafficking and its related crimes, such as money laundering and terrorist financing, among others, have been on the increase in LMIC – especially in Africa. According to the United States Agency for International Development (USAID), Africa saw a significant increase in drug trafficking in the mid-2000s. Cocaine traffickers were increasingly using West Africa, and to a lesser extent Southern and East Africa, as trans-shipment centres for importing South American cocaine to Europe [9]. In the heroin

trade, traffickers have increasingly turned to East Africa as a transit point for heroin flowing from Asia to Europe and other parts of the world [12]. Reports from the UNODC and the West Africa Drug Commission (WADC) all highlight increasing drug use and trafficking year-on-year in the West African subregion.

The UNODC's reports have, over the years, painted a gloomy picture of the drug situation in Ghana and the West African subregion. Its World Drug Report for 2020 revealed that increasing amounts of cocaine and heroin are being seized in the West African subregion; clearly the seizures represent just a fraction of the actual volume being transported through the region. Prior to this finding by the UNODC, USAID equally noted that, according to most conservative estimates, approximately 13% of the cocaine seized in Europe in 2009 had transited through West Africa [11]. However, many estimates arrive at a much higher percentage, and perhaps a more common calculation is that up to one third of shipments arriving in Europe in recent years have transited through West Africa. Furthermore, the UNODC believes that, of the 460 to 480 tons of heroin trafficked in 2009, 40 to 45 tons were imported into Africa, giving the continent a 9% share of global heroin trafficking [10].

In Nigeria, Okebukola [4] found that within a decade (2008 to 2018), 2,506 drug-related cases were adjudicated by the Nigerian Federal High Court across the country's six geopolitical zones, involving 25 identified drugs. The 11 most commonly involved drugs were cannabis sativa, tramadol, diazepam, metadoxine preparation (Exol 5), cocaine, heroin, codeine, unspecified psychotropic substances, pentazocine, rohypnol and D5.

Some of these drugs, mostly during transit, end up in the communities and are consumed by the citizens. This, in the words of the UNODC, "indicates that cocaine use could potentially increase, especially among the affluent, urban segments of the population, in subregions where such use had previously been low" [9]. It should be noted that the statistics provided above are being recorded despite numerous legal and other policy interventions being implemented by the Government of Ghana and the Narcotics Control Commission, together with its allied and sister security agencies. This suggests that,

either the approach of the Government of Ghana and the Narcotics Control Commission is ineffective or that, the strategies are wrongly targeted.

III. IMPACTS OF DRUG TRAFFICKING IN WEST AFRICA

In its 2019 report, the Global Initiative Against Transnational Organised Crime observed that, since 2010, Ghana's drug consumption trends have shifted toward polysubstance addiction, with the majority of people who use drugs (PWUD) consuming a combination of marijuana, cocaine, and heroin. Increased global production of heroin and cocaine, two of Ghana's most widely-used illegal substances, would almost certainly lead to increased local usage. The report further notes that, while PWUD and health professionals interviewed in 2017 had not used or encountered (respectively) the use of methamphetamines (this class of drug has not yet entered the market in any significant way), reports of methamphetamine production beginning in Ghana could indicate yet another challenge on the horizon for law enforcement and the health system.

In addition to these trends identified by the Global Initiative Against Transnational Organised Crime, there is an increase in the abuse of tramadol (an opioid medically prescribed for pain treatment), especially among Ghana's youth, which adds further strain on the country's already-stretched healthcare resources [13][14][15][16]. Although drug use is said to be widespread throughout Ghana's social demographics, it is particularly apparent among the country's lower socioeconomic levels. Drug use is also thought to be more prevalent in males than in females; however, this might be due to considerable under-reporting by female PWUD, who incur more social shame for drug use [17].

Although female users face the brunt of public censure, drug use is nonetheless widely condemned; it is frequently discussed in a religious context, whereby it is seen as unholy or the outcome of moral failure. Making matters worse is the widespread notion that drug use is inextricably connected to mental illness and is thus incurable, even when it is framed as a public health concern. It appears however that, public attitudes regarding drug use generally appear to be stable, with PWUD

usually ostracised, this might be owing to a lack of education surrounding substance addiction.

IV. THE CRIMINAL ADJUDICATION PROCESS AND DISPOSITION OF CONVICTED DRUG OFFENDERS IN GHANA

Ghana is a signatory to the United Nations Single Convention on Narcotic Drugs, 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Ghana domesticated these conventions through the promulgation of the Narcotic Drugs (Control, Enforcement and Sanctions) Act, 1990 (PNDCL 236), whose purpose was to bring under one enactment offences related to illicit dealing in narcotic drugs, to establish the Narcotics Control Board, and to coordinate activities related to illicit narcotic drugs and psychotropic substances. In 2020, Ghana repealed PNDCL 236 by the passage of the Narcotics Control Commission Act, 2020 (Act 1019) [18].

Ghana's approach to fighting illicit drug use and trafficking is twofold: reduction of demand, and reduction of supply. Demand reduction strategies, according to the UNODC [2], include a range of interventions aimed at promoting health and social wellbeing among individuals, families, and communities, as well as reducing the negative consequences of drug abuse for individuals and society as a whole. Supply reduction techniques, on the other hand, aim to enforce the prohibition of illegal drugs while also controlling and regulating access to legal drugs and substances, particularly those with a high risk of addiction such as medicines and other precursors, as well as certain essential chemicals. The strategy involves partnering and working with source countries and transit countries of narcotic drugs to minimize cultivation and production of illicit drugs through drug crop substitution and eradication; alternative development; and strengthening public institutions mandated to fight and enforce drug control laws.

To give legal backing to its supply reduction mandate, section 3(a) of Act 1019 empowers the NCC to arrest, investigate and prosecute all persons engaged in the production, processing and trafficking (cultivation, import, export) of narcotic plants and precursor chemicals. Therefore, the criminal

adjudication of drug offenders commences when the police or NCC reasonably suspect or find a person to be in (actual) possession of a substance suspected to be a narcotic drug. Such person is then arrested for further investigation. Under the Criminal Procedure Act of Ghana, 1960, a police officer or any person may arrest another person, with or without a warrant, where the person is caught in the act of committing a criminal offence; in this instance, a narcotic offence. Furthermore, police may arrest a person on reasonable suspicion of that person having committed, being about to commit, or being in possession of an instrument that can be adapted for the commission of, a criminal offence. As section 31 of Act 1019 gives officers of the NCC police powers, it follows that NCC officers, too, may conduct arrests on the abovementioned grounds.

After a suspect's arrest, investigations are conducted which will determine the severity of the offence and whether there were collaborators/co-conspirators, among other things. Under the 1992 Constitution of Ghana, Article 14 requires that a person who is arrested and detained must be granted bail or arraigned before a court within 48 hours. As such, any person arrested on suspicion of a drug-related offence may be granted police enquiry bail or arraigned before a court within 48 hours on a provisional charge. It used to be the case that certain offences, including narcotic-related offences, were non-bailable, based on section 96(7) of the 1960 Criminal Procedure Act of Ghana. However, in the case of **Martin Kpebu v. Attorney-General [2015] GHASC 15**, the Supreme Court of Ghana declared the said section 96(7) unconstitutional and contrary to Articles 14, 15 and 19(2)(c) of the 1992 Constitution of Ghana, stating that "any legislation outside the Constitution (such as section 96(7) of Act 30 as amended) that took away or purported to take away, either expressly or by necessary implication, the right of an accused to be considered for bail, would have pre-judged or presumed him guilty even before the court had said so. That would clearly contradict the letter and spirit of Article 19(2) (c) which has guaranteed his innocence until otherwise declared by a court of competent jurisdiction" (p.23). Subsequent to this decision, this time in **Martin Kpebu v. Attorney-General [2019] GHASC 90**, the Supreme Court ruled that "48 hours mean 48 hours". The

combined effect of these two judgments is that a person arrested for any narcotic-related offence must be granted bail or presented before the court within 48 hours for the court either to remand them or grant them bail while investigations continue.

The legal process of settling a disagreement or determining a case is known as adjudication. In the adjudication of criminal cases, a person (suspect) is first arrested, charged with a criminal offence, and subsequently arraigned before the court for trial. At the trial, the plea of the suspect (now turned accused) is heard. The accused may plead guilty simpliciter, guilty with explanation, or not guilty. If he/she pleads guilty, he/she is convicted on his/her own plea and sentenced. Where the accused is not represented by a lawyer, the law requires that the court explain to him/her what it means in law to plead guilty to an offence. Where the accused pleads guilty with explanation, the explanation is taken. Where the given explanation is found to be inconsistent with the plea of guilt, the court is duty-bound to enter a plea of not guilty and proceed to full trial. For example, in the case of **Mensah v. Republic (1989-90) 2 GLR 445**, the accused pleaded guilty with explanation to charges of unlawful entry and stealing. Upon evaluating the explanation, the court rejected it as unacceptable. The court found from the facts on record, to which the accused had pleaded guilty with explanation, that the prosecution could successfully establish a prima facie case of unlawful entry and stealing against the accused; the charges had been properly laid and the prosecution had two eyewitnesses to prove the charges. The accused was convicted on both counts and sentenced concurrently to twelve months' imprisonment. In the appeal against the conviction and sentence, counsel for the appellant contended that the conviction was a nullity because the appellant's explanation was inconsistent with a plea of guilt. The court held that the accused had pleaded guilty and offered an explanation which made it clear that he was not really pleading guilty or that the said explanation was inconsistent with a plea of guilt; thus, a plea of not guilty should be entered by the trial court on its own motion.

In the more related case of **Nokwe v. The Republic [1999-2000] 1 GLR 49**, the accused/appellant was arrested having in his posses-

sion Indian cannabis. At the trial, he pleaded guilty with explanation, explaining that the parcel was given to him by a friend to be delivered to the friend's brother when he (the accused) reached his destination. He was subsequently convicted on his own plea and sentenced to 10 years' imprisonment. He appealed, arguing that, having pleaded "guilty with explanation" and given an explanation inconsistent with his plea of guilt, the court should have entered a plea of "not guilty" and proceeded to full trial. The appellate court ruled that a plea to a charge should be clear and unambiguous, and that the accused's plea of guilt with the explanation offered should have made the trial judge enter a plea of "not guilty" and proceed to trial. It subsequently declared that the accused's conviction and sentence amounted to a miscarriage of justice; the conviction was quashed and the appellant acquitted and discharged.

Where the accused pleads not guilty, on the other hand, a full trial commences, with the prosecution required to prove beyond reasonable doubt its case against the accused. Once convicted, the accused is sentenced in accordance with the prescribed punishment stipulated in Act 1019.

Historically, drug offenders have been punished by imposing terms of imprisonment on them. These terms were thought to be sufficiently punitive not only to deter prospective offenders, but also the offenders themselves. For example, in the case of *Castillo v. Republic* [2018] GHASC 8, the court stated that "in Ghana now, we read of arrest of drug traffickers almost every week in the media. So, it cannot be gainsaid that the incidence of drug trafficking has engulfed the whole country. In the case of the accused in this case, it appeared they have made Ghana a distribution point as well, hence the large quantity they brought into the country. To mark the abhorrence of decent-minded Ghanaians to the narcotic business, I am minded to mete out a sentence commensurate with the severity of the offence to the accused. That being so (1) A3, the master-mind of the business is sentenced to 25 years IHL each on counts 1, 2 and 3. (2) A1 who was found physically in possession of the narcotic drug and items for processing the Cocaine into crack is also sentenced to 25 years IHL each on counts 1, 2, 3 and 4. (3) A2 who joined business later in Ghana

is sentenced to 20 years IHL on counts 1, 2 and 3.

(4) The sentences of A1 and A2 shall be deemed to commence on 24th November 2005 when they were arrested and taken into custody. In all cases, sentences will run concurrently".

This has been the jurisprudence of the courts in Ghana and most common law jurisdictions until recent times, when a movement has emerged advocating for the treatment of drug offences, especially those relating to the use or unlawful possession of narcotic drugs for personal use, as a public health issue requiring treatment and rehabilitation rather than incarceration.

The courts in Ghana, as mentioned earlier, impose harsh punishments in cases involving drug trafficking. This is in accord with the deterrence theory of punishments: According to Lee [19], "a deterrence theory of punishment holds that the institution of criminal punishment is morally justified because it serves to deter crime. Because the fear of external sanction is an important incentive in crime deterrence, the deterrence theory is often associated with the idea of severe, disproportionate punishment. An objection to this theory holds that hope of escape renders even the severest punishment inapt and irrelevant".

The deterrence theory holds the view that courts must impose severe sanctions/punishments on accused persons in order not only to deter the accused person from repeating that offence, but also to deter any like-minded person in society. Therefore, the imposition of punishment under this theory serves the dual purpose of preventing both the accused from repeating the offence for which he/she has been punished, in addition to any member of society likely to or planning to commit such a crime. The courts usually apply this punishment theory for heinous crimes and crimes that affect the moral fibre of society in general. Therefore, in the case of **Samuel Agoe Mills Robertson v. The Republic** [2014] GHASC 169, the Supreme Court of Ghana stated as follows:

"The offence was of a very grave nature for which reason the sentence must not only have been punitive but must have been a deterrent or exemplary in order to mark the disapproval of society of such conduct. When a court decides to impose a deterrent sentence, the value of the subject matter of the

charge and the good record of the accused become irrelevant” (p.6).

The Supreme Court further noted that the courts must assist in putting an end to the drug trafficking menace in the country, particularly the exploitation of our beloved nation as a transit point. The court also cited the inhumane treatment and harassment to which Ghanaians are exposed when they travel outside of Ghana and are subjected to routine security screenings at international airports.

Based on the deterrence theory and its application to the adjudication of drug-related offences in Ghana, the punishment regime under Act 1019 ranges from fines to terms of imprisonment, or both fines and imprisonment. Furthermore, the properties of those convicted are confiscated by the state unless they can prove that they obtained such properties via legally earned income.

Prior to the passage of Act 1019, persons with substance use disorders (SUDs) - hitherto referred to as drug addicts - were punished by terms of imprisonment of up to five years for mere possession of narcotics for personal use. This punishment was found to be ineffective, anachronistic, inhuman, and contrary to international standards and best practice [20]. Accordingly, with the advent of Act 1019, the drug court system was introduced under section 45. Drug courts, according to the National Drug Court Resource Center in the United States, are for those who have substance abuse problems. Rather than receiving a prison sentence, these court programmes allow defendants to undergo long-term rehabilitation treatment and consent to court monitoring. Participants must sustain their recovery, take on duties, and strive toward lifestyle changes as part of the rigorous programme, under the supervision and authority of the court. Drug courts ultimately lower crime and bring about actual, good change in people’s lives [21]. The first drug court was established in 1989 to relieve the strain on the regular court system and reduce imprisonment rates [22][23]. According to former California Supreme Court Chief Justice, Ronald M. George, “drug court programs afford courts the opportunity to look beyond the criminal act that brings an individual into contact with the court system and to consider the larger context of his or her life — as well as the future of that individual in the community — rather

than having to resort to unproductive incarceration.” Under section 45(2) of Act 1019, a person commits an offence if that person purchases narcotic drugs/plants for personal use. After prescribing punishment of a fine or 4 to 10 years’ imprisonment for such offence, the provision also grants the court the discretion to direct the convicted user to seek treatment and rehabilitation in a facility approved by the Narcotics Control Commission (NCC) in consultation with the Minister for Health. This provision provides the legal basis for the operation of the drug court system in Ghana and a furtherance of the NCC’s demand reduction mandate. As previously discussed, drug demand reduction strategies, according to the UNODC [2], include a range of appropriate interventions aimed at promoting health and social wellbeing among individuals, families, and communities, as well as reducing the negative consequences of drug abuse for individuals and society as a whole. In consonance with its demand reduction strategy, section 3(g) of the Narcotics Control Commission Act, 2020 (Act 1019) mandates the Narcotics Control Commission (NCC) to adopt measures to reduce the demand for, and harm caused by, the use of narcotic drugs and plants through education, treatment and rehabilitation of persons with substance use disorders.

Currently, Ghana has about 13 recognised drug treatment and rehabilitation centres dedicated to the treatment and rehabilitation of SUDs. Although Act 1019 requires the NCC to establish a national rehabilitation centre, this is yet to materialise. As such, all 13 existing centres are privately owned but regulated and assisted by the trained counselling staff of the NCC. Out of these facilities, only one is located outside the national capital Accra; that is, in Ankaful, Cape Coast. These centres operate a residential drug addiction treatment model, lasting for a duration of 3-6 months. Their programme content/syllabus is either faith-based (Christianity-based), modelled on the Narcotics Anonymous (NA)/Alcoholics Anonymous (NA/AA) programmes, or a combination of both faith-based and NA models. Previous studies suggest that residential NA programmes have moderate to high effectiveness in the treatment of drug addiction (Humphreys et al., 2020; de Andrade, 2019; Zemore et al., 2018). A systematic review by White

et al. (2020) revealed that, of the 69 NA-specific studies found through the literature search that were published in peer-reviewed journals, 13 looked at the effects of NA involvement on drug use or SUD remission. All 13 studies found that NA membership was linked to lower drug usage and higher rates of abstinence.

The NCC trains its rehabilitation centre staff in the Universal Treatment Curriculum (Columbo Plan) in order to provide a uniform treatment plan and standard for all centres engaged in the treatment and rehabilitation of persons with SUDs.

V. CHALLENGES ASSOCIATED WITH THE ADJUDICATION AND TREATMENT OF DRUG OFFENDERS IN GHANA

Though PNDCL 236 served Ghana well for 30 years before Act 1019 was promulgated, it was found not to only lag behind societal development and advancement, but also to have been limited in its punishment regime. The memorandum to Act 1019 stated that “The Act seeks to address the weaknesses in PNDCL 236 which became law before the commencement of the Fourth Republican Constitution. PNDCL 236 restricts the confiscation of illegal properties to drug related ones and does not adequately deal with the freezing of accounts of drug dealers. The utilisation of proceeds of realisable property is also not provided for. As regards the burden of proof in PNDCL 236, in respect of illegal properties acquired from drug dealing and related activities the Act does not clearly place the burden of proof regarding the legality of property suspected to be derived from or associated with criminal activity on the accused and this has posed challenges for the prosecution of suspects. PNDCL 236 does not give enough authority to the Executive Secretary of the Narcotics Control Board. For example, it is the Attorney-General who is given authority to obtain information under section 30 of PNDCL 236. This is to be contrasted with the position under the Economic and Organised Crime Office Act, 2010 (Act 804) where this power is given to the Executive Director.”

From the memorandum, it is evident that Act 1019 seeks to strengthen the Narcotics Control Commission, give it more powers, and reform the treatment of drug offenders in Ghana.

However, more than two years after Act 1019 came into effect, little to nothing has changed. The NCC has neither established the national rehabilitation/treatment centre, nor initiated steps toward the establishment of said centre as required by the Act. The NCC has likewise been unable to set and strictly enforce standard operating procedures for private persons/institutions running drug rehabilitation and treatment facilities/programmes. In some cases, these institutions have called the bluff of the NCC.

Secondly, the prosecutorial and financial independence granted the NCC under Act 1019 is yet to see the light of day. Currently, what pertains is that cases being investigated or handled by the NCC continue to be prosecuted by attorneys from the Office of the Attorney General. This is because the fiat required to be issued by the Attorney General to empower the NCC to prosecute its own cases has not been issued. Financially, too, the NCC continues to depend on governmental subvention through budgetary allocations to its supervisory ministry, the Ministry of the Interior, which allocation is woefully inadequate. The NCC continues to lag in terms of modern tools and equipment to enable it adequately to discharge its supply reduction mandate, remaining heavily dependent on donor support from foreign partners in this regard.

VI. CONCLUSION AND RECOMMENDATIONS FOR FUTURE RESEARCH

The first section of this paper deals with the drug trafficking menace in LMIC, focusing on West Africa, Ghana inclusive. Second, the paper examines the impacts of drug trafficking in West Africa, Ghana inclusive. This is followed by a discussion about the criminal adjudication process for drug offenders and the disposition of convicted drug offenders. Lastly, the paper offers some recommendations to strengthen the criminal justice system in Ghana, and perhaps other countries with similar criminal justice system arrangement. It notes that, despite the numerous policies and robust legal regime put in place, Ghana’s adjudication of drug cases lags behind. The paper observes that much of Ghana’s attention has been focused on supply reduction, particularly by the severe punishment of drug offenders in the form of long prison terms.

However, issues of rehabilitation are almost entirely neglected. Meanwhile, the harsh sentences imposed for drug offences have not been sufficiently deterrent to prevent others from engaging in the crime. For example, according to the World Drug Report 2020, increased volumes of cocaine have allegedly been confiscated in areas of Asia and West Africa, indicating that cocaine use in subregions where it had previously been low might potentially rise, especially among the wealthier, urban sectors of the population. It is thus recommended that the NCC overhaul its policy approach toward fighting the drug menace in Ghana. More efforts and resources should be devoted to demand reduction, for as long as demand for drugs exist, supply will continue.

Despite the conduct of (baseline) research being listed as one of the NCC's functions, it has done little to nothing in this regard. It is therefore recommended that the NCC, as the lead agency responsible for the control of drug use and trafficking in Ghana, lead the way in conducting research on the topic. This research is relevant for both planning and policy considerations.

VII. REFERENCES

- [1] UNODC The United Nations approach to drug demand reduction; 2021. Available at <https://www.unodc.org/ropan/en/DrugDemandReduction/drug-demand-reduction-introduction.html#:~:text=Drug%20demand%20reduction%20programmes%20should,abuse%20for%20the%20individual%20and>.
- [2] Interpol. Drug trafficking; 2023. Available at <https://www.interpol.int/en/Crimes/Drug-trafficking#:~:text=It%20affects%20almost%20all%20of,a%20powerful%20and%20manipulative%20business>.
- [3] White W, Galanter M, Humphreys K, Kelly J. We do recover: Scientific studies on narcotics anonymous; 2020.
- [4] Okebukola, EO. Adjudicatory control of narcotic and psychotropic drugs in Nigeria. *Bulletin on Narcotics*. 2019 July; 62: 136-153.
- [5] Cadri A, Nagumsi BAA, Twi-Yeboah A, Yeboah LD, Adomah-Afari A, Ane-Loglo MG, Aboagye RG. Facilitators and Barriers to Health Seeking among People Who Use Drugs in the Sunyani Municipality of Ghana: An Exploratory Study. *Biomedical Research International*. 2021 Aug 21; 2021:2868953. doi: 10.1155/2021/2868953. PMID: 34471636; PMCID: PMC8405291.
- [6] Kabore A, Afriyie-Gyawu E, Awuah J, Hansen A, Walker A, Hester M, Wonadé Sié MA, Johnson J, Meda N. Social ecological factors affecting substance abuse in Ghana (West Africa) using photovoice. *Pan African Medical Journal*. 2019 Dec 30; 34:214. doi: 10.11604/pamj.2019.34.214.12851. PMID: 32180886; PMCID: PMC7061025.
- [7] Shuro L, Waggie F. A vibrant reflection of the revised integrated school health policy with a lens on substance use. *African Journal of Primary Health Care & Family Medicine*. 2021 June; 13(1). e1–e6. doi: <https://doi.org/10.4102/phcfm.v13i1.3082>.
- [8] UNODC. Prevention of drug related crimes report. 2015. Available at https://www.unodc.org/documents/ungass2016/Contributions/Civil/ICPC/Rapport_FINAL_ENG_2015.pdf.
- [9] UNODC world drug report 2020 - world | reliefweb [Internet]. [cited 2023 Jun 7]. Available from: <https://reliefweb.int/report/world/unodc-world-drug-report-2020>
- [10] United States Agency for International Development. The development response to drug trafficking in Africa: A programming guide. 2013. Available at https://www.usaid.gov/sites/default/files/documents/1860/Development_Response_to_Drug_Trafficking_in_Africa_Programming_Guide.pdf
- [11] Kumar N, Janmohamed K, Jiang J, Ainoson J, Billings A, Chen GQ, Chumo F, Cueto L, Niaura R, Zhang A. Tobacco cessation in low- to middle-income countries: A scoping review of randomized controlled trials. *Addict Behav*. 2021 Jan; 112:106612. doi: 10.1016/j.addbeh.2020.106612. Epub 2020 Aug 25. PMID: 33002679.
- [12] UNODC. Drug trafficking. 2010. Available at <https://www.unodc.org/unodc/en/drug-trafficking/>
- [13] Saapiire F, Namillah G, Tanye V, Abubakari A. The Insurgence of Tramadol Abuse among the Most Active Population in Jirapa Municipality: A Study to Assess the Magnitude of the Abuse and Its Contributory Factors. *Psychiatry J*. 2021 Feb 5; 2021:3026983. doi: 10.1155/2021/3026983. PMID: 33628767; PMCID: PMC7884175.
- [14] Danso M, Anto F. Factors Associated with Tramadol Abuse: A Cross-Sectional Study Among Commercial Drivers and Assistants in

the Accra Metropolitan Area of Ghana. *Drugs - Real World Outcomes*. 2021 Sep;8(3):337-347. doi: 10.1007/s40801-021-00247-6. Epub 2021 Apr 28. PMID: 33909271; PMCID: PMC8324647.

[15] Peprah P, Agyemang-Duah W, Appiah-Brempong E, Akwasi AG, Morgan AK. "With tramadol, I ride like a Jaguar": A qualitative study of motivations for non-medical purpose tramadol use among commercial vehicle operators in Kumasi, Ghana. *Subst Abuse Treat Prev Policy*. 2020 Jul 23;15(1):49. doi: 10.1186/s13011-020-00292-4. PMID: 32703243; PMCID: PMC7376674.

[16] Fuseini AG, Afizu A, Yakubu YH, Nachinab G. Facilitators to the continuous abuse of tramadol among the youth: A qualitative study in Northern Ghana. *Nurs Open*. 2019 Jul 30;6(4):1388-1398. doi: 10.1002/nop.2.353. PMID: 31660166; PMCID: PMC6805709.

[17] Global Initiative Against Transnational Organized Crime. Domestic drug consumption in Ghana: An under-reported phenomenon. 2019.

[18] Republic of Ghana. Narcotics Control Commission Act, 2020 (Act 1019). 2020. Accra: Ghana Publishing Company Ltd.

[19] Lee H. Taking deterrence seriously: the wide-scope deterrence theory of punishment. *Criminal Justice Ethics*. 2017 April; 36(1), 2-24. doi: 10.1080/0731129X.2017.1298879.

[20] Degenhardt L, Grebely J, Stone J, Hickman M, Vickerman P, Marshall BDL, Bruneau J, Altice FL, Henderson G, Rahimi-Movaghar A, Larney S. Global patterns of opioid use and dependence: harms to populations, interventions, and future action. *Lancet*. 2019 Oct 26;394(10208):1560-1579. doi: 10.1016/S0140-6736(19)32229-9. Epub 2019 Oct 23. PMID: 31657732; PMCID: PMC7068135.

[21] National Drug Court Resource Centre. What are drug courts? 2021. Available at <https://ndcrc.org/what-are-drug-courts/>

[22] Kaiser KA, Rhodes K. A drug court by any other name? An analysis of problem-solving court programs. *Law and Human Behaviour*. 2019. June; 43(3), 278–289. doi: <https://doi.org/10.1037/lhb0000325>.

[23] King RS, Pasquarella J. *Drug Courts: A Review of the Evidence*. 2009. Washington, DC: The Sentencing Project.