HARM REDUCTION INTERNATIONAL

INVEST IN JUSTICE

CASE STUDY

GHANA

From Criminalisation to Care: Ghana at a Crossroads

Summary

Ghana should be read as an early stage developing case for divesting from punitive drug policies and investing in harm reduction, rather than a mature or exemplary model. Ghana's experience demonstrates how reform begins partial legal change, limited service pilots, continued donor reliance, and a persistent lived reality of criminalisation. The purpose of this case is to illuminate the conditions and investment required to move from punitive drug control toward health-led responses, and the risks of stalled progress when implementation does not keep pace with reform intent.

The country is beginning to implement policies to facilitate investment towards developing harm reduction from the ground up by opening its first harm reduction service with donor funding in 2024. This remains fragile, with the country exposed to funding volatility at this early "build" stage before services become routine, domestically financed, and measurable at population level.

At the same time, Ghana's wider criminal justice context demands a strong case for divesting from existing punitive policies: persistent reliance on detention, especially pre-trial remand, drives prison overcrowding and concentrates avoidable health risks in custodial settings.[1]

Recent shifts in policy and practice provide a credible opportunity for change. The Narcotics Control Commission Act, 2020 (Act 1019), introduced scope for more proportionate responses to low-level offences, including fines as an alternative to incarceration.[2]

Ghana's public commitment at the 2025 CND intersessional meeting, affirming a divest/invest strategy, signals political alignment with this agenda.[7]

Key statistics:

138%

The prison is at 138% occupancy, 14,133 people with capacity of 10,260[1]

1,607

1,607 people are being held in pre-trial detention (11.4% of total prison population)[1]

8.3%

Only 8.3% of people who inject drugs know their HIV status[4]

24.6%

24.6% of people who use drugs report experiencing police harassment[4]

The Punitive Approach

Ghana's response to drug use remains primarily through arrest and detention for non-violent offences, with law enforcement often serving as the first, and only, state response experienced by people who use drugs. The result was a high-stigma environment with limited tailored health services and virtually no harm reduction infrastructure.

Ghana is recorded as having a minimal harm reduction footprint.[6] Most core components of a full continuum of care are not yet established. Criminalisation drives drug use underground, undermines HIV prevention, disrupts continuity of care, and amplifies avoidable health costs. Notably, Ghana has very limited data available on harm reduction, with only one very recently established NSP in the country. [6]

While longitudinal prevalence data remain limited, the 2024 IBBS offers the first national-scale assessment of health status among people who inject drugs, highlighting persistently low testing uptake and systemic access barriers.[4, a] The study confirms that Ghana's punitive environment continues to block health access: over half of people who inject drugs have never been tested for HIV, and nearly a quarter fear seeking care.

HIV prevalence among people who inject drugs stands at 12.5%, at least 6 times higher than the general population, though with over half of people who inject drugs never being tested for HIV this may well be higher. [6, 4] Police harassment also remains common, deterring access even when care is technically available.

Challenging the Punitive Approach

Act 1019 is widely understood to enable more proportionate sentencing, including alternatives to incarceration such as fines (GHC 2,400–6,000 / USD ≈227–567).[2, b]

Though the Justice for All programme has operated since 2007 to reduce prison remand populations, uptake and impact remains almost non-existent, and enforcement gaps persist. The scope of the alternatives to incarceration under Act 1019 are also extremely limited, primarily offering fines as an alternative and thus linking a person's eligibility with their ability to pay a fine that may be almost double the average monthly salary in the country. [5]

The IBBS shows continued avoidance of services and limited testing uptake among people who inject drugs. Even under legal reform, the lived experience of criminalisation persists. Research showed that 24.6% of people who use drugs report fear of discrimination or criminalisation in seeking care. [4]

Without parallel service investment and operational clarity, law enforcement often defaults to punitive patterns. While Act 1019 represents a nominal shift towards a health-led approach, it retains a punitive core that still seeks criminalisation over health- and justice-based alternatives.[5]

Case for Investment

Ghana has precedent for operational change. The Justice for All programme shows that non-punitive alternatives are achievable and attainable when systems and political will are aligned.[6, c] Though not drug-specific, the programme demonstrates that reforms can move from principle to practice.

More directly, the opening of Ghana's first harm reduction drop-in centre in 2024 marked a milestone in this process. Offering an NSP, outreach, counselling, HIV and hepatitis testing, and referrals to care, the centre is an important milestone, but a single site cannot meet national demand or deliver population-level impact.[4]

The case for investment is clear and cost effective. Integrating harm reduction into HIV and public health platforms would reduce reliance on donor funding. Expanding core interventions, including needle and syringe programmes, overdose prevention (such as naloxone), and HIV/HCV testing with linkage to care, would address unmet need in a country where just 8.3% of people who inject drugs know their HIV status (well short of UNAIDS 95% target).[6]

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a. IBBS = Integrated Bio-Behavioural Surveillance Study (Ghana 2024)
b. Exchange rate from January 2026: ~GHC 10.58 = USD 1
c. Justice for All Programme = Ghanaian initiative to reduce remand overuse through accelerated judicial review

Conclusion

Ghana is stuck at a divest/invest crossroad. The legal and institutional foundations for reform are in place, and the country has taken its first steps toward harm reduction service delivery. But this transition remains incomplete and fragile. The country must commit to this path of divestment from the war on drugs and investment in health, community, and justice.

Without timely and strategic investment, harm reduction will remain geographically limited, and legally exposed, and financially vulnerable. Access to health services will continue to be shaped by criminalisation in practice, and alternatives to incarceration will remain the exception rather than the norm. The result would be stalled progress and rising long-term costs, both fiscal and human.

Potential health gains are being unrealised. The full implementation of the Justice for All Programme and Act 1019, including developing the policy beyond administrative fines, would open up massive savings from incarceration costs – paving the way for harm reduction investment. This can provide scope to not just protect the country's first harm reduction service in the face of a funding crisis but further expand harm reduction in the country through secure domestic investment.

If scaled and sustained, Ghana's approach could become a continental reference point for how countries pivot from criminalisation to care and build sustainability at a time of donor funding instability.

Sources

1. World Prison Brief (Institute for Crime & Justice Policy Research). Ghana data.
2. Government of Ghana. Narcotics Control Commission Act, 2020 (Act 1019).
3. Harm Reduction International. Global State of Harm Reduction 2024.
4. IBBS 2024 summary data (shared by Maria-Goretti Loglo).
5. Maria Goretti Ane Loglo (2026). A Law at War with Itself
6. Harm Reduction International. Update to the Global State of Harm Reduction 2025.
7. Ghana statement at the 2024 UN Commission on Narcotic Drugs.

This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.