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Environmental (External) Factors Affecting the Functioning and Operations of the Ghana Prisons Service

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Abstract

This article reviews the historical background and the current overview of the Ghana Prisons Service which is the subject of study. The article also looks at the mandate, the organizational structure, the management and the environmental factors that affect the functioning and operations of the Service. The article again analyzed the concept of illicit drug use in prisons and its consequences, the extent and nature of drug use in the world, Africa and West Africa, the impacts and responses to the drug menace. The article finally, analyzed the socioeconomic variables that affects illicit drug use.

Keywords: Total Quality Management, Deming Quality Philosophy and SMEs Performance

1.0 INTRODUCTION

The Ghana prisons system started in an irregular manner form the early 1800s in the Gold Coast when the administration of the forts on the coast were in the hands of a committee of merchants under the chairman of Captain George Maclean, who exercised criminal jurisdiction not only in the Forts but also outside them. By 1841, a form of prison had been established in the Cape Coast where debtors, possibly, were incarcerated. By 1850, there were prisons in four Forts, holding a total of 129 prisoners who were kept in chains. From 1875, when the Gold Coast was formally created as a colony, British criminal jurisdiction was gradually extended to the entire southern part of present-day Ghana and in 1876, the Gold Coast Prison Ordinance, modeled on the English Prisons Act of 865, was introduced.

The Caretaker functions of the early prisons which consisted of mere rules for safe-keeping of prisoners were established in the 1880 Prisons Ordinance (Ghana Prisons Service, Ten-Year Strategic Development Plan: 2015-2025; p 2). The unsatisfactory state of the prisons in the years that followed led to the placing of the Prisons Department under the Police Administration. In 1920, however, as a result of increased number of prisons establishments and staff, the Police and Prisons Departments were separated and the Prisons Department placed under an Inspector-General of Prisons. By 1948, there were twenty-nine establishments all over the country. On 1st January, 1964, the Prisons Department became autonomous and ceased to be part of Civil Service and renamed Ghana Prisons Service (Ghana Prisons Service, Ten-Year Strategic Development Plan: 2015-2025; p 2).

2.0 THE CURRENT OVERVIEW OF THE GHANA PRISONS SERVICE

The Ghana Prisons Service operates as a security organization and criminal justice agency. Its functions are to ensure the safe custody and welfare of prisoners and to undertake their reformation and rehabilitation, where practicable (Prisons Service Act 1972(NRCD 46). Currently the Service manages 42 prisons, one senior correctional Center (juvenile center), Prisons Officer's Training School and the Headquarters in Accra. The prisoner population for the past three years has been hovering around 14,000 against an authorized capacity of about 7,000. This creates a huge overcrowding with its concomitant problems of poor classification, health hazards and pressure on facilities resulting in an abuse of fundamental human rights of prisoners (Prisons Service Annual Report, 2015).

2.1 The Regulations and Laws Governing the Operations of the Ghana Prisons Service

The operations of the Service is governed by the Prisons Regulations L.I 412/58, the Prisons Service Standing Orders, 1960, the Prisons Service Decree 1972, NRCD 46, and the 1992 Constitution of the Republic of Ghana.

2.2 The Organizational Structure and Management of the Ghana Prisons Service

The management of the Ghana prisons Service is headed by the Director-General of Prisons and assisted by two Deputy Director-Generals, one for Operations and one for Administration and Finance.

https://damaacademia.com/dasj September 2021 Pages: 32-35 Volume 6 | Issue 09

Under the two Deputy Director-Generals are five Directors of Prisons responsible for Administration and Finance, Operations, Welfare, Human Resource and Technical and Services. The structure is such that, two Deputy Director-Generals and the five Directors of Prisons seems to be reporting directly to the Director-General of Prisons (Prisons Service Bulletin, 2014).

Down the line on the structure are Ten Regional Command structures that are virtually non-functional. These are headed by Deputy Directors of Prisons who double as officers-in charge of the Regional Stations. The Regional Commanders report directly to the Director-General of Prisons. Under the Regional Commanders are District Commanders. Given the Regional Commanders double as station commanders and the fact that the Service operates an over centralized administration, their authority is reduced virtually to their stations of command.

In this case, District Commanders under the Regional Commanders report to Headquarters directly. What this means in effect is that, the Director-General of Prisons virtually has control, supervisory and monitoring responsibilities over all the Deputy Director-Generals of prisons, Directors of Prisons, Regional and station Commanders in view of the centralized nature of the administration. The highest policy making body of the Service is the Prisons service Council of which the Director-General of Prisons is a member. At the Headquarters level, the policy and decision-making body is the Director-General of Prisons, the two Deputy Director-Generals of Prisons, and the five Directors of Prisons. This body forms the Management Board which carry out the day-to-day management functions of the Service whilst the Regional and Station Commanders carry out the daily routine operational and administrative duties at the Regional and Station levels (Prisons Service Bulletin, 2014).

3.0 DRUG TREATMENT IN PRE-TRIAL DETENTION AND PRISON

There are protocols regarding treatment for people who use drugs and sentenced to prison or other forms of state custody. For example, in Ghana, the Narcotic Drugs (Control, Enforcement and Sanction) law of 1990 (PNDCL 236) includes provision for inter alia the "rehabilitation of offenders". (West Africa Commission of Drugs [WACD] report, 2013). According to the law, the key functions of NACOB include advising the government on suitable methods of reducing drug abuse and on provision of treatment and rehabilitation of persons addicted to drugs; and dissemination of information to the public on the evils of narcotic drug use; its impacts and offences for dealing in narcotics.

However, the report mentioned only one public hospital (Patang Hospital), in Ghana which provides specialized treatment services to the people who use drugs. The Prisons Service Act 972 (NRCD46) section 1, provides that, the Prisons Service will ensure the safe custody and welfare of prisoners and whenever practicable to undertake the reformation and rehabilitation of prisoners. However, the Prisons Service has a limited budget and therefore cannot initiate such programmes on its own.

3.1 Extent and Nature of Drug Use in the World

Globally, UNODC estimates that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in 2013(UNODC,2015). The report estimated that, Cannabis users comprise the largest number of illicit drug users (129-190 million people) Amphetamine-type stimulants are the second most commonly used illicit drugs, followed by opiates and cocaine. However, in terms of harm associated with use, opiates would be ranked at the top. A comprehensive understanding of the extent of the drug use problem requires a review of several indicators – the magnitude of drug use measured by prevalence (lifetime, annual, past 30 days) in the general population, the potential of problem drug use as measured by drug use among young people, and costs and consequences of drug use measured by treatment demand, drug-related morbidity and mortality.

Additionally, to understand the dynamics of drug use in a country or region, it is important to look at the overall drug situation rather than merely the trends for individual drugs (UNODC, 2015). This information helps to discern the extent to which market dynamics (availability, purity and price) have temporarily influenced the use, compared to results of long-term efforts such as comprehensive prevention programmes and other interventions to address the drug use situation. According to the report at the core of drug use lie the problem of drug users; those that might be regular or frequent users of the

https://damaacademia.com/dasj September 2021 Pages: 32-35 Volume 6 | Issue 09

substances, considered dependent or injecting and who would have faced social and health consequences as a result of their drug use. Information on problem drug users from a policy and programme planning perspective is important as this drives the need and nature of the services required to address the diverse needs for treatment and care of drug dependent persons. According to UNODC, (2015 report), one of the main challenges remains the compilation of data reported by member states and their comparability across countries and regions.

The Commission on Narcotics Drugs in its forty-third session in 2000 endorsed the paper on 'Drug information systems: principles, structures and indicators' also known as the 'Lisbon Consensus Document'. The document outlines the set of core epidemiological indicators to monitor the drug abuse situation, against which Member States could report their respective situations through the Annual Reports Questionnaire (ARQ). One of the core indicators in the paper was 'high-risk drug consumption'. The assumption was that some drug- taking behaviours were particularly associated with severe problems and as such merit the attention of policymakers. The document further elaborated that high-risk consumption included information on the number of drug injectors, estimates of daily users and those who are dependent. One challenge in measuring problem drug users or high-risk drug consumption is that most of these behaviours are hidden and have low prevalence.

Therefore, they are poorly covered by general population estimates. Specific methods are required to gather information on such behaviours. Out of the 110 Member States who responded to the 2008 ARQ on the extent and pattern of drug use, only 24 reported information on problem drug use. The definitions and methods of calculation differ from country to country. Most African countries defines problem drug use as "drug users who constitute social harm and insecurity and drug users who relapse after rehabilitation (EMCDDA, 2012), In North America, the DSM-IV defines the criteria for illicit drug dependence or abuse, while one country in Asia only considers heroin injectors as problem drug users. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in its efforts to compile comparable information on problem drug use, defines it as "injecting drug use or long duration/regular use of illicit drugs.

4.0 CONCLUSION

An in-depth analysis of key environmental (external) factors that influence the functioning and operations of the prisons were also done and it was realized that, demographic, political and social factors influence the efficient functioning and operations of Prisons Service. Furthermore, the chapter examined illicit drug use in prisons and its dire consequences on prison inmates, staff and the general public. The key challenges of illicit drug use in prisons are healthcare issues and safety and security of prison inmates, staff and the entire community. An extensive analysis of the extent and nature of illicit drug use in the world, Africa and West Africa, its impacts and responses and also the socioeconomic variables that influence illicit drug used were also captured in the chapter.

4.1 Demographic Factors

There is direct relationship between population growth and crime rates. The term population growth is the change in population over time (US Census Bureau, 2009). Population growth can occur from migration or natural increase which is the difference between higher birth rate and the lower death rate. One of the consequences includes rural-urban migration with attendant problems like mass unemployment, inequality, exploitation, poverty, deprivation and frustration (Garofalo, 1992). These situations tend to encourage criminal activities, one of the major socio-economic problems facing developing countries.

Given that the Ghanaian population is growing, it is envisaged that in the next ten years, the inmate's population in the country will be doubled. Considering that the prison population was 7,208 in 1984 when the national population was 12.3 million and 14,167 in 2010 when the population was 24 million (Prisons Criminal Record Office Report, 2010), it stands to reason that the Service in the next ten years would be overwhelmed with increased inmate population fi the government does not put in measures to reduce crime rate, for example jobs, welfare service, effective policies etc. The age distribution of the current population is also a concern to the Service. Most of the prisoners in the custody of the Service are mainly youth who forms about two-thirds of the total inmate population with an average sentence

https://damaacademia.com/dasj September 2021 Pages: 32-35 Volume 6 | Issue 09

range from 7-35 years (Annual Report, 2014). Another demographic factor that is of interest is the Ghana's male to female population ratio which currently stands at 0.97:1. Over the years, it has been observed that the males dominate the country's prison facilities. The current male to female ratio as per the Service's 2015 Annual report is 94:1, which explains the high overcrowding levels in the male prisons.

4.2 Political Factors

Certain political factors influence the inmate population and the overcrowding for that matter. Government legislation influences greatly the sentencing policy. Currently there is no legislation on non-custodial sentencing and this has compounded greatly the overcrowding situation (Prison Service Annual Report, 2015). According to the Prison Service, should this trend continue, in the next ten years, the problem of overcrowding would be overwhelmed and this would have much effect on the administration of the prisons especially with regards to health care, feeding, control and monitoring of inmates 'activities, reformation and rehabilitation programmes and the safety and welfare of the prisoners.

4.3 Social Factors

In the 1990's a new idea spread through the criminal justice field concerning the influence of a person's social environment on crime rate. The idea was that general disorder in the neighborhood leads to increased antisocial behaviour and eventually to serious crime (Kelling and Wilson, 1982). Crime rate is also dependent on life style changes, career expectations, consumer activities and societal expectation. These factors of late are prevalent in the Ghanaian society resulting in the emergence of a new trend of crime like Cyber Crime, Fraud, Drug and Child trafficking (Prisons Annual Report, 2015).

4.4 Prison and Drug Use

Prisons are "secure" establishments and so the presence of drugs can be difficult issues for the prison authorities to officially acknowledge. However, drugs are widely available in prisons throughout the world and the people will also try to get drugs into prisons (Penford, C, Turnbull, P, Webster, R, 2005). A 2013 UNODC study suggests that offences related to drug possession currently comprise more than eight out of ten of total global drug-related offences. The study states that the global increase in drug-related crime is driven mainly by a number of offences related to drug possession, particularly in Europe and Africa. As a result of such trends, offences related to drug possession currently comprise 83 per cent of total global drug-related offences. Moreover, the vast majority of the users in prison are low-level offenders (UNODC, 2013).

Research suggests that punishment has a limited impact upon reducing illicit drug use, with countries which impose severe penalties for possession and personal consumption of drugs no more likely to deter drug use in the community that countries imposing less severe sanctions (UNODC, 2010). In addition to offences related to production, sale or use of illicit drugs, in many parts of the world, large numbers of prisoners are charged with or convicted of other crimes whose commission is in some way connected to illicit drugs.

These include violent crimes committed by drug gangs and organized criminal groups, which according to UN High Commissioner for Human Rights have in the worst cases 'corrupted significant state institutions, creating a climate of impunity, and establishing vast illegal economies that significantly weaken the state. They also include property crimes committed by people dependent on drugs that require funds to feed their addition (UNHCR, 2014). Various studies estimate that, the percentage of individuals reporting problematic substance misuse is comparatively higher in prisons than in the community. It is reported that the percentage of people in prisons who have drug problems ranges from 40-80 percent (Dolan, Khoei, Brentari and Stevens, 2008). Drugs use amongst offender entering the prison is on the increase, mirroring the rising levels of drug use generally in the community (Stoever, Hennebel and Casselman, 2004). A recent survey conducted by UK government found that 'evidence from other countries show that levels of drug use are influence by factors more complex than legislation and enforcement alone' (UK Home office, 2014).

Various explanations may account for the correlation between drug use and imprisonment. They include for example: used and developed drug problems before they are imprisoned, developed drug problems in prison, offended to fund their drug use, used drugs to support and 'permit' their offending, used drugs

https://damaacademia.com/dasj September 2021 Pages: 32-35 Volume 6 | Issue 09

after criminal activity or to cope with the consequences, Benn involved in criminal activities which brings them into contact with drugs.

Most societies stigmatize drug use and attitudes towards offenders are also often hostile. Therefore, drug using offenders and prisoners are considered as "undeserving" of treatment and help, having brought the problems on themselves. Negative attitudes towards offender and prisoners can be barrier to the provision of services and interventions (UNODC, 2006). In some countries, drug use itself is a criminal offence and therefore, treatment is predominantly provided within the criminal justice system.

4.5 Consequences of Illicit Drug Use in Prisons

The often-large numbers of prisoners with drug problems and/ or involved in drug use pose a wide range of challenges for the prison administrators and the state as a whole. Harsh drug laws with accompany harsh and long sentences imposed on drug offenders by the courts has led sharp increases in the number of prisoners who are detained before trial and serve their sentences in prisons which are wholly inadequate in terms of space and facilities. A report on the Americas concluded that 'prisons not only fail to rehabilitate, but often serve as shelters from which criminals continue to operate, (OAS, 2013). A study in East Africa found that 'the rehabilitation mandate of prisons is difficult to achieve in the environment where inmates abuse drugs and substance; this is because case of inmate 'indiscipline and infractions rise' (Onyango, 2013).

Apart from the general pressures resulting from overcrowding there are a number of specific challenges arising from the over-incarceration of drug related offenders. Prisons can become effective vehicles for spreading drug use because it is easy for drug users to establish social relationships and pass on their drug habit, (UNODC, 2012). Boredom and lack of constructive activities in prisons can also increase the likelihood of drug use. There is evidence that many prisoners initiate injection drugs for the first time in prison. (Jurgen, 2011). According to Penal Reform International 2014 report, between three and five per cent of women prisoners surveyed in 2014 in Jordan and nine percent in Tunisia stated that they started using drugs or alcohol while in detention.

4.5.1 Health Challenges

It is estimated that a total of 246 million people, or I out of 20 people between the ages of 15 and 64 years, used illicit drug in 2013. The magnitude of the old drug problem becomes more apparent when considering that 1 out of 0 drug users is a problem drug user, suffering from drug use disorder or drug dependence (UNODC, 2015). The magnitude of the world drug problem becomes more apparent when considering that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorder or drug dependence. The UNODC 2015 annual report estimated that, about 27 million were problem drug users in the world in 2013 and almost half of these problem drug users inject drugs and an estimated 1.65 million of those who inject drugs were living with HIV in 2013.

This places a heavy burden on public health systems in terms of prevention, treatment and care of drug disorders and their health consequences. The report indicated that, one third of prisoners have used drugs at least once while incarcerated. Prison is a high risk, controlled environment where drugs use, including injecting drug use, often takes place in a particularly unsafe condition. Health challenges arise from the fact that people who inject drugs often continue drug use inside prison and therefore failure to provide healthcare and harm-reduction programmes for drug injection users facilitates transmission of diseases such as HIV and hepatitis and tuberculosis (UNHCR,2014). Unsterile injection equipment is often shared in the absence of the provision of needles and syringes, which are available in perhaps 60 out of 10,000 prisons worldwide (HCV Research and News, 2013).. In Mauritania in 2012 there was an estimated HIV prevalence of 24.8 per cent among prisoners (UNAIDS, 2013).

Prisoners are members of our community, living in the community prior to imprisonment and returning to it upon release. They influence their social environment directly through their own interaction with the community and indirectly their relatives and wider social network. In view of the above, prison health is an inseparable and integral component of public health (WHO, 2003). Also, prisoners are in daily contact with prison staff who return to their families and friends at a close of work. This can result in the transfer of prison health problem including blood-borne and air-borne viruses into the wider community just as community health problems comes into prisons. Though reliable data on drug use and infections

in prison is not always available, where such statistics exist (Stoever et al, 2004), the prevalence rate rend to be higher than in the community. In particular, rates related to mental illness, infectious diseases such as HIV, Tuberculosis and Hepatitis are higher (WHO, 2007).

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