EXECUTIVE SUMMARY

The primary goal of this ethnographic study was to obtain a comprehensive assessment of the knowledge, behavior and attitudes associated with the use and distribution of illegal substances in Jamaica. The purpose for conducting this inquiry was to identify the barriers to and incentives for drug use, in order to formulate culture-specific social policy and demand-reduction programs.

This project was designed as a qualitative companion study to the quantitative National Survey on Drug Use, which was conducted at the same time by Wray and his associates.

The findings presented in this report are drawn from ethnographic observations in six populations, five of which represented geographical locations. The sixth was composed of members of the Rastafarian religion recruited from several communities in Kingston and the south coast. In order to establish trust and rapport with informants who might otherwise be reluctant to share their views and experiences on this sensitive topic, field workers actually resided in their respective study sites for almost three months. More than 1,250 persons were interviewed informally and, in the last weeks of the data collection period, over 460 persons were formally surveyed using a pur- posive sample selection strategy. This protocol yielded a bountiful data set on all substance use in a variety of contexts. This report, however, attempts to capture the most recent developments in substance-linked behavior and to reflect what Jamaicans themselves identified in both public and private discourse as the most troubling of substances: crack/cocaine.

1. Presence and Availability

In Jamaica, the most commonly used recreational substances are alcohol, tobacco, ganja and cocaine. There were isolated reports in both the survey and ethnographic data of the use of heroin, amphetamine stimulants, LSD, and mushrooms, but these were not observed by any of the researchers. Multiple drug use also was found to be common and, to some extent, institutionalized: examples include the "spliff" (usually ganja mixed with a small amount of tobacco), "ganja tonic" (ganja soaked in rum or wine), the "black cigarette" (crack mixed with tobacco), and the "seasoned spliff" (ganja sprinkled with crack). Although there were rare reports of intravenous drug use, it generally was attributed to tourists. All the major substances in Jamaica are ingested or inhaled.

A comparison of the findings from this study with earlier reports reveals that the nature and extent of alcohol and tobacco use in Jamaican society have not altered significantly in recent times. With regard to ganja, the data suggest that the number of
users has increased and now includes more females. Moreover, the use of ganja, in general, has gained in social acceptability. It is unclear whether this is due simply to a mutual reinforcement between prevalence and acceptability or whether crack/cocaine simply has replaced ganja as the reputed source of laziness, criminal behavior, poor health, and general social dysfunction in Jamaica. Of the two illegal substances, ganja was significantly more popular than crack/cocaine.

In assessing the extent of the illicit drug problem, direct observations and assessments of availability (e.g. the presence of crack bases) provide a useful check on reported usage. Thus while community residents may protest that there are no crack users in their community, the presence of crack vendors suggests that there are at least some purchasers. Both interviews and observations indicated that the use of crack/cocaine is considerably higher in high exposure communities, predominantly in urban and tourist centers, where distribution centers flourish. Thus while 75 percent and 41 percent of the survey respondents reported that it was very easy to obtain ganja and crack, respectively, this perceived availability rose to 69 percent for crack in the urban tourist areas.

Although the ethnographic evidence indicates that crack/cocaine use is concentrated in the urban and tourist centers and has a substantial presence in some coastal and interior towns, it was obtainable even in relatively small, remote communities. As one informant stated, "the only reason I don't know where to get it (cocaine) is because I'm not looking for it."

Reflecting the geographical concentrations of crack/cocaine, the two occupational categories that appear to be at particular risk for the use of this substance are fishing and tourism. Participation in drug trafficking—either in Jamaica or abroad—provides the greatest exposure to crack/cocaine, and both fishing and tourism provide the greatest exposure to drug trafficking. Although the majority of the cocaine that is "retrieved" from the sea is sold in bulk to urban distributors, many fishermen have learned how to prepare, sell and use crack. Tourist industry workers, legitimate or illegitimate, are routinely asked to procure drugs for visitors to Jamaica and also are at risk for exposure to crack/cocaine. Finally, several cocaine users reported that they first were exposed when they went overseas. As newcomers without their usual social support, they often became vulnerable to relatively insular over seas Jamaican communities in which ganja and cocaine smuggling and dealing had long been a part.

Both the survey and ethnographic interviews indicated that many believe drug use can be found in all geographical locations and sociodemographic categories, but that illegal drug use (specifically, crack/cocaine) predominates among the rich, the urban, and the young. Thus the use of crack/cocaine appears to be concentrated in the same group as ganja, alcohol, and tobacco—males from their late teens through their twenties. The longest history of addiction among the informants was 17 years. The majority of others ranged from three to eight years of use. While drug consumption in all communities was a predominantly male activity, women living in urban and tourist areas...
were more likely to be consumers of tobacco, alcohol, ganja, and cocaine than women in rural communities. Public usage by women appeared to be limited to dances and parties. Men, on the other hand, were seen smoking ganja very openly in both work and recreational contexts. Male cocaine users outnumbered female users, yet informants consistently reported a higher rate of female participation in cocaine use than in other substances.

In general, regular church attendees, regardless of denomination, occupation or socioeconomic status, were consistent in their disdain for all substances, including tobacco cigarettes. In both formal and informal interviews, the actively religious respondents expressed beliefs that these substances caused madness, disruption of family life, violence and low standards of morality. Religious conversion—becoming a "Christian"—often was cited as a reason for preventing or relinquishing substance use. The exception to the negative association between drug use and religiosity, of course, is the Rastafarian community in which ganja, often mixed with tobacco, is used for sacramental purposes.

The use of any of these substances ultimately implies some capacity to purchase them; this is especially true of crack/cocaine, which requires a generous income to initiate and sustain habitual use. Indeed, several crack users came from the business/entrepreneurial ranks with jobs that financed their use until the addiction became too demanding. In contrast to ganja, which emerged from the unemployed and working classes and spread throughout Jamaican society, cocaine entered through the wealthy sectors of society and spread to the lower socioeconomic groups in the form of crack.

Thus many lower income informants, particularly Rastafarians, expressed the opinion that drug use (meaning crack/cocaine use) was concentrated more among the rich. Interestingly, crack was reported and observed to be used by all social classes while the use of cocaine powder generally was restricted to the upper classes. As one user stated, the "rich snort" and the "likkle man freebase."

Although there were occasional reports that cocaine was available from vendors outside of schools and was purchased by school children, there was no evidence that crack/cocaine had yet found its way into any of the study site schools. This finding simply may reflect the nature of the sample, which included no communities sufficiently affluent for children to have the monetary resources to purchase crack/cocaine. Ganja, on the other hand, was routinely reported and observed among school children; in fact, some children were known to participate in ganja trafficking.

While it may be possible to identify through statistical correlations those populations that are at greatest risk, the cases presented in this report speak to the difficulty in finding, clinically, the common denominators of cocaine use that would be useful in formulating effective demand reduction programs. Users represent both genders, a range in ages, different socioeconomic backgrounds, several religions, community types, and family backgrounds. As a group, cocaine addicts had at least as much education and job skills as the larger society and many described caring parents and siblings who tried to help them. One of the difficulties in identifying risk factors is the problem in distinguishing cause and effect. For example, while conventional wisdom would
suggest the family and household structure may be causal, it is clear from the ethnographic evidence that the disruptive impact of crack/cocaine addiction on family life cannot be disregarded.

2. Drug Trafficking

Ganja is grown and prepared for sale in remote, rural areas of Jamaica and moves in a distribution system to populations centers. Cash crop ganja agriculture still exists but has been scaled back in recent years through government efforts to control production. All types of people—male, female, young, and old—drawn mainly from the working class, are used as transporters. These transporters "manage" law enforcement checkpoints either by bribery or prior knowledge. At the retail level, ganja is sold in various quantities, ranging from a "bump" or "stick" (enough for a single spliff) to a few ounces. Although prices may increase dramatically during musical events and celebrations, the cost of a bump usually ranges from J$5-J$8 at many of the roadside shops in the non-tourist communities. The prices in the main tourist areas tend to be slightly higher even for locals (J$7-J$12) and definitely higher for tourists (J$20 per bump was reported). A two pound bag usually sold for about J$5,000, while J$200 bought enough to "build" between 30-50 spliffs.

Only 57 percent of the ethnographic study respondents reported that ganja trafficking was a serious problem for Jamaica, compared with 93 percent who believed that the trafficking of cocaine was a serious problem. Furthermore, many of those who reported that ganja production was a serious problem referred not to the impact of ganja use, but rather to the association between decreased ganja production (due to intensified interdiction) and increased cocaine trafficking.

In contrast to ganja, cocaine is not produced locally. Rather, most of it reaches Jamaica in transshipment from South to North America. Cocaine "deals" generally are made in Panama and Colombia and the shipments are dropped off-shore, either by ship or by small plane. They are then picked up by boats and re-routed to Florida to trusted friends or family members. These off-shore transactions apparently account for the majority of cocaine entering Jamaica. The failure to pick up all the bundles of cocaine floating in the water, combined with those that may be thrown overboard when the J.D.F. or the Coast Guard are in pursuit, typically account for the instances in which kilos of cocaine are found bobbing in the water or "washed up" on the shore. The sale to local distributors, who quickly arrive from Kingston and Montego Bay, is planned in advance by the fishermen to limit the amount of time in which they are in possession of the cocaine.

While the majority of cocaine enters Jamaica via ships and occasionally from small plane drops, it also is brought in by carriers ("mules") including cruise ship workers, higglers and travelers between Jamaica and other areas of the Caribbean, Central America and even the United States. Most often they stash the drug in modified clothing—hollow belts and soles of shoes, for example—or on their bodies in folds of fat or ingested in condoms or the fingers of rubber gloves. Larger quantities (multikilogram), are brought in through the airport, prearranged with airport workers and security officers. The cocaine then is taken, often under police protection, to "safe houses," where it is stored for transfer or
local distribution. Although reports of bringing in cocaine from the United States were heard occasionally, the cocaine coming into Jamaica from the United States generally is considered "small time," for personal use or small sales.

The domestic distribution moves from the rural coastal communities to the cities, where it is retailed locally and redistributed to rural populations centers, some of which are the very points at which it first entered the country. In the urban centers, the heads of the cocaine distribution network are the "dons," of which there are a number of levels. The highest ranking dons are the ones who have foreign connections for importing illegal drugs and guns. Then there are at least one or two more layers of dons who control the distribution of cocaine in specific geographical locations and neighborhoods. The dons are predominantly an urban phenomenon and do not characterize the cocaine distribution that occurs in the non-urban coastal and market towns throughout Jamaica.

Although the distribution network varies according to community, the price range for cocaine was consistent throughout the country. A kilogram of cocaine sells for approximately J$240,000-J$250,000. The cocaine then is sold to base operators for approximately J$14,000 per ounce. Preparing the cocaine as crack doubles the profit per ounce. The price of cocaine in Jamaica is consistent with foreign exchange fluctuations; thus one gram of powder that could be purchased for J$200 in 1989 was J$500 in 1993. The same amount of cocaine in rock form can bring over J$800. Similar to ganja, the price of a crack rock was subject to more nationwide variation, with a "rock" selling for J$40-$50 depending on the size and to whom it was being sold (J$100 for tourists). Purchased by the gram, it costs about J$700 and by the eighth, J$1,200-J$1,500.

Compared with ganja, cocaine trafficking maximizes the return while minimizing the risk. Cocaine is much more profitable "ounce per ounce" than ganja and easier to smuggle because of its compactness. Thus while the increased pressure on ganja production and distribution in recent years provided an incentive to shift exclusively to cocaine trafficking, this shift was motivated mostly by convenience and profit. The transition of ganja dons to cocaine dons was facilitated by their existing connections both in the United States and in South America. At first, customs and police officials were not looking for cocaine so it was singularly easy to initiate the importation of this substance in Jamaica.

The ranking of dons in urban settings and the nation-wide consistency in pricing give the impression of a well-organized, pyramidal network of cocaine distribution. Once cocaine reaches the retail level (usually the crack bases), however, the distribution system becomes a labyrinth of intermediaries as it moves, sometimes vertically and sometimes laterally, toward the consumer. Much of cocaine sold by base operators is sold to non-using individuals who are part of an elaborate distribution network of middle persons (crack house operators, pimps, hustlers, prostitutes, hotel workers, exotic dancers, "runners," and taxi drivers) that eventually reaches the consumer. The diversity and numbers of individuals who comprise the distribution network are indicative of the multitude of strategies by which crack can be procured. On average, there are as many as 10 to 12 intermediaries between the
fisherman who retrieved the bundle of cocaine from the sea and the ultimate consumer. Each of these individuals takes a share of the profit, assumes a share of the risk, and is exposed to the possibility of becoming a user themselves.

3. Beliefs and Attitudes

Although the vast majority of the ethnographic respondents reported that ganja is the more frequently used of the illegal substances, they also reported that crack/cocaine consumption and distribution constitute the most serious substance problem for Jamaica. This opinion was shared by ex-crack users, current crack users, and even those involved in the trafficking of crack/cocaine.

The success of programmatic efforts to control the use and distribution of dangerous drugs ultimately depends on the cultural meanings assigned to substances and the users of those substances. Unless drug-linked behavior is identified as being problematic, it is unlikely that efforts can be mobilized successfully to address that behavior. Although some sectors of Jamaican society considered all substance use to be a menace, the majority of citizens accepted alcohol and cigarettes as culturally acceptable lubricants for relaxation and social intercourse. Even though it is illegal, ganja also has become an integral part of the culture, has medicinal and ritual functions and enjoys comparatively widespread acceptance. In fact, in the ethnographic survey, fewer respondents ranked ganja as a serious problem for Jamaica (32 percent) than those who ranked alcohol (43 percent) and tobacco (37 percent) as a serious problem. Several respondents refused to classify ganja as a drug and insisted that this be properly noted on the survey form.

The significance of being "natural" or "ital" appeared to be an important factor in defining a substance as a drug. Furthermore, ganja, a natural plant which is grown in Jamaica, is believed to stimulate the appetite, enhance work, promote health, generate a calm, meditative approach to life, reduce violence and augment sexual performance. It is a substance that both symbolizes and promotes enduring values about health, behavior and relationships in Jamaica. Indeed, many ventured the opinion that the effects of ganja do not warrant its illegal status, which constitutes an infringement on personal liberty. Indeed, almost half (48 percent) of the sample responded that ganja should be legalized. Even when the Rastafarian component was omitted, more than a third of the remaining sample supported the legalization of marijuana, with the predominant justification being its medicinal value.

Ganja use is tolerated for the most part because it does not threaten the social fabric and values of the community. In contrast, the use of crack/cocaine is considered not only a violation of the law, but indicative of an "undisciplined," lazy, and even unhygienic person. In a society that values smooth skin, fleshiness, sexual vigor, self control and family loyalty, the "mawga," a debauched but impotent crack user, who disregards the needs of parents and children to procure a "rock," is seen as unhealthy, materialistic, self-serving, and the antithesis of everything that is good and important in Jamaica. Users, frequently referred to as "cokeheads" or "crackheads," are despised and disrespected. Regardless of their history or social status, the majority of
addicts end up stealing from and lying to friends and families, becoming even further alienated and discredited. Crack using women are physically, sexually and verbally abused, without compunction, and men may be used as informers by the police and then beaten by locals for corroborating with the authorities.

The seasoned spliff (ganja sprinkled with crack) is of particular interest in understanding the values that attend the various substances because it is a form of consumption in which two opposing drug metaphors intersect. For many, particularly those who have an ideological commitment to ganja (Rastafarian/"roots" doctrine), this opposition in cultural meanings is the justification for discrediting the seasoned spliff. They are repulsed by the idea of mixing crack/cocaine (a white man's poison and an unnatural substance, sure to "mash you up" and "mad you") with a natural substance that is associated with physical and mental health. There are others, however, who regard the seasoned spliff as an enhanced ganja and who consume crack regularly in this form. Although seasoned spliff smokers tend to be more "successful" crack users than the pipe smokers in the sense that they generally are able to maintain their weight, remain employed, and control their addiction to a greater extent, the potential for providing a "gateway" to exclusive crack use and addiction cannot be disregarded.

Less than 10 percent of 422 respondents believed that the use of ganja always led to the use of crack/cocaine, compared with 30 percent who believed that ganja never led to the use of crack/cocaine. As one informant stated, "People can smoke ganja for years and don't use crack. There are people who smoke crack and don't even smoke cigarettes." More than half of the respondents, however, took the more equivocal position that ganja use could lead to crack/cocaine use, and that this was most likely to occur, either deliberately or inadvertently, through the seasoned spliff. In evaluating the gateway concept, the Rastafarians provide an interesting case. As a group they are, in many ways, the most "at risk" for crack/cocaine use and addiction; compared with the rest of the sample, they have more urban, tourist and overseas experience and a high potential for exposure to crack/cocaine through institutionalized ganja use. Yet, the Rastafarian doctrine and design for living frequently were cited as the justification for preventing and/or giving up the use of crack/cocaine.

The prevailing opinion that emerged in both the informal and survey interviews was that the propensity for abuse, addiction and negative consequences for all drugs was linked either with an inherent weakness in the user or with a failure on the part of the user to take precautions (eating properly, getting enough rest, using in moderation and with appropriate colleagues, for example) against the potential negative effects. Jamaicans, both by temperament and economic conditions, were considered particularly vulnerable to the negative effects of crack and cocaine. For example, one of the commonly mentioned themes in explaining crack addiction was that "white people" could handle the effects of cocaine whereas the "black people" were at risk for addiction. This opinion was expressed throughout the various field sites as a means of explaining why tourists and white Jamaicans could take drugs recreationally without destroying their lives, but black people could not. The color/class factors that might explain why
tourists and white Jamaicans, who have the resources to continue to use crack/cocaine for much longer without the negative physical and social consequences, were seldom invoked.

This shift in responsibility for unhealthy and antisocial outcomes from the substance to the user supports the commonly-held view of the drug abuser as being amoral or weak. "The badness must already be in them, for it to come out. Their brain can't handle it," indicating that there are those who are "stronger, and more disciplined" who will not be overcome by drugs. Accordingly, cocaine itself does not generate crime and violence. Rather it enhances or releases what is "already inside" the person. Similarly, it was claimed that drugs will have a negative effect on family relationships only if the individuals are not "family-oriented." The frequently cited association between anti-social behavior, untrustworthiness and crack/cocaine was fundamental in shaping both the punitive posture toward users and the more conciliatory attitude toward traffickers. Indeed, the designation of crack users as worthless rationalized participation in the distribution of a substance by persons who would never consume it themselves. When questioned as to why they would participate in selling a substance that is so profoundly damaging, most responded that if they didn't profit from it, someone else would. Only a fraction of informants, most of whom were Rastafarian, cited ethical concerns ("it would bring evil to my brethren") as a deterrent to participation in the crack economy. Others, however, felt that economic considerations overrode the ethical ones. This position was rationalized by the contempt in which crack users are held.

4. Public Response

Symbols of drug awareness were present in all the study sites and included signs and slogans painted on walls throughout the communities that registered the disapproval of citizens—"Say no to drugs," "Get high on life, not drugs," and "Drug Free Zone." Crack/cocaine was the subject of slogans printed on the back of juice cartons, sermons in churches, lectures in schools and colleges, and anti-drug editorials in the newspapers. The "drug problem" also was the subject of discussions in community meetings and pamphlets distributed to health and social service organizations. Even many of Jamaica's popular musicians have written songs that refer to the negative aspects of cocaine use.

During the three month data collection period, over 150 articles (approximately three per day) on drug trafficking, drug abuse, and their association with crime and corruption appeared in Jamaica's newspapers. Therefore, even in those communities in which crack/cocaine did not have a significant presence, daily reminders in the newspapers and radio talk shows inspired and shaped drug-related discourse. Although most survey respondents reported that the television, radio, and newspapers were their major sources of drug education, the ethnographic observations revealed that informal discussions among community residents, as they gathered in the evening or in the workplace, constituted the most common vehicle for transfer of information about illicit drug consumption and trafficking.
The ethnographic evidence indicated almost universal drug awareness and the fact that programs have been viewed or listened to by so many individuals means that they have at least succeeded in reaching the citizenry. The constantly escalating importation of cocaine and other drugs through the "Corridor" communities, however, renders it difficult to assess the actual impact of these programs on demand reduction. Furthermore, even the most well-designed drug education programs eventually must compete with the profitability and excitement of drug trafficking, including the risks involved in connection with police, crack houses, street life, and sex. "Hortical dons," often legitimized by the "Robin Hood" image, personified the material gain derived from drug trafficking with their expensive cars, numerous houses and glamorous women. Although crack/cocaine users are almost universally disrespected, the glorification of those who have profited by cocaine trafficking, potentially compromises the anti-drug efforts.

In addition, the definition of what constitutes a drug problem often was so parochial that residents in some communities questioned the necessity of drug education programs in their districts which they perceived to be drug (cocaine) free. In one coastal community, for example, there was a general disavowal that crack/cocaine use was a significant problem or could become one, even though the area had become a known entry point for cocaine and even though the community was slated for future tourism. Consequently, citizens expressed little concern about the establishment of local programs to address the drug problem which they perceived to be the an urban issue. Essentially, the very nature of cocaine distribution in Jamaica, with its vast numbers of intermediaries, permits many persons who participate in trafficking to be insulated from its consequences. For example, in the rapid "pass through" of cocaine from coastal villages, where it retrieved from the sea, to the urban and tourist centers where it is dumped, the "retrievers" have no personal experience with the ravages of the drug on individuals and communities. Reinforced by the generalized disregard of the crack user, the belief that "hard drugs," crime, and violence are exclusively the problems of the urban and tourist areas is widespread.

Finally, the public's perception of widespread corruption within the government, from police to politicians, further undermines the success of anti-drug campaigns that allegedly are supported and enforced by the same entity that the public links to the source of the problem. With regard to law enforcement, over half (53 percent) of 448 survey respondents stated that the authorities were not effective in managing the drug problem and the majority of these attributed this to corruption. Several informants expressed the opinion that the J.D.F. was a more effective deterrent to crime and drug abuse than the police. Also, there were many examples of communities in which the lack of confidence in the authorities' ability to manage the drug problem has led to various levels of self-policing.

Given the compelling need for crack users to expand their drug using networks, the distinction between prevention and treatment as public responses to the drug problem becomes less meaningful (i.e., rehabilitation of one addict may prevent several more from becoming drug users). Yet drug treatment is seriously limited in Jamaica and the few facilities that exist are mostly located in Kingston. Interviews with former cocaine
addicts revealed the difficulty that they encountered in getting into treatment programs, and current addicts cite the absence of more local programs as a major deterrent to seeking assistance. While detoxification, rehabilitation and "mid-way" facilities are lacking outside Kingston, addicts and recovering addicts in smaller communities generally received greater community support than those in the cities. They likely grew up in those communities and their families were known locally. If nothing else, personal experience with crack addiction through a friend or family member minimized the sensationalism and dispelled myths. Perhaps because of the difficulty in being admitted to formal treatment facilities, there are a number of individuals who have discontinued using crack without professional assistance. This group needs to be studied in greater detail, as they may hold the key to programmatic efforts to treat crack addicts.

The majority of residents interviewed in this research are of the opinion that all substance use is increasing and that crack/cocaine is increasing exponentially. It is tempting to attribute this increased use of crack/cocaine to characteristics that render individuals more vulnerable (personality factors, dysfunctional family life, or lack of education). It is true that drug trafficking, which requires no skills other than secrecy, loyalty, and risk taking, may be for some the only vehicle for generating an income. On the other hand, the case studies presented in this report suggest that crack/cocaine use and distribution are not the exclusive province of the uneducated, unemployed, or uncared for members of Jamaican society. Indeed, the most consistent factor among crack addicts was the association with users. By expanding their network of users, crack addict expand the availability of a "lick." The exposure to users attends residence in high-usage communities and participation in high-exposure occupational categories such as fishing, tourism, and cocaine trafficking, itself.

Given the increased exposure associated with a drug distribution system that is multi-layered and expansive, it is apparent that effective demand reduction programs must take into account not only those who are vulnerable to drug consumption but also those who are vulnerable to drug trafficking. Thus while it is important to continue to educate school children about the dangers of drugs, equal attention must be given to young people who are not in school—those who have completed or discontinued schooling and are attempting to earn a living through high exposure industries.

Finally, demand reduction must make crack/cocaine real to those who are not exposed to its devastating consequences. While "the street" was the most commonly reported vehicle for the transmission of information about crack/cocaine, "seeing the effects" was most frequently mentioned as the factor that prevented individuals from using the substance. The moral justifications that make consumption wrong but distribution acceptable, and the concentration of crack/cocaine use in certain areas, have continued to isolate the trafficker from the addict and compromise prevention programs.