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NATIONAL SURVEY ON THE USE OF DRUGS IN  
JAMAICA ( 1990)

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INTRODUCTION

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Jamaica has been a major supplier of marijuana ( ganja ) entering the illegal United States drug market. The country was among the four Caribbean Basin territories estimated in 1986 to be supplying 90% ( or 11,650 tons ) of all the marijuana imported into the United States. The estimated breakdown was as follows:

Mexico (35-40%)	Colombia (20-25%)
Jamaica (10-15%)	Belize (5-10%)

The United States itself was estimated to be producing an additional 2,100 tons annually.

Jamaica also became in the 1980's one of the transshipment points through which the large network of cocaine drug traffic entered the United States. Virtually all of the cocaine imported into the United States ( an estimated 105-7 tons in 1985) is grown in three South American nations ( Peru 50%, Bolivia 40% and Colombia 10%) and is refined mainly in Colombia (75%) .

Due to the attempts by the US government's law enforcement agencies to reduce this drug trafficking through the well known South and Central American routes , Caribbean territories like Jamaica have been used by the drug networks to diversify their access routes into the United States. This development has invariably led to the creation of local Caribbean markets for the transhipped illegal drugs , aggravating the problem of Caribbean drug abuse.

The trends in the discovery of cocaine by the police in Jamaica suggest that in recent years Jamaica has itself become a market for the sale and distribution of cocaine and

crack , both to tourists and to local residents.

The use of these hard drugs by Jamaicans ( especially cocaine and crack) has combined with the long tradition of marijuana use and smoking (that goes back to the period of slavery in the nineteenth century) to create a growing and as a problem of drug use and abuse in Jamaica.

In response to pressures from the United States government and out of a growing national concern of what appeared to be a fast expanding illicit trade in drugs linked organised crime and gun running , the Jamaica government has developed a law enforcement programme designed to cripple the local marijuana exports to the United States and the transshipment networks that deliver cocaine to the US market through Jamaica.

To complement that programme an initiative was made in the mid-1980's to address the problem of drug use in Jamaica. To this end a National Council on Drug Abuse was established in

1983 to develop policies and programmes to achieve demand reduction in illegal drug consumption in Jamaica and to address the problem of treatment of drug abusers. A Drug Abuse Prevention and Control Project was initiated in 1985 .

The attempt to achieve demand reduction in drug consumption in Jamaica has been greatly handicapped by the absence of adequate data on the pattern, trends and levels of drug consumption in Jamaica. In order to help fill this vacuum of reliable national level data on drug use , The National Council on Drug Abuse carried out a survey in 1987 of drug use in Jamaican post primary educational institutions with the assistance of funding from the United States Agency for International Development ( USAID) and the help of the Pan American Health Organisation ( PAHO).

The national survey on drug use which the author carried out between August 1990 and October 1990 ~~was an~~ extension of this effort to generate reliable baselining data on the magnitude of the drug use problem in Jamaica and to provide important indicators with which to guide the demand reduction programmes and policies.

The major objectives of the survey were as follows:

- (1) To provide some reliable indicators on the extent and pattern of drug use in Jamaica
- (2) ~~To discover the sociological profile of drug~~ users and identify trends and changes in drug use patterns
- (3) To establish the awareness levels among the population of the degree and seriousness of the drug problem.
- (4) ~~to identify the effects of drug use as reported by~~ users

- (5) To identify the size and magnitude of the distribution outlets for the sale of illegal drugs
- (6) To analyse the social and economic factors which are contributing to drug use in Jamaica.

## THE SURVEY METHODOLOGY

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The sample consisted of 5,000 respondents divided equally between males and females. The target population was approximately 1,400,000 Jamaicans 15 years and over.

The sample was drawn from 100 communities selected randomly from the author's list of electoral districts and was stratified to represent the various regions of the country.

After selecting the sample of 100 communities islandwide, a sample of 5,000 households was selected randomly, with 50 households being selected for each community. The regions and distribution of communities in our sample are as follows.

regions	number of communities
-----	-----
1. Metropolitan Area (Urban Kingston, St. Andrew Spanish Town & South St. Catherine).....	30
2. North coast urban tourism areas .....	5
3. Other towns & urban areas.....	5
4. Communities close to main roads.....	40.
5. Deep rural areas.....	20

100

The 50 respondents interviewed in each community were chosen by random selection from the list of addresses set out on ~~current~~ for each of our 100 communities .

Interviews were done with the first contact person (15 years and over) who was encountered by our interviewers in each of the 50 households in our 100 communities .

*bias*

*2*

Based on the sample methodology developed in the author's political opinion polls, we estimate the sample error as  $\pm 2.5\%$ .

The demographic and sociological profile of our sample is as follows :

Age Groups		Class & Geographical Groupings	
male	female		
		Urban Metropolitan	
		-----	
15-19	24%	22%	Upper income areas 3%
20-29	29%	27%	Middle income areas 6%
30-39	13%	14%	Lower income areas 21%
<del>40+</del>	<del>34%</del>	<del>37%</del>	subtotal 30%
over			
100%	100%		Other urban
			-----
			tourist areas 5%
			rural parish towns 5%
			total urban 40%

Rural

main road areas 40%  
deep rural areas 20%

total rural 60%

Our main findings on the pattern of drug use will be reported by age groups, socio-economic groupings, sex and geographical areas in all cases where we find significant differences within our sample.

A major concern in designing the study was to try to ensure accurate and reliable data.

We appreciate the fact that the illegal nature of drug use will inhibit respondents from giving full and free answers to our questionnaire, particularly because of the current high profile law enforcement policies against drug trafficking and hard drug use.

The questionnaire was organised around eliciting facts and

opinions on the problems and life style of the youth or younger generation in order to disguise the drug use emphasis of the survey objective. This strategy gave us a higher response rate than would otherwise have been the case. We had

an 88% level of co-operation and response from the persons approached. The 12% who refused to answer were mainly older persons ( 60 and over ) who are not significant users of drugs.

The issue of the validity and accuracy of our responses was also one of our major concerns. In confronting this problem we tried to measure the magnitude of the local illegal drug activities using a number of divergent indicators. In addition to asking direct questions on the drug use by our respondents , we asked questions as to whether they had friends who used these drugs, whether our respondents were approached to buy the drugs and whether our respondents had ever seen the drugs.

These other non-use drug activity indicators will be useful in giving us some idea of the level of drug trafficking, sales and consumption taking place in the country and provide

a counterweight to the drug use data which is likely to contain undetermined margins of measurement error.

Consistency checks on the survey responses by our interviewees to our various questions on the same subject suggest that the errors the data contain are likely to be relatively small.

My view is that the reported levels of drug use are likely to be somewhat lower than the real level because of the understandable inclination of some of the hard drug users particularly to reveal their drug habit to strangers in an interview. The other complementary indicators we used (e.g. % of persons with friends taking drugs) can be relied on to indicate the upper limit of the likely range of drug use in the country.

FINDINGS

(a) Awareness of the drug problem

An overwhelming majority of Jamaicans in all the various types of communities in our sample have an awareness that the country has a drug use problem.

When asked as to whether the taking of drugs by youth is a problem in Jamaica, over 90% of our respondents indicated their agreement with that view.

Table One

Opinions on whether drug taking by young people is a problem

	no	not sure
Urban		
Metropolitan		
Area		
upper income	92%	6%
middle income	87%	3%
lower income	90%	2%

whether drug taking by youth is a  
problem

---

	yes	no	not sure
Tourism Areas	93%	7%	0%
other parish towns	91%	5%	4%
Rural areas	90%	0%	10%

Clearly, the high profile message projected in the mass media that the country has a drug use problem has penetrated the awareness of most Jamaicans . This awareness of a drug problem must not, however, be confused with the more important question of how much importance they attach to this issue and how they view the level of danger posed by specific drugs such as marijuana or cocaine.

Our respondents were asked to indicate what were the major problems faced by youth in the country at this time. The extent to which drug use by youth features prominently in these responses will indicate the level of serious concern Jamaican citizens attach to the drug problem.

Table Two sets out the responses to this question.

Unemployment and the shortage of money or income emerges as the number one problem Jamaicans think is adversely affecting the country's young people. Although it attracts far less concern overall compared to unemployment and the shortage of money, drug use by the youth emerges as the second most frequently cited youth problem. A significant minority of citizens in both urban and rural areas see the taking of drugs by youth as a serious problem.

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Table Two

Identification of major problems facing youth

-----  
 % mentioning problems

unemployment & money    **drugs**    education    sports facilities

-----

Urban

Metropolitan

upper income	84%	<b>25%</b>	8%	3%
middle income	82%	<b>32%</b>	13%	10%
lower income	70%	16%	6%	12%
-----				
tourism areas	77%	<b>[REDACTED]</b>	5%	7%
other parish				
towns	75%	11%	6%	6%
rural areas	76%	12%	4%	3%

The tourism and the Urban Metropolitan areas show the greatest citizen concern over the problem of drug use by youth due to the fact that the incidence of hard drug consumption (coke, crack etc) is more concentrated in these communities than in the other types of communities across the island. Also, in these communities citizens are much more aware of and have been more affected by the links between drug taking by youth and robberies.

We then probed our respondents to find out if they felt that many young people were using drugs in the areas and communities where they lived. The responses indicate that in most urban communities citizens have become aware of the drug problem but also perceive widespread use of drugs by the youth as the norm. The findings are outlined in Table Three.

In the rural areas only a minority of these communities believe that many young people in these communities are using drugs. The perception of widespread use of drugs by young people is largely concentrated in the urban Kingston, St. Andrew, Spanish Town and Portmore urban centres and in the urban areas in and close to the major north coast tourism centres such as Ocho Rios, Negril and Montego Bay.

Table Three

% of communities where majority opinion  
(50% & more) feels that many youth are  
using drugs in the areas where respondents  
live

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Urban Metropolitan Area 80%

Area

Tourism Areas 80%

other parish towns 40%

Rural Areas 25%

Jamaican opinions differ quite sharply, however, on the degree of danger posed by these various drugs (legal and illegal). Most Jamaicans do not regard marijuana, cigarettes or alcohol as being dangerous drugs if taken in moderation. ~~Majority opinion, however, sees the hard drugs (crack, cocaine etc) as posing real dangers to the youth and the country as far as drug use is concerned.~~

Table Four

Whether various drugs are considered  
to be dangerous if taken in moderation

Urban Metropolitan Area	coke & crack		alcohol		ganja		cigarettes	
	yes	no	yes	no	yes	no	yes	no
upper income	82%	18%	11%	89%	45%	55%	12%	88%
middle income	94%	6%	35%	65%	48%	52%	14%	86%
lower income	78%	22%	10%	90%	25%	75%	8%	92%
tourism areas	75%		13%	87%	22%	78%	10%	90%
other parish towns	80%	20%	9%	91%	16%	84%	11%	89%
rural areas		10%	6%		7%		9%	

Jamaican public opinion has a quite favourable view of ganja  
, alcohol and cigarettes and reserves most of its concern  
over drug taking for the hard drugs such as crack and coke  
which they believe are being increasingly consumed by young  
people ,especially in the urban areas.

## FINDINGS

### (b) Consumption of legal and illegal drugs

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We asked our respondents whether they had ever tried any of the following drugs .

cigarettes .....ganja.....  
liquor.....coke.....  
crack.....ice.....

While we centred our research on the consumption of illegal drugs ( ganja, coke and crack) , it was important to assess the level of use of legal drugs (liquor and cigarettes) to make comparisons as well as to establish the relationships, if any, between the consumption of legal and illegal drugs.

The tendency is for discussion of these various types of drugs to be compartmentalised thereby missing entirely the

appraisal of whether there is a common drug culture that spans both legal and illegal substances and by what patterns and inter-relationships.

The overall sample results are shown in table Five.

Table Five  
% of sample who has ~~tried~~ various drugs

MALES					
	ganja	cigarettes	alcohol	<del>toke/crack</del> ice	
	-----	-----	-----	-----	-----
Urban					
Metropolitan Area	47%	41%	42%	<del>██████</del>	.09
tourism areas	44%	40%	48%	<del>██████</del>	00
other parish towns	43%	42%	45%	<del>██████</del>	00
rural areas	41%	44%	46%	0.2%	00
total	43%	43%	45%	3.19	00

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FEMALES	ganja	cigarettes	alcohol	coke& crack	ice
Urban					
Metropolitan					
Area	17%	18%	19%	.32	00
tourism areas	12%	15%	24%	.64	00
other parish					
towns	15%	13%	21%	00	00
rural areas	13%	12%	22%	00	00
total	14%	14%	21%	.13%	00

The pattern of consumption of these legal and illegal drugs tends to reflect the citizens views on the relative harmfulness of the drugs. Cigarettes, ganja and liquor are consumed by slightly over 40% of males in the various types of communities , reflecting a very favourable view of the effects of these drugs on users .Among females the consumption level is somewhat lower but ranges consistently between 14% and 21%. Women seem to have a greater tolerance for alcohol than either ganja or cigarettes.

When the Metropolitan Area ganja users are broken down by

class , ~~the~~ results show that upper income and lower income persons consume the drug significantly more than persons from the middle income categories. This is a pattern common to most profiles of illegal drug use in the country's main urban centre where the "up town" rich and the inner city ghetto dwellers consume more drugs than the middle class.

Table Six

~~Who have tried ganja~~ by class  
in the Urban Metropolitan Area

	males	females
<del>upper income</del>	<del>46%</del>	<del>25%</del>
middle income	33%	10%
<del>lower income</del>	<del>52%</del>	<del>18%</del>

The same pattern holds for coke and crack consumption where middle income drug users fall considerably behind the number of users in the rich and very poor urban communities as shown below in table seven.

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Table Seven

% who have tried coke or crack by class  
in the Urban Metropolitan Area

	males	females
upper income	8.7%	2.4%
middle income	3.52%	0.2%
lower income	10.2%	1.0%

Far fewer males consume crack and coke compared to the other drugs that are seen as considerably less harmful but the level of this hard drug consumption by males in the urban areas is a cause for concern.

With a population of 246 million people, [redacted] has an estimated 5 million regular users of coke and crack of an average 2% of population using the drugs. The comparable figure for Jamaica is 0.85% and consumption of crack and coke is clearly below the US level due primarily to the fact that female consumption of these drugs is still quite negligible. Male consumption levels in Jamaica, however, are slightly above the overall male-female US percentage use of

~~Cocaine and Crack~~

~~Our data suggest that there are some 22,000 persons in Jamaica currently using cocaine and crack out of a population some 2.5 million.~~

In the case of Marijuana, the US has an estimated 25 million regular users. Unlike the hard drugs where our data show no significant difference between current and life time users of crack and coke because of the highly addictive nature of these drugs, there is quite a difference in the case of marijuana. For marijuana we will need to compare active ganja users with the US data for a meaningful comparison.

As the following figures confirm, currently active users of ganja are somewhat below the level of the lifetime users of the drug because of the pattern in which the young people in their teens and early twenties often experiment with ganja in their earlier years but a significant number withdraw from it in the later years of their life cycle.

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Table eight  
Comparison of current active ganja users  
and life time users of the drug

	life time users		current users	
	male	female	male	female
Urban	-----	-----	-----	-----
Metropolitan				
Area	47%	17%	29%	4%
tourism areas	44%	12%	28%	3%
other parish towns	43%	15%	26%	3%
rural areas	41%	13%	31%	3%

The figures on currently active ganja users in Jamaica suggest an approximately 240,000 (mainly male) ganja users in Jamaica or 10% of population level of use over the overall

The level of ganja use in Jamaica is therefore comparable to the overall 10% of population level of ganja users found in the United States.

Age group data on ganja use suggest some interesting patterns to the consumption of this drug. Peak experimentation with the drug takes place in the twenties

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with an almost three fold increase in male users between the teen years and the twenties .Some additional levels of trial of the drug occurs in the thirties but the level of ganja use falls dramatically in the later years indicating that the level of life time users of the drug was considerably lower in the older age cohorts of the population. Among males forty years and above, life time use of ganja is considerably below the level for the younger age cohorts suggesting that ganja use has significantly increased between the forty and over age groupings and the below forty age groupings.

The data on currently active ganja users also show that approximately one half of the life time ganja users stop using the drug by their thirties as is the case with the forty and over users, confirming the trend of withdrawal from ganja use as males get older and life styles change. As a result, life time users are highest among 30 year olds but currently active use is highest among twenty year olds at which age most of the ganja experimentation takes place.



Jamaicans but coke and crack have since become popular drugs in the inner city ghetto. Ganja which twenty years ago was mainly consumed by the lower class and by Rastafarian believers has itself spread far beyond Rasta brethren and has become part of the life style of the fast moving uptown uppies. These cross class influences and trends in drug use demand some analysis of the values, life styles and social patterns that are creating a widening drug culture, cutting across traditional class barriers.

All survey reports of hard drug use collected from respondents in a climate of policies that criminalise drug users must contain margins of measurement error. The estimates of hard drug use we have presented must therefore be seen as being somewhat less accurate than the data presented on other areas of drug use.

We asked our respondents to tell us whether they have ever seen crack or coke and whether they have a friend or friends who use these hard drugs. The results are shown in table ten below. ~~Some 16% of our urban respondents admitted having seen cocaine and 13% claim to have also seen crack.~~ The fact of having seen these drugs indicates that some of these persons are either part of or close to the drug culture and could in fact ~~either be users or potential users with clear access to~~

Table Ten

% of persons who have seen crack  
& coke and who have friends who use the  
drugs

	% who have seen cocaine	% who have seen crack
Urban areas	15%	13%
Rural Areas	4%	2%

~~% who have friends who use either crack or  
coke~~

~~Urban Areas~~  
Rural Areas

~~29%~~

5%

These data suggest a level of hard drug use that could well have been underestimated in our direct respondent reports presented earlier. In any event the findings point to the extensive network of people who are either close to hard drug use and activities or have access to these drugs. This extensive network of persons who operate either in or close

to the drug culture is clearly an indicator that hard drug use could increase considerably above the levels reported in our survey findings. This is especially so as some 20% of drug opinion among lower income persons in the country's main urban centres feel that these hard drugs are not very harmful to users if taken in moderate amounts.

An interesting finding from the survey was the pattern over time showing in what period of years drug users began to use various drugs. Here we concentrated on ganja and cocaine and crack for comparative purposes. We break down these periods of years into three categories, namely, before 1980, between 1980 and 1985 and between 1986 and 1990. The comparison of coke and crack beginnings for drug use and those of ganja tells quite a tale as is shown in table eleven.

Table eleven  
When users began to use drugs

	ganja users	<del>crack and coke</del>
pre-1980	41%	<del>12%</del>
1980-85	32%	<del>12%</del>
1986-90	27%	55%
	100%	100%

2.0

The recency of the introduction of crack and coke to Jamaican and the older tradition of ganja use means that pre-1980 start-ups for coke and crack will be relatively small compared to the much large number of persons beginning ganja use in the earlier period.

What the data for the earlier and later 1980's suggest, however, ~~that coke and crack use is rising very fast~~ as evidenced by the 55% of users who started since 1986.

The comparison with ganja beginnings in the 1980's is also

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very revealing. While ganja start-ups declined moderately between the earlier and later 1980's ,the trend is the opposite for coke and crack.

Frequency of drug use also reveals a sharp contrast between ganja users and the users of hard drugs. Among coke and crack users there is a greater concentration of daily and weekly users indicating the compulsive nature of the habit while in the case of ganja there is a more even spread of users between frequent users and occasional users.

Table twelve

	Frequency of drug use	
	coke & crack	ganja
occasionally	2%	38%
monthly	21%	14%
weekly	37%	27%
<del>daily</del>	<del>30%</del>	21%

The age group data on male coke and crack use show a consistent pattern in table thirteen ~~of highest consumption levels among the twenty year olds and significantly lower levels of use among teenagers.~~ Hard drug use among persons 40 and over is very negligible. ~~Part of the objective of current demand reduction drug policies should be to concentrate on reducing teenager hard drug use.~~ The data again confirm the ~~urban community concentration of the problem~~ and the need to develop anti-drug programees which can reinforce those tendencies among urban youth that resist absorption into the ever widening drug culture.

Table Thirteen

% cocaine & crack use among males

	Metropolitan Area	tourism areas	other parish towns	rural areas
teens	4.5%	3.6%	3.4%	.30%
twenties	<del>4.5%</del>	<del>3.6%</del>	5.1%	.40%
thirties	5.3%	3.0%	2.0%	.18%
forty & older	1.1%	1.2%	0.2%	00

Ganja and hard drug users report quite different feelings, moods and sensations as a result of using these drugs. Table fourteen sets out the main effects drug users recall from smoking ganja and using crack and coke. The responses of coke and crack users were generally similar, hence our grouping of the two into a single response category.

Table fourteen  
Effects of drug use as reported by  
users

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Ganja users ( % mentioning effects)

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1. Makes me calm, cool, forget problems, induces meditation, relaxes tensions.....	38%
2. feels sweet, good and high.....	22%
3. makes me wise.....	12%
4. makes me hungry.....	8%
5. makes me sleepy.....	5%
6. Helps me to do routine work easier.....	5%
7. Knocks me out.....	2%
8. Makes me irritable.....	2%
9. other feelings.....	6%
	100%

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Coke and crack users( % mentioning effects)

- 
1. Feel powerful, strong, confident, invincible..29%
  2. Gives a calm relaxing feeling .....27%
  3. Feels sweet and high.....20%.
  4. Makes me very active & aggressive .....18%  
Cant sleep
  5. Others feelings.....6%.
- 100%

See opas + opas??

Ganja users stress the calming meditative and relaxing effect of the drug on them after use while coke and crack users emphasise both this calming and relaxing feeling as well as

~~feel of strength, dominance, aggression and~~  
~~hyperactivity.~~ In almost all cases drug users spoke very positively of the effects of the drugs on their moods and states of mind and only a tiny minority (3%) spoke of ~~any~~ ~~bad effects.~~ Most drug users do not associate their drug habits with bad experiences and tend to dismiss suggestions about the danger of the drugs .Most likely they communicate

these positive feelings about drug use to their friends , spouses, and others who are close to them.

The data collected in this survey confirm that there is a close interrelationship between the use of various drugs to a degree that one can define a syndrome of multiple drug use a central feature of Jamaica's drug culture. This finding challenges earlier impressionistic suggestions by researchers in Jamaica that ganja use is resistant to the use of hard drugs and that liquor drinkers, ganja smokers and hard drugs users represent unconnected patterns of drug consumption.

The approach in the past which has looked at the use of these drugs as separate and distinctly different phenomenon is in fundamental error. Jamaican society at all class and social levels is highly disposed to consume drugs which relax tensions, suppress worries and problems, manage stress in their lives and give them a feeling of overcoming their problems and being on top of the world.

78% of the males in our sample have used at least one of the 4 legal and illegal drugs ( cigarette, liquor, ganja, and coke and crack) which we have focused on. By contrast, this applies only to 40% of the females. Most females therefore ( 60%) use neither of these drugs while most men (78%) use at last one of them.

This creates a problem for efforts at demand reduction in drug use as many persons engaged in these programmes are female while the role models who unconsciously (and sometimes consciously) promote drug use ( reggae and dance hall artistes , political dons, drug king pins and posse leaders, successful professionals , renegade cops , community leaders and gang leaders in the ghetto ) are all male .

This syndrome of multiple drug use ,however, is confined mainly to male drug users who show high levels of multiple drug use compared to women who tend to confine their activities to a single drug.

There is a ~~clear relationship between smoking ganja and cigarette smoking~~ 60% of ganja smokers also smoke cigarettes and most cigarette smokers (54%) have at some time experimented with smoking ganja. The mere fact of being a smoker of either of these substances increases the probability that the individual will at some time be using both substances.

Among males in our sample 43% smoke cigarettes while among

ganja smoking males the level of smoking is a much higher 64% . Only 27% of ganja smokers use none of these other drugs while approximately one in four use hard drugs( coke and crack ) and drink strong liquor.

On the other hand , a 52% majority of female ganja smokers use neither of the other drugs and only 5% of female ganja smokers use hard drugs .Only 2% drink liquor and 28% smoke cigarettes. The multiple drug use pattern is confned mainly to male drug users and this applies to cigarette smokers as well as hard drugs users and ganja smokers.

hard drug users who are predominantly male show an extremely high level of use of other drugs.66% of them smoke cigarettes.55% drink liquor and 74% smoke ganja.

The pattern also holds for drinkers among whom 46% smoke cigarettes and 54% smoke ganja.

This multiple drug use syndrome among males has enormous implicatioins for programmes seeking to reduce the demand for drugs.Such efforts must address the following key implications of this syndrome for anti-drug policies

*Summary*

- (1) The need for clear distinctions between fighting drug abuse as against advocating total abstinence which message drug users simply ignore .
- (2) The need to take account of the high propensity to use drugs in the society and the tendency of drug users to shift from one drug to another when life styles and economic circumstances change
- (3) The need to emphasise more moderate use of drugs rather than hoping for complete abstinence in a society where peer group pressure to use drugs is great on both adults and teenagers.
- (4) The need for educational programmes ~~that deal with both legal and illegal drugs~~
- (5) The recognition that behind the growing pattern of drug use is the promotion of attractive drug related life styles built around flashy new cars, lots of spending money, displays of jewelry ,drug use, dance hall and reggae music , guns , night clubbing and casual sex, which are associated with role models that appeal to the youth .

*Yes!*

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The appeal of the popular music culture whether in dance halls or in the now popular street dances is a key factor in promoting drug use. The impact of the secularised popular music culture has taken over from religious Rastafarianism as the most potent cultural force associated with the use of drugs (both ganja and hard drugs) and it has wide appeal to the younger generation across all classes. Up town yuppies and inner city drug dons flaunting affluence and status symbols attractive to the youth often provide reinforcing role models for drug users in these highly expressive dance and music settings.

~~74% of the persons interviewed in our urban sample areas~~  
~~are dance hall fans compared to 12% in the rural sample~~  
communities.

~~19% of the persons in our sample smoke opium and 19%~~  
~~of the persons in our sample smoke opium and 19%~~  
overall level of ganja use in our sample and the 12% level  
of hard drug use in the sample when male and female  
respondents are combined.

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Table fifteen  
Patterns of interrelated drug use

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Ganja smokers

----- % who use other drugs

liquor.....25%  
hard drugs.....26%  
cigarettes.....60%

Hard drugs users  
( cocaine & crack)

----- % who use other drugs

cigarettes.....66%  
liquor.....55%  
ganja.....74%

liquor drinkers

-----

% who use other drugs

hard drugs.....22%

ganja.....54%

cigarettes.....46%

cigarette smokers

-----

% who use other drugs

hard drugs.....17%

ganja.....54%

liquor .....31%

## FINDINGS

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### (c) drug distribution

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The rapid spread of drug use among younger Jamaicans in the country's main urban centres in the 1980's is due in part to the highly development networks of drug distribution that have made hard drugs and ganja very accessible and easily available and the large inflow of hard drugs imports that enter the country mainly through legitimate cargo imported into Jamaica. Both factors have been very important in expanding the market for hard drugs in Jamaica.

Because of these ~~internal and external~~ distribution which have been largely ignored by law enforcement efforts concentrating on illicit drug exports, a very large number of Jamaicans are constantly exposed to efforts to sell them illegal drugs.

As is evident from table sixteen, one in every three

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Jamaicans in urban areas has been approached to buy ganja and between 5 and 11 percent of persons in the Metropolitan Area and the tourism towns have been approached to buy coke or crack.

Table Sixteen

~~of respondents approached to buy illegal drugs.~~

	ganja	coke or crack
Metropolitan Area	32%	6%
tourism areas	40%	<del>11%</del>
other parish capitals	29%	3%
rural areas	16%	0.2%

Coke and crack have not replaced the local ganja trade but have been added to it to diversity the range of illegal drugs offered on the Jamaican drug market. ~~the~~ ~~affordability of crack has helped that hard drug to develop a rapidly expanding market in the inner city ghetto areas.~~

The local hard drug business is controlled by three main elements. These include US based Jamaican posse members who use some of their US dollar cash surplus to finance coke imports into Jamaica to assist local gang members and friends and maintain the ability to recruit new gang members in the USA.

Secondly, some local business interests involved in ganja exports that experienced a drop in income due to the anti-ganja law enforcement eradication programmes have switched to the highly lucrative local coke business.

Thirdly, gun criminals and gunmen who hitherto operated as enforcers for political parties in the inner city ghettos of Kingston, Spanish Town and other main urban centers have switched to the hard drug business as a more viable economic alternative to politics where budget constraints and limited party funds have drastically cut the traditional flow of party patronage through high levels of public spending..

The heavy concentration of law enforcement efforts at detecting illegal drugs in out going cargo has left the door wide open for imports of illegal drugs in legitimate!

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cargo and baggage , entering Jamaica by sea and air and brought in by higgiers and other more established importers'.

Corrupt practices at the ports of entry have clearly also facilitated this development in the same way that these corrupt practices have facilitated the large inflow of high powered weapons into Jamaica.

The hard drugs coming into Jamaica originate from South America but new routes through Central America and the Caribbean have been developed . These newer access routes like Panama, Mexico , Haiti and Antigua provide the source from which much of the local hard drugs flows into our ports of entry as tight enforcement activity in the US has raised the risk of using more established access routes.

In 50% of the thirty Urban Metropolitan areas where we did interviews of respondents , a majority of persons interviewed were able to identify places in the local area where illegal drugs were sold and were easily accessible. 54% of the persons interviewed in the tourism areas were able to tell our interviewers where hard drugs could be bought.

The local network of drug distribution is concentrated in the inner city, ghetto areas of the Metropolitan Area, in squatter?

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settlements located close to affluent suburban residential areas (where younger residents provide much of their illegal drug sales), and in the tourism areas where the drug business thrives on earning US dollars from tourists some of whom are not averse to getting a relatively inexpensive high.

Table seventeen

% of sample communities where majority of respondents could identify outlets for illegal drugs

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Metropolitan Area	50%
<b>Tourism areas</b>	<b>80%</b>
other parish capitals	24%
rural areas	5%

The Jamaican government clearly needs to develop a strategy to cope with the new large inflow of illegal hard drugs to complement the existing eradication policies which concentrate on reducing drug exports to the United States and other countries where the illegal drug industry continues to thrive in spite of multi-billion dollar enforcement programmes and efforts.

*C. M. B.*

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