

Crack Heads and Roots Daughters: The Therapeutic Use of Cannabis in Jamaica

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SUMMARY. An ethnographic study of women and drug use in inner city neighborhoods in Kingston, Jamaica, revealed that cannabis is commonly used in conjunction with crack cocaine to minimize the undesirable effects of crack pipe smoking, specifically paranoia and weight loss. According to 33 current or former crack using women, who were followed for a period of nine months, cannabis cigarettes (“spliffs”) constitute the cheapest, most effective and readily available therapy for discontinuing crack consumption. The findings of this research suggest the need to reframe “multiple drug use” within the cultural meanings that attend cannabis in Jamaica as a medicine and a sacrament. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> 2002 by The Haworth Press, Inc. All rights reserved.]

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There are only two illicit substances that are widely used in Jamaica, marijuana (or “ganja,” as it is called locally) and crack cocaine. This paper describes the use of cannabis as a cheap, available therapy for the treatment of cocaine ad-

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diction by working class women in Kingston, Jamaica. The findings reported here are derived from an ethnographic study of crack-using women in Kingston (Dreher and Hudgins 1992). The purposes of this study were to identify the social and economic conditions that promote and reinforce cocaine use and generate implications for treatment and prevention. Complementing the earlier large-scale opinion survey that had influenced drug policy in Jamaica (Stone 1990), the ethnographic design was deployed to: (1) observe the actual drug-linked behavior of crack using women in the natural settings of home and community, (2) permit a longitudinal examination of the processes embedded in drug careers over several months, and (3) overcome the potential mistrust of investigators that often accompanies research on illegal and socially sensitive activities.

Participant observation in inner city Kingston provided opportunities to witness, first hand, the social interactions and behavior associated with crack consumption and procurement, the daily routine of crack users, the techniques of crack cocaine ingestion, and the role and status of crack users in their communities. In addition to the general observations in the homes, yards, and community establishments of a Kingston neighborhood, 33 women who had ever used cocaine and its derivatives were followed for a period of nine months, in which their drug use and life events were monitored and recorded. An unstructured interview schedule served as a guide for the investigators, ensuring the comparability of the data while not constraining the responses of informants. As their histories unfolded, probes by the investigator generated new factors that were added to the interview schedule and explored in repeat visits to all participants.

The data derived from both interviews and observations included: (1) socio-demographic characteristics such as age, place of birth, residence, transience, religion, education, employment, marital status, health status and ethnicity; (2) past and present social relationships including family of origin, conjugal unions, children, household composition, friends, and recreational activities; (3) major life events; and (4) drug use careers including the circumstances surrounding initiation to crack, current use patterns, perceived short-term and long-term effects of crack use and their opinions of crack as both a personal and social phenomenon. Their wealth of experience and their willingness to share it provided us with a window into the drug related behavior of women in Jamaica.

GANJA

Although the use and distribution of ganja (cannabis) are illegal in Jamaica, the substance has been part of Jamaican working class culture for over a century (Rubin and Comitas 1975; Dreher 1982). There is a strong cultural tolerance for ganja and for most of the working class, it simply is not regarded as a “drug” (Dreher and Shapiro 1994). The Rastafarian community has adopted ganja as its

sacrament–substance “from the earth,” in harmony with the environment, natural (or “ital”) and indigenous. Even heavy cannabis users, such as Rastafarians, are accepted because they do not threaten the social fabric of the community.

The use of cannabis for therapeutic purposes is not new in Jamaica. For over a century, the health-rendering properties of cannabis have enjoyed widespread endorsement (Rubin and Comitas 1975; Dreher 1997). Ganja tonics, teas and other infusions are household medicines used both curatively and prophylactically by Jamaicans of all ages, both sexes and a wide range of socioeconomic levels. Believed to improve health, stimulate the appetite, enhance work, promote a calm, meditative approach to life, reduce violence and augment sexual performance, ganja is a substance that symbolizes and promotes enduring values about health and behavior in Jamaica. Over the years, socially generated rules have evolved regarding who can use ganja, when, where, in what form and how much, creating a “complex” of social institutions that have served to guide the use of ganja and inhibit its abuse.

For example, since its introduction to Jamaica in the mid-nineteenth century by indentured laborers from India, ganja smoking, either in a “spliff” (ganja cigarette that is sometimes mixed with tobacco) or a pipe (also called a “chillum” or “chalice”), has been almost universally a male-dominated activity. Indeed, the early anthropological studies of cannabis use in Jamaica, conducted in the late sixties and early seventies, focused on ganja smoking as a working class, male social activity (Dreher 1976, 1982; Rubin and Comitas 1975). The female ganja smoker was rare, except in a pre-sexual context with their mates, and the few women that did smoke ganja outside of socially prescribed contexts were regarded as disreputable and often held in contempt by both men and women in their communities (Dreher 1984).

The organization of consumption based on sex was validated by the ethno-physiological explanation that ganja, when smoked, goes “directly to the brain,” producing psychoactive effects that include the power to “reason” or engage in intellectual and philosophical discourse. In contrast, when drunk as teas or tonic, goes “directly to the blood,” where it promotes health, prevents disease, and makes the body strong and ready to work. According to the men who smoked ganja, women “do not have the brains” for smoking and were excluded from the adult recreational and work groups in which ganja was used and exchanged socially. At the same time, however, it was usual and acceptable for women to cultivate and sell ganja, and even more common for women to prepare and administer ganja in the form of medicinal teas and tonics to their families and household members (Dreher 1984).

The institutionalized social rules that comprise the ganja “complex,” including the widespread sanctions against female smoking, have continued to limit use among women. Within the past twenty years, however, increasing numbers of women have begun to smoke ganja routinely, in a manner not unlike their male

counterparts. Partly due to the increase in Rastafarianism, not only are such women tolerated, but many have been given the commendatory title of “roots daughter” (Dreher 1987). The term “roots” has become part of the Rastafarian and youth vernacular in Jamaica to signify that which is real, natural, original, perhaps African, or at least, non-Western. The appellation “roots daughter” is used to identify women who come from a fine, if humble, tradition, who have “good brains,” who can “smoke hard as a man” and with whom men can “reason” (discuss and debate) as they would with other men.

The roots daughter is not simply a ganja smoker but also a clear thinker and a woman of dignity. She “must keep a standard” and “go about properly.” If she is involved in a stable union, her partner can expect her to be helpful and sexually faithful. As one informant explained, “if your woman is roots and you see her talking to another man, there is no reason to be jealous.” Roots daughters are dignified, conservative, independent, non-promiscuous, hardworking and spiritual. They often are contemptuous of jewelry and make-up and may be recognizable by their hair, which frequently is styled in dread locks and covered. Finally, a roots daughter is a responsible, strict but nurturing mother who values education (both intellectual and moral) and who will forego her own ganja smoking to prepare ganja teas and tonics for her children to “make them smarter and stronger.” Nevertheless, roots daughters are not the norm and the restrictions on female ganja use in the general population remain intact.

COCAINE

The presence of cocaine, especially in the form of crack, is relatively recent in Jamaica. Unlike the “ganja complex,” with its institutionalized social rules that guide use, there is no “culture” for crack cocaine. Explosive rates of addiction have resulted in widespread social and economic dysfunction (Dreher and Hudgins 1992, Dreher 1995). Cocaine is chemically prepared, synthetic and not indigenous to Jamaica. Crack users, in general, are considered inherently “repulsive,” straying from what is considered “normal” human behavior. For most Jamaicans, the use of crack cocaine is not only a violation of the law, but indicative of an undisciplined, lazy and even unhygienic person. In a society that values “clear” skin, fleshiness, sexual vigor, self-control and family loyalty, the “mawga” (skinny), debauched, impotent crack user is seen as fundamentally “bad,” violent, self-serving, and the antithesis of everything that is good and important in Jamaica.

In Jamaica, crack is consumed in two ways: either directly in a pipe, or ground and sprinkled on a ganja cigarette, called a “seasoned” or a “dust up” spliff. In a seasoned spliff, the rock (crack) is mashed and spread over the mixture of ganja and tobacco, which is then rolled and smoked. Some users sprinkle the ashes

from the pipe on the seasoned spliff so as not to waste any part of the crack. The seasoned spliff is of particular interest because it is the form of drug consumption in which two opposing Jamaican metaphors intersect: ganja (the wholesome multi-purpose herb) and crack (the noxious drug).

Opinions regarding the "seasoned spliff" are mixed and reflect the beliefs and behavior of the users. Rastafarians, with their ideological commitment to ganja as a sacrament, disdain the idea of mixing crack cocaine (a white man's poison, an unnatural substance) with a natural substance that is associated with physical and mental health and is considered indigenous to Jamaica. Almost universally, they regard the seasoned spliff as "defiled herb," alleging that it is the signature of "commercial Rastas" or "Rasta-tutes," who earned their livelihood by being the sexual partners of American and European female tourists.

Ironically, many crack pipe users were equally derisive of the seasoned spliff, claiming that herb (ganja) weakens the effects of the crack: "Real crack users aren't interested in the seasoned spliff." "Real crack addicts are not interested in ganja at all." "Wi' de pipe, you feel de effects instantly." "Me prefer de blow." According to one self-identified coke addict, she didn't like the seasoned spliff because when she smoked it, it made her feel like her "mind is beatin' (racing), but when you smoke it in a pipe it makes you feel numb."

Based on the results of his national survey, Stone (1990) attributed the increase in crack cocaine use to the seasoned spliff, asserting that ganja is the "gateway" to cocaine use. In the sense that ganja established inhalation as the primary mechanism by which to achieve a psychoactive experience (intravenous drug use is rarely, if ever, practiced in Jamaica), crack smoking clearly fit well into the existing Jamaican drug paradigm. The gateway explanation is further reinforced by reports of vendors "seasoning" ganja to create a more potent product and thus a market for cocaine. On the other hand, the almost universal presence of ganja smoking and the comparatively small percentage of crack cocaine users suggest that there is no direct or necessary relationship between ganja and crack and, at the very least, call for further analysis.

WOMEN AND CRACK

Unlike ganja, crack routinely is consumed with members of the opposite sex, and thus the most likely explanation for the higher proportion of women among crack smokers than that among ganja smokers. In some Jamaican communities women are reported to make up 25% of the crack users (Dreher and Shapiro 1994). Several women reported that they first were exposed to cocaine by "big men," such as entertainers, who allegedly are responsible for introducing literally hundreds of young women to cocaine. Women who are directly or indirectly associated with the tourist industry are most at risk (Broad and Feinberg 1995). As

one study participant stated simply, “tourists like to try different drugs when they are on vacation.” Thus, women who are hotel workers or waitresses, as well as exotic dancers and prostitutes, are recruited to procure crack for tourists and are likely to be invited to join them in smoking it. Women who are associated with men who work in tourism and the entertainment industry also are at risk. Taxi drivers, for example, often are asked to obtain crack/cocaine and then are invited to partake with their female tourist customers. They, in turn, may take some home for their girlfriends to try and even turn to selling crack/cocaine themselves.

In contrast to roots daughters, women who smoke crack are considered drug addicts and held in the very lowest esteem. To support their dependency, the vast majority of crack addicts become street prostitutes and engage in sexual practices that are outside normative behavior for Jamaicans, including oral sex, anal sex, and performance sex with other women. Female crack users in Jamaica suffer a life of peril and degradation. Prostitutes reported being beaten, stabbed, and robbed by their clients. In addition they are exposed to HIV infection and other sexually transmitted diseases. Moreover, their exposure to danger is increased at the very time that their ability to avoid or manage high-risk situations is most impaired.

Of the 33 women who were followed in the study (Table 1), 17 were using crack in some form at the time of the study while 14 were former users. Of the 17 current users, five were exclusively pipe smokers, 11 smoked both the pipe and seasoned spliff and only one smoked seasoned spliffs exclusively. Of the 14 former users, only one had used the pipe exclusively, 7 were exclusively seasoned spliff users and 5 used both pipe and seasoned spliff. The remaining former user was the only woman in the study who “snorted” cocaine powder while she lived abroad but had not used cocaine since she had returned to Jamaica and became a Rastafarian. The eight women who used the seasoned spliff exclusively, typically defined themselves not as crack *addicts* but rather as crack *users*, for whom the seasoned spliff was enhanced herb, with an extra “kick” or “boost.” In contrast, all the pipe smokers, whether they used it exclusively or in addition to a seasoned spliff, identified themselves as addicts.

All the women in the study agreed that the two modes of ingestion produced very different effects. As one woman stated, “the pipe makes you more high than dust spliff.” She recounted how she likes to smoke a seasoned spliff and that her capacity to “reason” was facilitated by the mixing of crack with ganja. Another woman stated that the pipe made her feel “more drunk,” “like a monster.” She also said that it will make you “grow fine like a thread” (thin), if you continue to use it alone. The youngest user in the study, who smoked only seasoned spliffs, commented that the “pipe do you bad—mek you want it more often.” Both kinds of crack users believed the pipe is more addicting than a seasoned spliff or even “snorting.” Many of the women who had smoked crack in a seasoned spliff for several months or even years, reported that when they were exposed to the pipe, it

TABLE 1. Crack/Cocaine Using Women in Kingston, Jamaica According to Type of Use

| | Current Users | Former Users | Total |
|-----------------|---------------|--------------|-------|
| Pipe | 5 | 1 | 6 |
| Seasoned Spliff | 1 | 7 | 8 |
| Combined | 11 | 5 | 16 |
| Intranasal | 0 | 1 | 1 |

quickly became their predominant and preferred mode of use. One woman described how cocaine was pushed on her by a “guy who dust up a cigarette” and gave it to her. She said she refused it several times but he was persistent and finally she tried it. Because she had experienced little danger in the seasoned spliff, she started smoking the pipe, which she now uses exclusively. Thus while crack and ganja commonly are thought of as linked in both consumption and distribution, participants in this study saw them as quite distinct. “The difference between ganja and coke is that with the ganja you can still work, cook and clean up . . . When you’re high on ganja you want to eat but when you are high on coke you don’t want to do anything. You are just afraid and want to hide.”

The devastating impact of crack on their health and physical appearance, typical of crack users cross-culturally (Ratner 1993; Inciardi 1993), was a consistent complaint of participating women. Not only does crack “rob” them of their strength and ability to work, it impairs their appearance with dry hair, dark blotches and sores on their skin, burned and stained fingers, and, perhaps most important for this Jamaican population, severe weight loss. In addition to the physical effects of crack, the women reported a disregard for personal hygiene and grooming, including hair, skin and clothing. Regardless of their family history or social status, they reported stealing from and lying to their friends and relatives and being referred to as “coke heads” or “crack heads,” universally despised and disrespected. Many of the women in the study were banished from their home communities and one woman reported that her mother threw a pail of boiling water at her as she approached her family home, where her children were living with their grandmother. As prostitutes, they engaged in sexual practices that others found repulsive and it was not unusual for young boys to call them names, e.g., “suck hood,” or “lick ’im batty” (referring to fellatio and oral-anal sex), or even to stone them. The combination of community distrust and repulsion reinforced their social isolation and self-loathing.

Both current and former crack using women lamented their waste of money. Although they had the potential to generate comparatively large sums of money

in a very short period of time through prostitution, they reaped no permanent benefits. They stated repeatedly that their need for crack supersedes all other needs, including food, clothing, housing and child support. Indeed, it is the impact on their children that was the most compelling source of guilt and remorse. Children had to be placed with other family members, friends or even neighbors because of the mother's inability to care for them. Women poignantly described having their children removed by police, subjected to ridicule by community members, neglected and abused both physically and sexually, often by their prostitution clients.

Consistent with the literature on women cocaine users in general (Pottieger and Tressell 2000), children were a primary motivation for these Jamaican women to discontinue cocaine use. One former crack user, for example, discontinued her habit one month before her first grandson was born because she did not want her grandchild to "come and find his granny a prostitute and a drug addict." During the interview, one of her children brought her grandchild in to her. As he sat on her lap during the interview, she caressed his head and smiled, "he's my drugs, I know I am not going back, I have control and I love my grandson and my kids." A few women reported that they had stopped smoking during their pregnancies because they heard that their addiction might kill the baby.

Also consistent with reports from other cultures (Labigalini et al. 1999), the drug histories of these women did not fall into a uniform trajectory, moving singly and consistently from non-use to addiction and then, if they recovered, back to non-use. It was not unusual, for example, to refrain from smoking for a few days, or even weeks, while they visited their families or when they felt that they were getting too thin. Many used a trip to their family home, usually outside of Kingston, as an opportunity to "stay clean" and "fatten up." Some women, who had been ostracized by their families, and thus could not go home, reported actually trying to get arrested so that they would be incarcerated and could sleep and get three meals a day. A short jail sentence was a welcome relief from sex work and provided an opportunity to gain weight.

While their children, family members, and communities were powerful motivators for these women to discontinue crack cocaine, they also reported that such motivators were insufficient to maintain abstinence for long periods of time. In most cases, the return to crack use generally was triggered by a personal problem or simply because they were depressed and wanted to feel better. One participant, for example, reported that her boyfriend got her pregnant to get her off coke and she was clean for one year and three months but she started using it again when he returned to Jamaica with his wife. Another woman, working as a prostitute, said that she had stopped for four months and then started back when a client paid her with crack.

With the exception of the youngest participant in the study, who used only the seasoned spliff, all current users longed to discontinue smoking crack permanently

and get their lives in order. Most were uninformed of any treatment facilities available to them. Four had tried to enroll in the University of West Indies Hospital drug intervention program but had been put on waiting lists of several months. In fact, treatment and counseling programs in which these women could avail themselves of professional assistance were almost non-existent.

Given the unavailability of formal detoxification and recovery programs in Jamaica, the experience of the 14 former users is both important and cogent. Of the fourteen, one was an intranasal cocaine user while living abroad who became a Rastafarian on her return to Jamaica, gave up cocaine and now partakes of ganja as a religious sacrament. One was a woman who had never used ganja and was the only participant who had received professional assistance. Of the remaining 12, seven had been exclusively seasoned spliff users and five were pipe users who also smoked seasoned spliffs. Of these last five, three started using ganja for the express purpose of reducing the cravings, the paranoia and the loss of appetite associated with crack use.

Labigalini et al. (1990), reporting a similar folk therapy in Brazil, described the experience of several male patients in a treatment program who had used cannabis to reduce their craving for crack, thus helping them to overcome their addiction. According to these authors, the control of impulsive behavior and stabilization of the hunger mechanism is likely explained by the capacity of cannabis to increase the cerebral availability of serotonin that has been compromised by crack cocaine. Indeed, there were numerous reports from both ganja and crack users that ganja slows down the immediate effects of crack, and makes the overall high less intense but last longer and trail off more gradually. This avoids both the plummeting euphoria and subsequent paranoia that precipitate the need to smoke again. According to one woman:

It makes me charged but not as strong as the pipe. It stays longer than the pipe—about 20 minutes to half an hour, while the pipe stays in your system for only ten minutes. The pipe is a killer . . . I was always wanting the next pipe. The seasoned spliff is much better to me than the pipe. You can eat and drink at the same time because the herb opens the appetite. When it wears off, I feel like I want a fresh (bath) and sleep. When you smoke seasoned spliffs, you don't feel "paro." It is a different meditation. Crack and coke are like demons and devils, they are not good and to how dem see de pipe mash up people, dem a turn to season spliff and some a dem nah touch de pipe.

The opinion of some of the users was that ganja simply reduces the volume of crack needed for a high while others claim it has a psychological role in counteracting the triggers in the environment that stimulate the need for crack cocaine.

It mek you meditate an' have an interest away from crack.

. . . when you want crack you should smoke a spliff instead.

. . . nuff time me would use crack but (ganja) mek me t'ink twice.

. . . herb helps me not want to smoke.

If you're trying to stop and you smoke weed, you nah wan de rock.

With two spliff, I can resist crack.

The use of ganja as a vehicle for getting through the stress and urgency associated with the need for a "lick" of cocaine was reported by almost all of the women who were followed in this study.

Among the current users, the women who combined ganja consumption with their crack consumption were much more "successful" users in terms of physical health and lifestyle. In addition to reducing the need to smoke large quantities of crack, and thus engage in extensive and depleting prostitution, the role of ganja as an appetite stimulant was mentioned by several women. Even committed pipe smokers smoked ganja to compensate for the weight loss that accompanies cocaine use. Among the eight users (current and former) who smoked crack only in a seasoned spliff and did not consider themselves to be true addicts, all claimed that they were able to discontinue crack consumption easily and that they smoked a seasoned spliff because they enjoyed it, not because they needed it.

While the intriguing, preliminary evidence supports the physiological capacity of ganja to promote cocaine abstinence, its *cultural role* as a health rendering substance that induces thoughtfulness, meditation and communion with "Jah" (God) also warrants mention. Roots women, especially those with definitive Rastafarian affiliations, rejected a lifestyle requiring prostitution and culturally deviant sexual practices. Although there is no explicit injunction against crack in Rastafarian doctrine, the "roots" concept provides a comprehensive plan for living that includes responsibility, dignity and a family orientation. As the one Rasta woman in the study stated:

Me nah trouble dat ting . . . me a roots. Now I am proud and happy to state that I am completely cured from that sin, and indeed, I am ever so thankful to Jah. Surely, God is good . . . A very common saying is that cocaine addiction is incurable. I have proved that saying to be completely wrong. My advice to all who want to quit using that garbage is to sincerely ask Jah for his help.

Being a roots daughter provides the motivation not only to discontinue the use of crack cocaine, but to reduce exposure to the drug in the first place. As such, Rastafarianism, with the ganja sacrament, has ideological value for prevention as well as treatment. The only roots daughter among the 33 women in the study was the one informant who had used cocaine intra-nasally when she lived abroad some years earlier. Since she became a Rastafarian, using ganja sacramentally, she speaks in great opposition to crack cocaine. The effectiveness of religious involvement in the treatment of alcohol and drug addiction has been long acknowledged (Buxton et al 1987), and the notion that one substance can be used as a deterrent to, or replacement for, others is not new. Historical evidence suggests that peyotism, for example, provided an alternative substance as well as an alternative lifestyle, thus serving as a deterrent to alcoholism among Native American populations (Hill 1990). Even Sefanek and Kaplan (1995) reevaluated their "stepping stone" theory in the light of Dutch heroin users who succeeded in controlling the damaging effects by smoking cannabis.

CONCLUSIONS

Although the evidence is preliminary, the reported success rate of self-cure, using the cheapest and most available psychoactive substance, is persuasive. It lends credence to the reports of male crack users in Brazil and heroin users in the Netherlands and, at the very least, deserves further investigation. The data certainly suggest that ganja is neither a precondition nor a gateway to crack use. In fact, nine of the 33 women had never used ganja at all and reported hating "even the smell of it." Although the majority of the participants in the study had smoked ganja prior to using crack cocaine, the number of years elapsing between initiating crack use ranged from one to thirteen, suggesting no automatic or direct linkage either physiologically or socially between ganja and crack. The youngest woman in the study (16 years old), said that she *started* using a seasoned spliff because her boyfriend wanted her to try it but spoke adamantly against pipe use. Moreover, for the women who were ganja users prior to becoming crack users, the number of years elapsing between initiating crack use ranged from one to thirteen, suggesting, again, no automatic or direct linkage.

Indeed, these findings indicate that rather than serving as a gateway to crack, cannabis may be instrumental in both the prevention and treatment of crack addiction. Of the 14 women who succeeded in discontinuing crack use, 13 attribute their success to the use of ganja, either because of its capacity to control the damage of crack cocaine use physiologically or, in one case, because of its religious value. Moreover, it is clear that the women who combined ganja and crack were at least able to maintain their weight and care for their children. At the very least, these findings beg the need to revisit the notion of multiple drug use in a more

culture-specific context. Far from being the hedonistic multi-drug users that present so many challenges to prevention and treatment programs, the women in this study were actually self-medicating, either to modify the effects of pipe smoking or to relinquish the habit all together.

IMPLICATIONS

Crack is a highly addictive form of cocaine, with serious social consequences. The exponential increase in crack use worldwide has generated an urgent demand for treatment and prevention programs and international development agencies in the United States have invested considerable monetary and technical support to develop such programs in Jamaica as well as other countries. It is common knowledge, however, that health and social service programs are not automatically transferable from one society to another. Effectiveness requires that such programs be designed according to what is meaningful and important in the culture where it is to be applied. Thus the commitment to demand reduction and treatment programs by both the Jamaican and United States governments has created a need for continued monitoring of the knowledge, attitudes and practices surrounding substance consumption and distribution. Not only is ganja typically not thought of as a drug in Jamaica, it has assumed a positive value for limiting the ravages of cocaine as an appetite stimulant that counteracts the anorexia of cocaine addiction, and as an assistive substance in relinquishing cocaine addiction. Yet the tendency to include ganja, often as a starting point, for drug prevention and intervention in Jamaica continues to exist. Whether or not the use of ganja is a remedy for crack addiction in the biological, psychological or sociological sense, programs that fail to acknowledge the different cultural meanings and experiences attached to these two illicit substances ultimately will lose credibility with the very population they need to serve. The experience of women who have managed to relinquish their cocaine habit without expensive professional intervention would appear to be highly consequential for the design of effective, low cost, culture-specific treatment programs both in the United States and internationally.

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