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DRUG ADDICT IN BELGRADE*

Abstract: This paper deals with the stories and socialization of drug addicts in Belgrade. The most often used method in literature is the analysis of narrative. The narrative helps us to find out story about the addiction, crisis, family and stigma. Support and conversations help addicts to forget and get over the crisis, get self-confidence and participate in second socialization. During the treatment, addicts make a new identity. They are treated in hospitals, home-prisons and churches.

Key words: drugs, family, treatment

Non MeSH: rural, protecting factors

Ključne reči: droga, porodica, terapija

Ne MeSH: ruralno, zaštitni faktori

Introduction

Peer pressure makes a potential drug addicts. In this case, family support is not enough, so addicts are brought to the hospitals, homes and churches. In literature, the most prominent method is the analysis of narrative. The narrative helps us to discover story regarding addiction, crisis, family and stigma. Support and conversations help addicts to overcome and forget, get self-confidence and participate in the new life. At the time of treatment, addicts acquire a new identity. Portfolios and reports by various hospitals and institutes for mental health show us the existence of a “hidden” population of drug addicts in Belgrade. Contrary to the prevalent image

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among certain youth circles, the drug addict is not a modern person with good style, but a man burdened with illness and short life. [1]

Methodology

Narrative admittance helps us to discover, hear and understand how ex-addicts see their earlier identity and how they feel in new identity. These informants live in Belgrade: they are from Zemun, New Belgrade and Vračar municipalities. Some of them are the first generation of Belgraders (20%); others are immigrants from Bosnia or interior of Serbia. Among informants 4 are females, 8 males; they are aged 23–45 and one parent is 62 years old. Some of them used marijuana, others did heroine several times, third did heroine on folio and the fourth used heroine intravenously.

These 13 stories with addicts, ex-addicts and parent show us a period of abusing drugs. The informants consumed marijuana, *speed*, *acid* and heroine. One of them was treated under house arrest; sometimes he went to hospital for therapy. Three of them realized that they don't need anyone's help, so they went into isolation for several weeks and became 'clean'. One of them went to the monastery several times. Unfortunately, others are still drug addicts. Every interview was made individually with informants who told us a story who they were and who they are now. Informants conversed very friendly, but some of them talked rather shortly about 'sins' of other persons and felt very uncomfortable, so then we realized that they actually were talking about themselves. The informants were aged 23–45, excluding one parent who is 62 years old. We asked them about their hallucinations and they told us that they saw aliens, ugly faces, little pygmies and heaven made of flowers. This is not only a study about addicts who took heroine intravenously, like other authors did, [1, 2] but "light" or "recreational" drugs too. The result will show us how people see their two identities and themselves in socio-cultural operating environment.

Addiction

Institute for mental health (IMH), Beck Institute for Cognitive Behavior Therapy (BICBT) and National Institute on Drug Abuse (NIDA) define taking drugs as an illness and injury of the brain and risk taking without thinking about consequences. Consequence of taking drugs is that brain doesn't do its function in a proper way. Addiction is defined as bad thinking, destructive act and stigma identity. Protective factors are: good family relations, school with good teachers, good friends, religion and sport. Opposite side is full of risk: poverty, lack of education, destructive music, bad family relations and negative peer pressure. Potential addicts are either too shy or too aggressive children without attainment. If parents don't protect their children, they could get in trouble, which could lead to treatment in hospitals with social assistance. [3]

Narative and identity

Authors who examined addiction were sociologists, anthropologists, psychologists and theologists. [1-5] Bojan Žikić in his book *Anthropology of AIDS* shows qualitatively anthropological research among intravenous addicts and AIDS patients. Author examined accessories for heroine, interpersonal interactivity of addicts, control of risk, body and environment. In chapter *Risk environment* he said that environment makes a risk acting into body (vein) and in sociocultural meaning (stealing). [1] All authors analyzed narrative/discourse. Self story helps us to hear what informants can tell us about herself/himself. Addicts suffer several crises: drug crisis, narrative crisis and identity crisis.

Narrative perspective is focused on personal identity in the story. *People talk stories from ontology side of social life*. [3] Narrative is in relation with identity in such way that words are/make identity. Narrative is the actually identity. Narrative is a story in process, which means that identity is in process too. Narrative's identity is defined like a species of identity made of narrative functions. [3] Narrative can be historical or fictious. One of the oldest meanings of discourse is the process of thinking and speech.

Authors Jelena Pavlović, Vladimir Džinović and Nikoleta Milošević think that in this discourse informants can be understood like mentally disturbed persons who are connected with social practice. [4] Discourse of mental disturbance presents a system statement about hallucination. Every story has a beginning, middle and the end, and that's the reason why narrative is defined as a discourse with progression in time. [3, 4] Narrative psychologists define this term as a story with a few problems which are certain for both informants and scientists. Story begins with a problem which person couldn't get over: negative sentence (That school is not necessary), disappointment (in love), privation (of money, room, food) or death/disease in family. Drug addicts take drugs more often, until something worse happens (overdose of a friend or attempted murder) or something good (parents find out the truth, a possibility to improve in job).

Addicts who can improve, leave drugs automatically and become "clean". Addicts with more serious problems go to counseling. Good stories (lies) are instruments to persuade others. Author Srđan Sremac said that reversal brings the story to the end. [3] They need a social support in hospitals during periods of crisis. Psychologists and psychiatrists are trying to support new story, identity and meaning of life. Social support is replacement for parenthood, family narrative and encouragement. Psychologists and priests are trying to find out which 'sin' had caused the mental trauma. Conversion of negative occurrence into good one promotes mental health. [3]

Reconstruction of biography helps in socialization. Social support in monastery comes from a hieromonk who, at the time of confession, resolved sins and dangerous memories. The informants think like before initiation in world of drugs. The addiction causes crisis of narrative and identity. Person who 'wears' stigma identity is

automatically outcast from the society. Easily or hardly, informants get help and create a new identity. The addicts are faced with crisis of their own narrative and that's the result of stigma identity. [3] Social support helps addicts to overcome distance which society had and new thinking helps them to restore trust. The informants do not feel shame because of earlier risking period and barely talk about drugs. Addicts became very communicative persons. Stigma identity is replaced with new without thinking about the past.

Ex-addicts have a motivation for finishing their education. Only one female ex-addict has a child. She devoted herself to family, faculty and church. Ex-addicts have a positive relation with society. 'New life' doesn't need drugs to make its own style. Among our informants only 3 of them (27%) quit drugs by complete and abrupt withdrawal. Only the children of professors, priests and dentist had will to quit drugs without social help.

Addiction and Orthodox Christianity

Author Srđan Sremac explains changes between two contradictory stories. [3] Redefining story includes a new narrative and stigma identity is forgotten. Reconstruction of biography changes stigma identity. Hieromonks/priests are trying to give support and make addicts to get over crisis and start to believe in order to achieve psychological prosperity. In conversation, ex-addicts automatically subordinate all identities (national, race, sex, gender, music) to religious identity. Instead of gangsters, homosexuals, bisexuals and addicts, new identity changes stigma. Conversion is going on and ex-addicts become believers. New identity is a part of the orthodox collective. Stigma identity is connected with dark side of life and underground, while the new identity is associated with light, high, mighty and church. Identity is not sealed hermetically, but opens for new stories. At the time of treatment, addict can have a family support.

Final conclusion

The most important factor at the time of curing is social support. Addict should come out of unhealthy social surroundings. Addict became a part of cultural platform in company with doctors, psychologists and priests. Social support is a basic condition for addict to exit hidden population. At the time of treatment, addict starts to read books. He/she enters into the world of knowledge, self-control and health society.

Addict creates his/her own identity with new books and myth which is additional support. Collective affiliation is a confirmation of new identity. The most important contribution of analysis of narrative is a better understanding of interpersonal domain. On Table 1. We can see old and new identity with two contradictory contexts.

Table 1. Two identities and societies

stigma identity	treated identity
addiction	freedom
homosexual/bisexual	heterosexual
tattoos, piercings	removal of piercings, hidden tattoos
street music	school and home
atheist	believer
manual labor	mental work

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Rezime

U radu su ispitivani narativi i socijalizacija ovisnika od droge u Beogradu. Primenjen je narativni metod koji nam pomaže da shvatimo „priču” o zavisnosti, krizi, familiji i stigmatu. Podrška i razgovor pomažu ovisnicima da zaborave i prevaziđu krizu, steknu samopouzdanje i učestvuju u sekundarnoj socijalizaciji. Trinaest razgovora sa ovisnicima, bivšim ovisnicima i roditeljima pokazuju nam kako je izgledao proces korišćenja droge. Sagovornici su imali između 23 i 45 godina, osim jednog roditelja koji je imao 62. Redefinisanje „priče” obuhvata novi narativ i uklanjanje stigme.

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