HEROIN AND MARGINALISED GROUPS
Legal and sociological aspects

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Social demographics of heroin addicts have been extremely changed since this substance first appeared in Belgrade, from a costly middle and upper class to marginal narcotics. This process unfolded under the influence of three causes: price and purity of heroin available in the market; narcotic effects and social stigma shared by the narcotic, modes of consummation, and its users. The article will explore this point of intersection between the types of addiction which is fatalistically viewed as the part of the very nature of marginalized groups, especially Roma from informal settlements: immoral, irresponsible, and criminal. Furthermore, having in mind the close link between drug addiction and criminality, this issue is also analyzed from the aspect of crime prevention as well as in the context of the application of security measures including obligatory drug addiction treatment.

KEY WORDS: drug addiction / heroin / marginal groups / crime prevention / informal settlements

1. HEROIN ADDICTION AND MARGINALITY

Although in some social contexts, heroin consummation used to be considered as a desired status symbol (Golubović, 2005; Petrović, 2001: 25-33), the very opposite is true in most contemporary societies. Picture of opioid user as an utterly downgraded person, an outsider on the margin, is basically as old as the first narrative about it, *Confessions of an English Opium-Eater,* by Thomas De Quincey (1822), who described his own experiences as a homeless orphan wandering the streets of London. Heroin's more potent effects of short euphoria followed by slumber-like state stigmatised its addicts even further as escapists who are unable to contribute to society as well as outright dangerous persons who can't control their craving ("dope fiends"). Ever the looming risk of death from an overdose or from deteriorated health and the usage of syringes symbolically and literary tied to blood furthermore alienated addicts from broadly accepted social values (Metzger, 1998: 60-63).

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With all that in mind, it's logical to ask – why would someone risk his reputation and even bare life and *become* the heroin addict? As Philip Lalander shows (Lalander, 2004), the very process of *becoming* is the key to understand drug addicts' carriers, similarly as Howard Becker did in his classical work about cannabis users (Becker, 1963). All participants in Lalander's study were separated from mainstream society from their schooldays, forming their own subculture. Heroin wasn't a part of their lives early on, but it couldn't be said for all other kinds of narcotics, paired with alcohol, shoplifting and other dangerous activities (Lalander, 2004: 12-14). Constant breaching of externally imposed norms made strong social bounds between the members of this subculture, who also felt shared superiority over "ordinary people" (*op. cit.* 24-26). In such separated and closed groups, it is possible to form symbolic mechanisms which can relativize even the death threat. Namely, the method of consumption was inhaling heroin vapours in a highly ritualised manner during the weekends and all members of the group managed to maintain their *façade* of (relatively) non-stigmatised individuals during the rest of the week, thus persuading their close associates that "this isn't *a serious* addiction" (*op. cit.* 42-44). Belief that both social and biological rules are broken without any consequences led group members to experiment even further with heroin, which finally resulted in full addiction. Heroin started to be consumed on everyday basis up to the point when keeping the image of a successful individual becomes very difficult or even impossible (*op. cit.* 59-61).

2. HEROIN ADDICTION AND "RACE"

A careful observer will hardly miss to remark that similar denial of social status isn't exclusive only to random individuals who are pursuing carriers of heroin addicts from youth sub-cultural background. For the members of racialised groups, such as Roma people in Europe, the same forms of exclusion and narratives are imposed regardless of their individual actions or life carriers. Although ancestral homeland of both Roma people and opium is "in the East", "orientalist" discourses concerning them actually have nothing to do with exotic places – they are emerging from within very fabric of modern European societies. While in the past different groups of people were separated both spatially and symbolically, processes that unfolded during the formation of modern states connected individuals in very complex ways, thus affecting common sense of mutual dependence and sameness in life habits and status. Yet, certain groups of people were left aside from these networks of mutual interdependencies, and began to be considered as outsiders (Elias, Scotson, 1965). Racialisation is a special case of attributing quasi-biological traits to outsider groups (Kubiček, 2018), and as Stephen Snelders remarked, these "racial" attributes have a lot in common with portrayal of drug addicts (Snelders, 2013; Metzger, 1998). "From 1900 onwards, the image of the cocaine fiend develops, an image with strong racist overtones: the cocaine fiend in the South is often a black American sexually threatening white women" (Snelders, 2013: 3), while cannabis users were stereotypically portrayed as Latino Americans, both being lazy and unmotivated. Opium, and later heroin, was systematically depicted as „oriental in nature": lacking control, diseased, degenerated, passive and self-destructive (op. cit. 4). While Snelders explicitly writes about connecting opium-narratives with colonial subjects (Egyptians, Indians and Chinese), same logic applies to Roma people even to this day. Reason for it again doesn't have anything with geography, but with logic of racism, in which supposed biological factors have lot to do with different aspects of mental qualities and morality, namely with addiction and criminal. Last two actually are

connected in reality, and it's crucial to understand true nature of their ties in order to avoid any ideologizations.

3. HEROIN ADDICTION AND CRIMINALITY

The links between drugs and crime have often been in the focus of numerous scientific researches and academic debates (Bean, 2014: 3). Although drug addiction itself is not incriminated as a criminal offence, it is closely related to various types of criminality (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 379). A more or less explicit link between different types of substance abuse, criminality as well as psychopathy is considered substantial since these three phenomena so frequently emerge together in clinical and forensic practice (Radulović, 2013: 120, Kljajević, 2017: 230). Statistics confirm that increased drug intake can be detected among convicted persons, whereas drug addicts tend to be more prone to various types of criminal behaviour, but with significant variations depending on the kind of drugs they use (Lajić, 2016: 42). In comparison to the general population, offenders seem to have higher rates of drug use, whereas drug users are more commonly found to be offenders (Bacciardi *et al.*, 2012: 82). When it comes to heroin addicts, this correlation seems to be even more intense – a study (Kokkevi *et al.*, 1993) has shown that 79% of heroin-dependent individuals had been arrested and 60% had been convicted for a criminal offence (Bacciardi *et al.*, 2012: 82).

The relation between drug addiction and criminality can be either indirect or direct. The indirect connection between drug addiction and criminal behaviour is based on the circumstance that a significant number of drug addicts originate from criminogenic environments as well as on the fact that many of them have been prone to criminal behaviour prior to drug addiction (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 379). On the other hand, the direct link between drug addiction and criminality is expressed through the criminal offences that are related to illegal production, possession, smuggling and selling of drugs as well as the criminal offences committed by drug addicts either under the influence of drugs or with the aim to obtain drugs (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 380).

Drug intake itself does not seem to cause criminal behaviour, but merely releases what has already been kept within the psychological constitution of the personality and what would have been manifested under the influence of other suitable factors (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 380). Therefore, the pharmacological effects of drugs should not be considered a direct source of criminal behaviour (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 380). Instead, personal characteristics, social circumstances under which drugs are consumed, the need to obtain money in order to buy drugs, obtaining drugs in illegal manners and belonging to a subculture that imposes criminal behaviour represent the main reasons why drug addicts tend to commit criminal offences (Nikolić-Ristanović, Konstantinović-Vilić, 2018: 380). Also, it has been estimated that drug addicts are more prone to committing criminal offences as the result of their drug addiction than as the result of intoxication itself (Stojanović, 2018: 359).

Two most common groups of criminal offences committed by drug addicts include crimes against property on the one hand and violent crimes on the other (Radulović, 2013: 128, Kljajević, 2017: 231). The largest part of these offences includes crimes against property, which drug addicts frequently commit with the intention to obtain money to

buy drugs (Stojanović, 2018: 359). This also refers to heroin addicts. Nevertheless, despite of the fact that drug addicts have always been considered a violent social group and frequently reported as perpetrators of criminal offences, the criminality of heroin offenders in particular is commonly related to the fact that heroin is expensive (although it should be mentioned that the heroin consumed by the Roma population, analysed within this article is not as expensive as other drugs) and illegal (Bacciardi *et al.*, 2012: 82). Therefore, criminal offences committed by heroin offenders do not include only illegal drug trafficking but also crimes against property (such as shoplifting, burglary or robbery) on one side and violent assaults on the other (Bacciardi *et al.*, 2012: 82). Heroin addicts rarely commit homicide, but this type of drug addiction seems to be closely related to non-homicidal yet rather severe intimate partner violence (Bacciardi *et al.*, 2012: 83). In the only field research conducted in Roma settlements in 12 municipalities in Serbia, most of 120 participants have strongly underlined all the above-mentioned phenomena. When being asked "What frightens me the most concerning my personal and collective security", 31.9% answered *criminal and violence in the settlement*; 27.5% *juvenile delinquency* and 22% *number of drug users among children* (all other treats were far less common: prostitution, racketeering, usury, sexually transmitted diseases and presence of large quantities of weapons in settlement were under 5.5% each) (Balić, 2014: 40). In the same research, 25.8% of Roma also answered that police doesn't show any interest for their problems (*op. cit.* 37).

4. FIELD EXAMPLES: HOW DOES HEROIN ADDICTION LOOK LIKE IN ROMA SLUMS

Linking ethnicity with heroin use is problematic and impossible to determine in an exact quantitative manner, because official institutions (police and hospitals) don't have mandate to produce any kind of statistics which would ethnically or "racially" label individuals. Insights from field research experiences, consultations with Roma activists and leaders and media reports can qualitatively describe drug addiction in Roma slums as very apparent and as a serious problem. In the interview one Roma leader has claimed: "It has been the biggest problem for some 8 years now. Every second house has at least one addict. Some families have more than one member dying from drugs. There are even few houses which are empty now, because all inhabitants died". Data from the field dispels many stereotypes, as always. While it is true that some of the poorest slum inhabitants are intravenous heroin users, other substances are also present. Better-off younger generation smokes cannabis and uses synthetic drugs; while some of inhabitants who seasonally live and work aboard are using cocaine. Still, later cases aren't examples of marginalisation – although destructive, such behaviour is mimicking patterns which are dominant in surrounding society.

On the other hand, intravenous heroin usage is completely deviant praxis which follows before mentioned logic of drugs addicts' exclusion and racialisation. Philip Lalander's adaptation of Zygmund Bauman's remark on Durkheimian concept of anomic suicide (Lalander, 2004: 56) is certainly even more relevant for heroin addicts from marginal social backgrounds, like the Roma living in the slums. Heroin injection enables one to cancel his ties with society and make unbearable living conditions distant for at least short time. Experiencing altered states of reality becomes primary driving force to live focused on present moments, without regards about future. Individuals who are marginalised – excluded from their social surrounding while being unable to form stable identity on their own – may tend to seek their sense of belonging in any existing stable

social role. As Flore Singer Aaslid recorded words of one Norwegian heroin addict on methadone therapy: "It's better to have an identity as a junky than no identity at all" (Aaslid, 2012: 29).

From conversation with mentioned Roma leader it is clear that other slum inhabitants are very concerned and frightened from individuals in pursuit of such experiences and identities, although they lack any information about the true nature of dependency – for them „droga" (drugs) is an obscure concept. Because their social ties are exclusive to local community it is almost impossible for them to find any help. At the same time, this means that household member's addiction brings shame and stigma in settlement, thus their families risk to lose only source of social security they have. Field informant gave an example about one family in which parents have kept their son locked in house, while father worked hard to earn money in order to buy him heroin regularly.

Although pure heroin content is less than 10%, substance available in slums is relatively low comparing with other psychoactive substances (even with alcohol)[1]. Still, for users who live in extreme poverty, even "cheap heroin" means large expense on their small and unsecure budget. While some manage to fund their addiction from collecting scrap paper and metal or with help from cousins working abroad, it is no secret that others "get by", meaning that they commit petty thefts and other crimes[2] including prostitution and procuring[3]. Another way to earn money is distribution of heroin in the settlement by those who have an access to the substance from their criminal connections outside the community.

5. STATE REACTION TO DRUG RELATED CRIMINALITY

5.1. General observations

Depending on the circumstances, i.e. the type of link between drug abuse and criminal behaviour (direct or indirect) and the state reaction to drug related criminality can be expressed in several ways, including: the application of security measure of compulsory drug addiction treatment for the perpetrators who have committed criminal offences due to their addiction, the application of drug addiction treatment within the prison system regardless of the type of criminal offence for which drug addict has been convicted and the incrimination of certain activities related to drug selling, dealing, making, processing, offering etc.

[1] Prljavi heroin ubija obespravljene Rome u Srbiji, *Vice,* 17. November, 2015., available at: https://www.vice.com/rs/article/qk8q5q/prljavi-heroin-ubija-obespravljene-rome-u-srbiji, accessed 03.5.2020.

[2] Epidemija narkomanije među Romima, *Medijski istraživački centar,* 06. November 2012., available at: http://www.radiocity.rs/vesti/drustvo/1556/epidemija-narkomanije-medju-romima.html?print=true, accessed 03.5.2020.

[3] Prljavi heroin ubija obespravljene Rome u Srbiji, *Vice,* 17. November, 2015., available at: https://www.vice.com/rs/article/qk8q5q/prljavi-heroin-ubija-obespravljene-rome-u-srbiji, accessed 03.5.2020.

5.2. Security measure of compulsory drug addiction treatment

Criminal Code of the Republic of Serbia[4] (hereinafter: CCRS) is familiar with eleven security measures (Article 79, CCRS), including those of medical character (for further reference on medical security measures see: Bejatović, 2017: 315-339; Batrićević, 2014: 89-114). A specific medical security measure – compulsory treatment of drug addicts (Article 83, CCRS) is designed for the perpetrators who have committed a criminal offence due to drug addiction (Stojanović, 2018: 358). Namely, according to Article 83 of CCRS *"The court shall impose compulsory treatment on the perpetrator who has committed a criminal offence due to drug addiction if it has been estimated that there is a serious risk that he or she will continue committing criminal offences due to this addiction"* (Article 83, Paragraph 1, CCRS).

It should be highlighted that for this measure to be applied it is not required that the perpetrator has been under the influence of drug in the time when he or she committed the criminal offence (Stojanović, 2018: 358). Furthermore, this security measure cannot be applied if the perpetrator committed the offence in the state of mental incompetence caused by drug abuse (Stojanović, 2018: 358). Instead, in such cases the application of other security measures such as, for example *compulsory psychiatric treatment and confinement in a medical institution* (Article 81, CCRS) and *compulsory psychiatric treatment at liberty* (Article 82, CCRS) can be considered if other relevant conditions are met (Stojanović, 2018: 359).

Compulsory drug addiction treatment can be imposed only if the perpetrator has committed the offence as the result of his or her drug addiction, i.e. only if there is a causal link between the committed offence and drug addiction (Stojanović, 2018: 359). Besides, it has to be estimated that there is a serious risk of reoffending and further commission of criminal offences by this person as the result of his or her drug addiction (Stojanović, 2018: 359).

Compulsory drug addiction treatment can be imposed either along with imprisonment or with a fine, conditional sentence, judicial admonition or liberation from punishment (Article 83, Paragraphs 3 and 5, CCRS; Stojanović, 2018: 359). According to Article 83, Paragraph 2 of CCRS, the execution of security measure of compulsory drug addiction treatment is conducted either in the penitentiary institution (if the measure is imposed together with prison sentence) or in a suitable medical or other specialised institution and lasts as long as there is the need for treatment, but it cannot exceed a three years' period. If this measure is ordered together with a term of imprisonment, duration thereof may exceed the pronounced sentence but its overall duration cannot exceed three years (Article 83, Paragraph 3, CCRS). The time spent in the institution for medical treatment is credited to the prison sentence (Article 83, Paragraph 4, CCRS). If this measure is pronounced together with a fine, a suspended sentence, judicial caution or remittance of punishment, it is carried out at liberty and may not exceed three years (Article 83, Paragraph 5, CCRS). If the offender fails to undertake treatment at liberty or abandons treatment at his own volition without justifiable reasons, the court shall order coercive enforcement of such measure in an appropriate medical or other specialised institution (Article 83, Paragraph 6, CCRS).

[4] Criminal Code of the Republic of Serbia, Official Gazette of the Republic of Serbia, No. 85/2005, 88/2005, 107/2005, 72/2009, 111/2009, 121/2012, 104/2013, 108/2014, 94/2016 and 35/2019.

5.3. Treatment of drug addicts inside penitentiary institutions

Drug abuse inside penitentiary institutions has been recognised as a serious issue since statistics confirm that the percentage of convicted persons who are addicted to various types of narcotic drugs varies between 1/5 and 2/3 of the entire prison population (Kljajević, 2017: 224). The patterns of drug abuse inside the prison walls do not differ significantly from those at liberty, causing numerous problems such as: the escalation of violence due to disinhibitory effects of drugs and potential conflicts between drug dealers and buyers, the deterioration of prisoners' mental and physical health in the form of anxiety, depression and spread of infectious diseases and the increase of prison administration's expenses because of the demolition of prison's property and need for increased security (Kljajević, 2017: 233). Drug abuse in prisons also increases the degree of mortality due to overdose as well as the risk of suicide (Kljajević, 2017: 233). Moreover, this risk may continue even after a drug addict has served his or her prison sentence and left the institution. For example, a study which included more than 30,000 Washington State inmates has confirmed that the risk of death among former prisoners was more than 12 times higher during the first 2 weeks after release than the one among other residents, with drug overdose as the predominant cause (Binswanger et al. 2007). That is the reason why effective treatment of drug addicts serving prison sentences (regardless of the type of criminal offence they committed) is of essential importance for further prevention and suppression of drug abuse among this marginalised and vulnerable population.

Apart from reducing drug abuse in prisons and the minimisation of demand for drugs among prison population, effective treatment can be beneficial in the context of general crime suppression, increased safety of the entire community and minimisation of budget expenses (Kljajević, 2017: 238). At the individual level, the treatment is important since it minimises the risk of overdose after leaving the penitentiary institution on the one hand and increasing former addicts' chances for employment on the other (Kljajević, 2017: 238). However, it should be taken into consideration that the results of the treatment do not depend only on the available program and services, but also on the individual himself and the support that he or she receives from the community (National Institute on Drug Abuse, 2014: 16). It is of essential importance that drug addict changes his or her attitudes, beliefs as well as behaviours that encourage the abuse of drugs and this process may also include medications to assist in preventing recidivism (National Institute on Drug Abuse, 2014: 16). Furthermore, community-based drug abuse treatment programs also seem to be a successful means in drug addiction suppression, since some longitudinal studies have confirmed that those who chose to participate in this type of treatment tend to commit fewer criminal offences than those who did not (Prendergast *et al.* 2002; Butzin *et al.* 2006; and Kinlock *et al.* 2009).

5.4. Drug related criminal offences

As it has already been emphasized, drug addicts predominantly commit criminal offences with the intention to obtain financial resources that they need to buy more drugs, which most commonly include crimes against property. However, there are some other criminal offences that are not necessarily committed by drug addicts, but that facilitate the production, distribution, selling of drugs etc. and in such manner contribute to the expansion of this phenomenon. They are incriminated in Chapter 23 of

CCRS dedicated to criminal offences against human health. These include: 1) Illegal Production and Circulation of Narcotic Drugs (Article 246, CCRS), 2) Illegal Keeping of Narcotic Drugs (Article 246a, CCRS), 3) Facilitating the Consumption of Narcotic Drugs (Article 247, CCRS). The incrimination of illegal production and circulation of drugs, as it is prescribed in the abovementioned Articles of CCRS represents the completion of Serbia's obligations in accordance with the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances adopted in 1988[5] and ratified by the Republic of Serbia in 1990[6], according to which the States Parties to the Convention are obliged to prescribe certain drug related activities as criminal offences (Stojanović, 2018: 810).

Illegal Production and Circulation of Narcotic Drugs (Article 246, CCRS) is committed if a person illegally produces, processes, sells or offers for selling, participates in selling or buying as a dealer or in other manner illegally trades in substances or mixtures of ingredients that have been declared as narcotic drugs (Article 246, Paragraph 1). A more serious form of this criminal offence is committed if these activities have been conducted by a group or if the perpetrator has organised a network of resellers or dealers (Article 246, Paragraph 3).

A more severe form of this criminal offence is also committed if a person sells, offers for selling or for free but for the purpose of selling or gives narcotic drugs to a minor, to a person with permanent or temporary mental health issues, to a drug addict on rehabilitation etc. (Article 246, Paragraph 4). Moreover, the same criminal offence in its more severe form is committed by selling narcotic drugs that are mixed with the substances that can cause serious health problems, in the cases when its basic form is committed in or near an educational institution, within a penitentiary institution, in a public venue or at a public event, if the perpetrator is an official, a doctor, a social welfare centre worker, a priest or a person who works in an educational institution abusing her or her position as well as if the perpetrator uses a minor for the commission of the offence (Article 246, Paragraph 4). The most serious form of criminal offence of *Illegal Production and Circulation of Narcotic Drugs* exists if its basic form from Paragraph 1 is committed by an organised criminal group (Article 246, Paragraph 5).

A less severe form of this criminal offence exists if a person illegally grows opium poppy or cannabis or other plants from which narcotic drugs can be derived or which contain narcotic drugs (Article 246, Paragraph 2). The activities related to the preparation of the commission of the basic form of this criminal offence are also incriminated (as a less severe form of this offence), including illegal making, obtaining, dealing or facilitating the use of equipment, materials or substances for which he or she knows that are designed for the production of drug narcotics (Article 246. Paragraph 7).

Punishment of imprisonment is imposed for all the aforementioned forms of criminal offence of *Illegal Production and Circulation of Narcotic Drugs*. In the case of its basic form from Paragraph 1, imprisonment between 3 and 12 years is prescribed, in the cases of its more severe form (Paragraphs 3 and 4), imprisonment between 3 and 15 years can be imposed, whereas its less severe forms (Paragraphs 2 and 7) are punishable

[5] UN Economic and Social Council (ECOSOC), United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 19 December 1988, available at: https://www.refworld.org/docid/49997af90.html, accessed 07.04.2020.

[6] Law on the Ratification of United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, Official Gazette of the Republic of Serbia – International Agreements, No. 14/1990.

by imprisonment between 2 and 8 years. Finally, for the most serious form of this criminal offence (Paragraph 5) prison sentence of at least 10 years can be imposed.

Illegal Keeping of Narcotic Drugs (Article 246a, CCRS) is committed if a person illegally keeps a small amount of substances that are considered narcotic drugs for personal use. For his criminal offence a fine or imprisonment up to 3 years can be imposed, but the perpetrator may also be deliberated from punishment, depending on the circumstances (Article 246a, Paragraph 1). A more serious form of this criminal offence is committed if a person illegally keeps a larger quantity of substances that are considered narcotic drugs and imprisonment between 3 and 10 years can be imposed in such cases.

Facilitating the Consumption of Narcotic Drugs (Article 247, CCRS) is committed by a person who encourages another person to consume narcotic drugs or gives him or her narcotic drugs for the purpose of consumption, or allows to other persons access to premises where they can consume narcotic drugs or in other way facilitates other persons to consume narcotic drugs. For this criminal offence imprisonment between 6 months and 5 years is prescribed (Article 247, Paragraph 1).

However, a more serious form of this criminal offence is committed if the aforementioned activities have been conducted with a minor, a person with mental health issues, several persons or drug addict on rehabilitation, or within an educational institution, penitentiary institution, public venue or even or if the perpetrator is an official, a doctor, a social welfare centre worker, a priest or a person employed in an educational institution who abuses his or her position (Article 347, Paragraph 2). For this more serious form, imprisonment between 2 and 10 years can be imposed (Article 247, Paragraph 2). Another more severe form of this criminal offence exists if a person dies as the result of the commission of its basic form from Paragraph 1, and in such cases the perpetrator can be punished by imprisonment between 3 and 15 years (Article 247, Paragraph 3).

Finally, it should be mentioned that in the cases of commission of all the aforementioned criminal offences related to drugs, the drugs and other items that have been used for their production, processing, consumption etc. are to be confiscated. This provision is contained in each of the cited Articles of CCRS incriminating criminal offences related to drugs.

CONCLUSION

Social exclusion is deeply connected with heroin addiction and a wide range of criminal activities, which is evident both conceptually and empirically. Still, while most opioid users have risk of becoming outsiders at one point of their carrier, for those coming from marginal groups this is a starting point. For them heroin isn't a primary cause of exclusion – it is only one of many factors which together form their social reality.

Unlike other drug addicts, those living in slums are deprived even from police surveillance, which makes these ghettoized surroundings and their inhabitants particularly vulnerable and exposed to the negative impacts not only of the drugs themselves but of the entire narco-criminal surrounding and all its hazards and threats. This becomes especially alarming after considering the fact that the majority of potential and actual drug abusers in these highly isolated settlements are very young and hence

even more susceptive to both – the negative influences of other drug users, but also to the effects of criminogenic surrounding, which often leads them to the path of drug addiction and criminality. The same could be concluded when it comes to the lack of appropriate supportive measures that should be applied in the favour of actual and former drug addicts. Namely, the difficulties and obstacles derived from severe social exclusion and, as it can be seen from the results of the field research, actual physical isolation of Roma settlements make the application of any supportive measures on the location, such as for example psycho-social support or supervision, literally impossible. Finally, the lack of community support – both, within the settlement as well as outside of it, makes any attempt of quitting or rehabilitation extremely difficult. At the same time, leaving the vicious circle of drug addiction and crimes committed in order to be able to buy more drugs appears to be almost impossible under such conditions.

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HEROIN I MARGINALIZOVANE GRUPE
Pravni i sociološki aspekti

Društvena demografija heroinskih zavisnika se drastično promenila nakon prve pojave ovog narkotika u Beogradu, od srednjih i viših klasa ka marginalnim. Ovaj proces se odvijao pod dejstvom tri uzročnika: cene i čistoće heroina dostupnog na tržištu; delovanja narkotika i društvene stigme koju dele sam narkotik, način konzumacije i njegovi korisnici. Članak istražuje ovu tačku preseka između tipa zavisnosti i društvene grupe, koja se posmatra kao njihova zajednička sudbinska osobina, posebno u slučaju Roma u neformalnim naseljima i koje stereotipno karakterišu nemoral, neodgovornost i kriminal. Osim toga, imajući u vidu tesnu povezanost između zavisnosti od droga i kriminala, ovaj problem će takođe biti analiziran i iz aspekta prevencije kriminala kao i u kontekstu primene mera bezbednosti koje nalaže tretman zavisnika od droga.

KLJUČNE REČI: zavisnost od droga / heroin / marginalne grupe / prevencija kriminala / neformalna naselja