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Taking Care of Alcohol Dependence: The Labor of Maintenance in Street Homeless Lives

Abstract: In Poland, homelessness and alcohol use are often deeply entangled, with dependence frequently shaping the trajectories and concerns of everyday life on the street. Through ethnographic attention directed toward unhoused residents of Kraków, this paper traces how alcohol use is laboriously maintained through practices of self-care and mutual support, revealing a habituated commitment that persists despite legal, moral, and institutional forces arrayed against it. The analysis foregrounds the tension between this regulatory milieu and the teleology of dependence, showing how maintaining alcohol use becomes a political practice of holding life together beyond societal recognition. What biomedical and moralizing discourses cast as “disorder” emerges ethnographically as an organized and organizing practice with its own ordering principles and modes of justification. In this reframing, substance use appears as a form of reproductive labor directed toward the self: a way of maintaining coherence—and life itself—under conditions shaped by dependence.

Keywords: alcohol dependence, homelessness, labor of maintenance, politics of care

On Wednesday evening, I met with Marek¹ in the park surrounding the Old Town, where food and rudimentary medical assistance are provided to Kraków’s unhoused inhabitants. He was agitated. It was getting late, and he was down to his last beer, which he needed to save for the next day to alleviate the morning jitters. His attempt to obtain Depakene—an anticonvulsant used to help manage alcohol withdrawal symptoms—from the mobile health clinic had failed. I overheard his conversation with clinic personnel. The staff told Marek there was nothing they could do. Without a doctor on duty—only students in training—they weren’t allowed to hand out prescription medicine. It had been a long time since they dispensed anything more than the most basic drugs. Marek frowned. “But I got some from you not long ago,” he insisted, reminding them of the Depakene sachets he’d been given, the kind you dissolve in water. The staff member shook their head. Even if the clinic had the medication, which they doubted, the foundation’s rules forbade them from giving it to him. “Couldn’t you just drop a couple of sachets outside?” Marek asked, almost pleading. “Sorry,” came the reply. “That’s not possible.” Marek exhaled sharply, a mix of frustration and resignation. “Fine,” he muttered. “I’ll figure something else out. I’ll scrape together enough for half a liter of vodka.” He turned to me and said: “It’s dangerous to stop drinking overnight, you know?” At the moment, panhandling for alcohol money seemed like the only workable plan. Marek is quite good at it. He’s slick, funny, and he speaks English, meaning he can hustle tourists, too. This is one of the reasons he usually sticks to the Old Town area, where visitors are thick on the ground. He says that tourists are usually eager to help him out, especially when they’ve had a few drinks themselves. At that moment, however, he was nervous. The city council ban on late-night alcohol sales—the latest attempt to regulate alcohol use by limiting its availability—means he had only a few hours left to get what he needed. Tired but out of options, he forced on a smile and started asking passersby for change. (Fieldnotes, April 2025)

In Poland, homelessness and alcohol use are often deeply entangled, with substance dependence frequently shaping the rhythms, trajectories, and concerns of everyday life on

¹ Names have been changed to protect participants’ privacy.

the street. Local studies, from the dorms of city shelters, through the wards of emergency rooms, to the archives of autopsy reports, trace this entanglement with numbers that ache: nearly eight in ten men marked as dependent (Romaszko et al. 2017), a third arriving at hospital doors with blood so saturated it blurs speech into murmur (Burak et al. 2020), almost a half dying from acute ethanol poisoning or alcohol-induced seizure (Duda et al. 2025). The 2024 National Survey of Homeless People identifies alcohol dependence as a leading pathway into homelessness (Ministerstwo Rodziny, Pracy i Polityki Społecznej 2024 [Ministry of Family, Labour and Social Policy 2024]). However, it can also emerge as a consequence of it as drinking becomes embedded in everyday coping strategies—an improvised pharmacology against cold, loss, and neglect. The word on the street is that one cannot endure without alcohol. Its capacity to reduce anxiety and elevate mood provides temporary relief—helping people fall asleep on the streets, cope with the humiliation of begging, and detach, however briefly, from past traumas and current dreary conditions. After a while, however, the incentive for drinking may no longer rely on seeking a pleasurable effect from ethanol, but rather on easing the discomfort of its withdrawal. Dependency-entangled lives are lived amidst abstinence-related distress and a commitment to alleviate it through continuous alcohol intake. Such was the case with Marek, introduced in the opening vignette.

Marek, in his early thirties, found himself homeless after serving time for assault and dropping out of a post-penitentiary rehabilitation program for violating the alcohol abstinence policy. He hasn't been sober for five months. The fear of experiencing withdrawal symptoms—such as draining fatigue, hand tremors, heart palpitations, leg numbness, and, above all, seizures that can appear after just a few hours without drinking—became his inseparable companion, and securing alcohol his primary concern. His day-to-day life became subordinate to the lived *telos* of substance dependence—the embodied and habituated urge to sustain it. As the opening vignette illustrates, maintaining drinking in his situation is not something that comes easy. On the contrary, it is a daily achievement, requiring foresight, discipline, and the ability to navigate the societal forces that seek to disrupt his efforts—forces embodied in the moral and legal geography that surrounds alcohol consumption in Poland.

Polish society keeps its moral distance from street-based alcohol users, even as alcohol use is threaded through the nation's social rituals and forms a part of its daily habits. Over the last 20 years, Poland's per capita consumption has rarely fallen below nine liters of pure spirit a year (Malczewski & Jabłoński 2023). Even in 2023 and 2024, when the numbers finally dipped below that threshold, the bottle remained a familiar companion in most homes. In a country where nearly everyone drinks (Malczewski & Jabłoński 2023; Rowicka et al. 2021), where one in four men and one in eight women reach for alcohol several times a week (Malczewski & Jabłoński 2023), condemnation of alcohol use becomes a selective performance. For decades, Polish culture has projected "problematic drinking" onto its "social margins," onto the man under the beer booth—dirty, ragged, and unsalvageable (Warmuz 2022). Yet alcohol "misuse" circulates far beyond the margins. Fourteen percent of Poles already drink at levels defined as problematic (Malczewski & Jabłoński 2023), but the problem is only named as such when it settles in the hands of the poor. In the common imagination, the words "alcoholic," "homeless," "tramp," and

“bum” collapse into one another—an interchangeable vocabulary of moral distance and condemnation (Warmuz 2022). Public opinion surveys place “alcoholics” near the bottom of moral hierarchy—among the social groups least deserving of assistance (Główny Urząd Statystyczny [Central Statistical Office] 2017), even as the same surveys affirm that the vast majority of Poles recognize alcohol dependence as a disease (Państwowa Agencja Rozwiązywania Problemów Alkoholowych [State Agency for Prevention of Alcohol-Related Problems] 2004)—an affliction to be treated, not blamed for. This contradiction extends into the sphere of homelessness services: while frontline workers often describe their alcohol-dependent clients as ill, in practice they frequently deny them even basic support when those clients arrive at their door intoxicated. This tension unfolds as well in the urban landscape, where alcohol’s presence is both ubiquitous and disavowed. The same cities that count thousands of outlets selling alcohol around every corner, police against its consumption in parks and squares. What’s legal when contained within walls, becomes punished when embodied in public.

The structural framing of alcohol consumption in Poland is also underpinned by an influential alcohol industry and its affiliated bodies. It actively promotes narratives that frame “responsible drinkers” as fundamentally different from “dependent” or “problem” drinkers—contributing to stigma and legitimizing exclusion—by emphasizing individual responsibility, moderation and control as normative values for drinkers, suggesting societal approval hinges on individual adherence to these norms. For example, Związek Pracodawców Polski Przemysł Spirytusowy [Association of Employers of the Polish Spirits Industry] (ZP PPS)—a major trade association of the Polish spirits industry—runs campaigns and publishes reports promoting responsible drinking as the core approach to alcohol issues. These efforts focus on moderation as the solution, implicitly distinguishing between ‘good’ (responsible) drinkers and problematic ones. ZP PPS materials frame responsible alcohol use as socially acceptable and desirable, and highlight educational campaigns targeting moderation while normalizing alcohol as a cultural product. This rhetoric shapes policy narratives in Poland (Zatoński et al. 2018), where the alcohol industry has long promoted economic arguments over health considerations and continues to do so by framing policy debates to protect its interests, including lobbying against restrictions on alcohol sales.

Drawing on ethnographic fieldwork conducted in Kraków in 2025, and building on previous engagements with the city’s unhoused inhabitants (Martini 2021), this paper analyzes how street-based alcohol dependence is maintained through practices of self-care and mutual support. It approaches substance dependence as it is enacted—lived *with* and lived *by* people such as Marek, who self-identify as being “addicted”. The focus is not on why they drink, but on how they sustain the conditions that make drinking possible. ‘What a biomedical perspective reads as “disorder”,’ emerges ethnographically as an organized and organizing practice with its own coherence, ordering principles, and modes of justification. Substance use in dependency-entangled lives is not reducible to moments of intoxication. It dictates rhythms of waking and resting, routes across the city, bonds of reciprocity and conflict, calculations of debt and generosity. It becomes an organizing principle—at once fragile and insistent—around which daily life is ordered (see also: Lenhard 2017). To be dependent is not simply to repeatedly consume. It is to engage

in a form of deeply embodied commitment (see also: Bourgois & Schonberg 2009). This is a commitment to what has been long “in the making” (Dennis 2019: 160), assimilated through years of habituation, and refined into reliable expertise. What this commitment amounts to in practice is the ongoing work of procuring the substance and of managing bodies and relations so that its intake can continue. By foregrounding the labor required to sustain alcohol use on the street, the paper shows how its enactment is shaped by the tension between the lived teleology of substance dependence—its ongoing maintenance—and the logics of law, services, treatment, and public opinion that condemn and punish such commitment.

To speak of substance dependence through the lens of maintenance is to turn away from the spectacle of dysfunction to the ordinariness of functioning otherwise. It is to recognize, within acts dismissed as reckless and self-destructive, an ethic and practice of care—an ongoing labor of keeping life together where society sees disruption and disorder. This orientation resonates with the literature on care that exceeds biomedical and moralizing definitions to encompass the mundane, often invisible work of sustaining bodies, relations, and worlds (Fischer & Tronto 1990; Puig de la Bellacasa 2017). From the perspective of maintenance studies, substance use can be understood less as rupture than as the continuous upkeep of a life lived under duress, echoing Jackson’s (2014) claim that fitting to the varied circumstances of organizations, systems, and lives is accomplished through repair and maintenance. Feminist theories of social reproduction similarly remind us that survival is built on the ceaseless labor of coping, adjusting, soothing, regulating—labors often gendered, racialized, and devalued (Bhattacharya 2017; Federici 2020). Seen this way, substance use emerges as a form of reproductive labor directed toward the self: a way of maintaining coherence and a life itself in the contours set by the *telos* of dependence.

In naming the labor involved in sustaining alcohol dependence on the streets as reproductive, I consciously refer to the concept of social reproduction. The theorization of social reproduction and its relationship to other forms of labor has a long-standing tradition in the academic field. Too long to report on it here (for an extensive account of the history of this theorization see, for example, Mitchell et al. 2003; Pred 1981; Tanyildiz et al. 2021). Suffice to say, in addition to the Marx-inspired conceptualizations of social reproduction as a mechanism crucial for the sustenance of the capitalist system, there are other ways of theorizing social reproduction and what it can do in terms of illuminating the workings of social life in general. In my theorizing of the labor of maintenance I specifically refer to certain strands of the feminist theories of social reproduction (Ferguson 2008; Tanyildiz et al. 2021) as well as the approach developed within time-geography (Pred 1981). What they have in common is their comprehensive focus on the full spectrum of practical activity that contributes to sustaining social life (Ferguson 2008). In addition, they point towards the everyday material social practices as crucial to reproducing the (non)institutionalized contours of social life. Both social reproduction feminism (Ferguson 2008) and the time-geography inspired approach to social reproduction (Pred 1981) are attentive, as well, to the spaces wherein these practices are carried out and negotiated, revealing the ways in which shifting geographies of reproductive labor come along with the shifting moral values. This understanding is congruent with the overall theoretical framework that underpins my work, that is theory of practice, in particular Schatzki’s practice-based social ontology (Schatzki

2002). What I am interested in, then, is to examine everyday practices as the site (Schatzki 2002) of social reproduction.

Following Tanyildiz et al. (2021), I use social reproduction as an analytic, as the means through which to render visible something other than social reproduction itself. This other phenomenon is how street-based alcohol dependence is practiced and reproduced in mutual tension between the lived teleology of dependence and the social forces aimed at disrupting the effort required to accomplish dependence-related ends, which, in this case, amount to obtaining and consuming alcohol. Applying social reproduction as an analytic highlights as well how street-based alcohol users secure their reproduction as particular subjects—stigmatized, disempowered, marginalized—through sustaining the conditions necessary for the alcohol consumption to continue. The required effort, foresight, and discipline, as well as navigating the centrifugal societal forces is what distinguishes, in my understanding, the labor of maintenance from other goal-oriented everyday social practices. To sum up, the concept of the labor of maintenance developed and used in this paper, is best understood as a set of practices occurring at determinate locations in time and space² that contribute to the consolidation and sustenance of alcohol dependence and the related subject position—a form of social reproduction oriented towards the self.

Attending to these practices reveals not only the labor of maintenance but also the sites of resistance to moralizing governance and paternalistic care—those regimes that determine which modes of existence are worth sustaining. Practices such as pacing one's drinking to remain admissible to a shelter, sharing alcohol to preserve fragile alliances, or using alcohol to manage withdrawal, trauma, or cold weather constitute forms of care that the dominant teleo-affective regimes fail to recognize. In attending to these practices, the politics of care comes into view: the moral grammar through which society delineates the proper from the improper, deciding what—and who—may count as a legitimate “matter of care” (Puig de la Bellacasa 2017). At the same time, the labor of maintenance brings to the fore “glimmers of possibilities” (Mitchell et al. 2003: 433) of transforming the social reproduction of street-based alcohol dependence in a truly harm-reductive way.

Methodology, Ethics, and Ontopolitics

Methodology

The empirical material used in this article comes from an ongoing research project on urban care and the conditions that make it possible. Practices of self-care and mutual support involved in sustaining alcohol dependence in a street-homeless situation emerged as an additional, yet important, topic during fieldwork conducted in Kraków, Poland between March and June 2025. The paper draws on insights generated through sustained ethnographic encounters with unhoused residents—conversations held on the streets

² The spatiality of the labor of maintenance renders visible the contingencies between material and moral geographies of alcohol consumption. The actual spaces of social reproduction of street-based alcohol dependence are characterized by public visibility, which contributes to the moral condemnation of the practices that take place within these spaces. This, in turn, results in increased vulnerability among those who partake in these practices.

and in makeshift houses, unhurried observations in places of gathering, and the slow, accumulative knowledge that emerges from simply hanging out. Unhoused participants were invited to take part only after initial rapport had been established in public spaces, places where they lived or slept, and various sites of service and informal care provision. Before participating, they were informed in clear and accessible terms about the aims of the study, the expected scope of our interaction, and the voluntary nature of their involvement; all provided oral consent. Fieldwork also included site visits to a range of homeless services across the city, including substance dependence therapy clinics, and conversations with the workers who staff them, whose perspectives illuminate the institutional, moral, and affective logics shaping the regulatory milieu surrounding alcohol use on the street.

The fieldwork material as a whole comprises in-depth interviews with 36 people who have experienced homelessness. At the time of the research encounters, their experience ranged from a couple of weeks to over 20 years. Most of the participants had firsthand experience with alcohol consumption and dependence. The unhoused group of contributors comprises 16 women and 20 men³, mostly in their 30s and 40s, in a homeless situation that, at the time, matched the characteristics of “rooflessness,” that is, living rough or in emergency accommodation, according to the European Typology on Homelessness and Housing Exclusion developed by FEANTSA. The majority of the participants were living rough, narrowing the focus of the study to a minority within the predominantly institutionalized Polish homeless population.

The second group of contributors consists of 18 formal and informal care providers. By formal care providers, I mean employers or volunteers at government, municipal, and non-governmental homeless service organizations. I have named people who support unhoused residents in everyday urban spaces, including grocery stores, parking lots, and transit spaces like sidewalks as informal care providers. The fieldwork material also includes extensive observational data collected through participation in service provision, informal street gatherings, and ethnographic hanging out. This paper’s analysis focuses on a subset of data concerning alcohol consumption and dependence, as revealed through interviews and observations.

The data were elicited through a combination of comprehensive interviews, participant observation, and field notes. Five unhoused contributors participated as well in a body-mapping exercise (Coetzee et al. 2019; Idrees et al. 2024; Orchard 2017). They were invited to visually and/or textually represent what they feel before and after alcohol intake and locate these mental and physical sensations on a symbolic representation of a human body. The resulting body-maps are not presented in this paper, as they, at the time of writing, have not been yet systematically analyzed. Nevertheless, some insights provided by the body-mapping exercise were included in the analysis and did inform the discussion presented in the paper. All interviews were conducted in Polish, most of them were recorded in the form of handwritten notes, only a few were audio recorded with the participants’ consent, and partially transcribed. Names and identifying details were anonymized to ensure the confidentiality of the interviewees.

³ Data analysis has not revealed any significant differences in how differently gendered bodies essentially perform the labor of maintenance. For this reason, a strong focus on gender has not been included in the results section of the paper.

Data analysis involved systematic reading of transcripts, thematic grouping of fragments, pattern seeking within and across cases, comparing identified patterns across cases, condensing identified patterns into a typology of practices, and interpreting identified types through theoretically informed reading.

Ethics

The ethical foundation of this study in drugged sociology rests on an ethics of care (Gillian 1982; Tronto 1993), understood not as a sentiment but as a relational practice. This orientation is most fully realized through what Brannelly (2018) and Brannelly and Barnes (2022) call *care-full research*—an approach that treats inquiry itself as a situated ethical encounter, one that insists that our work should contribute, however modestly, to “living in the world as well as possible” (Brannelly & Barnes 2022: 9). Care-full research is guided by Jane Tronto’s influential definition of care as a series of interlinked phases—caring about, caring for, caregiving, care receiving, and caring with—each reimagined as a methodological orientation. To research with care is, first, to cultivate attentiveness: to allow matters of concern to surface from within the textures of people’s lives rather than imposing our own hierarchies of relevance. Focusing on the practices through which people sustain alcohol use on the street is one expression of this attentiveness. It begins from what matters to the people with whom the research is entangled, rather than from what institutional actors, policy debates, or public health discourses might predefine as important. In this way, the study meets the ethical requirement of attending to what is consequential in the lived experience of the people whose worlds it seeks to understand. Engaging with the matters of concern of those experiencing homelessness is particularly vital. Their everyday lives are already dense with demands; ethical research should not add to this burden by asking them to invest in matters that bear no weight in their own lived trajectories.

Ontopolitics

The paper takes up the term *alcohol dependence*. In doing so, it enters the terrain of what Mol (1999) calls *ontological politics*: the recognition that research does not simply map the real but participates in its crafting. Naming, here, is never innocent. In the field of drug and alcohol studies, the politics of naming is especially forceful. As Fraser (2020) notes, “drug dependence” enacts its own politics, tethering lives to biomedical logics that cast them as problems requiring cure, even as these logics claim neutrality. This paper therefore uses “dependence” with care and hesitation—descriptively but not diagnostically, even if many of my interlocutors introduced themselves through the language of pathology (“I am an alcoholic”). Rather than reproducing this medicalized ontology, I approach dependence ethnographically, as a mode of existence where alcohol emerges not merely as an intoxicant but as a horizon of practice that gathers and organizes the projects of everyday life. To write about dependence this way is not to romanticize alcohol use but to recognize its place in the practice and politics of a life it sustains. In this sense, the paper acknowledges its own role in the ontopolitics of dependence. It seeks to tread with care—attentive to the stakes of naming, and to the people whose modes of existence are too often obscured by the very concepts meant to explain them.

The aim of the paper is not to evaluate individual choices or promote alcohol consumption as the norm, but rather to understand how certain practices emerge as meaningful responses to becoming with alcohol dependence. By focusing on participants' interpretations and critiques, the article highlights the sociomaterial dimensions of sustaining alcohol use on the streets without romanticizing or generalizing these practices.

The Labor of Maintenance

Securing a drink

Tomek funds his drinking by collecting deposit bottles. Three times a week he wakes at 5 a.m., takes a tram or walks to a particular housing estate, and starts his round of trash bins. In Kraków, people don't leave bottles beside the bins for collectors—they throw them in. The design of glass containers makes retrieval tricky: you need a stick to fish bottles out. Tomek gathers as many as he can carry, then hauls them four kilometers to the nearest supermarket with a reverse vending machine. One trip never earns enough. He needs at least three runs to scrape together enough for a day or two. Karol also relies on scavenging, but supplements it by searching for lost items—phones, laptops, wallets—and returning them in hopes of a reward. At night he drinks what he finds abandoned outside bars, hostels, or left behind on the squares where the housed drinking crowds spill out. Karolina and Przemek shoulder heavy loads of scrap metal, sometimes whole bathtubs, dragging them across the city. They also pick through cast-offs for anything with resale value and try their luck at the weekly flea market. Zosia's main income-generating strategy is panhandling. Unlike Marek, who walks around and approaches people directly, she sits still for hours with a cardboard sign asking for money.

None of these is a reliable source of income. There are days when Zosia's money-collecting paper cup is empty; when someone beats Karolina and Przemek to it and collects all the scrap metal; or when someone falls ill or gets injured, like Tomek did when he broke his leg and couldn't go on his rounds for weeks. At such times, Marek, Tomek, Zosia and others rely on displays of solidarity within the moral economy of sharing (Bourgeois 1998). Solidarity among street-based alcohol users is rooted in an intimate understanding of what it feels like to be "falling apart" when blood alcohol levels are too low. They are all too familiar with the symptoms and, when they recognize them in a fellow street drinker, they treat them to a beer or a sip of whatever they have on hand. Instead of alcohol they may offer a Depakene. Solidarity-based loans of small amounts of money are also possible. More common, however, are ad hoc alliances formed around pooling financial resources and consuming the acquired alcohol together. This support network is never unconditional, often circumstantial, and always fragile and prone to breaking due to betrayal.

Securing a place to drink

In Poland, alcohol consumption is legal from age 18, but the geographies of drinking and drunkenness are subject to strict regulations—an issue that weighs especially on street-based alcohol users. Public drinking is banned under Article 14 of the Act on Upbringing

in Sobriety and Counteracting Alcoholism, which treats consumption—or even attempting to consume—in public space as a misdemeanor. The standard penalty is a 100 PLN fine, though refusal to accept it can lead to court proceedings, where fines may reach 5,000 PLN and additional judicial sanctions may apply. Unpaid fines can be converted into substitute imprisonment. Article 40 of the same Act authorizes law enforcement to detain intoxicated individuals who cause a public nuisance, endanger others, or put themselves at risk. They may be taken to a sobering-up center, police station, medical facility, or, in some cases, their place of residence. These regulations are actively enforced. In Kraków, the goal of increased enforcement of adherence to the regulations is included in the Municipal Program for Prevention and Solving Alcohol Problems and Counteracting Drug Addiction. Local police forces, including municipal and national police, are tasked with strict oversight, and district policing plans across most service areas target public drinking and drunkenness as priority issues ([Komenda Miejska Policji w Krakowie 2025a \[Krakow City Police Dept. 2025a\]](#)). In areas with a noticeable homeless presence, the adopted policing strategy is explicitly labeled “repression” ([Komenda Miejska Policji w Krakowie 2025b \[Krakow Police Dept. 2025b\]](#)), enacted through issuing warnings and imposing fines.

Street-based alcohol users have to be, thus, mindful of where they drink and get drunk in order to avoid penalization. Most of them are familiar with patrol routes and schedules, CCTV camera locations, and spots that are hidden from the sight of both. Some avoid drinking in public spaces altogether, retreating instead to stairwells, basements, or abandoned buildings. But many don’t—they remain on the streets, in parks and squares and adapt by practicing what might be called “alert drinking”: staying sober enough to notice approaching officers, disguising alcohol in inconspicuous containers, or arranging their bodies to shield the bottle from view. Some accept the risk of getting caught as an intrinsic part of street-life. They accept tickets without intending to pay the fines, hoping the courts are too busy to initiate proceedings. Others treat short jail sentences not as punishment but as a temporary reprieve—a chance to wash, sleep indoors, and recover from the harsh conditions outside.

Drinking safely

Street-based alcohol users are acutely aware that intoxication heightens the risk of accidents like falls and collisions. They also know that those who escape such accidents with only bruises can consider themselves lucky. This acute awareness prompts them to develop strategies for selecting safer drinking locations when possible. This consideration extends to both the physical features of the environment and its social makeup. Tomek seldom drinks in public spaces, not just to avoid penalties, but also to maintain control over his drinking companions and encounters when intoxicated. He explains that alcohol often ignites violent disputes. Karol concurs, admitting that he often does “stupid things” under the influence, so he sometimes opts to drink alone in his trailer. Other people can pose a threat, potentially assaulting or robbing you of valuable possessions. However, they can also enhance your security. Edyta often drinks until she passes out and needs someone she trusts to watch over her while she sleeps. Monika recalls instances when she and her partner moved heavily intoxicated friends to prevent them from being taken to a sobering-up

center. These accounts demonstrate the importance of social networks in mitigating risks. They also highlight the decision-making processes that street-based alcohol users engage in to balance their desire for alcohol with the need for safety and self-preservation.

Negotiating drinking habit against the need to address other essential needs

From casual expectations to strict requirements enforced by mandatory breath alcohol concentration tests—sobriety is embroiled in the Polish model of homeless service provision (Wygnańska 2016). In Krakow, only two of the eleven facilities offering overnight shelter admit people who are under the influence of alcohol (Mirek et al. 2019). The same sobriety requirement governs access to most day centers, sanitary points, and soup kitchens: a person must arrive sober in order to eat, wash, rest, or simply sit inside for a few hours. This conditionality is justified through what appears, in practice, as a broad social and institutional consensus: alcohol use is construed as an obstacle to rehabilitation, a barrier to “normal,” healthy, and productive living, and therefore something that must be curtailed—even if only momentarily—before any form of assistance can be offered.

Service workers often narrated an understanding of dependence that avoids explicit blame yet still locates responsibility for change within the individual. They framed their interactions with clients through a familiar pedagogical logic: each encounter becomes an opportunity to “teach” sobriety. By demanding abstinence and rewarding it with access to food, showers, or a bed, workers described themselves as creating small, experiential lessons—showing clients that life without alcohol, even brief moments of it, is possible and worthy of aspiration. A bowl of soup becomes a tool of moral instruction; a shower becomes proof of progress; the withholding or granting of care becomes part of a staged pedagogy of self-improvement. This didactic moralism extends beyond alcohol use into broader norms of comportment. Clients are expected not only to be sober but also to be “cultured,” polite, orderly—demonstrating that they are aligned with the expectations of the institution and, implicitly, of respectable society.

Workers frequently invoked a paternalistic notion of care: care that “knows best,” that sets limits because it cares, that disciplines in order to protect. In this framing, demanding sobriety is not punitive but benevolent. It is envisioned as a form of tough love that asks clients to “work” for the services they receive—a labor of abstinence that staff readily acknowledge is difficult, yet nonetheless necessary in their view. This paternalistic ethic also operates as a defense against public critique. Workers are acutely aware of accusations that shelters and soup kitchens merely “enable” addiction or extend support to “freeloaders.” By insisting on sobriety as a prerequisite, they position themselves as responsible actors—upholding moral boundaries, promoting self-discipline, and ensuring that their services are not seen as unconditional support for dependency. In this way, conditional care serves a dual function: it shapes the conduct of clients while simultaneously protecting the legitimacy of the institutions within a wider moral economy that scrutinizes the worthiness of those who seek help.

Opinions about the sobriety requirement among people who drink on the streets are far from uniform. Many of my interlocutors expressed little objection to these rules, framing them pragmatically rather than morally. For them, sobriety at the door helps preserve

a fragile sense of order and safety inside service spaces: fewer chances that someone unsteady will spill scalding soup, fewer sudden fights sparked by intoxicated bravado, fewer unpredictable bodies in already precarious environments. In this view, the rule is less a moral injunction than a practical measure for collective self-protection.

Yet others experience the same requirement as a profound form of exclusion—a signal that their needs, vulnerabilities, and embodied realities do not count as legitimate objects of care. For those whose dependence structures the rhythms of their day and whose withdrawal symptoms can be acute, the demand to arrive sober is experienced as an impossible threshold—one that transforms services ostensibly designed for them into spaces they cannot enter. They speak not only of being turned away but of feeling actively uncared for, positioned outside the moral boundaries of those deemed “deserving” of help. In their accounts, sobriety requirements do not create safety so much as they produce new forms of abandonment, reinstating precisely the hierarchies of worth that homelessness both reveals and exacerbates.

These divergent experiences are inseparable from the broader choreography of daily endurance. Street-based alcohol users have to negotiate their drinking habits against the need to address other essential needs, such as receiving a warm meal, using hygiene facilities, or accessing overnight emergency accommodation. Sobriety rules thus fold directly into the calculus of everyday maintenance, shaping when and how one can drink, how much one can risk, and what must be sacrificed to meet the demands of service provision. This balancing act may require adjusting the amount of alcohol consumed—like Staszek, who decided to limit himself to two beers per day during the winter months to secure a place in a warming-up center. It may also involve altering the timing of drinking—such as Przemek, who opens his first beer in the afternoon on days he spends his mornings at a day center—or engaging in ad hoc or more time- and effort-consuming sobering-up practices. The former might involve taking a long walk around a soup kitchen to allow the body more time to metabolize alcohol or simply to stimulate circulation when sobriety is judged by appearances rather than tests. The latter could entail days of reducing alcohol intake and battling withdrawal symptoms with water, tea, and whatever aids insomnia, all to ensure attendance at a social worker appointment or to utilize a scheduled slot in a bathhouse. At times, however, commitment to the substance takes precedence and other essential needs are met through alternative strategies or simply neglected.

Taking care of the substance-dependent body

A hangover, Marek once told me, is punishment for taking a break from drinking. From this maxim he drew the first rule of caring for an alcohol-dependent body: never leave it without alcohol. Especially in the morning, when withdrawal symptoms are sharpest—tremors, sweats, nausea, the sense of one’s nerves vibrating under the skin. The most commonly self-applied remedy is more alcohol. Fighting fire with fire, as he put it. But when that isn’t possible—when money is gone, supplies run dry, or the body simply can’t hold another sip—other strategies come into play. Like hydrating and eating. These often require willpower: pushing through the pain, pulling oneself together, and dragging the body to a homeless service facility where breakfast and tea are served. Coffee is usually

avoided. Many sense intuitively that caffeine worsens dehydration and amplifies the jitters. Some admit that alcohol dulls their appetite almost completely, yet as an act of self-preservation they remind themselves to eat “at least once in two days,” as Tomek put it. Resisting the lure of non-consumable alcohol is also framed as self-care. Beyond these day-to-day tactics, there are longer-term strategies. Nutritional supplements are sometimes taken to counter the vitamin and mineral deficiencies caused by chronic drinking. Another strategy is occasional detoxification. For those committed to the substance, detoxification is often the only form of treatment they are willing to accept, and also the only form that the health care system is willing to offer them.

The Polish alcohol dependence treatment system is marked by a strong and enduring commitment to abstinence as the only legitimate therapeutic goal (Fudała 2014; Klingemann 2016). Since the 1980s, when the system underwent modernization and adopted the Minnesota Model along with Alcoholics Anonymous principles, treatment has been shaped by the idea that alcohol dependence is a chronic disease, that any drinking leads inevitably to loss of control, and that recovery requires total and permanent abstinence (Habrat 2013; Miturska & Dąbrowska 2009). This orientation has created a relatively homogenous therapeutic milieu, where programs overwhelmingly focus on teaching clients how to live without alcohol. The standardization of therapist training related to the introduction of certification in the early 2000s has further reinforced the homogeneity and consolidated the dominance of abstinence, ensuring that most treatment centers and professionals continue to offer a single pathway: lifelong sobriety (Miturska & Dąbrowska 2009). Controlled drinking approaches, which are increasingly recognized elsewhere as valid and pragmatic (Jakubczyk & Wojnar 2012), remain rare in Poland (Klingemann 2016).

A decade has passed since recommendations were made to expand the therapeutic offer of Polish dependence treatment facilities (PARPA 2016). This included the development and implementation of controlled drinking programs. Despite this, the availability of such services remains limited. In the absence of systematically maintained registers of controlled drinking programs, the field lacks reliable data, making it difficult to determine the number of facilities offering this form of therapy. This absence of data is itself indicative of the marginal and weakly institutionalized status of non-abstinence-oriented approaches within the Polish treatment system. Brochures published by the State Agency for the Prevention of Alcohol-Related Problems (PARPA), as part of the National Health Program for 2016–2020, emphasize both the limited number of such facilities (PARPA 2024b: 12) and the continued dominance of abstinence as the normative therapeutic goal. As stated in these materials, “the goal of psychotherapy for alcohol dependence, as implemented in the majority of addiction treatment facilities in Poland, is to improve patients’ health and overall functioning through the initiation and maintenance of abstinence, learning to solve problems, and meeting needs without alcohol” (PARPA 2024a: 7). At the same time, unofficial sources suggest a gradual increase in the number of facilities implementing controlled drinking programs in recent years; however, this growth appears to be concentrated primarily in the private sector (Ruszel 2024). This points to a pattern in which innovation emerges at the margins of the publicly funded system, raising questions about unequal access and the marketization of alternative therapeutic modalities. A similar ambiguity is visible at the level of local policy. For instance, the Municipal Program

for the Prevention and Resolution of Alcohol-Related Problems and Counteracting Drug Addiction for 2023–2026 in Kraków includes, among its objectives, the expansion of access to therapeutic and rehabilitation services for individuals who are dependent or engage in risky and harmful alcohol use. The indicators used to measure progress refer to the types of therapeutic programs offered (*Rada Miasta Krakowa [Krakow City Council] 2022: 77*). However, implementation reports (*Urząd Miasta Krakowa [Municipality of Krakow] 2025: 276–278*) do not specify the therapeutic goals underpinning these programs, focusing instead on their formal modalities—such as individual and group psychotherapy or therapeutic and diagnostic counselling (*Prezydent Miasta Krakowa [Mayor of Krakow] 2025: 324*). This suggests a form of policy abstraction in which the expansion of services is tracked quantitatively, while their underlying therapeutic paradigms remain opaque.

The scarcity of spaces where non-abstinence-oriented therapies can be accessed is only one layer of the problem. Access is also negotiated through mundane, material requirements—an ID card, a phone, a fixed point of contact—which can be difficult to meet under conditions of housing precarity. At the same time, controlled drinking programs are configured around a clinical subject for whom alcohol can still be modulated: someone without medical contraindications, typically positioned earlier along trajectories of dependence, and with fewer entanglements between alcohol use and deteriorating health. From a medical standpoint, this delimitation is pragmatic. Yet, in practice, it leaves those with longer, more intensive histories of use—whose bodies often bear the marks of that history—at the edges of what can be formally offered. What emerges, then, is not simply a structural misalignment, but a displacement of health care. For those unwilling or unable to commit to abstinence, and for whom controlled drinking is not medically indicated, treatment does not disappear—it shifts site. It manifests in collectively held knowledges about how to drink, when to stop, how to soften the landing of withdrawal. These are fragile, situated practices—improvised yet patterned—that circulate between people, like Marek’s maxim about hangovers: a minor rule, perhaps, but one that holds together dependency-entangled lives where formal therapeutic options remain out of reach.

Conclusions

The paper foregrounds how dependency configures a field of ends and affects that orient practice: alcohol emerges not merely as an object of craving but as a horizon that gathers and organizes the projects of everyday life. This horizon is not abstract but found in the textures of daily routines shaped around the felt imperative of use. Through ethnographic attention, the analysis traces the demanding, ongoing labor through which alcohol consumption is sustained on the street—labor grounded in the immanent teleology of dependence itself. This commitment is not enacted in a vacuum but unfolds within a dense regulatory milieu, where multiple teleoaffective regimes and related practices act to unsettle, redirect, or interrupt the orientations of dependence. Regulatory intervention does not possess the capacity to completely eradicate dependence—whether through condemnation, encouragement, policing, or treatment. But it can disrupt the fragile consistency of dependent life. Such interventions rarely alter the coordinates of practice of

street-based alcohol use; instead, they shift the conditions of its enactment. Street-based alcohol use thus takes shape at the juncture of two incommensurable ordering logics: the embodied and habituated pull of dependence, and the disciplinary counter-forces of governance, assistance, and treatment. It is in the tension between these logics that the practice of alcohol use on the street is continually made and unmade. This tension does not simply constrain practice; it actively composes its enactment.

In attending to the commitment to the lived *telos* of dependence and to the labor of maintenance it requires, the paper brings into view the particular forms of care produced by substance dependence. Practices such as pacing one's drinking to remain admissible to a shelter, sharing alcohol to preserve fragile alliances, or using alcohol to manage withdrawal, trauma, or cold weather constitute forms of care that the dominant teleoaffective regimes embroiled in law, enforcement, assistance, and treatment fail to recognize. The tension between incommensurable ordering logics speaks to the otherwise quiet politics of care. The acts of maintenance performed by street-based alcohol users contest the moral economies that separate the "deserving" from the "deviant," making visible an alternative ethos of care grounded in endurance rather than redemption. In Poland, the governance of homelessness and addiction operates predominantly through what might be called a regime of conditional care, offering assistance to those who can demonstrate sobriety, progress, and gratitude. This apparatus turns maintenance itself into a test of citizenship: the ability to stay clean, to comply, to perform rehabilitation becomes the currency of belonging. Those who cannot—or refuse—to align with such scripts are pushed into zones where survival depends on informal practices of care and the micropolitics of endurance. Yet it is precisely in these spaces that another mode of existence flickers into view: one sustained not by the infrastructures of the state or the voluntary sector but by the unacknowledged labor of maintenance, self-care and mutual support. To attend to these practices is to recognize a politics that does not aspire to inclusion but to persistence—a quiet, ongoing refusal to disappear in the face of systems that value lives deemed productive, sober, and orderly. Here, as Lancione (2019, 2023) and others remind us, care is neither the benevolent gift of institutions nor a sentimental gesture, but an insurgent practice of holding together a life that official frameworks of rehabilitation and order mark as requiring repair. This persistence exposes the paradox of a society that venerates drinking as a national ritual while expelling those whose drinking exceeds its social choreography. In this way, the Polish homeless alcohol user embodies a politics of maintenance in its most radical form: sustaining existence in defiance of a moral economy that would prefer their disappearance. The defiance embodied in the daily labor of maintenance holds the potential to counter the harms produced by societal forces that work against its *telos*. These practices are the very site where dependency-entangled lives are reproduced. Yet precisely because life is sustained here, these same practices also harbor the possibility of harm-reducing transformation.

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Ethical statement

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References

- Bhattacharya, T. (Ed.). 2017. *Social Reproduction Theory*. London: Pluto Press.
- Bourgois, Ph. 1998. The moral economies of homeless heroin addicts: Confronting ethnography, HIV risk, and everyday violence in San Francisco shooting encampments, *Substance Use & Misuse* 33(11): 2323–2351, DOI: [10.3109/10826089809056260](https://doi.org/10.3109/10826089809056260).
- Bourgois, P., & Schonberg, J. 2009. *Righteous Dopefiend*. Oakland: University of California Press.
- Brannelly, T. 2018. An ethics of care research manifesto, *International Journal of Care and Caring* 2(3): 367–378.
- Brannelly, T., & Barnes, M. 2022. *Researching with Care*. Bristol University Press.
- Burak, A., Cierzniaowska, K., & Popow, A. 2020. Homeless people under the influence of alcohol admitted to hospital emergency departments in Poland, *Nordic Studies on Alcohol and Drugs* 37(2): 190–200.
- Coetzee, B., Roomaney, R., Willis, N., & Kagee, A. 2019. Body Mapping in Research, in: P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 1237–1254). Springer Singapore. https://doi.org/10.1007/978-981-10-5251-4_3
- Dennis, F. 2019. *Injecting Bodies in More-than-Human Worlds*. London: Routledge.
- Duda, J., Popieła, I., Dudzik, K., Adamus, A., Przygoda, M., Kościsz, A., & Konopka, T. 2025. Bezdomność w Polsce. Epidemiologiczne spojrzenie na przyczyny zgonów i implikacje zdrowotne (2015–2022), *Zdrowie Publiczne i Zarządzanie* 23(1).
- Federici, S. 2020. *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (2nd ed.). New York: PM Press.
- Ferguson, S. 2008. Canadian Contributions to Social Reproduction Feminism, Race and Embodied Labor, *Race, Gender & Class* 15(1/2): 42–57.
- Fischer, B., & Tronto, J. 1990. Toward a feminist theory of caring, in: E. K. Abel & M. K. Nelson (Eds.), *Circles of Care. Work and Identity in Women's Lives* (pp. 35–62). Albany, NY: SUNY Press.
- Fraser, S. 2020. Doing ontopolitically-oriented research: Synthesising concepts from the ontological turn for alcohol and other drug research and other social sciences, *International Journal of Drug Policy* 82(102610): 1–10.
- Fudała, J. 2014. Abstynencja i redukcja szkód jako cele leczenia osób uzależnionych od alkoholu, *Serwis Informacyjny Narkomania* 65(1): 15–20.
- Gillian, C. 1982. *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Główny Urząd Statystyczny. 2017. *Jakość życia w Polsce w 2015 r. Wyniki badania spójności społecznej. Studia i Analizy Statystyczne*.
- Habrat, B. 2013. Poszerzanie celów i strategii w leczeniu uzależnienia od alkoholu, *Alkoholizm i Narkomania* 26(1): 27–36.
- Idrees, S. S., Hannes, K., & de Andrade, M. 2024. Seeking Refuge in South Africa: Navigating Power, Healing, and Co-Creation in Body-Mapping Processes, *Social Inclusion; Vol 12: Theorizing as*

- a Liberatory Practice? The Emancipatory Promise of Knowledge Co-Creation With (Forced) Migrants.* <https://doi.org/10.17645/si.9013>
- Jackson, S. J. 2014. Rethinking Repair, in: T. Gillespie, P. J. Boczkowski, & K. A. Foot (Eds.), *Media Technologies: Essays on Communication, Materiality, and Society*. Cambridge, MA: MIT Press.
- Jakubczyk, A., & Wojnar, M. 2012. Całkowita abstynencja czy redukcja szkód—różne strategie terapii uzależnienia od alkoholu w świetle badań i międzynarodowych zaleceń, *Psychiatria Polska* 46(3): 373–386.
- Klingemann, J. 2016. Acceptance of Reduced-Risk Drinking as a Therapeutic Goal within the Polish Alcohol Treatment System, *Alcohol and Alcoholism* 51(4): 436–441.
- Komenda Miejska Policji w Krakowie. 2025a. *Dzielnicowi*. <https://krakow.policja.gov.pl/kr1/dzielnice>
- Komenda Miejska Policji w Krakowie. 2025b. *Komisariat Policji I w Krakowie*. <https://krakow.policja.gov.pl/kr1/dzielnice/4676,Komisariat-Policji-I-w-Krakowie.html>
- Lancione, M. 2019. The politics of embodied urban precarity: Roma people and the fight for housing in Bucharest, Romania, *Geoforum* 101: 182–191.
- Lancione, M. 2023. *For a Liberatory Politics of Home*. Durham: Duke University Press.
- Lenhard, J. 2017. You Care More for the Gear Than the Geezer? Care Relationships of Homeless Substance Users in London, *City & Society* 29(2): 305–328.
- Malczewski, A., & Jabłoński, P. 2023. *Raport 2023 Uzależnienia w Polsce*. Krajowe Centrum Przeciwdziałania Uzależnieniom.
- Martini, N. 2021. Mooring in the Homeless City: A Practice Theoretical Account of Homeless Urban Dwelling and Emplacement, *Qualitative Sociology Review* 17(3): 56–75.
- Ministerstwo Rodziny, Pracy i Polityki Społecznej. 2024. *Ogólnopolskie badanie liczby osób bezdomnych*. <https://www.gov.pl/web/rodzina/wyniki-ogolnopolskiego-badania-liczby-osob-bezdomnych---edycja-2024>
- Mirek, A., Ruta, K., Suchmiel, M., Gajda, M., Klimek-Piotrowska, W., & Talaga-Ćwiertnia, K. 2019. Assessment to access to social and medical help for homeless people in Cracow in the context to health problems, *Przegląd Epidemiologiczny* 73(2): 257–268.
- Mitchell, K., Marston, S. A., & Katz, C. 2003. Introduction: Life's Work: An Introduction, Review and Critique, *Antipode* 35(3): 415–442. <https://doi.org/10.1111/1467-8330.00333>
- Miturska, E., & Dąbrowska, K. 2009. Lecznictwo uzależnienia od alkoholu w Polsce w latach 1982–2005. *Alkoholizm i Narkomania* 22(4): 365–386.
- Mol, A. 1999. Ontological Politics. A Word and Some Questions, *The Sociological Review* 47(1): 74–89.
- Orchard, T. 2017. *Remembering the Body: Ethical Issues in Body Mapping Research*. (Original work published Springer International Publishing)
- Państwowa Agencja Rozwiązywania Problemów Alkoholowych. 2004. *Alkohol a społeczeństwo. Postawy i zachowania Polaków wobec alkoholu i problemów alkoholowych*. Państwowa Agencja Rozwiązywania Problemów Alkoholowych.
- PARPA. 2016. *Zalecenia do tworzenia i realizowania programów ograniczania picia Alkoholu w placówkach leczenia uzależnień*. <https://parpa.pl/index.php/lecznictwo-odwykowe/programy-ograniczania-picia>
- PARPA. 2024a. *Czy warto podjąć leczenie odwykowe. O leczeniu osób pijących alkohol szkodliwie i uzależnionych*. <https://kcpu.gov.pl/publikacja/czy-warto-podjac-leczenie-odwykowe-o-leczeniu-osob-pijacych-alkohol-szkodliwie-i-uzaleznionych-broszura/>
- PARPA. 2024b. *Wzory spożywania alkoholu. Leczenie osób uzależnionych od alkoholu*. <https://kcpu.gov.pl/publikacja/wzory-spozywania-alkoholu-leczenie-osob-uzaleznionych-od-alkoholu-broszura/>
- Pred, A. 1981. Social Reproduction and the Time-Geography of Everyday Life, *Geografiska Annaler. Series B, Human Geography* 63(1): 5–22. <https://doi.org/10.2307/490994>
- Prezydent Miasta Krakowa. 2025. *Sprawozdanie z wykonania budżetu Miasta Krakowa za rok 2024*. <https://bip.krakow.pl/zalaczniki/dokumenty/n/563495/karta>
- Puig de la Bellacasa, M. 2017. *Matters of Care: Speculative Ethics in More Than Human Worlds*. Minneapolis: University of Minnesota Press.
- Rada Miasta Krakowa. 2022. *Gminny program profilaktyki i rozwiązywania problemów alkoholowych oraz przeciwdziałania narkomanii na lata 2023–2026*.
- Romaszko, J., Kuchta, R., Opalach, C., Bertrand-Bucińska, A., Romaszko, A. M., Giergiele-wicz-Januszko, B., & Buciński, A. 2017. Socioeconomic Characteristics, Health Risk Factors and Alcohol Consumption among the Homeless in North-Eastern Part of Poland, *Central European Journal of Public Health* 25(1): 29–34.
- Rowicka, M., Postek, S., & Zin-Sędek, M. 2021. *Wzory konsumpcji alkoholu w Polsce. Raport z badań kwestionariuszowych 2020 r.* Państwowa Agencja Rozwiązywania Problemów Alkoholowych.

- Ruszpel, M. 2024. *Program ograniczania picia—alternatywa, o której mało kto wie*. <https://www.strategie.jst.pl/2024/05/07/program-ograniczania-picia-alternatywa-o-ktorej-malo-kto-wie/>
- Schatzki, T. R. 2002. *The Site of the Social: A Philosophical Account of the Constitution of Social Life and Change*. University Park: Pennsylvania State University Press.
- Tanyildiz, G. S., Peake and, L., Koleth, E., Reddy, R. N., patrick/dp, darren, & Ruddick, S. 2021. Rethinking Social Reproduction and the Urban, in: *A Feminist Urban Theory for our Time* (pp. 1–41). <https://doi.org/10.1002/9781119789161.ch1>
- Tronto, J. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. London: Routledge.
- Urząd Miasta Krakowa. 2025. *Raport o stanie gminy*. <https://www.bip.krakow.pl/zalaczniki/dokumenty/n/581632/karta>
- Warmuz, K. 2022. Wyjące, pijane potwory—o wizerunku osób uzależnionych po transformacji, *Praktyka Teoretyczna* 3(45): 265–289.
- Wygnańska, J. 2016. Chronically Homeless People in Poland: Target Group of the ‘Housing First—Evidence based Advocacy’ Project, *European Journal of Homelessness* 10(2): 41–59.
- Zatoński, M., Hawkins, B., & McKee, M. 2018. Framing the policy debate over spirits excise tax in Poland, *Health Promotion International* 33(3): 515–524. <https://doi.org/10.1093/heapro/daw093>

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