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Slow Death and Ephemeral Pride: Opioid Use in Semi-Peripheral Poland

Abstract: This article examines how women and non-binary people who use opioids in Poland enact affective and embodied forms of resistance within environments shaped by criminalization, medicalization, and stigmatization. Drawing on a three-year ethnographic study and 29 in-depth interviews, I analyze institutional encounters with police, emergency medical responders, and hospital staff that reveal the chronic, structural violence experienced by people who use drugs. Building on Lauren Berlant's concepts of *slow death* and *lateral agency*, I propose the notion of "ephemeral pride" to capture fleeting, context-dependent assertions of dignity, expertise, and self-worth that arise within moments of heightened vulnerability. These affective expressions—such as challenging medical authority, refusing humiliating treatment, or rejecting police violence—do not produce structural change but interrupt the grinding logic of attrition. They illuminate how gender, class, health, and semi-peripherality shape both the experience of *slow death* and the possibilities for agency.

Keywords: slow death, lateral agency, ephemeral pride, resistance, gender, opioids

Lena, Karo, and Tonek are among the people I met while conducting ethnographic research among people who use opioids. Lena, a 24-year-old artist from southern Poland, told me in anger how she walked out of an emergency room to protect her dignity after experiencing necropolitical violence (cf. [Dennis & Pienaar 2023](#)). Karo, a 25-year-old woman from Silesia who has used heroin since adolescence, mentioned stoutly insisting on her injection expertise when medical staff dismiss her bodily knowledge. Tonek, a 22-year-old non-binary person from central Poland who uses opioids to manage chronic illness, called for an angry rejection of the carceral care they experience (cf. [Abbasi 2020](#)) and demanded recognition of their bodily autonomy and gender identity during a police raid. In this article, I treat their histories, experiences, and reflections as exemplifications of complex social worlds shaped by criminalizing laws and pathologizing discourses, but also by the ways people who use drugs themselves respond to these processes within the semi-peripheral context of Poland. The central question I pose concerns how, under conditions of structural violence, systemic abandonment, and stigmatizing narratives present in the Polish context, people who use drugs can express agency, manifest emotions, and reclaim dignity.

The people I spoke with articulated their anger, disappointment, and frustration toward the situations, state institutions, and actors whose actions deepened the harms associated with psychoactive substance use, its criminalization, and its pathologization. At the same time, they demonstrated that the systemic violence they experience is not a series of sudden

ruptures or intensifying crises, but a routinized and chronic form of harm manifested through institutional neglect, the dominance of abstinence-based addiction treatment, and pathologizing languages (Struzik 2026; cf. Bartnik & Kwiatkowska 2015; Bartnik 2022; Klingemann 2017). They contested the labels imposed on them as “drug addicts,” complicating in their narratives the image of passivity attributed to people who use drugs. They also challenged commonplace understandings of addiction as a stable condition, pointing instead to biographical interruptions, fluctuations, and intensifications in their substance use trajectories—describing attempts at treatment, strategies of self-regulation through dose minimization, and deliberate “breaks” from use. While their experiences thus revealed the dynamic and heterogeneous character of opioid use, in this article I focus specifically on institutional encounters in which violence becomes most visible and in which fleeting forms of resistance emerge.

Particularly significant to me were the narratives told by women and non-binary people—such as Lena, Karo, and Tonek—which carried elements of pride in who they are and resistance to widespread dehumanizing discourses and degrading treatment. The stories I heard challenged the dominant drug-related imagery that more often centers men’s experiences and what Ettorre (2007: 6) identifies as “the long established resistance to gender-sensitive or feminist approaches” in drug research (see also Dennis et al. 2023; Knight 2015; Ettorre 1989a; Pini 2001; Keire 1998). An additional lens is provided by analyses demonstrating how the identification of addiction with femininity—and thus with passivity and weakness—contributes to the stigmatisation of people who use drugs as those deprived of agency and decision-making capacity (Keire 1998; Fraser & Valentine 2008). Following Campbell and Herzberg’s (2017: 252) call to treat gender as a meaningful category “at every level from the intimate and highly personalized to the broad cultural and political forces,” I center the experiences of women and non-binary people who use opioids in my analysis. Existing scholarship on people who use drugs has predominantly focused on cisgender men, rendering the resistance practices of women and non-binary people invisible or marginal. Yet these narratives revealed both the scale of violence, inequality, and stigmatization resulting from the criminalization of psychoactive substances, and the complex, everyday resistance practices that enable people who use drugs to survive violence and momentarily reclaim agency and pride. Women and non-binary people who use drugs navigate gendered expectations regarding proper femininity, motherhood, intimate relationships, sexual availability, and bodily presentation, which intersect with their status as drug users to produce specific forms of violence as well as specific tactical responses (Ettorre 2007; Harris et al. 2023). Examining these experiences, I address how agency emerges under conditions of continuous oppression—agency that may not transform surroundings but allows women and gender-diverse people to reclaim voice, self-determination, and dignity, even if only momentarily.

To capture this chronic, structural dimension of violence, I draw on Lauren Berlant’s concept of *slow death* (2007). In the following sections, I examine three institutional spaces where slow death becomes most visible for people who use opioids in Poland: police raids in private settings, encounters with emergency medical responders at home, and hospital emergency rooms. These spaces represent situations where criminalization, stigmatization, and medicalization intersect to expose people who use drugs to harm,

humiliation, or death, creating conditions for necropolitics (Mbembe 2003; López 2020; cf. Collins 2023).

Building on rich scholarship on everyday resistance among people who use drugs (López 2020; Dennis & Pienaar 2023; Bartoszek 2021; Ettore 1989b), I focus on what remains less theorized: the affective, embodied dimension of resistance that provides neither structural change nor mere survival, but instead enables momentary, sometimes ambivalent, reclamation of dignity and selfhood by women and non-binary people who use drugs.

I propose the concept of “ephemeral pride” to capture this temporal, affective form of resistance—a specific manifestation of what Berlant terms *lateral agency*, or actions oriented toward relief, survival, and pleasure rather than political transformation. While Berlant describes *lateral agency* as the pragmatic tactics people employ within *slow death* to “get through the day,” I develop “ephemeral pride” to foreground how affect—particularly anger and the refusal of dehumanization—animates these non-transformative actions. Although rooted in the lived experiences of women and non-binary people who use opioids, “ephemeral pride” is not exclusive to this group; it surfaces in men’s narratives as well. However, because scholarship on drug use has predominantly been framed through masculine experience, rendering gender analytically invisible, I deliberately center the accounts of women and non-binary people here. The purposive selection of three cases allows me to foreground how “ephemeral pride” is always gendered and situated—shaped by specific configurations of vulnerability, embodiment, and institutional encounter.

The article comprises four parts. First, I present the theoretical framework, elaborating on *slow death*, *lateral agency*, and “ephemeral pride” through gender dimensions of everyday struggles. Second, I outline my research methods and contextualize the field. In the analytical section, I discuss three spaces where *slow death* manifests and “ephemeral pride” emerges: police raids, ambulance encounters, and emergency rooms. Finally, I present conclusions about how these concepts illuminate the resistance practices of women and gender non-conforming people who use drugs in Poland.

Theoretical Framework: Slow Death, Lateral Agency, and Ephemeral Pride

Following feminist and queer scholars who examine drug policy through gendered and intersectional lenses (Chang 2023; Dennis & Pienaar 2023; Knight 2015; Ettore 2007, 1989a; Campbell & Herzberg 2017), this article demonstrates how women and gender non-conforming people who use drugs act as subjects of resistance, expressing dissent against stigmatization and systemic violence. The perspective proposed here aligns with narco-feminism, which encompasses both activism for the rights of women and gender minorities who use drugs and critical scholarship analyzing drug policies, their instruments, and their implementation from feminist and intersectional perspectives (Dennis et al. 2023; Chang 2023). To avoid romanticizing resistance practices (Scheper-Hughes 1993), I highlight the ephemerality, temporality, and fragility of these actions while outlining the context of *slow death* in which they occur.

Slow Death as Environment of Structural Violence

Inequalities and systemic violence are continuous, yet we often encounter them through crisis narratives—whether moral panic or catastrophic discourse. Lauren Berlant (2007) argues that focusing on crisis as a sudden and temporary event obscures ongoing structural violence (cf. Vigh 2008, 2009). In their study of obesity in the United States, Berlant critiques crisis-centered explanations for social inequalities and their destructive consequences. Instead, she offers the concept of *slow death* to capture the endemic—systemic and structural—dimension of ongoing bodily attrition. *Slow death* reveals the permanent, systemic damage inflicted on certain populations under capitalism: “the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence” (Berlant 2007: 754).

Berlant uses the term “environment” (or “atmosphere”) to highlight the contextual, continuous, and chronic nature of *slow death*. The concept underscores how the environments in which we live—shaped by social class, skin color, and the “strength” of one’s passport—structure life chances. *Slow death* is not an event but a condition: the ordinary, unremarkable grinding down of bodies and possibilities over time.

Importantly, *slow death* operates differently across social positions “under a regime of crisis ordinariness” (Berlant 2007: 779). For women and non-binary people who use drugs, criminalization intersects with gendered expectations surrounding proper femininity, motherhood, sexuality, and bodily propriety; medicalization intersects with reproductive control and gendered assumptions about drug use as maternal failure or sexual deviance; and stigmatization compounds marginalization linked to gender non-conformity. These intersections of gender, class, and health status shape both the experience of attrition and the possibilities for resistance. Whereas cisgender men who use drugs may be framed as threats to public order, women and non-binary people negotiate additional layers of moral condemnation, bodily surveillance, and erasure from public discourse about drug use (Campbell & Herzberg 2017).

Lateral Agency as Non-Heroic Action

Following Berlant, I assume that people are not passive in the face of *slow death*; they undertake various actions to survive and find relief (cf. Campbell & Herzberg 2017). Literature on resistance offers diverse understandings of what people do when they experience injustice. Sometimes resistance is understood as collective uprisings or political interventions aimed at structural change—protests, policy reforms, social movements. However, resistance can also refer to everyday, individual actions that reveal what people do within harmful environments when violence remains unnamed or when possibilities for collective self-organization are minimal or nonexistent (Scott 1985; Auyero & Kilanski 2015a, b; Majewska 2018). It is this second form of resistance—everyday, individual action—that is central to my analysis.

Scholars studying people who use drugs have documented numerous forms of such resistance: navigation strategies, everyday experiments (López 2020), feminist acts of refusal (Dennis & Pienaar 2023), survival strategies, and practices of making life more livable (Struzik 2023). These concepts share an interest in how people cope, navigate

violent contexts, and find ways to continue living when structural transformation is out of reach. Some scholars have further demonstrated how attending to gender destabilizes the assumed passivity attributed to people who use drugs, revealing how gender itself is produced and negotiated within the field of drug policy (Campbell & Herzberg 2017).

In the context of *slow death*, Berlant (2007) rejects the notion of will, associated with heroic, visible, transformative acts, and instead directs attention to the environments in which systematic attrition occurs. Within these environments, they propose understanding people's actions through the lens of *lateral agency*: actions oriented toward relief, survival, and pleasure rather than political transformation. Crucially, Berlant emphasizes that *lateral agency* involves not only conscious tactics but also "episodic intermission from personality, of inhabiting agency differently in small vacations from the will itself, which is so often spent from the pressures of coordinating one's pacing with the pace of the working day" (Berlant 2007: 779). These moments interrupt the demand for the coherent, intentional liberal subject, creating space for what she describes as "the shifting sensual space between pleasure and numbness" (Berlant 2007: 799), a way of being that is neither purely resistance nor resignation, but a different mode of inhabiting life under conditions of slow death.

This understanding of resistance as temporal tactics for navigating attrition-producing systems aligns closely with harm reduction principles, which assume that "regardless of whether people continue to use illegal drugs or engage in other problematic behaviors, their lives have value" (Szalavitz 2021: 7; cf. Pates & Riley 2012). Harm reduction, like *lateral agency*, does not wait for structural transformation; it intervenes in the present to reduce violence, alleviate suffering, and preserve life.

From Pride to Ephemeral Pride

The concept of pride most often appears in LGBTQIA+ studies, where it functions as a form of dissent against stigma through positive identity affirmation and visibility, as a form of reverse discourse (Foucault 1990). Pride also appears in disability studies, feminist studies, and ethnic minority studies as a tool for discourse reversal and re-appropriation. Yet queer scholars note that pride as a political identity can rigidify non-normative experience and exclude failure, instability, and ambivalence (Puar 2017). Moreover, LGBTQIA+ pride is often tied to specific forms of racialization and normativity: "being proud" is frequently associated with white, middle-class gay identity (Puar 2017). Contemporary pride events have become linked with progressiveness and modernity, where hosting a "bigger" pride parade signals national development and rejection of "backwardness" (Ammaturo 2025).

Pride rarely appears in scholarship on people who use drugs (Moore 2008; Bourgois & Schonberg 2009; O'Malley & Valverde 2004; Dennis & Farrugia 2017; Struzik 2021a). While harm reduction documents emphasize self-determination, speaking with one's own voice, and expressing needs and dissent (Szalavitz 2021; Chang 2023), pride remains largely implicit. Bourgois and Schonberg's (2009) concept of the "righteous dopefiend" comes closest to identifying pride among people who use drugs: a form of ambivalent pride rooted in surviving "against all odds" within systemic violence and exploitation. Yet the concept focuses on moral economy and identity rather than the temporal, affective dimension of resistance that is central to my argument.

Ephemeral Pride as Affective Resistance

Building on these critical reflections and my ethnographic findings, I propose an empirically grounded understanding of pride emerging from the ongoing experiences of *slow death* among people who use opioids. Although Berlant weaves affectivity into their account of *lateral agency*, it operates differently than in the case of “ephemeral pride.” Both *lateral agency* and “ephemeral pride” are non-transformative: they enable survival within *slow death* but do not alter the systems that produce it. In the encounters with institutional violence that I analyze, however, somewhat different logic of agency emerges. Rather than dispersing intentionality, “ephemeral pride” concentrates it: accumulated affect—anger, frustration, defiance—finds momentary expression in a direct confrontation with institutional power. Karo’s insistence on her injection expertise, Lena’s refusal of medical violence, Tonek’s naming of police brutality as state failure—these are not withdrawals from subjectivity but brief, intense reclamations of it. The relief they provide is not that of numbness or suspension but of having spoken back, of having momentarily seized control over a narrative otherwise imposed upon women and non-binary people who use drugs.

“Ephemeral pride” is not, however, an identity category but a survival tactic, an affective maneuver (cf. Struzik 2021b) and a form of resistance against systems that condemn people who use opioids to humiliation and stigmatization. It diverges from LGBTQ+ models of pride in several ways. Rather than stable identity affirmation aimed at political visibility and structural change, it captures fleeting, context-dependent assertions of dignity that emerge and dissipate within *slow death*. It is temporal—appearing during specific encounters with institutional violence, and situational—shaped by particular configurations of power, vulnerability, and possibility for speech. It is ambivalent, coexisting with shame, fear, exhaustion, and the recognition that such moments may not offer protection from continued violence.

Research Methods and Contextualization

Drawing on the feminist concept of situated knowledge (Haraway 1988), I approached this research with the conviction that the experiences of people who use opioids themselves must be granted epistemic priority. This means that institutional contexts and public policy interventions were understood not as abstract structures but as forces directly expressed in the lives of my interlocutors. Shaped by my background in queer studies, I paid particular attention to experiences of violence and exclusion, while simultaneously asking about what escapes dominant narratives of opioid use: pleasure, everyday resistance, and struggles for dignity.

About My Fieldwork

This article is based on a three-year ethnographic study conducted among people who use opioids in Poland. During the research, I met with 29 interviewees using opioids (with some of them several times) in various regions of the country, primarily in large urban centers. My only participant inclusion criterion was experience with opioid use. I adopted

such a broad criterion because existing Polish research rarely addresses the everyday experiences of people who use opioids. I deliberately chose not to distinguish between licit and illicit opioid use as a criteria for inclusion, as these categories are empirically unstable in participants' trajectories. Several participants began opioid use through medical prescriptions for pain management or received diagnoses that legitimized their use, while others accessed substances through informal or illegal channels, or moved between these modes over time. For all, the legal or medical status of their use did not determine the violence and stigmatization they experienced; what mattered was the social and institutional identification as 'drug users.' At the same time, I refrained from imposing any predetermined understanding of addiction or opioid use, leaving these categories open to the multiplicity of experiences articulated by the research participants. Although this approach may limit the identification of subgroup-specific patterns, it enables recognition of the multiplicity of drug-use trajectories and their intersections with oppressive state institutions. Women and non-binary people constituted a minority of research participants—eight in total. Their accounts did not form a separate picture from those of cisgender men who use opioids, but rather complicated it. Three of my interlocutors directly spoke about experiences of sexual violence, including rape. All described their intimate relationships as ambivalent—often providing a sense of security while simultaneously marked by precarity, instability, and violence. None reported experiences of motherhood (their ages ranged from 20 to 45, with six between 20 and 26)—a notable absence given that existing scholarship frequently centers motherhood as a key axis of gendered stigmatization among women who use drugs (Ettorre 2007; Knight 2015). One interlocutor had experience in sex work.

I initially recruited participants through informal harm reduction networks—only four interviews were conducted with those who identified as activists. Then, using snowball sampling, I attempted to reach people with no ties to activism. As a result, I spoke with people of different ages, genders, and cities. Some lived in relatively stable conditions, while others experienced homelessness or extremely precarious housing and economic situations, what Kelly Ray Knight (2015: 59) terms the *institutional circuit*: rotating between shelters, jails, hospitals, hostels, addiction treatment facilities, friends' homes, or the streets. Several participants described their lives as constant movement—driven not only by the need to obtain substances but also by criminalization, motivated by the desire to avoid potential police violence and harmful legal consequences. I met interviewees in varied locations: private homes, cafés, parks, and occasionally my car. Most had experience injecting opioids and were in diverse states of health, often dealing with complications related to substance use or chronic illness.

Our conversations focused on their experiences of criminalization, which I defined broadly to include situations where the illegal status of drug possession affects access to care, quality of treatment, social perception, relationships, and everyday functioning—what Knight (2015: 29) calls 'the existential messiness of everyday circumstances.' Although many of the stories I gathered revealed the destructive effects of drug criminalization in Poland, my approach moved beyond framing my interlocutors' experiences solely through the lens of victimhood. Rather, I treated these narratives as part of a complex and ambivalent assemblage of policies, discourses, and practices that shape the agency and subjectivity of people who use drugs.

In addition to interviews, I participated in events related to harm reduction and drug policy (conferences, meetings, public debates) and volunteered at a harm reduction center. This component aimed to examine how drug use and people who use drugs are constructed by various actors in the Polish drug policy landscape.

All interviews were transcribed, anonymized, and coded twice using open coding. The first round identified analytical categories emerging from the material. During the second round, categories were reorganized, merged, or modified when necessary. The analysis was primarily inductive: I approached participants' narratives seeking emergent categories rooted in their experiences. "Ephemeral pride" crystallized as one such category—one I recognized not only in the coded material but also in the ways research participants narrated their experiences: the affective charge, the insistence, the embodied detail with which they recounted moments of confrontation. The concept was subsequently developed in dialogue with Berlant's theoretical framework of *slow death* and *lateral agency*.

Following Plummer (1995), I treat these narratives not as transparent accounts of events but as socially situated performative acts. Rather than opposing "what really happened" to "how it was told," I understand storytelling itself as analytically significant: the selection, framing, and affective weight participants gave to particular episodes reveal the political and existential dimensions of their experience (cf. Plummer 1995; Riessman 2008). Even where narratives function as identity performances, the very act of narrating resistance to institutional violence constitutes a meaningful assertion of agency and dignity. Observations conducted during my volunteer work at a harm reduction center provided a complementary source of data: brief, episodic conversations in everyday settings offered additional insight into the mundane realities of people who use drugs' lives, corroborating and contextualizing the interview material.

Ethical Considerations

The project received approval from the Ethics Committee of Humboldt University Berlin.¹ All participants were informed about the research objectives, data anonymization procedures, and their right to withdraw at any stage. In each case, informed consent was obtained orally. Participants received compensation in the form of vouchers or cash. Given the precarious, unstable, and highly stigmatized circumstances in which many interviewees lived, I provided additional support when needed—informing participants about nearby harm reduction centers, resources for addressing violence, legal aid, and pathways for entering opioid agonist therapy (OAT). Because many of them experienced institutional violence, police brutality, overdoses, and dehumanization in healthcare and addiction treatment settings—conditions that can be described through Berlant's concept of *slow death*—interviews were planned with flexibility, allowing for breaks, multiple meetings, or skipping questions.

¹ Ethical approval for this research was granted by the Ethics Committee of the Philosophische Fakultät, Humboldt-Universität zu Berlin (approval date: February 8, 2022), under the CrimScapes: Navigating Citizenship Through European Landscapes of Criminalisation project.

My Positionality

As a researcher, I had previously worked on queer solidarity and HIV/AIDS policies in Poland. The project presented in this text was my first large-scale study on psychoactive substance use. Consequently, I learned a great deal about opioid use from research participants and became involved in harm reduction activities within a small and informal collective of people who use psychoactive substances—the Polish Network of People who Use Drugs (PoliNPUD). Although I do not use opioids myself, I found resonances between research participants’ stories and my own experiences with healthcare, substance use, chronic illness, and non-heteronormative identities.

At the same time, I acknowledge my privilege as a researcher with stable employment and housing, and with access to legal, cultural, and medical resources (cf. Knight 2015). My background in queer studies and HIV/AIDS research offered sensitivity to intersectional forms of marginalization, while my outsider status with respect to opioid use required ongoing reflexivity regarding power dynamics and representation. This prior research experience also shaped the design of the present study. I sought to center the experiences of a criminalized community of people who use drugs, while remaining aware of the limitations this entailed. I did not pursue direct engagement with representatives of the institutions that create and enforce restrictive drug policies; their perspectives, gathered through conferences and public events I participated in, served primarily to help me understand how discourse around psychoactive substances and their users is produced. The analytical focus of this study remains deliberately on the experiential knowledge of people who use drugs themselves.

Contextualization of the Research

In this study, I understand *slow death* as an environment of structural inequalities shaping the lives of people who use drugs in Poland. However, Berlant (2011) develops their analysis in the context of the United States—a core location within global power relations and a setting characterized by minimal welfare support. Poland’s semi-peripheral position within global capitalism produces a distinct configuration of *slow death*.

This environment is shaped by criminalization of drug possession and use, exposing people to arrest, incarceration, and police violence; medicalization that denies individuals autonomy in treatment choices and frames drug use as individual moral failure; and stigmatization, intensified by the influence of the Catholic Church and post-socialist moral panics, that excludes people who use drugs from social recognition, care, and dignified treatment (Majka 2025; Struzik 2026).

Slow death in Poland is produced largely through drug policy and public narratives surrounding psychoactive substances. Modern Polish drug policy took shape after the political-economic transition of 1989 but was also influenced by the socialist period, when closed borders facilitated the emergence of locally produced “Polish heroin” (*kompot*) in the 1980s (Abucewicz 2006). In response, a state-supported NGO—MONAR—assumed a central role, introducing a closed, abstinence-based treatment model inspired by Synanon in the United States (Malinowska-Sempruch 2013, 2016; Bartnik 2022; Moskalewicz &

Welbel 2013). MONAR gained significant cultural authority, in part due to its involvement in supporting people living with HIV/AIDS at the turn of the 1980s and 1990s. Under these conditions, harm reduction initiatives faced major obstacles, especially since Poland adopted highly punitive drug legislation in the late 20th and early 21st centuries, criminalizing possession of nearly any amount of psychoactive substances (EUDA 2024).

Poland's semi-peripherality in drug policy is therefore characterized by a dual structure: despite minor reforms, a punitive legal approach to possession persists; simultaneously, abstinence-based models dominate addiction treatment, and harm reduction programs expand slowly and insufficiently. Today, only three drop-in centers operate nationwide, no supervised consumption rooms are available, and opioid agonist treatment programs meet only about 22% of the estimated need (Malczewski & Jabłoński 2020). Moreover, many forms of harm reduction remain legally restricted, including the prohibition of drug checking services—which prevents NGOs from testing substances at events to inform people about their contents—while numerous substitution treatment programs continue to violate patients' rights through expulsions for rule violations and the use of discriminatory language (Klingemann 2017; Bartnik & Kwiatkowska 2015). Naloxone has been available only by prescription and in very limited pharmacies since 2025.

In the following sections, I examine how “ephemeral pride” emerges within three institutional encounters where *slow death* becomes most visible: police raids in private spaces, ambulance interventions, and emergency rooms. Across these settings, I analyze how women and non-binary people who use drugs navigate interlocking violence—criminalization, medicalization, and stigmatization—and how they assert momentary resistance through bodily knowledge, refusal of medical authority, and affective demands for recognition.

“Ephemeral Pride” in Polish Slow Death

In the following analysis, I explore the environment of *slow death* in relation to the experiences of three people and three different spaces of encounters with state institutions. Focusing on the experiences of women and non-binary people, I show how, in the context of continuity and oppression, these individuals affectively demand recognition, acknowledgment of their subjectivity, and respect for their choices.

Ambulance

I met Karo in a small mining town in Silesia, in the private apartment of her friend's grandparents. I met with three friends there in total, speaking with each of them separately in a small room. We held a brief collective conversation in the hallway of a modest apartment in a prefabricated housing block from the 1980s. I had the impression that all three preferred to speak individually—that each wanted to tell their story on their own terms. During our conversation, Karo spoke about her love for her mother, her father who died from an overdose when she was a young child, and her deep attachment and boundless gratitude to her late grandparents from the Silesian working class, who had fought for

her health and survival. She also explained the meanings of her tattoos and her profound distrust of the healthcare system. Early in our conversation, she reflected on what heroin had once given her (she now uses morphine): “A better mood, a better comedown. A state where I could think about nothing, worry about nothing. I felt such freedom from problems, freedom from everything that surrounds me.”

Describing in details the context she lives in, Karo said she had struggled with opioid and benzodiazepine use since her teenage years. Over the years—and largely at the urging of her grandparents—she participated in multiple addiction treatment therapies, detox programs, open psychiatric wards, and opioid agonist therapy. She began using methadone as a teenager; although the law allows OAT only from age 18, her grandfather, who was familiar with addiction (having lost his own son to an overdose), obtained methadone informally for her and helped her withdraw from heroin. Karo described her social environment as monotonous, lifeless, economically unstable, and marked by violence.

Several times during our conversation, she emphasized how medical personnel distrust people who inject drugs, especially during medical procedures such as blood draws:

I was at a blood draw and I told the nurse which of my veins still work. Because some don't work anymore, they've collapsed. I told her to stick the needle into that one because the blood would still flow. These nurses have no regard for my opinion, and they prefer to puncture me many times—a record 27 times one nurse punctured me. I don't know how many needles she used, but it took 55 minutes. Finally, she stuck the needle into the place I had pointed out from the beginning, and then the blood flowed. But by then she had already punctured me so many times. I was covered in blood, and I went home like that.

In her story, *slow death* appears above all in situations where her knowledge of her own body—her understanding of the long-term damage done to her veins—is ignored by medical personnel. In such encounters, Karo tries to defend herself and sometimes even challenges staff competence. She shows little sympathy toward nurses, stressing that if they listened to patients' needs, blood draws would proceed differently. She rejects the imposed notion of “blame” for having damaged veins:

It's still my fault in the end because I don't have veins, so they say it's my fault. But there are what, 50 kilometres of veins? I told that nurse there are so many kilometres of veins in the body, and she can't find even one piece. You're a qualified nurse... When someone has punctured me 20–30 times, I lose patience. I'm covered in blood, my clothes are covered in blood. 'Give it to me and it will be faster, because I won't let you puncture me 20 times. My arm already hurts.' The tourniquet makes my arm turn blue. I can barely feel it and you're still puncturing me. The veins don't work anymore when I can't feel my arm. It's a massacre.

Here, *lateral agency* takes the form of self-defense and an attempt to escape pain. Karo challenges medical authority, trusts her own bodily knowledge, and demands that this knowledge be acknowledged. Her impatience and affective reactions emerge situationally as responses to pain and as strategies of survival.

A particularly vivid example of “ephemeral pride” appears in her account of an encounter with emergency medical responders. Karo told me about an incident when a friend experienced an epileptic seizure triggered by tramadol use. After consulting with the emergency dispatcher, she decided to administer an intravenous dose of Relanium to reduce the seizure before the ambulance arrived:

I gave him an injection of Relanium. When I called emergency services, they said it would neutralize it, maybe stop the seizure. But when the paramedics arrived, they said I did the wrong thing. I told them I followed what

the person on the phone said, but they insisted I wasn't a nurse, so I shouldn't be giving injections. And then my sense of humor kicked in: 'I definitely give better injections than you.' That nurse was maybe in her twenties, and I said I give injections better than her, for sure longer, so she shouldn't lecture me. She looked at me confused. As they say, don't teach your father how to make children—that's what I thought to myself.

Saying *I give better injections than you* is a momentary reversal of power, a brief assertion of expertise, and a clear instance of "ephemeral pride"—a flash of confidence, humor, and refusal within a context of systemic violence.

Many people I interviewed emphasized the risks involved in calling an ambulance during overdose situations (Moura et al. 2024). Dispatchers may decide to send the police, exposing individuals to criminalization; additionally, there is always uncertainty about the attitudes of paramedics and hospital staff. Karo herself described waking up in the hospital after her own overdose and hearing nurses warn each other: *There's a junkie lying there, be careful!*

For Karo, humor, asserting her injection skills, and talking back become forms of "temporary pleasure" (Berlant 2007)—micro-acts that help her survive *slow death*. Berlant's triad appears clearly in Karo's story: survival during painful procedures, relief through asserting bodily knowledge, pleasure in momentarily reversing power. Even if medical staff fail to understand her remarks, these moments bring her joy, dignity, and pride—however fleeting.

Yet Karo's pride carried a paradox. When I asked about experiences of violence, and specifically gendered violence, she responded dismissively, calling women who remain in abusive relationships "idiots" who simply need to leave. She presented herself as strong and self-reliant, insisting that any woman could do the same. At the same time, she described her own current relationship as complicated ("He's freeloading off me. [...] I pay for rent, for food, for everything. He lives with me, and still has the nerve to expect drugs from me on top of that"), acknowledging situations of violence between herself and her partner. By relying on an individualized vision of coping—drawing on the same self-reliance that fueled her "ephemeral pride" in medical encounters—Karo simultaneously obscured the structural character of the violence she and other women who use drugs experience. Her account reveals that "ephemeral pride" is not free from contradiction: the very assertion of strength that enables resistance to institutional power can also reproduce blame toward those deemed insufficiently resilient.

Emergency Room

I met Lena during an interview in which her then roommate and partner, Luki, was also present. At the time, Lena was not employed and was involved in artistic work, though not earning from it. She especially enjoyed making collages that combined various techniques and materials, but due to financial constraints she had recently been painting and drawing instead. She once gave a drawing of a dog to her psychiatrist, who often waived or significantly reduced the cost of visits in recognition of Lena's precarious economic situation.² Her prescribed medications constituted her main source of income—alongside

² Poland operates a public healthcare system funded through compulsory health insurance contributions to the National Health Fund (NFZ). However, due to long waiting times in public psychiatric care, many patients turn to private services, particularly those seeking non-stigmatizing, patient-centered psychiatric support.

occasional support from her family—because she sold pills she did not currently need in order to afford food and the medications she did require: “The whole truth is that I basically take one-third of the medications prescribed to me. And the rest allows me to sustain myself, eat something and, after all, buy these medications.”

At the time of the interview, Lena was living with her then boyfriend. Both said that during the COVID19 pandemic they had supported each other intensely, although their relationship was not always stable; they sometimes were together and sometimes not. Still, being together, or at least “close” to one another, helped them survive constant uncertainty.

Luki: “We had a close relationship, so she basically lived with me for free. I supported her with drug sales.”

Lena: “Or with feeding—extra feeding when there wasn’t enough.”

Luki: “Sometimes with food... in general she lived with me for free, because we were together, sometimes not together, but always close.”

Lena: “Besides, I don’t really have anywhere else to live...”

Before moving in together, they lived in an apartment with such poor conditions that it contributed to Luki’s severe heart muscle infection and a life-threatening hospitalization. Lena explained that her opioid use began as a response to chronic joint disease that limited her mobility and caused persistent pain, though she had previously experimented with other substances, including stimulants. Opioids also helped her manage anxiety following a knife attack she survived at age 17. For her, opioids represented a sense of “security, synthetic, familial warmth.”

In her narrative, *slow death* was shaped by unstable family relations (including a difficult relationship with an alcoholic father), economic precarity, stays in psychiatric hospitals and addiction treatment centers, and ongoing struggles with trauma from sexual violence perpetrated by an acquaintance. It was also shaped by the continual undermining and invalidation of her experiences: “My father, after I told him that my best friend had raped me, decided that I had made it up to have an excuse to get high.” During the pandemic, after returning to her hometown and losing access to psychiatric care, she underwent involuntary withdrawal from both benzodiazepines and buprenorphine. The local family doctor refused to continue her prescriptions, despite clear medical documentation and recommendations from her specialist.

I was deprived not only of medications, but also of contact with the world in general. Coming off benzodiazepines and buprenorphine simultaneously is simply nightmarish—one of the worst and longest lasting things in my life. For the first two weeks I couldn’t get out of bed. If my grandmother hadn’t brought me small meals, I probably wouldn’t have eaten at all.

During the pandemic, Lena also learned that she had hepatitis C (HCV) and severe liver damage—80% impairment—requiring urgent hospitalization. She and her mother called a hospital in a large city to confirm whether she could be admitted; they were told yes. However, once there, after the doctor saw her arms and learned she had HCV, she was refused admission: “The place was reserved under my name and national ID number. The doctor decided that—why treat a junkie when you can treat a ‘normal’ person. They probably thought there would be more benefit from that.”

Lena also described an encounter in an emergency room when she sought treatment for a severe abscess on her leg that caused intense pain and difficulty walking. She went with

a friend who used crutches after a leg amputation. After a long wait, Lena was finally admitted, but the nurse commented on her appearance, saying she was “a junkie who probably has HIV.” Despite it being winter, the nurse opened the window because of the smell, adding that her friend in the waiting room would “be able to hop around when the surgeons come.”

The nurse told me to undress completely. It was winter, she opened the windows because of the ‘stinking pus.’ But pus stinks—especially when there’s an infection. A nurse should know that, right? Then, naked, lying on the table, five doctors suddenly walked in. The nurse complained: ‘Jesus, what a stench, I don’t know if you’ll be able to stand it.’ The doctors looked at me... said nothing. Finally one stayed and, after talking behind closed doors with a young surgeon, they decided they would cut [my leg]. I said, thank you for such pleasures, I prefer to keep my leg—could they prescribe antibiotics? No, either they cut or I should leave.

Lena left the hospital against medical advice and borrowed money from her mother to visit a private doctor the next day. She was prescribed antibiotics, and after two weeks her leg healed.

In this story, Lena demonstrates *lateral agency*. She refuses to submit to medical humiliation, contests the nurse’s demeaning commentary, and rejects a treatment plan she perceives as unnecessary and violent. By saying “*thank you for such pleasures*,” she simultaneously highlights the absurdity and cruelty of the situation and asserts her agency.

Within the broader environment of *slow death*—economic precarity, trauma, stigmatization, and dehumanization in healthcare—this refusal becomes a clear example of “ephemeral pride.” It is a fleeting but meaningful moment in which Lena articulates self-worth, rejects a stigmatizing identity, and insists on her right to bodily autonomy. She recounted this episode with pride and satisfaction—not only at having healed her leg on her own terms, but at having refused the dehumanizing medical practice imposed on her. In the telling itself, the humiliation of the emergency room was recast as a story of self-determination: Lena narrated not as a victim of institutional violence but as someone who chose to walk away.

The Police Raid

Tonek is a 22 year old non-binary person who describes themselves as an “artistic wreck.” They began taking opioids to manage chronic illness and pain—medications originally prescribed by their neurologist and psychiatrist. Their father had also used opioids and died by suicide when Tonek was a teenager. They later survived a house fire that destroyed their beloved family home: “All my mother’s things burned. Everything, everything. Literally to zero. Even the cat.”

Tonek described themselves as someone not well adapted to social life, shaped by childhood isolation in a small town and by experiences of sexual violence that contributed to deep anxieties, particularly around men: “My mother raised me in isolation in a small town. I’m not entirely adapted to society and to managing independently in society, in the system. So when something was taken [opioids], everything seemed easier.”

They moved to a large city at age 16 in search of opportunities and a sense of belonging. Their economic situation remains unstable due to high costs of medical care: “it’s horrendous money,” they said—and their inability to take on regular employment.

They work on short-term projects, sew clothes, create art, and receive support from their mother. They also hold a nominal job secured through family connections solely to have health insurance.

I supposedly work handling Messenger, but that's just to have health insurance. I simply can't go to a normal job. It overwhelms me. I can't even go out on the street without medication... Sometimes without opioids I can't get out of bed because my legs hurt so much.

Throughout the interview, Tonek repeatedly described being dismissed by doctors and medical staff. As a young person taking opioids for legitimate medical reasons, they were frequently labeled a "drug addict"; their symptoms were minimized or ignored.

It makes me terribly sad that people don't have the courage to seek help. Even though I don't inject, after a hospital stay when I had thrombosis, I had huge bruises everywhere from cannulas. And what do doctors say? That I must be taking drugs intravenously. They don't listen that I'm coming with stomach pain or something else. It's immediately an attack—'drug addict.' Just kicking someone who's already down.

As a non-binary person, Tonek experienced a police raid on their apartment as a particularly severe form of violence. The raid occurred while their partner was out briefly to buy a phone from a pawn shop. Tonek was alone and, at the time, not fully reconciled with their body. Officers entered aggressively: "Suddenly a big guy barges into my room and shouts 'Get on the ground, fuck, on the ground!' They started smashing things. I had no idea what was going on."

The police claimed to be searching for crystal meth, though neither Tonek nor their partner possessed such substances. They did have mushrooms and cannabis. The officers restrained Tonek, handcuffing them and pressing a knee onto their body. Because their hands were restrained, they could not adjust the straps of their tank top to cover their chest:

I had a tank top with straps, and they wouldn't let me adjust them. Four guys stood there, searching my room, staring at my breasts. And I wasn't reconciled with that at all. Even now I wouldn't want anyone threatening me to have that kind of entertainment.

Tonek experienced convulsions and a panic attack during the intervention. While recounting the episode, they noted: "I do have some fears towards men, though, because of various unpleasant experiences. Ranging from just, like, violence, to sexual violence, or psychological abuse." Rather than offering support, the officers mocked them, accusing them of faking. Tonek was eventually taken to a psychiatric hospital, where doctors determined that hospitalization was unnecessary and arranged a taxi home. Their boyfriend later took responsibility for the small amount of drugs found in the apartment.

In Tonek's narrative, *slow death* emerges at the intersection of criminalization, gender violence, and economic marginalization. They described the system as a trap:

Let's connect this: having such experiences with police, knowing that if I call emergency services and the police might come, it won't be nice officers. Degenerates will come. It's a trap state. People die because of such stupidities. Why police in all this? A person is dying, and they look for drugs because someone takes medication?

Unlike Karo and Lena, who confront institutional authority in the moment of violence—during a blood draw or in an emergency room—Tonek was physically restrained

during the police raid, unable to resist or speak back. Their “ephemeral pride” therefore takes a different form: it is retrospective and narrative rather than situational. The interview itself becomes a space for reinterpreting past experiences, naming state violence, and expressing anger—what Plummer (1995) would recognize as a performative narrative act. When Tonek recounts the raid with fury, calling the officers “degenerates” and the system “a trap state,” they are not merely describing what happened; they are refusing, in the telling, to accept the terms on which it was imposed.

Tonek expresses “ephemeral pride” through defiance, by persisting with their art, monitoring their medication doses, asserting knowledge of their illness, and naming institutional violence.

At some point something clicked and I started drawing aliens. You can see them here, for example. And I have it deeply rooted in my head that this is a self-portrait, that all these aliens are simply a self-portrait. They contain various symbols referring to what I'd call real humanity. A lot about suffering, about sensitivity to that suffering. There's a lot of that symbolism. Why aliens? Because I never felt like others. Normal, so to speak. I don't like that term. I am normal.

Tonek's declaration—“I am normal”—constitutes perhaps the most condensed expression of ephemeral pride in this study: a momentary, defiant assertion of humanity against a system that repeatedly categorizes them as deviant. These acts reflect a refusal to accept dehumanization, a reclaiming of selfhood that, like Karo's injection expertise and Lena's departure from the emergency room, does not transform the structures of slow death but momentarily interrupts their logic.

Conclusions

This article has demonstrated how *slow death*—the systemic, endemic condemnation of segments of the population to chronic neglect and attrition—manifests within Poland's landscape of criminalization and stigmatization toward people who use opioids. I focused on women and gender nonconforming people because their experiences remain insufficiently represented in scholarship. The cases of Karo, Lena, and Tonek reveal the complex social situations shaped by the intersection of criminalization, stigmatization, and medicalization, combined with individual characteristics such as gender identity, class, and health status. These intersections expose people who use opioids to dehumanization, a lack of respect for their treatment decisions and bodily integrity, and institutional violence.

Violence is often embodied. For Karo, it occurred through repeated needle punctures performed against her expressed bodily knowledge. For Tonek, it materialized in a police raid, where handcuffs and a tank top strap that could not be adjusted became instruments of humiliation, triggering convulsions and panic attacks. For Lena, violence emerged in the emergency room, where medical staff reduced her body to a “stinking” wound, exposing her nakedness and threatening amputation. In each instance, *slow death* revealed not only the exposure of people who use drugs to suffering and humiliation but also their momentary expressions of dissent and ephemeral forms of resistance.

The theoretical framework I propose—particularly the concept of “ephemeral pride”—captures the affective dimensions of resistance that surface within conditions of *slow death*.

Although participants rarely used the term “pride,” I chose it deliberately, and on the basis of empirical data, to describe the embodied and verbal expressions that emerged when they recounted resisting violence: Karo’s insistence, “I give better injections than you,” to paramedics who dismissed her expertise; Lena’s refusal of unnecessary medical intervention—“Thank you for such pleasures”—and her decision to leave the emergency room; and Tonek’s expression of anger at the failure of hospitals to prioritize care over surveillance. I understand “ephemeral pride” as a fleeting, context-dependent attitude, an attempt to momentarily regain control over one’s life and body within conditions of systematic attrition. These moments do not accumulate into structural change, yet they hold profound meaning as attempts to reclaim voice and dignity within the environment of *slow death*.

“Ephemeral pride” allows analysis of how fleeting moments of anger, refusal, and self-assertion—though not transformative at the structural level—constitute meaningful acts of resistance demanding recognition. These are not heroic interventions that reshape oppressive systems, nor merely coping mechanisms to endure violence. They are affective eruptions that momentarily interrupt the grinding logic of *slow death*, articulating statements such as “I know my body” (Karo), “I deserve dignity” (Tonek), and “I refuse this treatment” (Lena). Their meaning lies not in their capacity to enact structural change but in their existential and political significance for those who perform them. They offer brief relief from pain, center experiential knowledge in moments of institutional conflict, and challenge the medical and legal authority of institutions.

Applying the concept of *slow death* to Poland’s semi-peripheral position in global drug policy expands beyond crisis-based frameworks to illuminate the permanent, structural nature of the Polish war on drugs and its consequences. Slow death as an environment reveals the cumulative impact of punitive policies—criminalization, stigmatization, and medicalization—while making visible how gender, class, health, and other axes of inequality intensify vulnerability. Many of these environments emerge within public healthcare settings, where people who use drugs encounter not care but surveillance; not support but violence.

Ultimately, this analysis highlights that even within environments characterized by chronic deprivation and routine violence, people who use opioids enact meaningful forms of resistance. These actions may be temporary and fragile, but they hold profound significance for those who perform them. “Ephemeral pride” names the flickering moments of dignity, expertise, anger, and refusal that allow individuals not only to survive but to insist—however briefly—on their humanity.

I do not assume, however, that “ephemeral pride” is free from internal contradiction or that it is always normatively defensible. As Karo’s account illustrates, the same pride expressed toward institutions can be turned against other women who use drugs, erasing *slow death* as the context of their experiences and replacing structural analysis with individualized blame. While my aim has been to foreground “ephemeral pride” in relation to the chronic crisis produced by systemic inequalities, the concept as it emerged from empirical material carries a pronounced ambivalence—one that resists any clean separation of resistance from reproduction of harm, and that warrants further exploration in future research.

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References

- Abbasi, G. 2020. Discipline and commoditize: How U-visas exploit the pain of gender-based violence, *Feminist Criminology* 15(4): 1–28.
- Abuciewicz, M. 2006. Narkomania w Polsce jako problem społeczny w perspektywie konstrukcjonistycznej. Część czwarta: pierwsza połowa lat 80, *Alkoholizm i narkomania* 19(3): 285–304.
- Ammaturo, F. R. 2025. *The Politics of Pride Events: Global and Local Challenges*. Bristol: Bristol University Press. <https://doi.org/10.56687/9781529238693>
- Auyero, J., & Kilanski, K. 2015a. From “making toast” to “splitting apples”: Dissecting “care” in the midst of chronic violence, *Theory and Society* 44(5), 393–414. <http://www.jstor.org/stable/43694769>
- Auyero, J., & Kilanski, K. 2015b. Managing in the midst of social disaster: Poor people’s responses to urban violence, in: J. Auyero, P. Bourgois, & N. Scheper-Hughes (Eds.), *Violence at the urban margins* (pp. 181–204). Oxford: Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780190221447.003.0009>
- Bartnik, M. 2022. Niewidoczne populacje, in: J. Struzik & A. Dziuban (Eds.), *HIVstorie. Żywe polityki HIV/AIDS w Polsce* (pp. 265–283). Krakow: Nomos.
- Bartnik, M., & Kwiatkowska, A. 2015. *Iniekcijni użytkownicy substancji psychoaktywnych*. Warszawa: Fundacja Redukcji Szkód.
- Bartoszek, A. 2021. *Treating Heroin Addiction in Norway: The Pharmaceutical Other*. London: Palgrave Macmillan. <https://doi.org/10.1007/978-3-030-69609-8>
- Berlant, L. 2007. Slow death (Sovereignty, obesity, lateral agency), *Critical Inquiry* 33(4): 754–780. <https://doi.org/10.1086/521568>
- Berlant, L. 2011. Slow death (Obesity, sovereignty, lateral agency), in: *Cruel Optimism* (pp. 95–119). Durham: Duke University Press. <https://doi.org/10.1215/9780822394716-004>
- Bourgois, P., & Schonberg, J. 2009. *Righteous Dopefiend*. Oakland, CA: University of California Press.
- Campbell, N. D., & Herzberg, D. 2017. Gender and critical drug studies: An introduction and an invitation, *Contemporary Drug Problems* 44(4): 251–264. <https://doi.org/10.1177/0091450917738075>
- Chang, J. 2023. Narcofeminism: A feminist auto-ethnography on drugs, *The Sociological Review* 71(4): 760–779. <https://doi.org/10.1177/00380261231176893>
- Collins, P. H. 2023. *Lethal Intersections: Race, Gender, and Violence*. London: John Wiley & Sons.
- Dennis, F., & Farrugia, A. 2017. Materialising drugged pleasures: Practice, politics, care, *International Journal of Drug Policy* 49: 86–91. <https://doi.org/10.1016/j.drugpo.2017.10.001>
- Dennis, F., & Pienaar, K. 2023. Refusing recovery, living a ‘wayward life’: A feminist analysis of women’s drug use, *The Sociological Review* 71(4): 781–800. <https://doi.org/10.1177/00380261231175729>
- Dennis, F., Pienaar, K., & Rosengarten, M. 2023. Narcofeminism and its multiples: From activism to everyday minoritarian world building, *The Sociological Review* 71(4): 723–740. <https://doi.org/10.1177/00380261231174962>
- Ettorre, B. 1989a. Women and substance use/abuse: Towards a feminist perspective or how to make dust fly, *Women’s Studies International Forum* 12: 593–602.
- Ettorre, B. 1989b. Women, substance abuse, and self-help, in: S. MacGregor (Ed.), *Drugs and British Society* (pp. 101–115). London: Tavistock Press.
- Ettorre, E. 2007. *Revisioning women and drug use*. London: Palgrave Macmillan. <https://doi.org/10.1057/9780230596849>
- European Union Drugs Agency. 2024. Harm Reduction—The Current Situation in Europe, (European Drug Report 2024). <https://www.euda.europa.eu/sites/default/files/pdf/31886.en.pdf?236680>
- Foucault, M. 1990. *The History of Sexuality: An Introduction* (Vol. 1). New York: Penguin.

- Fraser, S., & Valentine, K. 2008. Repetition and rupture: The gender of agency, in: S. Fraser & K. Valentine, *Substance and Substitution: Methadone Subjects in Liberal Societies* (pp. 142–169). Basingstoke: Palgrave Macmillan. https://doi.org/10.1057/9780230582569_6
- Haraway, D. 1988. Situated knowledges: The science question in feminism and the privilege of partial perspective, *Feminist Studies* 14(3): 575–599. <https://doi.org/10.2307/3178066>
- Harris, M. T. H., Seliga, R. K., Engdahl, S. M., Glantz, N. M., & Gawel, M. 2023. “If you’re strung out and female, they will take advantage of you”: A qualitative study exploring drug use and substance use service experiences among women in Boston and San Francisco, *Journal of Substance Use and Addiction Treatment* 148: 209190. <https://doi.org/10.1016/j.josat.2023.209190>
- Keire, M. L. 1998. Dope fiends and degenerates: The gendering of addiction in the early twentieth century, *Journal of Social History* 31(4): 809–822.
- Klingemann, J. 2017. The rights of drug treatment patients: Experience of addiction treatment in Poland from a human rights perspective, *International Journal of Drug Policy* 43: 67–73. <https://doi.org/10.1016/j.drugpo.2017.01.015>
- Knight, K. R. 2015. *Addicted. Pregnant. Poor.* Durham: Duke University Press. <https://doi.org/10.1515/9780822375180>
- López, A. M. 2020. Necropolitics in the ‘compassionate’ city: Care/brutality in San Francisco, *Medical Anthropology* 39(8): 751–764. <https://doi.org/10.1080/01459740.2020.1753046>
- Majewska, E. 2018. Weak Resistance. Krisis, *Journal for Contemporary Philosophy* 38(2): 167–168. <https://krisis.eu/article/view/38777>
- Majka, R. 2025. In the grip of Catholic conservatism: State HIV/AIDS prevention in post-1989 Poland, *Kultura–Społeczeństwo–Edukacja* 28(2). <https://doi.org/10.14746/kse.2025.28.2.8>
- Malczewski, A. & Jabłoński, P. 2020. Raport o stanie narkomanii w Polsce. Krajowe Biuro ds. Przeciwdziałania Narkomanii.
- Malinowska-Sempruch, K. 2013. HIV among drug users in Poland: The paradoxes of an epidemic [Doctoral dissertation, Columbia University].
- Malinowska-Sempruch, K. 2016. Shaping drug policy in Poland, *International Journal of Drug Policy* 31: 32–38. <https://doi.org/10.1016/j.drugpo.2016.02.018>
- Mbembe, A. 2003. Necropolitics, *Public Culture* 15(1): 11–40. <https://doi.org/10.1215/08992363-15-1-11>
- Moore, D. 2008. Erasing pleasure from public discourse on illicit drugs: On the creation and reproduction of an absence, *International Journal of Drug Policy* 19(5): 353–358. <https://doi.org/10.1016/j.drugpo.2007.07.004>
- Moskalewicz, J., & Welbel, M. 2013. Walking through mud: History of the Polish methadone maintenance treatment from its stakeholders’ perspective, *Substance Use & Misuse* 48(11): 977–996. <https://doi.org/10.3109/10826084.2013.797836>
- Moura, J., Alves, D., Laqueur, H., Burlacu, R., Wolny, M., & Sussman, S. 2024. *City report—Krakow: Locked in a cycle: Krakow’s drug scene challenges and the barriers of criminalisation.* Civil Society Monitoring of Harm Reduction 2024. Correlation-European Harm Reduction Network. <https://doi.org/10.5281/zenodo.14812182>
- O’Malley, P., & Valverde, M. 2004. Pleasure, freedom and drugs: The uses of ‘pleasure’ in liberal governance of drug and alcohol consumption, *Sociology* 38(1): 25–42. <https://doi.org/10.1177/0038038504039359>
- Pates, R., & Riley, D. 2012. *Harm Reduction in Substance use and High-Risk behaviour.* London: Wiley-Blackwell.
- Pini, M. 2001. *Club Cultures and Female Subjectivity: The Move from Home to House.* London: Palgrave.
- Plummer, K. 1995. *Telling Sexual Stories: Power, Change and Social Worlds.* London: Routledge.
- Puar, J. K. 2017. *The Right to Maim: Debility, Capacity, Disability.* Durham: Duke University Press. <https://doi.org/10.1215/9780822372530>
- Riessman, C. K. 2008. *Narrative Methods for the Human Sciences.* London: SAGE.
- Scheper-Hughes, N. 1993. *Death without Weeping: The Violence of Everyday Life in Brazil.* Oakland: University of California Press.
- Scott, J. C. 1985. *Weapons of the Weak: Everyday Forms of Peasant Resistance.* New Haven: Yale University Press. <http://www.jstor.org/stable/j.ctt1nq836>
- Struzik, J. 2021a. Citizenship and pleasure: A study on harm reduction assemblages in Poland, *Critical Public Health* 31(1): 30–42. <https://doi.org/10.1080/09581596.2020.1849562>
- Struzik, J. 2021b. Thick times: Transformation, activism and HIV in Poland, *European Review of History* 28(4): 570–587. <https://doi.org/10.1080/13507486.2021.1881048>
- Struzik, J. 2023. Solidarity practices, state violence and chronicity of crises during the pandemic, *Przegląd Socjologiczny* 72(3): 69–92. <https://doi.org/10.26485/PS/2023/72.3/3>

- Struzik, J. 2026. Death as context: Lived citizenship, resistance, and criminalisation among people using opioids in Poland, *Citizenship Studies* 1–18. <https://doi.org/10.1080/13621025.2026.2639948>
- Szalavitz, M. 2021. *Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction*. New York: Hachette Go.
- Vigh, H. 2008. Crisis and chronicity: Anthropological perspectives on continuous conflict and decline, *Ethnos* 73(1): 5–24. <https://doi.org/10.1080/00141840801927509>
- Vigh, H. 2009. Motion squared: A second look at the concept of social navigation, *Anthropological Theory* 9(4): 419–438. <https://doi.org/10.1177/1463499609356044>

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