



RIPPING UP THE RULEBOOK

Workshop report, 21 Nov 2025

Introduction

This short report presents the key findings of a workshop held with substance use sector professionals from across the UK. The workshop brought professionals together to investigate how the Covid-19 pandemic disrupted the sector and affected the lives of people who use services, both positively and negatively.

Taking inspiration from a senior addiction psychiatrist's observation that the pandemic 'ripped up the rulebook', the workshop uses creative practice to explore this metaphor, examining not only how substance use service provision changed but what this teaches us about its underlying logics and intersecting social and political forces.

The workshop forms part of a project led by Dr Fay Dennis at Goldsmiths, University of London, funded by the Wellcome Trust.

Research & Care as 'Otherwise'

When we talk about care and research as 'otherwise', we are thinking about the possibilities for doing, relating, and imagining differently, even within difficult circumstances.

— Meek and Morales Fontanilla (2022, p. 281) write, 'the task for an otherwise feminist anthropology is to dwell in those interstices where the otherwise percolates' and to 'potentiate the call of the possible against all the many forms of violence that seek to obliterate it.'

The Workshop

In the workshop, creative activities like making a collage or a boat are ways of thinking 'otherwise' to better understand how the Covid-19 pandemic shaped substance use services and imagine future ways of working.

Three Key Findings

- 1 Method as intervention
- 2 Fragmented systems produce fragmented care
- 3 Counting and caring 'otherwise'

1. Method as intervention

16 drug and alcohol sector professionals used collage to intervene in and rework familiar narratives about health, care, and community. Through selecting, cutting, and juxtaposing images and text, they transformed everyday symbols into critical reflections on systems and futures.

Some participants enjoyed the tactile process itself, highlighting collage as a sensory, material practice of thinking.

'It was really fun...
[sound of ripping paper]'



Examples of collage imagery

- **Red tape**

Bureaucratic barriers to access

- **Ears**

Listening to communities

- **Flowcharts**

Constrained systems of care

- **Blank paper**

An overwhelm and lack of guidance with a shared effect of 'blankness'

- **Butterflies**

Resilience of key workers

- **Toilet rolls**

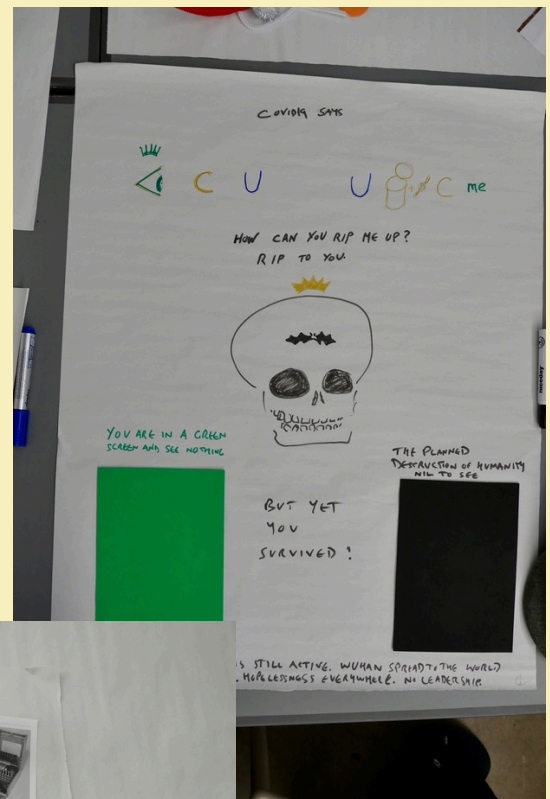
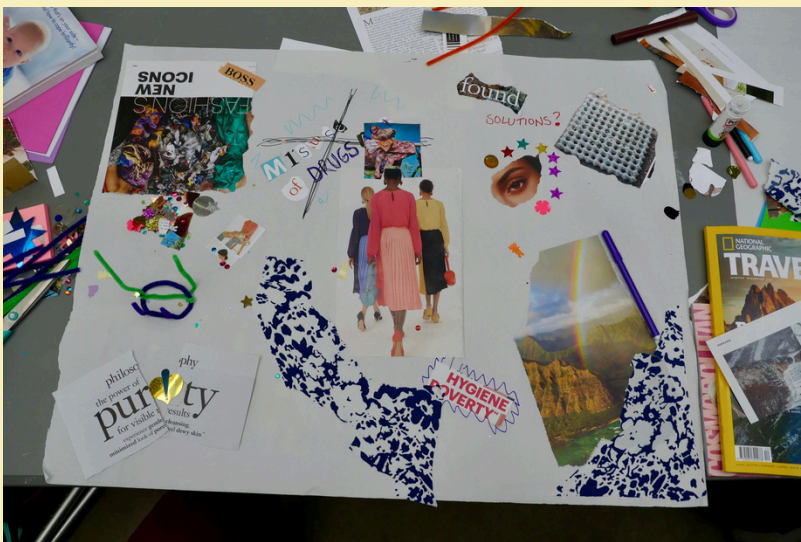
Pandemic changing priorities

- **'Icons'**

Powerful governing bodies

- **Crossword with no clues**

Uncertainty and the absence of straightforward solutions



2. Fragmented systems produce fragmented care



When invited to reflect on the metaphor of 'ripping up the rulebook', participants described both the practices and assumptions that were disrupted during the Covid-19 pandemic and the ideas they would like to leave behind.

Six sub-themes emerged in relation to

'ripping up...':

...Rigid systems and policies

Many participants felt that during Covid, services adapted rapidly when bureaucracy was reduced. Staff trusted clients more, delivered support differently, and focused on practical outcomes rather than rigid processes. Some of this flexibility has since been lost.

'so for us it was really a chance to rip up the old, you know, it was the first for us, the first outreach team and that was early 2020...'

—Co-production lead, Wales

'we were able to adapt and we kind of just got left to do what we needed to do and whatever worked best for our services'

— Project leader, N Eng

...Bureaucracy that undermines care

A recurring frustration was the growth of policies, reviews, reporting requirements, and repetitive paperwork. Participants questioned whether organisations can genuinely be trauma-informed while placing increasing administrative burdens on staff and service users.

'this bit is about ripping up NDTMS, [...] it forces a nontherapeutic approach. An assessment process based on NDTMS is dreadful'

— Recovery worker, NE Eng

'there's often reviews of reviews of reviews'

— Manager, SE Eng

...Assumptions that one size fits all

Covid exposed and intensified inequalities and despair. Participants highlighted how different groups of people who use drugs experience the pandemic differently, including women, rural communities, low-income communities, and people experiencing homelessness. Several contributors argued that services are often designed around a narrow idea of a 'typical' person rather than diverse needs.

'I wanted to rip up the idea of some sort of pure service, some pure recovery, because life's messy, recovery's messy, it's not all well-ordered, and there are hidden fabrics to recovery, which I think we need to still discover'

— Consultant psychiatrist, SE Eng

'we discovered that throughout Covid there was a really high increase in domestic violence... the reality was people were suffering'

—Project lead, Northern Ireland

Six sub-themes emerged in relation to

'ripping up...':

...Organisational silos

Organisations, community groups, and voluntary-sector services came together effectively during Covid and its accompanying chaos. This 'ecosystem' of support included food deliveries, digital inclusion efforts, housing responses, and take-home services that forged trust between service users and workers. Some felt systems have become siloed again since the early pandemic, stalling rather than supporting care.

'so total lack of information about the whole thing [...] like almost cryptic, you have to work out the symbols, because there was no information, nobody knew anything.'

— GP, NE Eng

'The "return to normal" has meant lots of waiting in line, or waiting for more policy reviews, or waiting for OHID, or waiting for the funding announcement, and waiting, waiting, waiting.'

— Commissioner NE Eng

...the idea that staff wellbeing is secondary

Several participants emphasised workforce pressures, including burnout, moral injury, and the challenge of supporting increasingly complex needs while managing personal responsibilities during the pandemic. Being trauma-informed should extend to staff as well as service users.

'We've got a bit on here about burning staff out, the workforce burnout, really important'

— Commissioner NE Eng

'Client information reviews [require] quite repetitive information, time and resources. I think all these things impact are we trauma informed to staff'

— Project lead, N Eng

...structural barriers to meaningful support

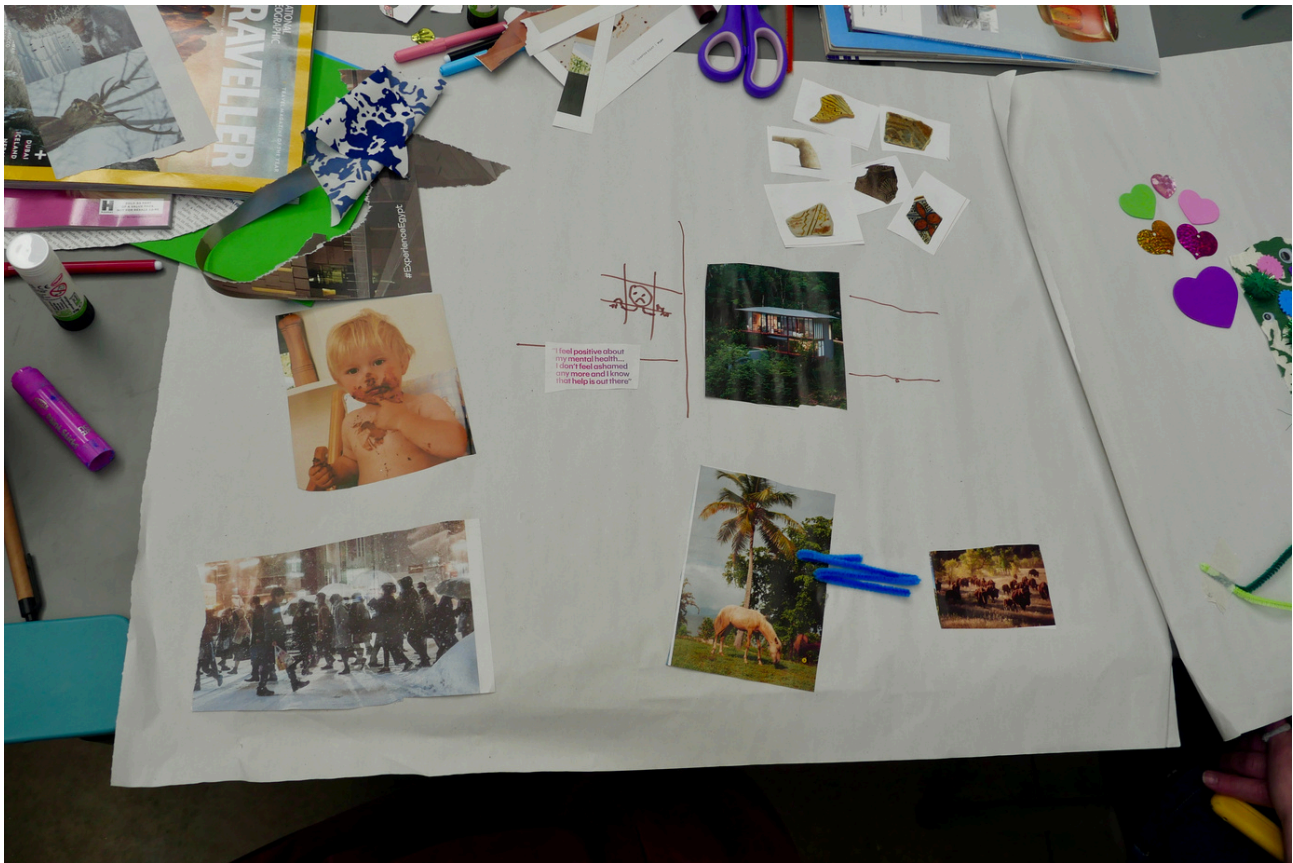
Larger systemic issues include criminalisation of substance use, siloed services, fragmented funding, and policy-driven targets. Meaningful improvement requires addressing these structural barriers rather than simply refining individual services. There is a desire to have more serious conversations around decriminalising drug use.

'...how can we possibly do that, if we continue to criminalise people who use substances? Even though we deliver a model that supports people who use drugs in our accommodation service, there's just some things within the Misuse of Drugs Act that just makes it so difficult...'

— Homelessness harm reduction lead, Scotland

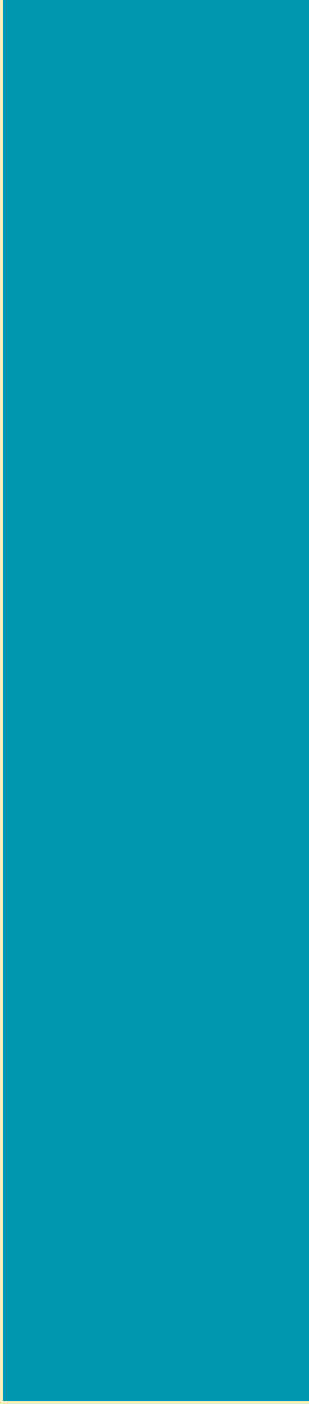
'I think we do have some new icons that have come up since Covid, and I think we need to turn them on their head a little bit, because I think some of those icons are misguided [...] It's like 'OHID says', you know, it's like Simon says. OHID says jump, how high, OHID says sit down, stand up, oh don't stand up. We follow OHID, like a mantra.'

— Consultant psychiatrist, SE Eng



Funding streams, organisational boundaries, and performance targets divide people into categories, 'problems', and service pathways, making it harder to respond to the whole person. In turn, people are required to navigate multiple disconnected services, repeatedly tell their stories, and fit their lives into administrative structures that often fail to reflect the complexity of their needs.

'They're just people but depending on what door they come through or how they come to our attention, we treat that particular thing as the thing that they need to have dealt with first, which is really, really destructive I think for people's ability to connect and engage with services. And this bit here is for me, exactly what happens in government, is you've got different pots...we're all just going to **continue to be pulled in shards of pots really.**'
—Civil servant, Scotland



The rigidity of target-driven systems is contrasted with the flexibility that emerged when services were temporarily given 'permission' to work differently.

Rather than organising care around rules and performance indicators, participants described the importance of supporting relationships, lived experience, and community action. Examples included naloxone distribution, Hepatitis C elimination work, campaigning for rapid drug testing, and drug death memorials used to influence policymakers. These examples reflected a broader **manifesto for an ethic of care** that challenges rules-based, top-down, and narrow ways of considering evidence and impact.

3 Participants valued forms of care that are not easily counted



Care as

FROM A LOGIC OF RULES TO AN ETHIC OF CARE

1. Connection and Belonging

Participants consistently described care as being rooted in meaningful relationships rather than procedures or services. Examples included building trusting relationships with service users, creating 'third' spaces where people feel welcomed, supporting people who use services to connect and build community.

2. Listening to People and Co-Producing Services

Many participants described care as involving people with lived experience directly in decisions and service design. Participants stressed frustration when people are consulted but nothing changes. Care was seen as meaningful when listening leads to action.

3. Dignity and Anti-Stigma

Challenging stigma around drug use, homelessness, sex work, and other forms of marginalisation. E.g. celebrating people's creativity, skills, and identities beyond substance use, advocating for respectful language and anti-stigma education, promoting human rights-based approaches.

4. Harm Reduction

Form of practical compassion. Examples: Naloxone distribution; Hepatitis C elimination work; Allowing honest conversations about substance use; Creating safer use environments and low-threshold support.

5. Advocacy and Systems Change

Examples: Campaigning for rapid drug testing; Presenting evidence to policymakers; Drug death memorials used to influence decision makers.

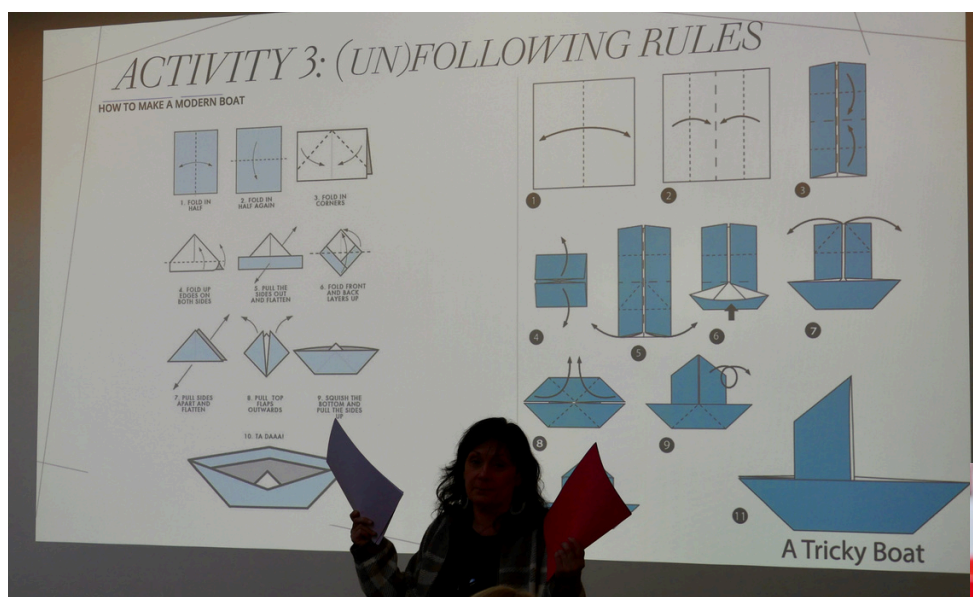
6. Partnerships/Networks

Care was described as something that happens across networks rather than within single organisations.

Examples: Collaboration between charities, health services, local authorities, housing providers, police, and peer workers; Conferences and learning networks; Community initiatives such as Christmas meal delivery schemes.

7. Staff Wellbeing and Team Culture

Good care for service users was seen as dependent on good care for staff, including recognition and appreciation + attention to burnout and morale.





A MANIFESTO FOR AN ETHIC OF CARE

Care is about more than diagnosing and preventing harm. A focus on reducing drugs, harm and even deaths narrows what treatment can be. In reformulating the ‘problem’ away from ‘damage-centred narratives’ (Tuck 2009) towards making life more livable, professionals in this workshop present a much fuller account of what the solutions could look like. This takes drug treatment beyond a narrow set of relationships or even systems popular in drug policy, to a network of care that can include many forms of generative practice, social intervention, and building connection.

...that's the question they ask you, so how many people do you have on treatment, how many people have you saved their lives, how many doses of naloxone have you distributed, and actually that doesn't really matter that much, you know what I mean, in the greater scheme of it all, because what you're trying to do is engage with those people and help them form relationships, and build a community. [...] We want to improve people's lives, but we go about it in such a way that we can't achieve that because we're actually trying to solve the wrong problem.

— Civil servant, Scotland

Credits

THANK YOU TO...

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