

Noreen Oliver



Regarded as a standard bearer for residential rehab and seen as an unapologetic advocate of abstinence-based treatment, nevertheless Noreen Oliver has been making a significant contribution to building bridges across the ever-fractious drug treatment sector. Interview by **Harry Shapiro**

Following on from Mark Easton's BBC report in 2007 on treatment outcomes, a huge gulf appeared to open up in the sector, an ideological struggle between harm reduction and abstinence which served to underline the tensions and divisions that have bedevilled the drug treatment world. Do you see any signs of improvement?

There are still some fragments sitting outside, but I think things have improved significantly. I think the field realised that this was an old worn-out debate and actually I think the field has never been encouraged to work together and even more importantly to recognise the important part that each section of the treatment field plays – and the gains to be made both for providers and service users from having a joined-up integrated system.

I think the Recovery Partnership has played such a significant role in bringing everybody around the table, to reduce the fragmentation and for the first time have a direct voice to ministers

through the Inter-Ministerial Group. You only have to look at the attendance at DrugScope's CEO forum meetings to see the sort of support the field has been giving and the comments from well-known major providers supporting the Recovery Partnership to see the impact that it has.

To anybody not familiar with it, the politics at the centre must look very confusing; the Recovery Partnership, the Recovery Group, the Skills Consortium, the Drug Sector Partnership and so on. As well as being a leading light in the Recovery Partnership, you are also Chair of the Recovery Group. Has the Recovery Group done its job?

That's an interesting question. I would say no, the job isn't done – the job being to find a home for residential rehab providers and to play a large part in supporting everything that happens at the end of the treatment journey. And that is more than just rehab; there are emerging recovering communities and

it is important to demonstrate to rehabs that they have a role in that as well.

There was always a misconception about the role of the Recovery Group. We had the whole range of people sitting round that table; the vice-chair is Steve Hamer from Compass who mainly provide harm reduction services. But there were people sitting round the table looking at others and thinking 'what are you doing here. I thought it was all about rehab'. My opening statement was that ministers have this view that we cannot work together and we are all going to them with different ideas of what treatment is and different ideas of what works – when the answer is that it all works depending on where the individual needs to be.

So would it be misleading to say that you were stalking the corridors of Whitehall making a special case for rehab.

It was certainly part of what I was doing, and I was making the case for abstinence-based services because I

don't think clients have been given enough choice – but only ever as part of an integrated system. This is what I said to *The Guardian* back in September 2010 (reads):

"As an advocate for abstinence, Oliver might be expected to defend this option to the detriment of others. On the contrary, she refuses to be drawn into a dispute that she says, is not only divisive, but misses the point. Abstinence is not about telling all addicts that the only way to 'move forward' is to stop suddenly. She says, 'it's about providing choices' Any limits on the prescribing of methadone would she says, be the 'antithesis of individualised care' and 'may actually put lives at risk'...The first treatment an addict receives is about 'stabilising the chaos', and if that means something other than abstinence, so be it'.

You have been to those meetings of the All-Party Parliamentary Group on Drugs where providers and supporters of residential rehabs have turned up to ambush whatever minister has turned up, complaining about empty beds and trying to get additional funds from the centre. What's your view on all that?

Any organisation or group that comes together as an 'attack dog' is going to isolate themselves. If you are a provider, you have a responsibility to see what you can do to change both on behalf of your staff and the service users.

Residential rehab is seen as a last resort or an add-on, but it isn't just the treatment system that has built that brick wall, we as residential providers have built this brick wall as well. There are huge opportunities at a time when the system is changing. Rehab providers have always viewed themselves as sitting outside and crossing their fingers that somebody will be referred to them. Somebody said to me a few weeks ago 'oh well, it's different in your area because you've got everybody on board.

Our drug services don't want to work with us'. I said, 'hold on, somebody didn't just come in and wave a magic wand – we went to the drug service. If you are saying that you've got a Tier 3 provider in the same road as you (which was the case), why have you not gone to them and explained your service and what you can deliver, how people from your service could be recovery champions for those in the Tier 3 service.? So it is a joint responsibility here. If you say 'send us your clients' then you have divided the system. They are not anybody's clients, they are part of a whole system. And you have to accept where it is appropriate for people to move forward and where it isn't.

When some of the smaller providers found out about the work of the Recovery Partnership, they wanted to come to the table, to be a part of this. The Recovery Partnership has a sub-group looking specifically at residential rehab. We are planning a communication sheet to all providers to tell them about the work of the group: producing an easy guide to rehab for commissioners, service users, parents and carers and also looking at quality standards, which also links into the Skills Consortium, in terms of the qualifications that people can expect of the staff working in rehabs.

Every tender these days has the word 'recovery' in there somewhere, like it used to have HIV/AIDS or Crime Reduction. Is there a danger that in an attempt to rebalance the system, we go too far, get carried away with the ideology of recovery and throw the methadone out with the bath water?

I pray that isn't the risk. If we start saying to people, 'you've got six weeks left on your script', we're in trouble. As much as I might advocate for abstinence because I have seen the difference in the lives of many, many people, it is all about a balanced treatment system. For any one individual the big changes in

life might come through a reduction in crime, reduction in blood borne viruses, their relationships, housing and a reduction in the script. I regard all those as major steps forward. What is not a step forward is somebody on a high level maintenance dosage who is getting no psychosocial support.

There is a huge responsibility on the part of DH and the NTA to focus on commissioners, to stop them rushing into things, like 'OK everybody has to be on time-limited scripts' otherwise we've got a lot of problems on our hands. Unfortunately we do have a lot of commissioners who don't have a lot of experience of the sector. They don't actually understand the treatment system. There is a responsibility for commissioners to spend at least a day in each service. They haven't moved away from micro-management and they often build walls between themselves and providers. Here in Staffordshire, we have a provider board and we invite the commissioners in so they can answer questions. Even as taxpayers we have a right to question what they are spending public money on and why.

The NTA have been champions for treatment at the centre, held the political line on funding, brought more people into treatment, yet they have come in for a lot of criticism and in particular being accused of being 'anti-rehab'. Are you glad they are going?

I think they missed some key opportunities in trying to bring about a more integrated system; the sector could have been brought together much earlier. They have been around since 2001 and in all that time, they focused too much on one part of the system. Which is sad because having worked with some of the key individuals recently including Paul Hayes, if this had been happening five or six years ago, we really could have changed the system.