

criminal justice databases to ensure that individuals are sustaining their recovery after leaving treatment without relapsing into addiction or offending. Extending data-matching across government through the “data warehouse” project will also enable us to support the delivery of complex, multiple outcomes such as getting people off drugs, off benefits and back into work.

- **Better value for money.** The unit cost of treatment in 2004/5, according to the National Audit Office. We will reduce this by a combination of matching resource allocation, the implementation of payment by results, and the provision of better data to commissioners and providers. We will work with providers to ensure the allocation of central funding is aligned to need and value, increasing the achievement of clear outcomes.

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- **Championing abstinence-focussed treatment.** No-one should be “parked” indefinitely on methadone or similar opiate substitutes without the opportunity to get off drugs. New clinical guidance has introduced strict time limits to end the practice of open-ended substitute prescribing in prisons. This principle will be extended into community settings. New clinical protocols will focus practitioners and clients on abstinence as the desired outcome of treatment, and time-limits on prescribing will prevent unplanned drift into long-term maintenance. Sound evidence-based clinical judgement endorsed by clinical governance will be able to identify cases where the approach would not be appropriate, but the intent is to see a fundamental shift in the balance of treatment for opiate addiction, away from long-term maintenance towards abstinence and long-term recovery.
- **Commissioning a rebalanced treatment system.** Segmenting the local treatment population enables commissioners and providers to signpost clients towards the right package of care-planned treatment to promote their recovery. Patient placement criteria will be developed to maximise access to abstinence-focussed pathways, ensure a consistent and transparent approach to the commissioning of community and residential rehabilitation, and achieve a cost-effective balance between different types of treatment. We will also develop new services and innovative responses to address new problems, ensuring that treatments are available for emerging threats such as misuse of so-called “legal highs”.
- **Rehabilitating offenders.** The crime reduction yield of treatment will be further strengthened by integrating drug treatment into the Ministry of Justice’s “rehabilitation revolution.” We will also work with the MoJ and Offender Health to develop a model for commissioning abstinence-focussed treatment in a criminal justice setting, and to identify the most effective way to establish secure treatment facilities for drug-misusing offenders.

Each of these strands of activity will be reflected in the development of an explicit recovery-oriented vision for the drug treatment system to replace the current framework, *Models of Care for Treatment of Adult Drug Misusers*, last updated in 2006. This blueprint for change, underpinned by the latest evidence and best practice in provision, will promote an ambition