

**His Majesty’s Prison and Probation Service (HMPPS)**

**Drug Testing Service Procurement**

**Summary of Requirements**

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**Introduction to His Majesty’s Prison and Probation Service (HMPPS)**

HMPPS is an executive agency, sponsored by the Ministry of Justice (MoJ).

We work with our partners to carry out the sentences given by the courts, either in custody or the community, and we reduce reoffending by rehabilitating the people in our care.

The agency is made up of His Majesty’s Prison Service and the Probation Service, supported by HMPPS headquarters.

Within England and Wales, HMPPS is responsible for:

* Running prison and probation services
* Rehabilitation services for people in our care
* Making sure support is available to stop people reoffending
* Protecting the public by managing risk
* Contract managing private sector prisons and services

HMPPS delivers the government’s vision and investment to make prisons places of safety and reform, and to continue to transform our work in the community. We work to provide safe and supportive environments, where people work through the reasons that caused them to offend and prepare for a more positive future.

**Prisons in England and Wales**

As of December 2022, there are 122 prison and young offender institutions in England and Wales, 15 of which are managed by private providers, under contract with the MoJ. The MoJ aims to deliver 20,000 additional prison places over the next decade.

The total prison population is just under 82,000. 96.2% of prisoners are held with the male prison estate and 3.8% in the women’s estate.

**Probation services in England and Wales**

The Probation Service is responsible for managing all offenders subject to supervision following a court order or, when subject to licence conditions following their release from prison in England and Wales-0

As of September 2022, there are just under 241,000 people under supervision by the Probation Service.

Approved Premises (APs) are residential units which house offenders, offering an enhanced level of public protection whilst under supervision in the community. There are 101 APs in England and Wales, with a total capacity of around 2,200.

APs are used primarily for high and very high risk of serious harm individuals released on licence from custody. They support the resettlement and rehabilitation of such individuals and help manage the risk of harm to the community during the early months of release into the community. During their stay, AP residents are required to engage in purposeful activity, work on their offending-based behaviours and attitudes and attend any relevant treatment or intervention programmes.

**Drug Testing in HMPPS**

Drug misuse is one of the most significant challenges faced by the criminal justice system. HM Government’s 10-year drug strategy ‘[From Harm to Hope: A ten-year plan to cut crime and save lives](https://www.gov.uk/government/collections/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)’ sets out an approach to tackling drug misuse in relation to thematic strands of reducing demand, restricting supply and building recovery. These strands are mirrored in the [National Prison Drug Strategy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf) and local operational drug strategies across HMPPS.

Drug testing is a key strategic tool in tackling substance misuse in both custody and the community. The testing of prisoners and people on probation for illicit use of substances are long standing instruments to help manage risk of harm to the public and reduce reoffending by incentivising individuals away from drug use.

The results of drug testing are also used to measure the prevalence of drug use within the criminal justice system and to inform and evaluate operational strategies.

To meet these aims a number of drug testing programmes are delivered across both custodial and community settings. The legal basis for drug testing differs, depending on the context in which a test is carried out, and the intended consequences of testing for the individual concerned.

This document will provide a high-level summary of HMPPS’s requirements from its drug testing provider in each of the relevant contexts. This document is not exhaustive, and full technical requirements will be provided in the final specification documents supporting this procurement. The procurement is divided into two lots, as set out below.

**Lot 1: Drug Testing: Laboratory Analysis Goods, Services and Prevalence Testing**

The scope of Lot 1: Drug Testing: Laboratory Analysis Goods, Services and Prevalence Testing covers the laboratory analysis goods and services required to deliver the following HMPPS drug testing programmes:

1. Mandatory Drug Testing (MDT) in prisons (urine sampling)
2. Drug Testing in APs (urine sampling)
3. Drug Testing on Licence (ToL) in probation offices (oral fluid sampling)
4. Drug Testing on Drug Rehabilitation Requirements (DRR) or Problem-Solving Courts (PSC) pilot in probation offices (oral fluid sampling)
5. Studies into the prevalence of drugs within all prison and probation settings (utilising sampling from programmes (a-d))

Estimated testing volumes for Lot 1 are set out in **Annex A**.

Across all HMPPS drug testing programmes, no personal identifiers can be shared with suppliers, and therefore the supplier must operate a system using anonymised identifiers to enable prison and probation staff to link results to individuals.

It is vital that HMPPS can access reliable, high quality customer support and technical advice in relation to all drug testing programmes. This includes acting as an expert witness when required to do so.

HMPPS require access to monthly data returns covering laboratory testing volumes and results for all testing programmes.

**a) MDT in prisons**

There are four circumstances in which a prisoner can be required to be searched and provide a supervised sample to enable an MDT to be carried out within all prisons and young offender institutions in England and Wales:

* After being selected for random mandatory testing (rMDT), carried out on at least 5-10% (and no more than 15%) of prisoners each month.
* Upon reception into a prison
* Where there is a reasonable suspicion that they have used drugs (sMDT)
* As part of a frequent testing programme to assess compliance and manage risk

MDT was piloted in eight prisons in 1995 before being introduced in all prisons in England and Wales the following year. [Prison Service Order 3601](https://www.gov.uk/government/publications/pso-3601-mandatory-drug-testing) sets out the operational policy and procedures for MDT. Please note that this document is in the process of being updated into a new Drug Testing Policy Framework.

At present, MDT serves five distinct purposes within prisons:

* To support disciplinary processes, by identifying, to an evidential standard of proof, prisoners who have misused drugs
* To act as a deterrent, by promoting the belief that those who misuse drugs risk being caught and punished
* To promote recovery by identifying prisoners who require referral to substance misuse services
* To provide prisons with intelligence relating to the nature of drug use within the establishment
* In the case of rMDT, as a proxy-measure of drug use within prisons which is published annually in the HMPPS Annual Digest statistical release

All MDT testing must be carried out using laboratory analysis of urine samples against a panel of drugs. Samples are collected by trained officers within a dedicated MDT suite within the prison and transported for off-site laboratory analysis. Initial screen results must be provided to prisons within 72 hours of the sample collected from the prison

Confirmation testing can be requested to provide an enhanced standard of proof and/or to provide mitigation for legitimate use of prescribed medications. Where this is required confirmation testing results must be received within 72 hours of the request being received.

The supplier will be required to provide confirmation as to which charges can be laid against prisoners for whom analysis has confirmed illicit drug use, with reference to the Prison Rules (1999) and the Young Offender Institution Rules (2000).

HMPPS are keen to ensure that under the MDT programme prisoners are tested for as broad a range of substances as possible, as permitted by legislation, using a single urine sample. This includes testing for new psychoactive substances, use of which has become prevalent within prisons since the mid-2010s.

MDT processes must achieve a high degree of accuracy, to link beyond reasonable doubt the sample with the donor, and the sample with the result. They must allow a prisoner to provide mitigation for the impact of legitimately prescribed medication and be supported by chain of custody procedures that ensure the integrity of analysis.

A courier collection service is required to transport samples safely and securely from prisons to the laboratory, whilst maintaining chain of custody.

The Essential and Desirable substances to be detected are listed in **Annex C**.

**b) Drug Testing in APs**

Offenders residing in APs are drug tested when required by staff to manage risks, monitor the drug-free status of APs and to increase the take-up of treatment by those who need it.

AP residents are required to provide a sample to enable a drug test to be carried out when requested to do so by AP staff. Residents are typically drug tested upon reception into an AP and are then eligible for random testing during their residence.

All AP testing will be carried out using laboratory analysis of urine samples against the same panel of drugs used for MDT in prisons. Aligning testing to practice with prisons is designed to help support continuity of care for AP residents upon release from custody.

As with MDT, confirmation testing can be requested to provide an enhanced standard of proof and/or to provide mitigation for legitimate use of prescribed medications. The same courier, chain of custody and sample integrity requirements apply to AP testing also.

The Essential and Desirable substances to be detected are listed in **Annex C**.

**c) Drug Testing on Licence (ToL)**

Offenders released from prison for supervision in the community can be given licence conditions requiring them to consent to drug testing if they have a dependency upon, or propensity to misuse, specified Class A or B drugs, and that misuse is likely to be related to past or future offending. The decision to carry out testing, and the frequency of testing is at the Offender Manager’s discretion.

The Offender Rehabilitation Act 2014 restricts the drugs that are scope for ToL to cocaine (including crack cocaine), opiates, cannabis and amphetamines.

Sample collection for ToL takes place within probation offices in sites across England and Wales using oral fluid samples. Samples are sent by post to the laboratory for analysis.

Initial screen results must be provided to probation teams within 72 hours of the sample being received by the laboratory.

Confirmation testing can be requested to provide an enhanced standard of proof and/or to provide mitigation for legitimate use of prescribed medications. Where this is required confirmation testing results must be received within 72 hours of the request being received.

The same chain of custody and sample integrity requirements apply to ToL, as to all other HMPPS testing programmes.

The Essential and Desirable substances to be detected are listed in **Annex C**.

**d) Drug Testing on Drug Rehabilitation Requirements (DRR) or the Problem-Solving Courts (PSC) pilot**

An offender can be given a DRR as a component of a community or suspended sentence when the court is satisfied that they are dependent upon, or misuse drugs, and that treatment is likely to help and is available. Those subject to a DRR must access treatment, undergo regular drug testing and attend court reviews to measure their progress.

Increased drug testing of those subject to a DRR was introduced in early 2023. As such, this is new element of the Drug Testing Services contract and therefore volume figures will require monitoring.

The PSC pilot is set to commence later in 2023, as part of the UK government’s £900 million drug strategy. They will trial a tougher approach to community sentences for low-level criminals who would otherwise face short jail terms. Offenders will be supervised by the Probation Service and required to attend reviews with the same judge at least once a month, access substance misuse services and undertake frequent, random drug testing.

Legislation permits HMPPS to test for any controlled drug as defined by section 2 of the Misuse of Drugs Act 1971 as part of a DRR or under the PSC pilot. As a minimum, HMPPS require testing for cocaine, cannabis, amphetamines and opiates.

Sample collection for DRR and PSC testing takes place within probation offices in sites across England and Wales using oral fluid samples. Samples are sent by post to the laboratory for analysis.

Initial screen results must be provided to probation teams within 72 hours of the sample being received by the laboratory.

Confirmation testing can be requested to provide an enhanced standard of proof and/or to provide mitigation for legitimate use of prescribed medications. Where this is required confirmation testing results must be received within 72 hours of the request being received.

The same chain of custody and sample integrity requirements apply to DRR and PSC testing, as to all other HMPPS testing programmes.

The Essential and Desirable substances to be detected are listed in **Annex C**.

**e) Studies into the prevalence of drugs within all prison and probation settings**

HMPPS requires access to comprehensive information relating to the nature of drug use by offenders in both prison and under supervision in the community, to inform evidence-based strategies for tackling substance misuse.

The key aim of prevalence testing is to provide timely, accurate and objective data on the scale, trends and patterns of drug misuse within the offender population.

HMPPS invite innovative proposals from suppliers on how prevalence testing can enhance the quality of information available on substance use in prisons.

The results of prevalence testing need to be available at intervals that enable HMPPS to rapidly respond to emerging drug threats. Prevalence testing should accurately detect the presence of as wide a range of drugs as possible, including new psychoactive substances, medical drugs, and alcohol. Testing must enable the rapid addition of new emerging drug types, to enable HMPPS to update testing panels across all other programmes.

Sampling methods should not create additional resource pressures for HMPPS and must utilise samples already collected as part of the testing programmes set out above. The approach to sample collection should provide as wide a representation of the prison / probation population as is practicably possible, within these constraints.

**Lot 2: Point of Care Testing Products and Associated Services**

The scope of Lot 2: Point of Care Testing Products and Associated Services covers the products required to deliver Voluntary Drug Testing (VDT) in prisons.

VDT is used within prisons to manage risks within regimes and promote drug free living, including on Incentivised Substance Free Living (ISFL) units and Drug Recovery Wings (DRWs).

ISFL units are areas within prisons, where prisoners enter into an agreement to remain drug free and undergo additional regular, random drug testing. In return they receive peer support and incentives such as extra gym time for good progress. HMPPS aim to establish 100 ISFL units in prisons across England and Wales by 2025.

In addition to ISFLs, DRWs will be opened in 18 prisons by 2025. DRWs are designed to provide further intensive treatment for prisoners who are dependent upon opiates. Support will be provided prisoners on DRWs to abstain from all drugs, including opiate substitutes like methadone.

In addition to use of ISFL and DRWs, VDT testing is also used within Category D open prisons in England and Wales. Testing is carried out to manage risks associated with prisoners accessing Release on Temporary License (ROTL) into the community, or other high-risk activities. Any prisoner generating a positive result is invited to a support meeting and an action plan is subsequently put in place.

Estimated testing volumes for Lot 2 are set out in **Annex B**.

HMPPS uses oral fluid point of care testing for all VDT. The level of proof required by VDT is based on the “balance of probabilities”, and as such the results are not used for evidential purposes. VDT results are used to develop support opportunities, generate risk reviews of individuals and to support decision-making.

To be effective, it is vital that point of care VDT products provide rapid results in an operational environment (e.g. within 20 minutes) in a format that minimises the need for user interpretation. Products must place minimal demands on staff collecting samples and be as non-invasive as possible without compromising accuracy of analysis.

HMPPS are keen to use VDT products to test for as broad a range of drugs as possible.

The Essential and Desirable substances to be detected are listed in **Annex C**.

**Annex A: Lot 1 – Estimated Screening and Confirmation Testing Volume Requirements**

The MoJ and HMPPS will undertake an evidence review of drug testing programmes across prison and probation settings during the lifespan of this contract. This review will establish the extent to which drug testing supports the aims of ‘From Harm to Hope’, the Government’s 10-year drug strategy. It is anticipated that the outcomes of the review will be available within the 2024/25 financial year and will be used to inform future drug testing policy decisions. A s such, testing volumes will be monitored throughout the lifetime of the contract. Discussions regarding volume forecasting will take place as a part of the routine contract management processes for this contract.

These figures shown below are estimates and are subject to variation in line with factors beyond the Authority’s control. All volume data provided is for illustrative purposes only and should be treated as best estimates at the time of publication of this Summary Specification. The volumes provided are not binding and the Authority is not obligated to purchase the stated volumes.

**Table A: Screening Test Estimated Volumes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Year | **24/25** | **25/26** | **26/27** | **27/28** | **28/29** | **29/30** | **30/31** | **31/32** |
| Mandatory Drug Tests (Prisons – Urine) | 85,761 | 96,583 | 101,821 | 104,676 | 104,676 | 104,676 | 104,676 | 8,580 |
| Drug Testing on Licence tests  (Probation – Oral fluid) | 17,690 | 19,909 | 20,249 | 20,591 | 20,975 | 21,155 | 21,260 | 1,743 |
| Approved Premises Tests  (Probation – urine) | 28,137 | 30,656 | 30,656 | 30,656 | 30,656 | 30,656 | 30,656 | 2,513 |
| Drug Rehabilitation Requirement Tests  (Probation – urine) | 118,906 | 119,207 | 123,738 | 139,824 | 158,001 | 178,541 | 201,752 | 16,537 |

**Table B: Confirmation Test Estimated Volumes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Year | **24/25** | **25/26** | **26/27** | **27/28** | **28/29** | **29/30** | **30/31** | **31/32** |
| MDT Confirmations | 24,604 | 27,709 | 29,212 | 30,031 | 30,031 | 30,031 | 30,031 | 2,462 |
| LCT Confirmations | 5,180 | 5,830 | 5,930 | 6,030 | 6,142 | 6,195 | 6,226 | 510 |
| APT Confirmations | 2,873 | 3,130 | 3,130 | 3,130 | 3,130 | 3,130 | 3,130 | 257 |
| DRR Confirmations | 11,891 | 11,921 | 12,374 | 13,982 | 15,800 | 17,854 | 20,175 | 1,654 |

Confirmation Test volumes have been estimated based on the proportion of screening tests requiring additional analysis. Actual volumes will vary in line with the testing methodologies proposed, and factors beyond the Authority’s control.

**Annex B: Lot 2 – Estimated Point of Care Voluntary Drug Test (VDT) Volume Requirements**

These figures are estimates and are subject to variation in line with factors beyond the Authority’s control. All volume data provided is for illustrative purposes only and should be treated as best estimates at the time of publication of this Summary Specification. The volumes provided are not binding and the Authority is not obligated to purchase the stated volumes. 

**Table A: Point of Care Test Estimated Volumes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Year | **24/25** | **25/26** | **26/27** | **27/28** | **28/29** | **29/30** | **30/31** | **31/32** |
| No. VDTs | 147,675 | 198,100 | 198,100 | 198,100 | 198,100 | 198,100 | 198,100 | 16,238 |

**Annex C: Essential & Desirable Substances**

**LOT 1**

Laboratory analysis must be provided to cover the following Testing scenarios:

1. MDT (urine testing) and Drug Testing in APs (urine testing), detailed in Table A.
2. Drug Testing on Licence (oral fluid testing), detailed in Table B.
3. Drug Testing under a DRR (oral fluid testing), detailed in Table C.
4. Prevalence Testing.

| **TABLE A**  \*These are the Drugs to be detected, however the drug target residue can be the parent Drug or any appropriate metabolite\*   1. **MDT (urine testing) and Drug Testing in APs (urine testing)** | |
| --- | --- |
| **Essential** | **Desirable** |
| **Amphetamines** | Barbiturates |
| Amphetamine | LSD |
| Methylamphetamine | Ethanol / Ethyl glucuronide (EtG) |
| MDA (3,4-Methylenedioxyamphetamine) | Etizolam |
| MDMA (3,4-Methylenedioxymethamphetamine) | Alprazolam |
| MDEA (3,4-Methylenedioxyethylamphetamine) | Flualprazolam |
| **Benzodiazepines** | XLR 11 |
| Diazepam | UR-144 |
| Nordiazepam | AM2201 |
| Temazepam | MAM 2201 |
| Oxazepam | PB22 and 5F-PB22 |
| Lorazepam | Any other Novel Psychoactive Substances/SCRAs (as they arise) |
| **Opiates** | Steroids (controlled) |
| Morphine |  |
| Codeine |  |
| Dihydrocodeine |  |
| Heroin and/or its metabolite 6-Monoacetylmorphine (6-MAM) |  |
| Tramadol |  |
| Methadone |  |
| Buprenorphine |  |
| **Cannabis related controlled cannabinoids (e.g., Δ9-tetrahydrocannabinol and/or one of its metabolites)** |  |
| **Cocaine and/or its metabolite benzoylecgonine** |  |
| **Gabapentinoids** |  |
| Pregabalin |  |
| Gabapentin |  |
| **Ketamine** |  |
| **Synthetic Cannabinoid Receptor Agonists (SCRAs) / Novel Psychoactive Substances (NPS)** |  |
| MDMB 4EN PINACA  4F- MDMB Butinaca  5F- MDMB PICA  4F- MDMB BICA  AMB-FUBINACA  5F-MDMB PINACA  MDMB CHMICA  AB FUBINACA  APICA-N-4 Hydroxypentyl  5F-APICA-N-4 Hydroxypentyl  APINACA-N-4- Hydroxypentyl  5F-APINACA-N-4 Hydroxypentyl  PB22 3 Carboxyindole  5FPB22 3 Carboxyindole  XLR-11 N-4 Hydroxypentyl  UR-144 N-4 Hydroxypentyl  AM2201 N-4 Hydroxypentyl  AB PINACA  APINACA carboxypentyl  AM2201 5 hydroxyindole  5F ADB desmethyl  MAM2201 4 hydroxypentyl  MDMB-BUTINACA  MDMB BINACA  4F BUTICA |  |

|  |  |
| --- | --- |
| **TABLE B**   1. **Drug Testing of individuals on Licence (oral fluid testing)** | |
| **Essential – current legislation only permits testing for these substances.** |  |
| Cocaine and/or its metabolites |  |
| Cannabis related controlled cannabinoids (e.g., Δ9-tetrahydrocannabinol and/or one of its metabolites) |  |
| Amphetamines |  |
| Opiates (to include heroin (diacetylmorphine)) |  |

|  |  |
| --- | --- |
| **TABLE C**   1. **Drug Testing of individuals under a DRR (oral fluid testing)** | |
| **Essential** | **Desirable** |
| Cocaine | Benzodiazepines |
| Cannabis related controlled cannabinoids (e.g., Δ9-tetrahydrocannabinol and/or one of its metabolites) | Barbiturates |
| Amphetamines | Buprenorphine |
| Opiates (to include heroin (diacetylmorphine)) | LSD |
|  | Psychoactive Substances / SCRAs |
|  | Tramadol |
|  | Pregabalin |
|  | Gabapentin |
|  | Ketamine |
|  | Steroids (controlled) |
|  | Methadone |
|  | Morphine |

1. **Prevalence Testing**

HMPPS needs to access prevalence testing for as broad a range of substances (both licit and illicit) as possible, including and not restricted to those detailed in the ‘Essential’ sections of Table A, B and C above.

The findings of these studies will directly influence any requests to change ‘Essential’ Drugs listed under Table A, B and C above.

**Annex C: Essential & Desirable Substances**

**LOT 2**

|  |  |
| --- | --- |
| **TABLE D** - VDT | |
| **Essential** | **Desirable** |
|  | Psychoactive Substances (PS) |
| Cocaine or its metabolite benzoylecgonine | Synthetic cannabinoid receptor agonists (SCRA) |
| Δ9-Tetrahydrocannabinol (cannabis) | Benzodiazepines |
| Amphetamines | Barbiturates |
| Heroin / Diacetylmorphine | Buprenorphine |
|  | LSD |
|  | Tramadol |
|  | Pregabalin |
|  | Gabapentin |
|  | Ketamine |
|  | Steroids (controlled) |
|  | Methadone |
|  | Morphine |