Contents – Lot 1 Draft Requirements

[Disclaimer 2](#_Toc114581333)

[Drug Testing in Prisons 3](#_Toc114581334)

[1. Background and Introduction 4](#_Toc114581335)

[Drug Testing in Community Settings 6](#_Toc114581336)

[2. Background and Introduction 7](#_Toc114581337)

[General Product (Goods) and Service Requirements 9](#_Toc114581338)

[3. Summary of Requirements 10](#_Toc114581339)

[4. Constitution and Quality of Goods 13](#_Toc114581340)

[Specific Laboratory Analysis Service Requirements 14](#_Toc114581341)

[5. Drugs Range 15](#_Toc114581342)

[6. Analysis Method 15](#_Toc114581343)

[7. MDT Processes 16](#_Toc114581344)

[8. Prevalence Studies 16](#_Toc114581345)

[9. Laboratory Standard and Accreditation Requirements 17](#_Toc114581346)

[ANNEX A: Drugs of Detection - Laboratory Analysis Goods, Services, and Prevalence Testing 19](#_Toc114581347)

# Disclaimer

All information provided within this document, or supplementary to it, is provided for information only as part of a market engagement exercise.

The Authority is under no commitment to fulfil any element of the requirements outlined.

By partaking in this market engagement, the Supplier is under no obligation to fulfil any element of the requirement.

# Drug Testing in Prisons

# Background and Introduction

* 1. As of September 2022, there are 124 prisons and young offender institutions in England and Wales; 109 public sector prisons and 15 privately managed prisons, with a total prison population of around 80,000. The Authority intends to deliver 18,000 additional prison places by 2026.
	2. Substance misuse in prisons threatens their stability and results in greater incidences of violence, abuse and debt. The types of substances that are being misused within the offender population are changing rapidly. Drug testing is a key tool for enabling the Authority to understand and react to the changing nature of substance use within prisons.
	3. For all forms of drug testing in prisons, the Authority requires a service in place which delivers:
		1. the ability to carry out testing, to a high degree of sensitivity (as demonstrated by Cut-Off Levels), for a wide range of drug types;
		2. the ability to demonstrate innovative methods and practices to enhance the efficiency of drug testing and future-proof services;
		3. the ability to provide a service that is highly flexible to both the operational needs of the Authority and changes in drug use trends and legislative requirements; and
		4. the ability to test for new and emerging substances, determined by substance misuse within prisons.
	4. The two key scenarios for drug testing in prisons which are required by this contract are:
		1. **Mandatory Drug Testing (MDT) – Urine**

A prisoner can be required to provide a supervised sample to enable MDT to be carried out within all prisons in England and Wales in the following circumstances:

* When selected for Random MDT (rMDT)
* Upon reception into a prison
* Where there is a reasonable suspicion that they have used drugs
* As part of a frequent testing programme to assess compliance and manage risk
	+ 1. Random MDT (rMDT), carried out on at least 5-10% (and no more than 15%) of prisoners each month.
			1. In 2019/20 around 83,000 MDTs were carried out in total, of which around 55,000 were rMDTs. Approximately 12,500 tests were carried out on suspicion of drug use; 12,000 were carried out to manage risk in prisons; 1,500 as part of frequent testing programmes, and 1,000 took place to test individuals on reception into prison. Precise volumes will fluctuate in line with the overall prison population and any policy changes.
			2. MDTs can be used for evidential purposes in cases referred to the prisoner adjudications process, which can result in a punitive outcome for the prisoner.
		2. **Prevalence Studies** which is covered later in this document.

# Drug Testing in Community Settings

# Background and Introduction

* 1. As of September 2022, there are around 175,000 people under Probation Service supervision in the community across England and Wales.
	2. The key considerations for drug testing in community settings are as follows:
		1. Community testing processes must be supported by chain of custody procedures that support the integrity of analysis.
		2. Testing methods must be feasible within probation premises that do not have dedicated drug testing facilities.
	3. The Goods and Services must be provided to meet the needs of the following Testing scenarios.
		1. **Drug Testing in Approved Premises (APs) (Urine):** APs are residential premises which provide intensive supervision for those who present a high or very high risk of serious harm. They are mostly used for people on licence, but they also accommodate small numbers of people on bail or community sentences. AP residents are drug tested when required by staff in order to monitor the drug-free status of APs and to increase the take-up of treatment by those who need it.
		2. **Drug Testing on Licence (Oral Fluid):** Offenders released from prison can be given licence conditions requiring them to consent to drug testing if they have a dependency upon or propensity to misuse Class A or B drugs as defined by the [Misuse of Drugs Act 1971 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1971/38/contents), 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 discretion of the Authority staff.
		3. The Offender Rehabilitation Act 2014 restricts the substances that are in scope for testing of individuals on licence to: cocaine (including crack cocaine), opiates, cannabis and amphetamines.

* + 1. **Drug Testing under a Drug Rehabilitation Requirement (DRR) or Problem Solving Courts Drug Testing Requirement (DTR) (Oral Fluid):** A DRR is given as a component of a community order or suspended sentence order and can be given when the court is satisfied that an offender is dependent on or misuses substances, and that treatment is likely to help and is available. Legislation permits the Authority to test for any *controlled drug* as defined by section 2 of the Misuse of Drugs Act 1971 as part of a DRR.
		2. The Problem-Solving Courts (PSC) pilot is a rehabilitative initiative delivered through the courts. Random and frequent drug testing is a key component of the PSC model to provide regular monitoring. The requirement to drug test under the PSC pilot is known as a Drug Testing Requirement (DTR) Legislation permits the Authority to test for any controlled drug as defined by section 2 of the Misuse of Drugs Act 1971 as part of a DTR.
		3. Testing as part of a DRR or a DTR is restricted to lab-based oral fluid testing. This is a new requirement for the Authority, so volume figures will require monitoring.
	1. Legislation controlling the range of substances tested for in the community may change, and so the Authority will consider the full range of testing capability to enable a rapid addition of new substances as permitted by law.

* 1. The rate of community testing varies in line with local factors.
	2. The Authority also requires Testing for the following Scenario:
		1. **Prevalence Studies** which is covered later in this document.

# General Product (Goods) and Service Requirements

# Summary of Requirements

* 1. Table 1 summarises the goods required under this contract for urine testing.
	2. Table 2 summarises the goods required under this contract for oral fluid testing.
	3. Table 3 summarises the services required under this contract.
	4. The goods and services supplied as part of this contract must identify all essential drugs annotated in Annex A for each testing scenario requirement.
	5. **All volume data provided is for illustrative purposes only and should be treated as best estimates at the time of publication. The volumes provided are not binding and the Authority is not obligated to purchase the stated volumes.**

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| **Table 1** |
| **Urine Testing** | **Public Sector Prisons** | **Privately Managed Prisons (PMP’s)** | **Probation Service Approved Premises (and independent APs)** | **Other Probation Locations** |
| Kit Contents | * Two samples (clearly marked ‘A’ and ‘B’) for prisons (and PMP’s).
* One Sample for AP’s.
* Packaging for transportation to the supplier which must include the ability to track individual samples from the point of collection from the Authority through to arrival at the supplier’s premises for testing.
* Paperwork required to administer the test should be packaged and delivered within each test kit.
* Tamper-proof seals must be provided with all sample collection kits.
* Chain of custody documentation/procedures.
* The sample collection kits, and any packaging provided by the supplier must be of suitable construction to prevent loss or contamination of sealed samples both during collection and any required transportation and off-site handling.
* The sample collection kits must meet CE or equivalent standards as a minimum.
 | Not Required |
| Goods Levels and Replenishment Requirements | Supplier is required to maintain sufficient number of goods in line with the supplier’s lead time to meet the Authority’s needs.  | Not Required |
| Authority central stock, i.e. stored at Branston, level requirements will be set by the Authority and monthly reports on goods stock provided to supplier for replenishment. | No central stock of goods held for AP’s. |
| Estimated Volumes | Bulk orders to cover national requirement.Volume will vary depending on monthly stock reports from Branston. Supplier required to re-stock goods to agreed level. **Annual volume estimates vary from c85,000 to c105,000 over the proposed contract term.** | Volumes will vary locally depending on need.**Annual volume estimates vary from c28,000 to c31,000 over the proposed contract term.** | Not required |
| Delivery | Into central location (Branston) | To individual AP’s & IAPs | Not required |
| Frequency | Quarterly.Occasional ad-hoc requirements. | Quarterly.Occasional ad-hoc requirements. | Not required |

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| **Table 2** |
| **Oral Fluid Testing****(Drug Testing of individuals on Licence and DRRs or DTRs)** | **Public Sector Prisons** | **Privately Managed Prisons (PMP’s)** | **Probation Service Approved Premises** | **Probation Sites** |
| Kit Contents | Not required | * Sample collection kit
* Packaging for transportation to the supplier which must include the ability to track individual samples from the point of collection from the Authority through to arrival at the supplier.
* Paperwork required to administer the test should be packaged and delivered within each testing kit.
* Tamper-proof seals must be provided with all sample collection kits.
* Chain of custody documentation/procedures.
* The sample collection kits, and any packaging provided by the supplier must be of suitable construction to prevent loss or contamination of sealed samples both during collection and any required transportation and off-site handling.
* The sample collection kits must meet CE or equivalent standards as a minimum.
 |
| Estimated Volumes | Not required | Volumes will vary locally depending on need.**Annual volume estimates for Testing on Licence vary from c17,000 to c22,000 over the proposed contract term.****Annual volume estimates for DRR vary from c118,000 to c202,000 over the proposed contract term.**The above is screening tests only and does not include confirmation tests. It is estimated that approximately 10% of DRRs will require confirmation tests and approximately 30% of DTRs will require confirmation tests.  |
| Delivery | Not required | Individual probation sites or hubsPre-paid return packaging to return of samples back to supplier.  |
| Frequency | Not required | Monthly, quarterly, or twice annually.  |

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| **Table 3** |
| **Test Type** | **Location** | **Public Sector Prisons** | **Privately Managed Prisons** | **Approved Premises** | **Probation Offices** |
| **Urine and Oral Fluid** | Collection Type | The supplier must provide a transport solution to transport samples from Collection Points to the supplier. Samples must be collected from a Collection Point during the Collection Window and in accordance with the Delivery Date.Collections will likely be required from prisons, PMPs and APs on average once weekly. This is an estimation and is subject to change. Expediated collections may occasionally be requested.  | The Supplier must provide pre-paid packaging to enable the return of samples via post. Due to the limited number of samples per week and high number of Collection Points, it is not deemed viable for a courier solution at this time. The Authority reserves the right to request collections at points throughout the term.  |
| Analysis | Must be completed, and Test Results shared within 72 hours of collection (exclusive of weekends 00.00 Hrs Saturday to 23.59 Sunday and recognised Bank Holidays).For samples sent by post, analysis must be completed, and test results shared within 72 hours of receipt of the sample at supplier premises (exclusive of weekends 00.00 Hrs Saturday to 23.59 Sunday and recognised Bank Holidays). If, as part of the supplier solution, an additional confirmatory test is required, this must be completed, and test results shared within 96 hours of confirmation request (exclusive of weekends 00.00 Hrs Saturday to 23.59 Sunday and recognised Bank Holidays) of the additional request being made.Expediated sharing of test results may be required on an ad-hoc basis. |
| Recording Test Results | Test results arising from analysis must be provided and recorded in a way that is entirely traceable from the start of the test and any subsequent analysis completed. Test results must be in a format that is simple to interpret by staff. |
| **Prevalence Studies** | Sampling & Scope | Samples submitted for the testing scenarios outlined in this document should be utilised to study prevalence.The Authority will also consider any alternative approaches to prevalence studies throughout the term. Any innovation and/or alternative methods proposed will be subject to the Change Control Procedure and as such must be agreed by the Authority.A minimum of 1000 samples are required to be included in each prevalence study to make it representative. Approximately 4 studies per annum. |

# Constitution and Quality of Goods

* 1. The goods must be safe for the test recipient (individual providing a sample) and operator (The Authority member of staff collecting the sample).
	2. All goods must consist of material(s) sensitive to cultural and religious needs.
	3. The goods must be able to collect a sufficient measured volume of a permitted sample in line with the requirements of Table 1, 2 and 3 for analysis to be carried out.
	4. All goods used must not change or influence the test result.
	5. Any goods maintenance must be made clear to the Authority and must be at no additional cost to the Authority.

# Specific Laboratory Analysis Service Requirements

# Drugs Range

* 1. The Supplier must test for a range of drugs for each of the relevant scenarios detailed in Annex A.

* 1. The Supplier must be able to add newly identified substances to any testing method used. Each drug being tested must be at a level that shows a positive test result beyond reasonable doubt, other than for the purposes of Prevalence Studies.
	2. On a six-monthly basis the supplier and the Authority are required to review the range of drugs in Annex A.

# Analysis Method

* 1. The Authority are legally required to demonstrate that a drug test shows that an individual has consumed a drug, and the positive test result is beyond reasonable doubt.
	2. The Supplier must ensure the analysis methods and the cut-offs used satisfy the burden of proof legal requirement.
	3. In so doing, the supplier must ensure that passive inhalation or ingestion cannot provide mitigation for a positive test result.
	4. The Supplier is required to provide evidence in support of the levels of assurance claimed for each resting method used at periods throughout the term.
	5. The Supplier must ensure that analysis proves the exact substance(s) that were present when the sample was collected, to a degree that is beyond reasonable doubt and to a standard that could be upheld in a court of law.
	6. Analysis methods used must be supported by robust chain of custody procedures that support the integrity of analysis.
	7. The chain of custody procedures must provide the ability to track the journey a sample takes from the point of collection through to the provision of test results.
	8. As part of the chain of custody procedures, all samples sent for laboratory analysis must contain an anonymised unique identifier.
	9. Chain of custody procedures should be, at least in part, electronic or digitalised. For example, the process may involve barcode scanning. The Authority encourages affordable technology uses as part of the chain of custody procedures.

# MDT Processes

* 1. The supplier must ensure that samples collected within prisons for the purposes of MDT are of sufficient volume to allow two identical samples, referred to as ‘A’ and ‘B’ samples.
	2. The supplier must store all samples in an identical manner prior to analysis.
	3. The supplier must analyse the ‘A’ Sample in the first instance and retain the ‘B’ Sample to enable supplementary analysis to be carried out by another party at the request of a prisoner, an approved user or the Authority.
	4. The Supplier must retain ‘B’ samples in line with relevant retention policies and guidance.
	5. A ‘B’ sample can be requested at any time when in storage at the supplier’s premises.
	6. When a ‘B’ sample is requested, test results of the initial analysis and the processes used must also be provided to the Authority.
	7. For all positive ‘A’ samples, the supplier must store the corresponding ‘B’ sample for 9 months in a manner that limits the effects of degradation of samples and allows for any necessary retests and/or for quality assurance activity.

# Prevalence Studies

* 1. In order to design and deliver evidence-based strategies for tackling substance misuse, the Authority requires access to comprehensive information relating to the nature of drug use across custodial and community settings.

* 1. The key aim of prevalence studies is to provide timely, accurate and objective data on the scale, trends and patterns of drug misuse.
	2. Prevalence studies should accurately detect the presence of as wide a range of drugs as possible (both licit and illicit), including and not restricted to those detailed in essential lists in Annex A.
	3. The findings of prevalence studies will form an essential part of the rationale for changes to Annex A throughout the contract term.
	4. The prevalence sampling method must use existing samples, or alternatively another methodology that ensures no additional burden on operational staff or test recipients.
	5. In order to provide a significant representation of the prison population, each prevalence study must include 1000 individual samples as a minimum, regardless of the method of Testing.
	6. The supplier may propose alternative methods of undertaking prevalence studies for consideration at any point throughout the term.
	7. Each Prevalence Study must be able to report findings to the following levels as a minimum:
		1. National;
		2. Prison;
		3. Probation site, including AP’s.
	8. Prevalence studies must be reported on a quarterly basis as a minimum by the Supplier to the Authority, throughout the contract term.
	9. Prior to the commencement of any prevalence study, the supplier and Authority must agree the content and timescales for completion of the study.

# Laboratory Standard and Accreditation Requirements

* 1. The relevant Supplier personnel must hold a Home Office Controlled Drug Licence unless exempt under the Misuse of Drugs Act 1971 or Misuse of Drugs Regulations 2001 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/857614/Forensic\_Analysis\_\_Reference\_Standards-\_FAQs\_-\_December\_2019.pdf ).
	2. The laboratory and testing methods used to provide the services to the Authority must be accredited by United Kingdom Accreditation Service (UKAS) to support accurate and reliable results from laboratory testing, calibration, sampling and measurement services in relation to toxicology testing for substances of abuse.
	3. The laboratory used to provide this service to the Authority must also work to:
		1. the European Laboratory Guidelines for Defensible Workplace Drug Testing (<http://www.ewdts.org/data/uploads/documents/ewdtsguidelines>.);
		2. The UK Workplace Drug Testing Guidelines; and
		3. Be accredited by UKAS under ISO17025 (and ISO 9001) and/or relevant UKAS Flexible Scope.

# ANNEX A: Drugs of Detection - Laboratory Analysis Goods, Services, and Prevalence Testing

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. Drug Testing under a Drug Testing Requirement (DTR) under the Problem Solving Courts (PSC) pilot, detailed in Table D.
5. 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)**
 |
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| **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 | Synthetic Opioids, including fentanyl and nitizenes |
| 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)** |  |
| 5F-MDMB-PINACA |  |
| AB/AMB-FUBINACA |  |
| MDMB CHMICA + (5F) |  |
| 5F-MDMB-PICA |  |
| 4F-MDMB-BUTINACA |  |
| MDMB-4EN-PINACA |  |
| APINACA and 5F-APINACA |  |
| APICA + 5F-APICA |  |
| AB PINACA |  |
| 4F MDMB BICA Metabolite |  |
| MDMB BINACA Metabolite |  |
| 4F MDMB-BINACA Metabolite |  |

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| **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)) |  |

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

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

1. **Prevalence Testing**

The Authority 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-D above.

The findings of these studies will directly influence any requests to change ‘Essential’ Drugs listed under Table A-D above.