



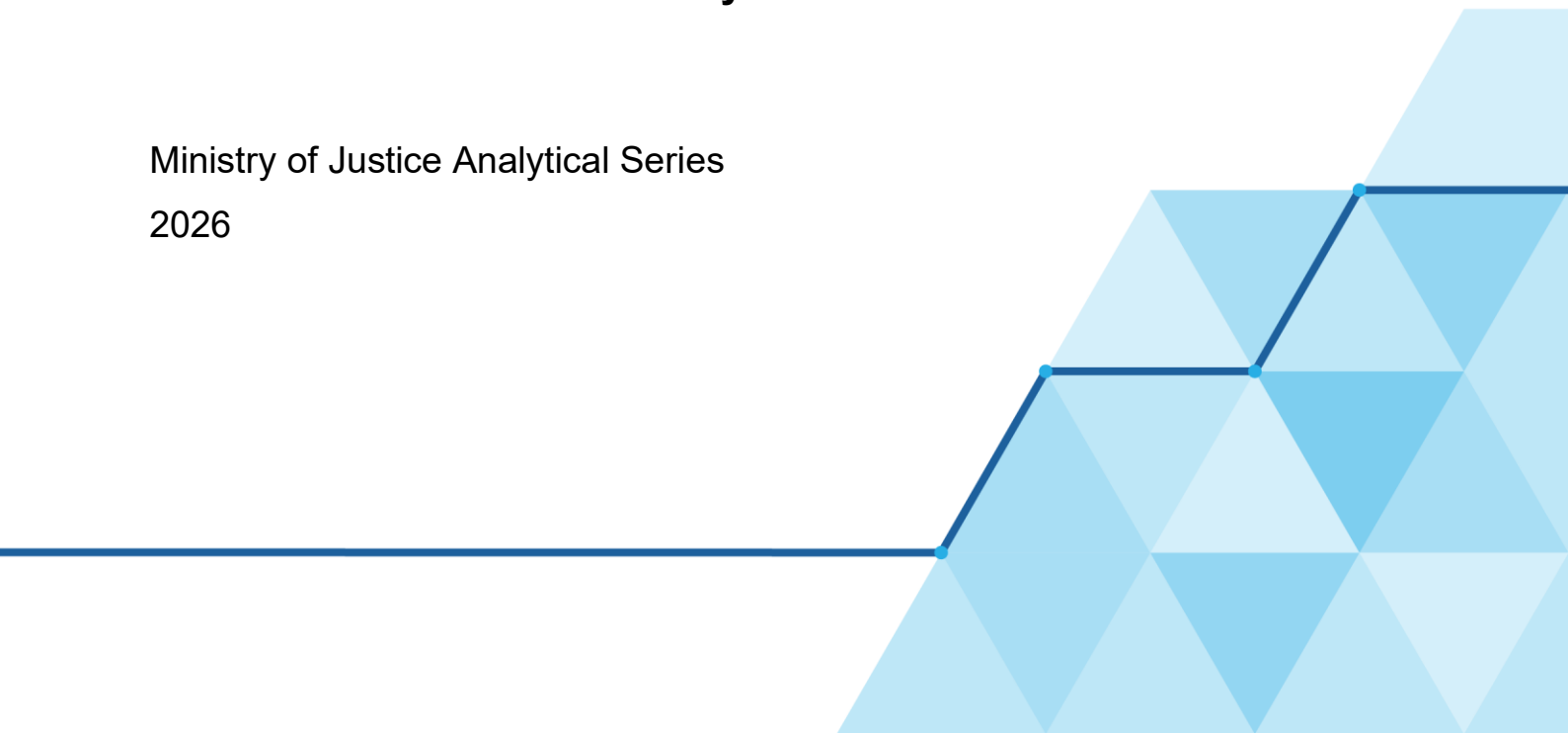
Ministry
of Justice

Expanded Drug Rehabilitation Requirement Drug Testing: Process Evaluation

Nikhia Cook and Sarah Bailey

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Glossary

DRR	Drug Rehabilitation Requirement - a Judge or Magistrate can include this as part of either a Community Order or a Suspended Sentence where the offender is dependent on drugs or has a propensity to use drugs, and the individual consents to treatment and is willing to comply.
ToC	Theory of Change
MoJ	Ministry of Justice
HMPPS	HM Prison and Probation Service
PO	Probation Officer
SPO	Senior Probation Officer
PSO	Probation Services Officer
Expanded DRR drug testing	Also referred to as probation-led drug testing, this was rolled out nationally between February and September 2023.

1. Executive Summary

1.1 Background and Research Approach

Drug Rehabilitation Requirements (DRRs), introduced in 2003, offer courts a structured treatment option for substance-related offending as part of a community or suspended sentence order. Between February and September 2023, HM Prison and Probation Service (HMPPS) extended drug testing so probation staff have the capability to test DRR recipients in addition to treatment providers conducting testing. This aimed to help track and encourage progress, manage risk, and boost judicial confidence.

This process evaluation was conducted internally by MoJ analysts and adopted a mixed-methods approach to examine how expanded DRR drug testing is being delivered locally. Management information from NDelius¹ was analysed to explore testing levels, alongside 17 semi-structured interviews with probation staff and judges (district and crown) across three regions (Yorkshire and The Humber, West Midlands, and South Central). Regions were selected based on variation in drug testing relative to DRR caseloads.

The evaluation findings are based on a small sample of interviews, so insights reflect individual experiences and may not represent national practice. Evidence on individual outcomes comes from probation staff and not DRR recipients themselves. Management data from NDelius covers DRR drug testing activity in England between February 2023 and August 2025. Inconsistencies in how drug testing information is recorded, such as missing results, mislabelled test types and incorrect test contexts, affect the reliability of this data.

1.2 Key Findings

Probation staff interviewed reported that drug testing for DRRs is available but not always consistently implemented, with data indicating that testing levels are substantially lower than the DRR caseload. Data suggest that not all individuals on a DRR are tested monthly,

¹ NDelius (National Delius) is the national probation case management system used by HMPPS in England and Wales to record and manage information on individuals subject to probation supervision.

implying testing is conducted less frequently than the suggested monthly testing for most individuals on a DRR. While the guidance sets out suggested expectations around testing, probation staff are permitted to use their professional judgement to decide when to test, leading to some variation in practice. Testing can only occur during in-person supervision appointments, so infrequent or missed appointments reduce the ability to test regularly. Further barriers to consistent testing include unclear expectations around testing frequency, some probation staff not being fully aware of their responsibility to conduct DRR drug tests, and testing panels that cannot capture newer or emerging drugs.

Drug test results are seen positively by probation staff as a tool to support supervision discussions, monitor progress, and encourage engagement, rather than to initiate breach proceedings. Judges and probation staff use results to track progress and support engagement. Although administering tests is quick, sending samples for analysis takes time, and waiting to receive lab results or confirmation tests for enforcement were identified as barriers to timely intervention and case management.

Factors that enabled successful testing included designated testing rooms and rapport-building with individuals on a DRR. Some probation staff questioned the necessity of testing when drug use has already been self-disclosed, although guidance does allow for two consecutive self-declarations before a drug test is required. Data recording practices vary as probation staff must accurately record a code on the form to classify a test as a DRR test, which can lead to inconsistencies if done incorrectly. Feedback on training was mixed. While training on the practical aspects of drug testing was well received, the rationale behind the expanded testing lacked clarity.

Judges interviewed were often unaware that probation staff now conduct DRR drug testing in addition to testing carried out by treatment providers. Some judges felt that inconsistent drug testing and poor attendance at probation meetings affected their confidence in DRRs, but this did not discourage them from sentencing someone to a DRR.

1.3 Conclusions

Analysis of data and interviews reveal that testing is not always consistently delivered, with regional variation and lower-than-expected testing rates. Factors such as missed and

infrequent appointments, some probation staff being unaware that DRR drug testing falls within probation's remit, staff's use of professional judgement, and regional capacities and caseloads are likely to have influenced implementation. Nonetheless, testing is generally used constructively when it takes place, supporting engagement and recovery, rather than enforcement. Clearer communication of expectations, practical, user-friendly guidance, and addressing operational barriers could help to embed testing more effectively into routine probation practice.

2. Background

2.1 Overview of Drug Rehabilitation Requirements

Drug Rehabilitation Requirements, introduced under the Criminal Justice Act 2003, are one of three Community Sentence Treatment Requirements (CSTRs). DRRs combine structured treatment with regular drug testing to address substance use and related offending. A DRR can only be imposed with the individual's consent. A DRR can be combined with Mental Health Treatment Requirements (MHTR) and other requirements as part of a community order or suspended sentence order.

The duration of a CSTR is intended to reflect the individual's treatment needs and is set in agreement with treatment providers. While CSTRs can be imposed for up to three years, the period of treatment does not always align exactly with the length of the community sentence, and in some cases, treatment may continue beyond the formal end of the requirement.

The volume of DRRs sentenced is lower than the level of substance use needs of offenders in the community. Despite 39 per cent of those within the community² having an identified drug need (MoJ, 2025a), only around five per cent of community orders and five per cent of suspended sentence orders handed down in 2024 included DRRs (MoJ, 2025b). However, not everyone with a drug need will be suitable for a DRR; suitability depends on the individual's consent, the severity of the offence, and their level of need.

In recent years, efforts have been made to increase the use of DRRs. The Smarter Approach to Sentencing White Paper and the government response to the Dame Carol Black Review committed to expanding and enhancing the use of CSTRs (MoJ, 2020; HO et al, 2021).

² Consisting of people released on licence from custody and people who have received suspended sentence and community orders.

2.2 Overview of the Expanded DRR Drug Testing

As part of a DRR, individuals must consent to drug testing. Treatment providers delivering DRRs conduct tests during clinical assessments, but results are often not shared with probation staff. To implement regular testing for probationary use and boost judicial confidence, HMPPS have extended drug testing so that probation staff have the capability to test DRR recipients in addition to treatment provider testing. Probation officers received training and test kits, with national rollout between February and September 2023.

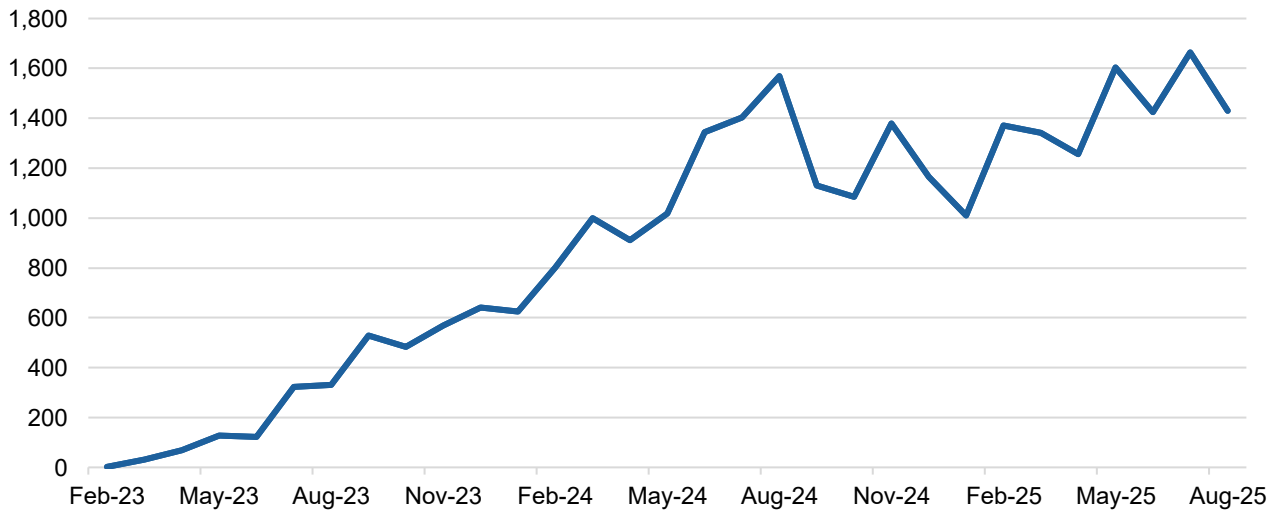
The expanded DRR drug testing had four main objectives:

- identify individuals who are using drugs while subject to a DRR;
- provide a fair and robust evidential basis for legal proceedings and enforcement processes (if linked to overall behavioural/risk issues);
- provide an opportunity for those on orders to demonstrate their progress and that they are drug free;
- inform risk management while noting that any enforcement action is seen in terms of the individual's overall behaviour and professional judgement, not based alone on positive drug tests.

Probation staff are authorised to test for opiates, cocaine, amphetamines, cannabis, and benzodiazepines using oral fluid-based back-to-lab tests³ provided by the testing supplier. When expanded DRR drug testing was first introduced in February 2023, management information collected by the testing supplier indicated low initial testing levels; these have steadily increased over time (Figure 2.1).

³ Oral fluid-based back-to-lab tests refer to saliva samples collected from individuals and sent to a laboratory for analysis.

Figure 2.1 Number of samples tested each month from February 2023 to August 2025 in England for individuals on a DRR



Source: Drug Testing Supplier

2.3 Overview of Current Guidance

Probation staff currently access guidance on DRRs and associated drug testing via the EQUIP platform.⁴ It outlines the purpose of testing, how testing fits into the broader aims of supporting recovery and monitoring compliance, and offers instructions on conducting tests, recording results, and using results in enforcement and court reviews. Court reviews are mandatory for DRRs that last longer than 12 months. They take place at hearings, where a judge reviews the individual's progress based on written reports from probation staff, which include drug test results and treatment progress.

The guidance addresses rules around self-disclosure of drug use, stating that staff are permitted to make use of two-self declarations consecutively before needing to complete a drug test. It also encourages the use of professional judgement when considering enforcement, particularly in cases of persistent positive tests, recognising that test results should not be viewed in isolation but considered alongside other indicators of the person on the order's overall progress and compliance.

⁴ EQUIP is a Ministry of Justice digital platform used within prisons and probation services to provide process guidance and support the consistent delivery of operational activities.

Suggested testing frequency depends on supervision tier, which is based on assessed risk and need, with more frequent testing expected earlier in the order and reduced frequency over time (see Table 2.1). In practice, this may vary depending on appointment schedules, local capacity, and individual risk factors, as not all people on a DRR are seen at the same frequency. The guidance states that drug testing should be conducted on a random basis to prevent individuals anticipating tests and altering their substance use. It also permits the use of professional judgement, including additional suspicion or risk-based testing where there are concerns about increased substance use or risk of serious harm.

Table 2.1 Suggested frequency of drug testing for DRRs

Tier⁵	Weekly testing	Fortnightly testing	Monthly testing
A (& IOM⁶)	For the first 2 months and in response to providing positive results	For the third month	For remainder of the DRR
B	For the first 2 months and in response to providing positive results	For the third month	For remainder of the DRR
C	For the first 2 months and in response to providing positive results	N/A	For remainder of the DRR
D	For the first 2 months and in response to providing positive results	N/A	For the remainder of the DRR

⁵ Supervision tier is determined by an individual's assessed risk of harm, likelihood of reoffending, and level of need and determines the frequency of supervision appointments.

⁶ Integrated Offender Management (IOM) brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together.

2.4 Overview of Existing Research

There are well-established links between substance use and offending behaviour. Over a third of offenders in the community have an identified drug need (MoJ, 2025a), and research has found substance use to be a key risk factor in reoffending (HMIP, 2021a).

The evidence on the link between drug testing and reduced reoffending or improved health outcomes is mixed. Crucially, the intent and delivery of drug testing play a significant role in its effectiveness. When implemented in ways that support treatment, drug testing has shown positive outcomes. Conversely, when used punitively, it has often been less successful and, in some cases, has even led to increased drug use or reoffending (Singleton, 2008); for example, Haapenen and Britton (2002) found that more frequent testing did not improve outcomes and parolees who were tested more often were more likely to reoffend.

When used in treatment-beneficial ways, however, positive effects have been found and drug testing can encourage desistance when used in the right regime and support package (O'Connell, Brent, and Visher, 2016). Research has shown that programmes using graduated sanctions where consequences escalate in response to continued drug use can be effective; for example, participants in Hawaii's Opportunity Probation with Enforcement (HOPE) programme had fewer positive urine tests at three and six months, and fewer probation revocations after one year than the control group (Bulman, 2010).

Despite these findings, there is limited research on drug testing within DRRs. Existing studies suggest that drug testing can sometimes negatively affect people on probation's motivation, particularly in the context of Drug Treatment and Testing Orders (DTTOs) or DRRs. McSweeney, Hughes and Turnbull (2008) found concerns that testing regimes failed to reflect reductions in illicit drug use, which could be demotivating for individuals on a DRR. Their research, however, also highlighted that drug testing can be a useful tool to validate self-reported drug use and build trust between individuals on a DRR, probation officers, treatment providers, and the courts. Reflecting this, Powell, Bankart, Christie et al. (2009) found that although drug tests were generally perceived as useful by staff, there was a lack of clarity about their purpose and how results should be interpreted. The same study also found that the change to saliva testing from urinalysis was viewed as an

improvement by probation staff, particularly because observed sample collection improved confidence in the testing process, but the time it took to receive test results limited their usefulness for treatment planning and court reporting.

An HMIP (2021b) thematic inspection explored community-based drug treatment by reviewing 60 cases of people on probation with a drug problem. They found that half of these individuals were mandated to undergo drug testing to measure compliance, yet this occurred in only 10 cases. Just over one-third reduced their drug use during their time under supervision, and none showed a reduction in their offending. They also conducted surveys with magistrates and found that 42 per cent were unsure of the local drug services and the arrangements for drug testing under DRRs.

3. Research Aims

3.1 Research Questions

This evaluation aimed to address the following research questions:

- What are the current levels of DRR drug testing and how do these levels vary across regions?
- To what extent is drug testing available to all probation staff and DRR recipients it is intended to reach? If testing is not being fully utilised, what can be done to increase usage?
- Are drug tests being used as intended in regard to frequency, delivery, purpose and data recording?
- What worked well and what did not work well during implementation of:
 - Training staff
 - Receiving, carrying out, and sending drug tests for analysis
 - Receiving and interpreting results
- To what extent are judges aware of the change to probation-led DRR drug testing and the implications for individuals receiving DRRs?

3.2 Theory of Change

A Theory of Change (ToC) was developed through an iterative process involving a series of conversations and workshops with MoJ policy and HMPPS operational colleagues in October 2023. It provides a structured pathway for understanding how inputs and activities around DRR drug testing are expected to lead to improved outcomes (see Appendix B). The ToC illustrates how coordinated inputs from justice and health sectors, such as probation practitioners, courts, and treatment providers drive activities aimed at strengthening drug testing for individuals on a DRR. These activities include making tests widely available, training probation staff, ensuring timely results, promoting best practice, and fostering communication between agencies. As a result of these activities, positive

outputs, such as increased testing, improved accuracy, better data on drug use, and clearer staff roles, are expected. These outputs in turn lead to outcomes including more consistent testing, greater compliance with DRR conditions, improved health and abstinence among recipients, and stronger relationships between probation staff and treatment providers. Ultimately, the intended impact is improved consistency in DRR experiences, increased diversion from custody, and reduced reoffending.

This framework directly informs the research questions by highlighting the mechanisms through which change should occur and the indicators that can be assessed. Successful implementation can be measured by whether key activities such as making drug tests available, training probation staff, providing timely results, and promoting best practice are delivered as intended. These activities should lead to improved outputs like increased number of tests, improved accuracy, and clearer staff roles. Assessing these areas will then help identify what worked well and what barriers exist.

4. Methodology

4.1 Methodological Approach

The evaluation used mixed methods, comprising:

- Analysis of management information (MI) data: MoJ analysts analysed MI data to provide an overview of key trends and patterns.
- Semi-structured interviews: To further understand these findings, 17 semi-structured interviews were conducted with probation staff (including probation officers, probation service officers, and senior probation officers) and judges (district and crown) between June and August 2025.

Interviews were conducted across Yorkshire and the Humber, West Midlands, and South Central, covering various Probation Delivery Units (PDUs) to explore local implementation of DRR drug testing. Regions were selected using a comparative approach, examining the proportion of individuals on a DRR who had been tested relative to the overall DRR caseload in each region, to capture variation between regions (Appendix C). Table 4.1 provides a breakdown of interviews. Participants were purposively sampled via the HMPPS Gateway Management System and with support from regional Health and Justice Managers. Recruitment varied due to probation team capacity. Interviews were held online and recorded via Microsoft Teams and lasted 15–45 minutes; differences in duration reflected the varying scope of topic guides across participant groups. Interviews were transcribed using Teams' transcription feature. Transcripts were subsequently reviewed and refined for accuracy and anonymised before being thematically analysed by three analysts, with themes agreed through iterative discussion following coding (Braun and Clarke, 2006).

Table 4.1 Number of probation staff and judges interviewed in each region

Probation Region	Probation Staff	Judges	Total
Yorkshire and The Humber	2	3	5
West Midlands	8	1	9
South Central	3	0	3
Total	13	4	17

MI data on DRRs, drug tests and attendance at supervision appointments was taken from NDelius. An extract of the data was created in October 2025, covering a 31-month period from the start of the national rollout in February 2023 to the end of August 2025.

Descriptive analysis of the MI data was conducted in RStudio by an analyst, with quality assurance undertaken independently by a second analyst to ensure robustness.

4.2 Ethical Considerations

An ethics checklist was created to ensure that the evaluation adhered to ethical standards and best practices, and feedback was sought from the MoJ's Ethics Advisory Group to support its development.

All interviews remain confidential and were anonymised following transcription. This includes sensitive information about other individuals. Participants received a consent form outlining the purpose and main topics of the research, how findings would be used, that their responses would remain anonymous, and that participation was voluntary. As part of this, participants were informed that their interviews would be recorded via Microsoft Teams and that these recordings would be stored in a secure folder until the transcripts were finalised and anonymised, after which the recordings would be deleted.

Interviews focused on operational and procedural aspects of drug testing, rather than the more sensitive topic of drug use.

4.3 Limitations

This study has some methodological and data limitations that should be considered when interpreting the findings. As is typical for qualitative research, the sample was small, selected to provide a range of experiences, and therefore not fully representative. It covers probation staff and judges and does not capture the experiences of treatment providers or individuals subject to DRRs. Recruitment constraints also limited coverage across regions meaning findings may reflect specific regional perspectives. In addition, interviews took place some time after national rollout, which may have affected recall of early implementation. Analysis of management information from NDelius identified inconsistencies in how drug testing activity is recorded, alongside necessary simplifications in how tests are counted. As a result, findings should be interpreted with caution. Despite these constraints, the study draws on multiple data sources and the findings provide a robust basis for understanding current practice and informing future policy development. Further detail on these limitations is provided in Appendix A.

5. Research Findings

This section presents key themes from interviews with probation staff and judges, combined with relevant MI data on DRR drug testing.

5.1 Perceptions of DRRs

Individuals sentenced to a DRR are expected to engage with treatment providers to address their substance use and consent to drug tests. As part of a DRR, they may be required to attend court reviews with a judge. During these hearings, the judge receives a report outlining the individual's progress, including drug test results. Here, the judge may decide to extend the requirement if deemed appropriate. Interviews explored the perspectives of judges and probation staff of DRRs, including factors such as drug testing, which may influence their confidence in the effectiveness of the requirement.

Overall, both judges and probation staff interviewed expressed positive views of DRRs as a sentencing option. They described DRRs as a constructive approach to supporting individuals with drug use problems, helping them address both substance use and related offending behaviour. Judges reported that decisions to impose a DRR were informed by eligibility, the legal criteria, the individual's consent, and probation's assessment and recommendation. They also demonstrated an understanding that recovery is often a complex process that may require multiple attempts. There was a shared sentiment among judges interviewed that DRRs are "worth a try" even if success is not guaranteed.

"I'm always quite keen on using DRRs when I can. So, where I could be satisfied that somebody's got a direct handle on testing the defendants, that would encourage me to use those orders. Same with having the ability to have them come back to court to get reviews so I can get an update as to how the tests are going. So, what you're looking for is at least a decrease in usage" (Judge)

During interviews, judges and probation staff identified several factors that may impact their confidence in DRRs. These included issues related to drug testing, communication

around attendance and breaches, the coordination of services involved in delivering the DRR, and the intensity of the requirement. While these concerns were considered important, they did not discourage the judges interviewed from imposing a DRR. Factors that judges identified as likely to discourage them from imposing a DRR included the individual's motivation and engagement in court proceedings, as well as the seriousness of the offence.

"You'll move on to the DRR, and often you'll find that they haven't been attending at all. So, there is that disconnect and it does erode confidence, but at the same time, I don't think it's ever stopped me making one" (Judge)

5.2 Awareness and Attitudes Towards DRR Drug Testing

Interviews explored judges' and probation staff's awareness of expanded DRR drug testing. Judges were often unclear about how drug testing under a DRR is conducted by probation, with some unaware of the changes enabling probation staff to undertake testing or of the practical arrangements involved. Judges, however, recognised that drug testing is an expected component of a DRR.

While probation staff recognised that drug testing falls within their remit, some reported only recently becoming aware of this responsibility. This limited awareness may contribute to the low levels of drug testing seen across regions (Appendix C). There was a general sense that they had likely received some communication at the time of the change, but interviewees noted that they receive a high volume of information, which made recalling specific messages on testing difficult.

"Nobody was aware of the fact that we should be drug testing for DRR. We drug tested for licence, but as far as the general population in the PDU were concerned, the drug testing was done by [treatment provider] for DRRs" (Probation staff)

Interviews also explored the training delivered as part of the rollout of expanded DRR drug testing. Feedback from probation staff was mixed. Training that focused on the practical

aspects of DRR drug testing, such as how to conduct tests and complete relevant forms, was well received. In contrast, training intended to explain the expansion of testing and the rationale for probation-led testing was less positively received. Probation staff felt that it lacked clarity and failed to explain the rationale or its impact on their daily work.

Some probation staff questioned the rationale for conducting tests, particularly in cases where individuals on a DRR had self-disclosed their drug use (guidance allows for two consecutive self-declarations before a drug test is required), had been tested by treatment providers, or were known to be using substances not covered by the standard testing panel. There were doubts about how testing supports and motivates those with entrenched drug use, as they were seen to be less motivated to address their drug use. Accuracy of the drug tests was explored during interviews and, overall, judges and probation staff expressed confidence in the accuracy of the tests.

"I think another factor that seems to impact on the rate and the frequency is that self-disclosure. [...] why should we spend money to do a drug test when it's just going to come back and confirm what they're using?" (Probation staff)

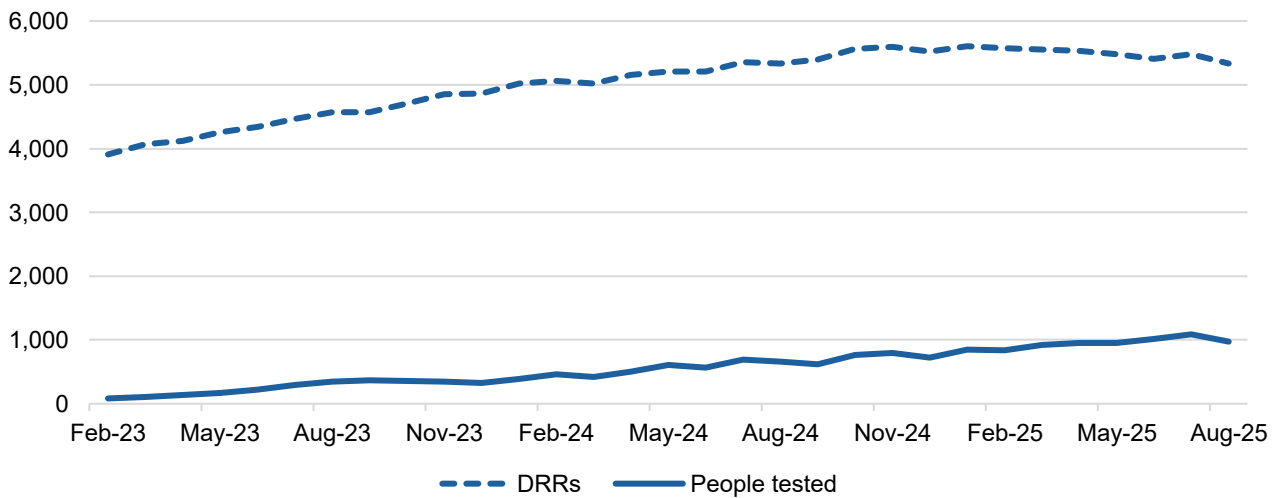
5.3 DRR Drug Testing Process

Since the introduction of expanded DRR drug testing, the number of individuals on a DRR tested each month has increased considerably, but it remains below the total DRR caseload each month (Figure 6.1). This suggests that some individuals on a DRR are not tested monthly. There may be several reasons why testing practice varies in line with guidance, including:

- Random testing, to reduce the likelihood of individuals anticipating tests and altering their substance use.
- Testing frequency linked to supervision tier, which is based on assessed risk and need, with frequency reducing over the course of the order.
- Local staffing capacity and operational constraints, including limits on resources and that individuals should not be given additional appointments solely for testing.

- Variation in appointment schedules, as not all individuals on a DRR are seen at the same frequency, or missed supervision appointments.
- Use of professional judgement for suspicion and risk-based testing, where substance use is linked to a risk of serious harm.

Figure 5.1 Number of Individuals on a DRR tested nationally each month in England relative to DRR caseload



Source: NDelius

To better understand this disparity, interviews covered how drug testing is delivered in practice. When asked about frequency of testing, probation staff interviewed reported that drug tests are only carried out during in-person appointments. The frequency of these appointments varies by sentence length, assessed risk level, supervision tier, and the stage of the individuals on a DRR’s order, which will directly affect how many tests can be conducted each month.

Between February 2023 and August 2025, 93 per cent of planned supervision appointments for those on a DRR were office appointments. The overall attendance (and complied) rate for these was 54 per cent. Around 13 per cent of appointments were marked as an acceptable absence, around 16 per cent were marked as unacceptable, and

8 per cent were marked as rescheduled.^{7,8} Non-attendance likely contributes to the difference between the number of people on the DRR caseload and those being tested, as missed or infrequent appointments will directly limit the opportunity for testing during in-person supervision appointments. Current guidance advises that probation staff should not schedule appointments solely for the purpose of drug testing, which further restrict opportunities for testing if individuals on a DRR are not attending for other reasons.

When asked how drug test results are used, probation staff explained that positive results are typically not used as grounds for breach, as continued drug use is expected during the early stages of treatment. Instead, the results are used to support conversations about progress and challenges. Probation staff described using test results to engage individuals in discussions about their drug use and safety. This approach was echoed by judges interviewed who conduct DRR review hearings. Judges described using drug test results primarily as a basis for dialogue with individuals about their drug use, rather than as a punitive mechanism. They emphasised that consistent abstinence was not expected; test results were used instead to identify patterns and signs of reduced use over time, with concerns about non-attendance, continued offending, or ongoing use considered alongside wider indicators of engagement with the DRR.

"Drug testing is a tool that we can use to manage their drug use, verify what they're telling us around their substance misuse. So, whether that's decreasing, whether it's changing, and whether they are still using or whether they're not. So, it's more of a tool that we use as part of that requirement" (Probation staff)

In addition, probation staff also use test results to offer positive reinforcement. When results show improvement, they serve as concrete evidence that someone is doing well, which can be used to motivate continued engagement and recovery. For instance, individuals on a DRR may choose to share their results with family members to rebuild

⁷ Some appointments are initially recorded using placeholder outcomes (for example, 'failed to attend') and are amended following practitioner review once the reason for non-attendance is established. Other interim or administrative outcomes are not presented here; figures therefore do not sum to 100 per cent.

⁸ The decision to reschedule a supervision appointment is made at the discretion of the supervising practitioner, taking account of individual circumstances and professional judgement.

trust or demonstrate their progress. In some cases, test results are included in child protection reports or other formal documentation to evidence progress in recovery, which can support decisions around child contact or custody.

"But because I've had quite a few that have been stable and have been compliant, I'll always use them as positive things to take into supervision to use and to motivate them and to continue. It's not all about the doom and gloom. I'll try to use it in a positive sense"
(Probation staff)

5.4 DRR Drug Testing Guidance and Professional Judgement

As discussed in Section 2.3, guidance outlines suggested drug testing frequencies for individuals on a DRR, with recommendations based on factors such as risk level, supervision tier, and duration of the order. The guidance suggests weekly testing during the first two months of a DRR, followed by fortnightly testing in the third month for those in higher supervision tiers (Tier A/IOM and B).

In practice, probation staff reported often exercising professional judgement to determine testing frequency. Many probation staff interviewed were either unaware of the guidance about suggested testing frequency or unclear on how it should be used. Those who were aware of it reported rarely referring to it, although they knew where to access it. Probation staff described receiving a high volume of information, which could make it difficult to identify and prioritise specific resources like the drug testing guidance.

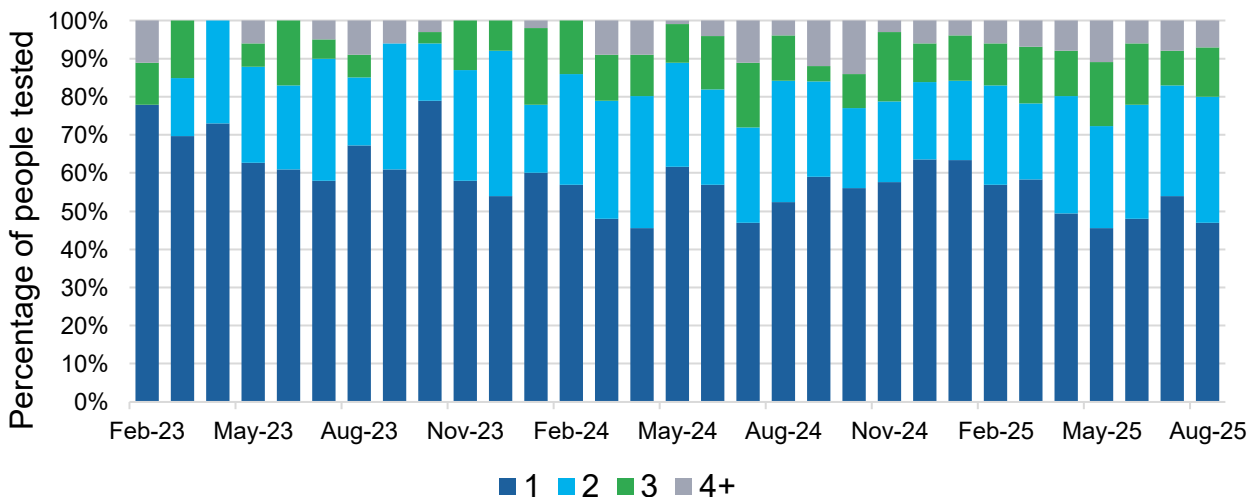
Probation staff described considering a range of factors when deciding whether to test, in alignment with guidance. Such factors include the individual's offending behaviour, assessed risk level, physical presentation, engagement with support services, and attendance at appointments. Information from other agencies, including the police and treatment providers, was used to build a fuller picture of the individuals on a DRR's circumstances. Self-disclosure of drug use was another key consideration. Some probation staff explained that if an individual on a DRR openly admitted to using drugs, they might choose not to conduct a test, on the basis that a positive result was expected and would add limited value. Others, however, would still test to verify the disclosure,

particularly where there were concerns about concealment of other substances or to maintain consistency in monitoring. Probation staff are permitted to make use of two-self declarations consecutively before needing to complete a drug test.

"So it could be that we already know that they're using weekly. So, we wouldn't drug test someone who's telling us honestly that they're using crack and heroin, for example. You wouldn't need to waste a drug test because we've got the admission there" (Probation staff)

Generally, most individuals on a DRR who are tested, are tested once per month. Data shows that those supervised under Tier A or B are tested slightly more than once a month across the duration of their order (see Appendix D). When examining testing frequency in the first three months of a DRR, the guidance suggests weekly testing for all individuals during the first two months, followed by fortnightly testing for those in Tier A/IOM and B in the third month. The data indicates that, even within these higher supervision tiers, testing does not consistently meet the suggested guidance frequency (Figure 5.2 and Figure 5.3).

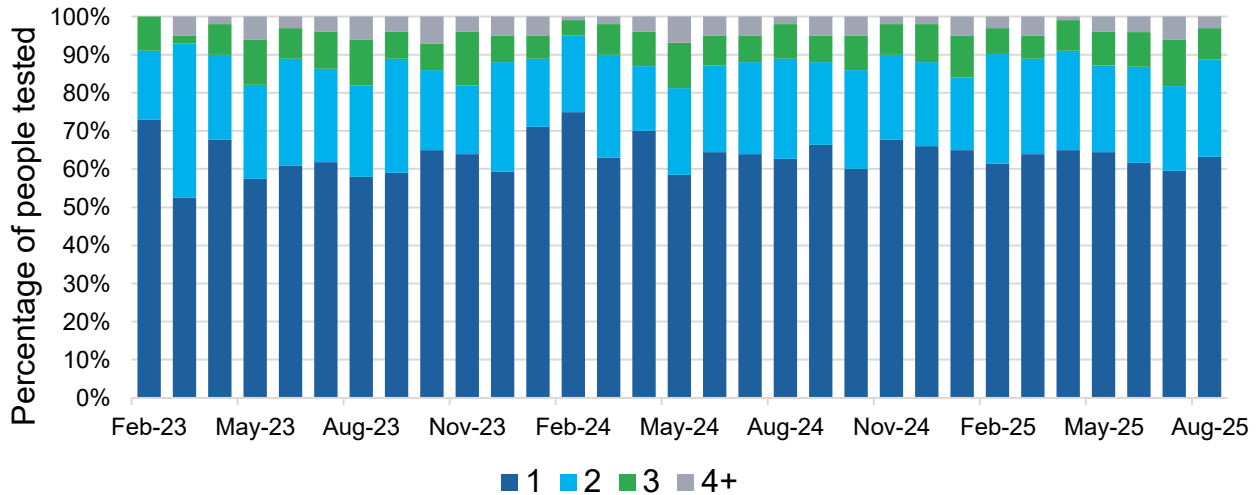
Figure 5.2 Number of tests conducted each month in the first three months of the DRR per individual tested in tier A/IOM and B ⁹



Source: NDelius

⁹ Figures are based only on individuals who are on a DRR and have tests recorded on NDelius. Individuals not tested in a given month have been excluded.

Figure 5.3 Number of tests conducted each month in the first three months of the DRR per individual tested in tier C and D⁹



Source: *NDelius*

Probation staff noted that guidance is not widely referred to because experienced staff rely on their professional judgement. They felt, however, that such guidance could be helpful for new staff to the probation service who are still building their professional experience.

"If you're new to the service then that guidance might be helpful, but it's not something that I necessarily follow. I use my own experience and knowledge" (Probation staff)

Variation in testing levels across regions may partly reflect the discretion exercised by probation staff in deciding when to conduct drug tests. Variation may also be linked to differences in caseloads and capacity pressures across regions, with some areas operating under greater resource constraints and consequently relaxing the frequency of supervision appointments for certain supervision tiers. Appendix C presents the number of individuals tested relative to the overall DRR caseload in each region in England. Across all regions, the number of people tested each month is consistently lower than the DRR caseload, but there is notable regional variation. Testing levels in London have remained consistently low over time, while the North West and Yorkshire and the Humber show higher levels of testing in comparison with other regions.

5.5 Suggestions for Improvement

Probation staff interviewed said they need clear and easy-to-access guidance on drug testing. They highlighted challenges such as the high volume of information they receive and frequent staff turnover, which can make it difficult to maintain a shared understanding of expectations and procedures. Several probation staff suggested that clearer messaging, particularly around how to respond to repeated positive drug tests, would be beneficial. This could help ensure a more uniform approach across teams and regions, reduce ambiguity in decision-making, and support more effective case management.

"There are so many changes and people get fatigued. I think by all the information and the change going on that we probably do just need to have that little and often consistent messaging" (Probation staff)

Concerns were raised by probation staff interviewed about the range of substances currently included in drug testing panels, with several suggesting that the list does not reflect emerging patterns of drug use. Probation staff noted that the inclusion of newer or more commonly used substances would improve the relevance and effectiveness of testing. Additionally, they highlighted the need for more detailed information on test levels such as concentration or quantity detected, stating that it could help assess whether an individual's drug use is increasing, decreasing or remaining stable over time. This was echoed by judges interviewed who conduct DRR reviews, who emphasised that results framed simply as continued positive tests are often vague and provide limited insight into patterns of drug use.

"That's the challenge with all these new psychotic substances. We just cannot keep up with them, slightly altering the formula and therefore slightly altering the chemical signature that we can test for. So, it's always behind the curve" (Judge)

Probation staff highlighted delays in receiving test results as a barrier to timely intervention and effective case management. As samples are sent to an external supplier for analysis, results are not always returned promptly, with staff occasionally needing to follow up.

Probation staff also explained that while conducting the drug test itself is quick, completing the associated paperwork can take time or involve repeating information. Most felt that drug testing can be incorporated into supervision appointments, but some described it as an additional task added to an already demanding workload and felt that the turnaround for results and associated paperwork could be more streamlined.

"It really doesn't take long to actually administer. What takes annoyingly longer, and which should be removed, I think, is the task of sending it off because that's all on me to put it into 2-3 envelopes and put in this paperwork and that paperwork into it. So that takes about 15 minutes just for one person and the actual delivering the test doesn't even take a minute" (Probation staff)

Some probation staff expressed challenges in working with treatment providers. A common concern was the need to frequently chase for updates or relevant information. It is not possible, however, to attribute issues in communication or coordination solely to the expansion of drug testing, as several staff suggested that these challenges reflected more general issues associated with partnership working and that there could be greater join-up with treatment providers. At the same time, some probation staff highlighted that the ability for probation to conduct drug testing directly allows them to identify drug use independently of treatment providers.

"Yeah, it has in terms of the conversations that we have, the feedback, the nonattendances, I don't get those. However, by us doing the tests, at least we're not missing out on quite important information" (Probation staff)

Most of the probation staff interviewed were not directly responsible for recording drug test results on NDelius. Some, however, described situations where operational practices could affect how tests are recorded on NDelius or by the testing supplier. For example, when conducting tests, staff are responsible for completing a form that includes recording a code to classify the test as either a DRR test or a licence test. If completed incorrectly, DRR tests may be counted as licence tests by the testing supplier, and vice versa. In

some cases, staff may also record the result differently on NDelius depending on the context of the test. These practices may contribute to inconsistencies in the data and have implications for reported testing levels. Consequently, staff indicated there was room to improve the consistency of recording practices.

“I’ll still record that as a disclosed substance misuse [...] I’ll record it as a test, but put disclosed rather than tested” (Probation staff)

5.6 Good Practice and Enablers

Information sharing was consistently highlighted as a key enabler in the delivery of probation-led drug testing. Probation staff described receiving a wide range of information from treatment providers, partner agencies and other stakeholders. This information plays a crucial role in informing decisions around when and how to conduct drug testing.

This underscores the value of joint working and multi-agency collaboration in supporting effective supervision. Some probation staff interviewed explained that co-location and joint appointments can support collaboration as they are able to have regular conversations with treatment providers and exchange information.

“We’re quite fortunate because we work quite jointly within the same hub. So at least then you know we’re having regular conversations and we’re seeing the individual at the same time” (Probation staff)

Some probation staff described having access to a designated drug testing room equipped with all necessary supplies. These rooms were seen as convenient and efficient, helping to streamline the testing process. Probation staff noted that individuals on a DRR often recognised the purpose of being taken to these rooms, which helped set clear expectations around testing. Some probation staff, however, highlighted practical limitations such as restricted access to the room when it was already in use.

Another enabler of testing highlighted was the importance of building rapport with the individuals on a DRR. Probation staff described how setting clear expectations around

drug testing from the outset helped establish the relationship and ensured that individuals on a DRR understood testing is a routine part of their order. They believed this approach also encouraged openness, particularly around self-disclosure of drug use. Most probation staff interviewed said they had never experienced someone refusing a drug test during an appointment. Instead, they noted that individuals on a DRR who did not want to be tested would typically avoid attending the appointment altogether.

6. Conclusion

The national rollout of expanded DRR drug testing aimed to address inconsistencies in delivery and strengthen confidence in, and uptake of, DRRs by equipping probation staff with testing capability. This sits within broader policy ambitions set out in the Smarter Approach to Sentencing White Paper and the government's response to the Dame Carol Black Review, which emphasise expanding and enhancing CSTRs (MoJ, 2020; HO et al, 2021). In the context of rising prison capacity pressures and changes to the criminal justice system under the Sentencing Act 2026, the effective delivery of DRRs is of increasing policy relevance.

The findings suggest that drug testing capability is available nationally and is generally viewed positively by probation staff and judges when used, supporting engagement and constructive supervision rather than enforcement. DRRs were also viewed positively by judges and probation staff as a sentencing option and testing levels did not deter judges from sentencing a DRR.

Data suggests that the extent and frequency of drug testing under DRRs varies across regions, and that not all individuals on a DRR receive monthly testing. This variation suggests that implementation has been shaped by a combination of local practice, individual attitudes towards drug testing, and practical challenges.

Interviews with probation staff highlighted that awareness of probation's responsibility for conducting drug testing under DRRs has developed over time, which may help to explain variation in uptake across areas. Testing levels also appear to be linked to the frequency and attendance of supervision appointments, supervision tier, stage of the order, and probation capacity, all of which shape the opportunities for testing. While guidance on testing frequency and use is available, many probation staff interviewed described relying on professional judgement when deciding when and how to test. This approach is consistent with the guidance itself, which explicitly allows for professional discretion. While this discretion supports flexibility in delivery, it may also influence the extent to which testing becomes a routine element of DRR supervision.

Previous research has highlighted drug testing as a valuable tool for validating self-reported drug use and building trust between probation officers and individuals on a DRR, particularly when used alongside treatment. Interviews with probation staff reinforced this view, with testing described as a way to support conversations around substance use, progress, and safety. Test results are typically used to support engagement and motivate recovery, rather than being used punitively.

Interviews also highlighted features of the current testing regime that affected its perceived value. In particular, the use of binary positive/negative results, with limited information on level of use or change over time, alongside concerns about testing panels not detecting newer substances, and the role of testing alongside self-disclosure of drug use contributed to some uncertainty about the added value of testing. Local challenges over the timeliness to receive results and in completing associated paperwork were also reported to affect opportunities for timely intervention. Steps to increase testing usage could focus on clarifying expectations and purpose of testing amongst probation staff, improving the perceived value of testing, and addressing practical barriers such as time-consuming paperwork.

Overall, the introduction of expanded DRR drug testing represents a step towards improving consistency and confidence in the delivery of DRRs. Expanded testing has equipped probation staff with an additional tool to support probation supervision, but implementation has been varied and shaped by factors such as attendance patterns, staff awareness of probation-led testing, and reliance on professional judgement. Despite these challenges, findings suggest that, where testing does take place, it is generally used constructively to support engagement rather than punitively.

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Appendix A

Methodological Limitations

There are limitations of the methods used:

- Interviews were designed to capture a range of perspectives and were recruited across a range of PDUs. The small sample size, however, means that findings may reflect localised experiences.
- Only probation staff and judges were interviewed. Treatment providers and individuals in receipt of a DRR were not interviewed. As such, their perceptions and experiences are not captured.
- Interviews were conducted between June and August 2025. Drug testing was introduced nationally from February 2023, with full rollout expected by September 2023, subject to capacity. As such, early communications may have been forgotten due to time or staff turnover.
- A total of 17 interviews were conducted across three regions. While this research aimed to recruit a broader and more balanced sample across regions, including judicial representation in all regions and interviews within London, this was not fully achieved due to recruitment constraints. No judges were interviewed in the South Central region, and recruitment in London was unsuccessful. In addition, judicial interviews were limited to District and Crown Court judges; attempts were made to recruit magistrates, but these were ultimately unsuccessful.

Management Information Caveats and Limitations

Information on drug testing carried out for DRRs should be recorded in NDelius by probation staff, including details of samples taken and test results provided by the external drug testing provider.

As is common with large-scale administrative systems, analysis of NDelius data has identified some variation and inconsistency in how information is recorded, which affected a minority of records. These inconsistencies include:

- Recording when the sample is taken but not updating this when results are received.
- Recording the incorrect context for testing e.g. recording the context as 'Licence Condition' for a DRR drug test.
- Screening tests incorrectly recorded as confirmation tests.
- Results uploaded as a document to NDelius but not recorded in the drug testing screen meaning they cannot be extracted or analysed.

Further limitations reflect necessary simplifications made for analytical purposes and the scope of available data:

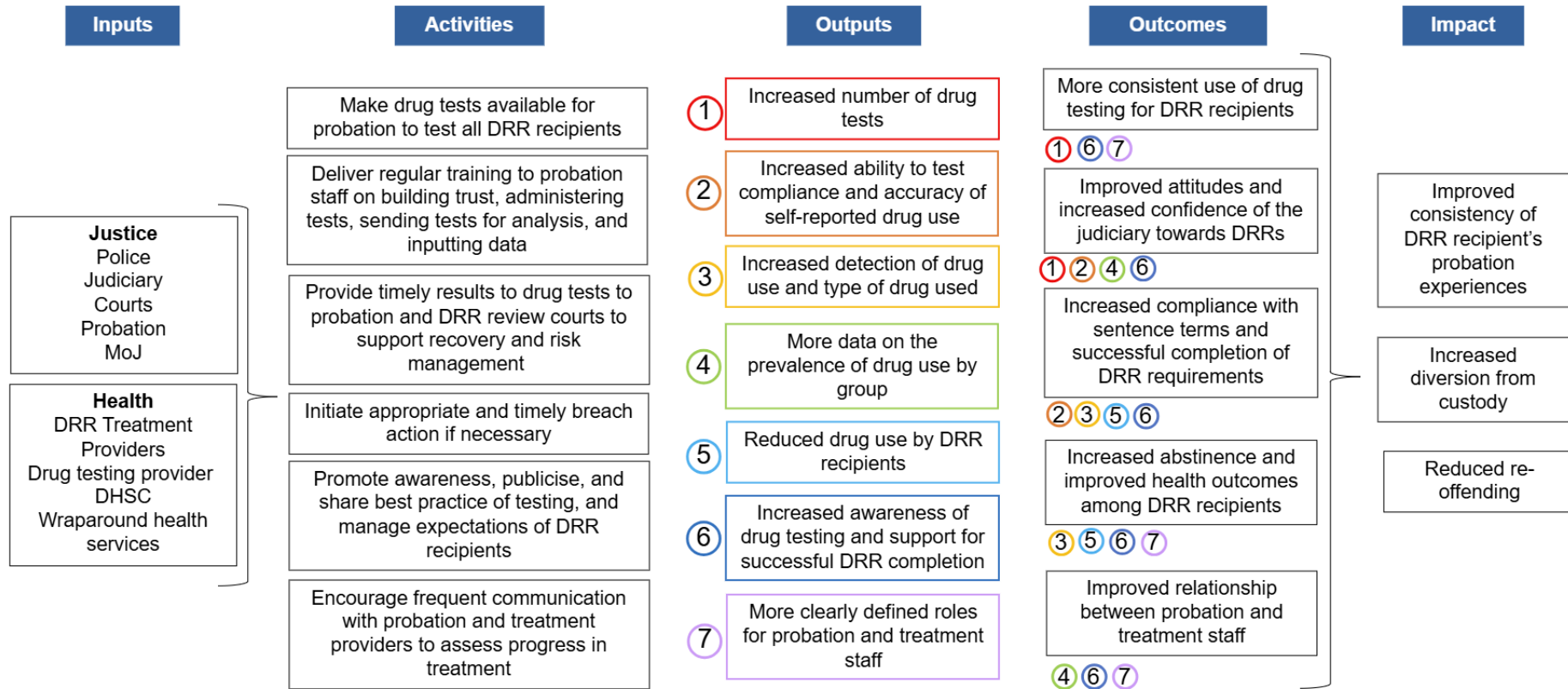
- Samples submitted to the external drug testing supplier for a screening test are screened for five drug types and confirmation tests can be requested for multiple substances. For the purpose of this report, however, each sample tested is counted as one test regardless of how many drug types the sample is screened for, or how many confirmation tests have been done on the sample.
- Data covers DRR drug testing in England only, as Wales was not included in the initial roll out.

Implications

These limitations have implications for how the findings should be interpreted. The absence of interviews with treatment providers and individuals subject to a DRR means the analysis focuses primarily on recorded activity rather than lived experience. This limits insight on how testing is experienced by those on probation, and how expanded testing may have affected probation staff relationships with treatment providers. In addition, some inconsistencies in MI recording mean that conclusions about the scale and operation of drug testing should be interpreted with caution. Despite these constraints, the study draws on multiple data sources to provide an understanding of how DRR drug testing is being implemented in practice. Taken together, the findings provide an indication of testing patterns and operational practice, highlighting areas for further investigation. While not intended as a comprehensive national assessment, the findings provide a robust basis for understanding current practice and informing future policy development.

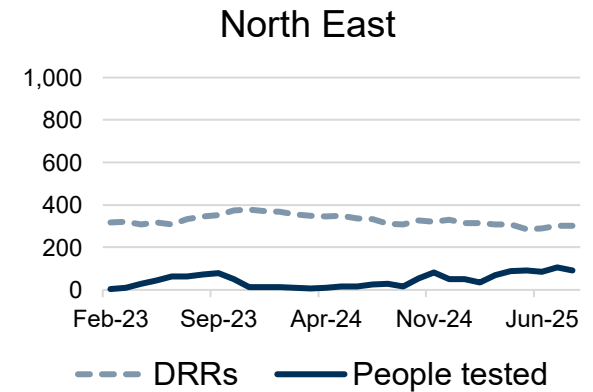
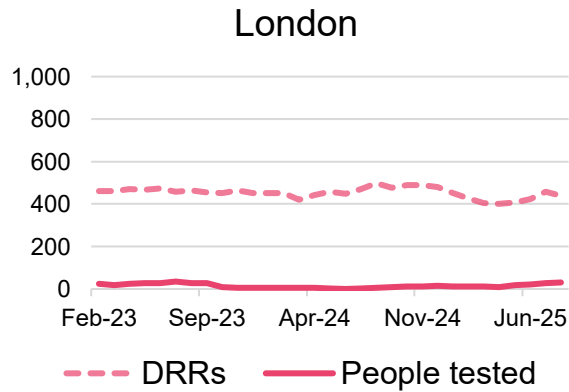
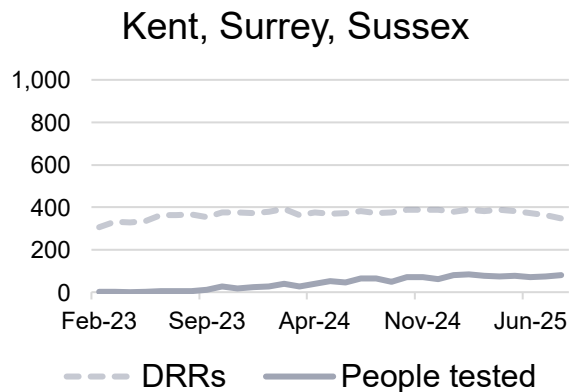
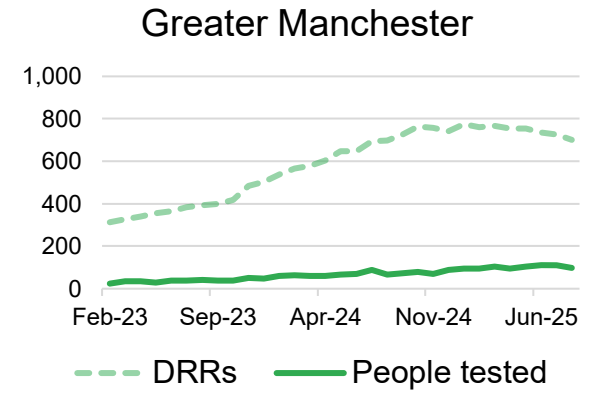
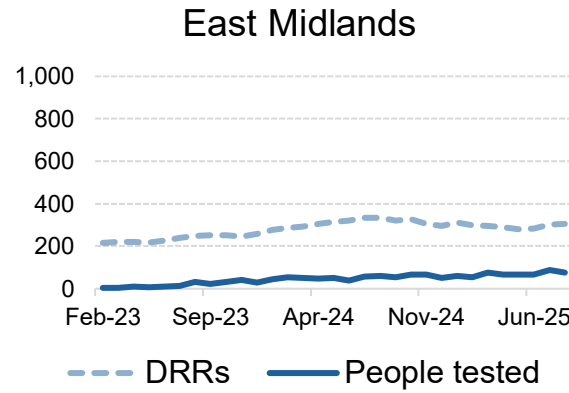
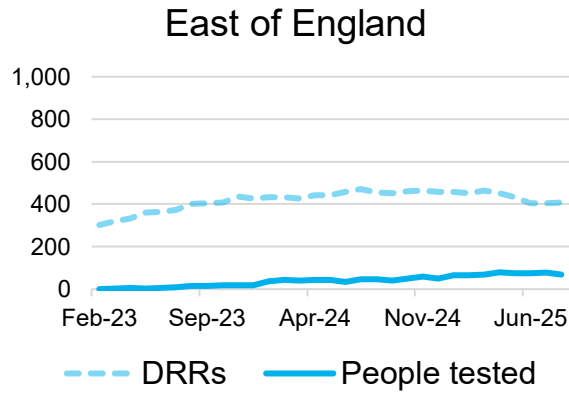
Appendix B

Theory of Change



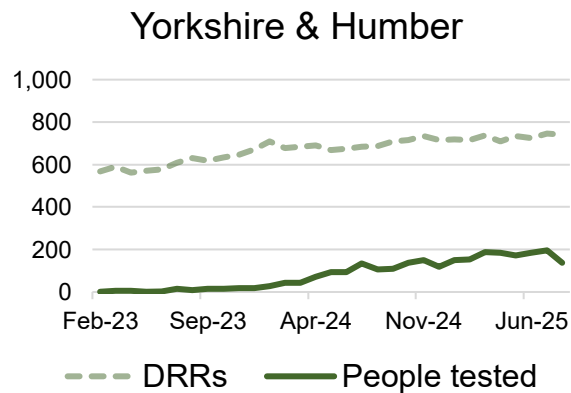
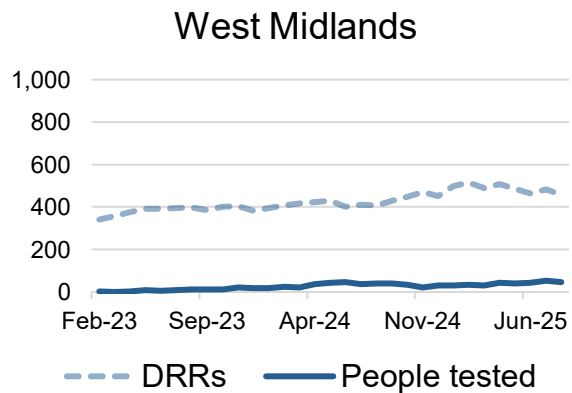
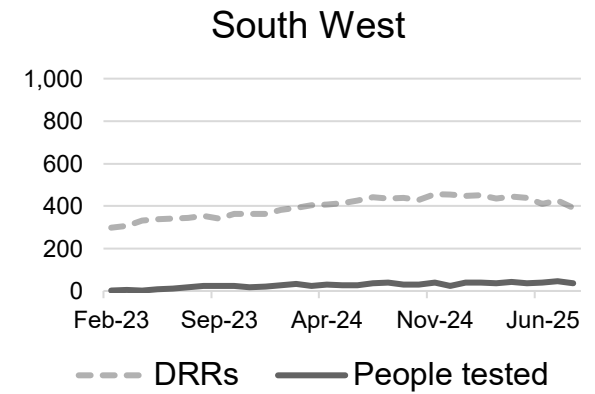
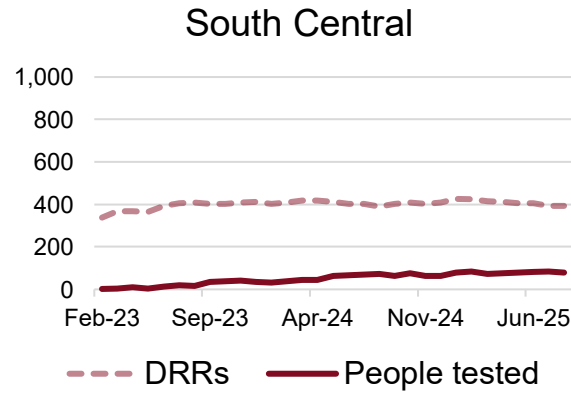
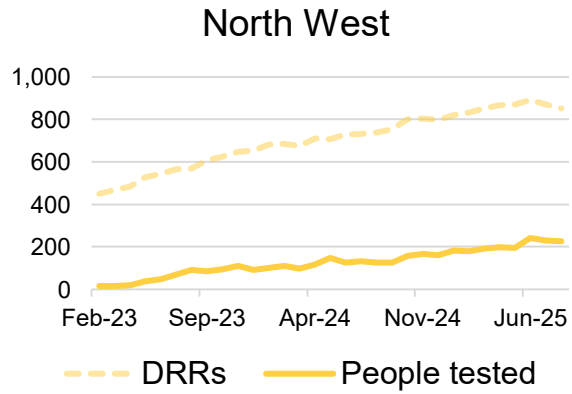
Appendix C

Number of people tested relative to DRR caseload by region



Source: NDelius

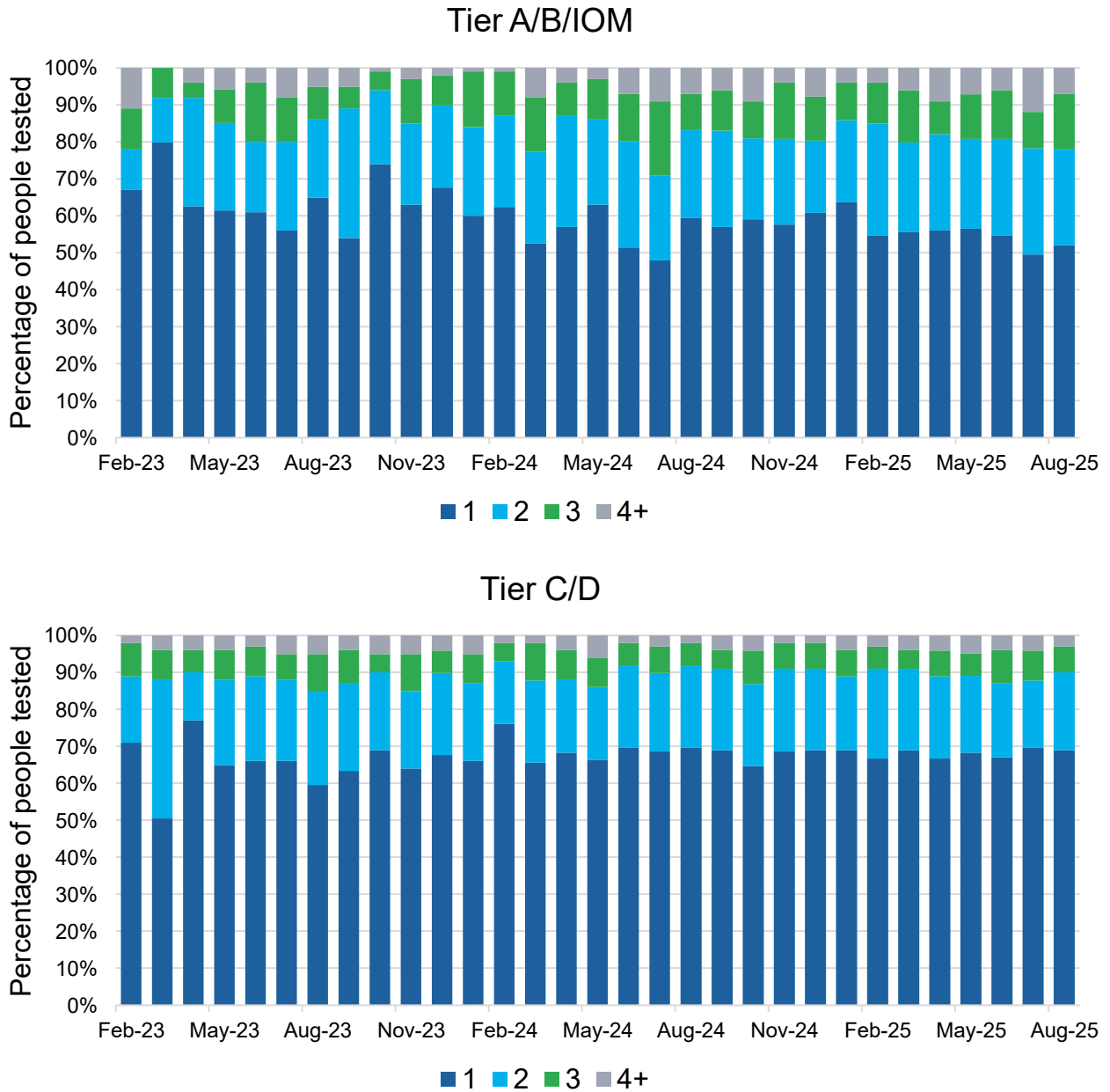
Expanded Drug Rehabilitation Requirement Drug Testing: Process Evaluation



Source: NDelius

Appendix D

Number of tests conducted each month over the course of the DRR per individual tested by tier¹⁰



Source: NDelius

¹⁰ Figures are based only on individuals who are on a DRR and have tests recorded on NDelius. Individuals not tested in a given month have been excluded.