



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

November 23, 2009

ADMINISTRATIVE ORDER
NO. 2009 - 0023

SUBJECT: GUIDELINES ON THE INSTITUTIONALIZATION OF A DRUG-FREE WORKPLACE PROGRAM IN THE DEPARTMENT OF HEALTH AND OTHER GOVERNMENT AGENCIES.

I. RATIONALE

Drug abuse is a major public health and social problem with far-reaching adverse effects. This may lead to criminal acts, poverty, homelessness and even serious disease like HIV/AIDS. Statistics show that drug abuse can affect not only the individual and his/her family but also his/her workplace. It can threaten public safety, impair job performance, result in costly rehabilitation, cause medical, social and other problems affecting employees and employers alike.

RA 9165 also known as the Comprehensive Dangerous Drugs Act of 2002 specifically under Section 2 states that "it is the policy of the State to safeguard the integrity of its territory; and the well being of its citizenry from the harmful effects of dangerous drugs on their physical and mental well-being, and to defend the same against acts or omissions detrimental to their development and preservation." While RA 6713 also known as Code of Conduct and Ethical Standards of Government Officials and Employees under Section 2 states that "it is the policy of the State to promote a high standard of ethics in the public service. Public officials and employees shall at all times be accountable to the people and shall discharge their duties with utmost responsibility, integrity, competence and loyalty, act with patriotism and justice, lead modest lives, and uphold public interest over personal interest." To maintain these ethical standards, public officials and employees must abstain from using dangerous drugs.

The Department of Health (DOH) is committed to provide a safe working environment and promote the well-being and health of its employees. The DOH prohibits the use of prohibited /regulated drugs or the irrational use of prescription medications; reporting to work while under the influence of prohibited drugs; and possessing, distributing or selling prohibited drugs.

The Department considers drug use and abuse as a disease more than a criminal problem. As such, strategies and assistance programs are geared towards counseling, treatment and rehabilitation or other necessary interventions to affected employees.

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In order to proactively protect its employees from the ill effects of drug abuse, the DOH will institute a Drug-Free Workplace Program.

Legal Mandate

1. Dangerous Drugs Board (DDB) Regulation No. 2 series of 2004 mandates each agency /office to create a Drug-Free Workplace Committee and adopt its own drug abuse policy which shall serve as a legal document that communicates the organization's position in the use of illegal drugs as well as outlining the responsibilities of the employer, the employees and the employees' union.
2. Republic Act 9165, otherwise known as the Comprehensive Drugs Act of 2002 and Implementing Rules and Regulations dated November 15, 2002.
3. Republic Act 6713 also known as Code of Conduct and Ethical Standards of Government Officials and Employees.
4. Rule XIV Section 22, The Civil Service Law and Rules (Book V of Executive Order 292 and its Omnibus Rules, As Amended).

Given the above, the DOH is instituting a Drug-Free Workplace Program. Effectively implemented, the DOH-Drug-Free Workplace policies and programs will help the DOH organization in its legal duty to safeguard the health, safety and welfare of its employees as well as in reducing health and safety risks to the public.

II. OBJECTIVE

This Administrative Order is being issued to institute the Drug-Free Workplace Program in the Department of Health and all its attached agencies and to list down the guidelines for its implementation.

III. SCOPE AND COVERAGE

This shall apply to all employees without distinction as to rank, status and salary of the Department of Health Central Office and attached agencies, Centers for Health Development, DOH Retained Hospitals and DOH Treatment & Rehabilitation Centers.

IV. DEFINITION OF TERMS

1. *Agency Head* – refers to Secretary of Health, CHD Directors, Chiefs of Retained Hospitals and Directors of Department of Health - Treatment & Rehabilitation Centers.
2. *Committee* – refers to the Drug-Free Workplace Program Committee.

3. *Confirmatory Test* – an analytical test using a device, tool or equipment with a different chemical or physical principle that is more specific which will validate and confirm the result of the screening test. It refers to the second or further analytical procedure to more accurately determine the presence of dangerous drugs in a specimen.
4. *Counseling* – meetings with a counselor to receive help with personal or psychological problems.
5. *Dangerous Drugs* – include those listed in the Schedules annexed to the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol and in the Schedules annexed to the 1971 Single Convention on Psychotropic Substances as enumerated in the annexes of RA 9165.
6. *Dangerous Drug Use* – use of addictive substances that cause changes in behavior and perception.
7. *Drug abuse* - is the habitual misuse of a chemical substance including illegal drugs, prescription drugs and over-the-counter drugs.
8. *Drug Offender* – any employee found to be positive of prohibited drug after undergoing the confirmatory test.
9. *Drug Dependence* – is a cluster of physiological, behavioral and cognitive phenomena of variable intensity, in which the use of psychoactive drug takes on a high priority thereby involving, among others, a strong desire or a sense of compulsion to take the substance and the difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use. This is based on World Health Organization definition.
10. *Drug Testing Laboratory* – a laboratory/facility, accredited by the DOH, that performs screening or confirmatory testing of illicit drugs
11. *DFWC- Drug-Free Workplace Committee*
12. *Employees* – shall mean any person hired or required to work by an employer. The term employee includes permanent, regular, temporary, casual, part-time and contractual.
13. *"For Cause or Probable Cause" Drug Test* – drug testing required when there is a "probable cause" or "reasonable ground" to believe that a person is using or is under the influence of dangerous drugs.
14. *Inpatient care* – a residential treatment program performed in a general or psychiatric hospital or in a center, dedicated to the effective management of physical and psychological conditions arising from drug abuse. The program provides full professional staff that includes therapists, psychologists, and psychiatrists.
15. *Mandatory Drug Testing* – refers to the compulsory submission of an employee for drug testing as required by RA 9165 and by the agencies' internal policies.

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16. *Outpatient Treatment* – non-residential treatment program where a patient must be seen by a psychologist or psychiatrist so drug use or abuse, among others, can be monitored.
17. *Random Drug Testing* – the manner in which the employees are subjected to drug testing wherein selection follows no specific pattern and without prior notice and having an equal chance of being selected.
18. *Rehabilitation* - the dynamic process, including after-care and follow-up treatment directed towards the physical, emotional, psychological, vocational, social and spiritual change of a drug dependent to enable him/her to live without dangerous drugs, enjoy the fullest life compatible with his/her capacity and potentials and render him/her able to become a law-abiding and productive employee and member of the society.
19. *Sell* – any act of giving any dangerous drug and/or controlled precursor and essential chemical whether for money or any consideration.
20. *Screening Test* – a test performed to establish potential/presumptive positive result.
21. *TRCs-Treatment and Rehabilitation Centers*
22. *Use* – any act of introducing substances into the body by injection (intravenously or intramuscularly) and/or consumption (either by chewing, smoking, sniffing, eating, swallowing or drinking) of the dangerous drugs.
23. *Work Accident* – shall mean an unintended or unexpected occurrence that may or may not result in damage to person, property, work stoppage or interference or any combination thereof of as may arise from their employment.
24. *Workplace* – means the office, premises or worksite, where the workers are employed.

V. GENERAL GUIDELINES

1. The following should be observed in any Drug-free workplace program:
 - i. The Drug-Free Workplace Program must be made known to all employees and officers
 - ii. The program must aim to provide a safe working environment and promote the well-being and health of employees and should not be used to harass employees.
 - iii. The program should adhere to the concept that drug addiction is a disease, which can be prevented and treated.
 - iv. Program implementation must emphasize promotion of a safe and healthy drug-free environment.
2. The Drug-Free Workplace Program must include the following components: Advocacy, Education and Training; Drug Testing Program for officials and employees; Management, Treatment, Rehabilitation and Referral; Monitoring and Evaluation.

3. Strict confidentiality must be observed in the conduct of the Drug-Free Workplace Program.

VI. IMPLEMENTING GUIDELINES

A. Creation of a Drug-Free Workplace Committee

In order to institutionalize and oversee the implementation of the Drug-Free Workplace Program, a Drug-Free Workplace Committee (DFWC) shall be created in the DOH Central Office and attached agencies, Centers for Health Development, DOH Specialty & Retained Hospitals, DOH Treatment & Rehabilitation Centers. The Committee shall have the following functions:

1. Formulate guidelines for the curtailment and prevention of drug abuse in the workplace;
2. Oversee the implementation of the policies and guidelines on drug-free workplace in their respective workplaces;
3. Conduct advocacy activities on drug abuse prevention & control;
4. Disseminate the policy and guidelines for employees' knowledge, awareness and compliance.
5. Monitor the implementation of the policies and guidelines and recommend updating if and when necessary;
6. Conduct random drug testing
7. Evaluate positive cases and refer to proper health facilities/offices for action.
8. Submits report and recommendation to the heads of concerned agency.
9. Create a sub-committee for every component

The Committee shall consist of the following:

Chairperson

Vice Chairperson

Members: Personnel Officer
Officer of Employees Union
Program Coordinator for Drug Abuse

The following may also be invited to participate in the deliberation of the committee;

Legal Officer

Health Promotion and Education Officer

Psychiatrist/ DDB - DOH Accredited Physician

B. Health Promotion and Advocacy

The Drug Abuse Program coordinators in cooperation with Health Promotion Officer/ Information Officers shall:

1. Plan and implement advocacy and communication activities including the development of relevant materials to raise the awareness and educate the employees on relevant topics that may include the following among others:

- DOH policies and programs on drug-free workplace
 - List of regulated and prohibited drugs
 - Adverse effects of drug abuse and/or misuse of dangerous drugs on the person, workplace, family and the community
 - Preventive measures against drug abuse
 - When, where and how to seek employee assistance services for drug use and abuse
 - Salient features of RA 9165
2. Display a billboard, streamer, poster in conspicuous places in the workplace with the standard message: "DRUG USE IS PREVENTABLE, DRUG ADDICTION IS TREATABLE. KEEP THE WORKPLACE DRUG-FREE", and other messages deemed appropriate by the Drug-Free Workplace Committees of respective agencies.
 3. Make use of available channels of communication to disseminate appropriate messages such as agency website, emails, newsletters, blogs, SMS, meetings, forums and the like.
 4. Ensure that health promotion campaigns are extended to families, adjacent communities and other partner/cooperating agencies, in the context of governmental and social responsibility using appropriate channels.
 5. Sustain advocacy and communication activities to ensure maximum and long-term commitment to participate in the Drug-Free Workplace initiative.
 6. Orient newly hired employees of the Department of Health on the Drug-Free Workplace Program

C. Supervisor's Training

Supervisors on Drug -free Workplace Program shall be trained to effectively help in dealing with employees' failing performance due to substance abuse, particularly drug addiction.

The Mental Health Program of the Degenerative Diseases Office of the National Center for Disease Prevention and Control in collaboration with the Dangerous Drug Abuse Prevention and Control Program of the Office for Special Concerns and the Health Human Resources and Development Bureau shall design a course for supervisors focused on providing knowledge, attitude and skills to detect psychosocial issues of co-employees who are experiencing stressful situation brought about by their drug use, abuse or addiction.

The Health Human Resources and Development Bureau in coordination with the Mental Health Program shall conduct training of trainers to be participated in by program coordinators and other designated employees of the Centers for Health Development and DOH specialty/retained hospitals, attached agencies and TRCs who will in turn conduct the training of supervisors in their respective areas of assignment.

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Division chiefs and other designated administrative officers of the different offices in the Central Office, CHDs and DOH specialty/retained hospitals, attached agencies and TRCs shall be the participants of supervisor's training program.

The supervisors who underwent the training program shall inform/orient all employees of their respective offices and make themselves available for queries and concerns of their co-employees.

The supervisors shall recommend to the Drug-Free Workplace Committee the drug testing, drug use assessment, treatment and rehabilitation, and other administrative actions deemed necessary for certain co-employees for the following reasons:

Reasons for the conduct of drug test:

- Reasonable Suspicion/probable cause
- Person in high risk decision-making position
- Past history of drug use
- Involvement in workplace accidents or "near miss" accidents
- Discovery of dangerous drugs paraphernalia
- Detention by police/filing of charge in court for drug related cases
- Employees reporting to work after undergoing rehab in treatment and rehabilitation center

D. Conduct of Random Drug testing on Employees:

a) Personnel to be covered:

All employees – regardless of status and position in the office/agency shall undergo Random Drug Tests in accordance with the paragraph (d) section 36 of Article III of the IRR of RA 9165.

b) Methods of drug test to be employed:

Drugs testing methods and activities shall follow the prescribed DOH Manual of Operations.

c) Drug Testing Procedures

a. All officers and employees shall undergo random drug testing on dates identified but unannounced by the Committee, upon proper approval of the Agency Head.

b. The random drug testing shall conform with the procedures as prescribed by the DOH Manual of Operations. The same shall be conducted only by DOH-Retained Hospitals with an accredited drug-testing laboratory on a yearly basis.

c. A drug test is valid for one year; however, additional drug testing may be required for just cause as follows:

- i. After workplace-related accidents, including near miss;
- ii. Following treatment and rehabilitation to establish fitness for returning to work/resumption of job;
- iii. In the light of clinical findings and/or recommendation of the committee.

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- iv. The Agency Head may require at anytime a drug testing of particular employees for cause or probable cause, such as:
 - a) Past history of drug use
 - b) Involvement in accidents
 - c) Possession of dangerous drugs and paraphernalia
 - d) Detention by police/filing of charge in court for drug-related cases
 - e) Employees reporting to work after undergoing rehabilitation in a treatment and rehabilitation center
 - f) "For cause" or "probable cause" – when there is reasonable ground to believe that a random drug test is necessary such as: (Upon the recommendation of the Committee)
 - Personal Appearance – slurred speech, bloodshot eyes, drastic change in appearance
 - Mental Factor – hot-headedness, irritability, increased difficulty in handling assigned tasks
 - General Performance – sustained missed deadlines, low productivity, increased wastage, public complaints, frequent accidents, carelessness, truancy from the job
 - Peer Relations – isolation, frequent quarrels with officemates, heavy borrowing, frequent mood swings
 - e. When the confirmatory test turns positive, the Committee shall evaluate the results and the level of care and administrative interventions that may be extended to the Drug User.
 - i. Result shall be immediately transmitted to the head of the agency/chairperson of the DFWC or designated person who requested the test shall subsequently and immediately inform the concerned personnel
 - ii. The office/agency shall then take the appropriate action in accordance to the Labor Code and DFW policies.
 - iii. Strict confidentiality and respect for rights of employee must be observed.
 - f. The person found positive of prohibited drugs shall be issued a Memorandum informing him/her about the result of the confirmatory test. He/she shall be given fifteen (15) days to contest the confirmatory test result and may submit an explanation in writing why no administrative charge shall be issued against him/her.
 - g. The Committee shall decide if the explanation of the Drug User is satisfactory based on the evaluation, validation, and confirmation conducted. If the explanation is not satisfactory, a Memorandum shall be issued referring the employee to the appropriate institution for evaluation, consultation treatment, detoxification or rehabilitation, as the case may be. If the explanation turns to be satisfactory, his/her case shall now be closed.
- d) *Process of Contesting the Validity of the Confirmatory Test Result***
- a. The Drug User shall have fifteen (15) calendar days upon receipt of the Memorandum to contest the veracity and validity of the same screening laboratory examination result. He/she

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may validly challenge said result through a confirmatory test upon compliance to the following procedure, to wit:

- i. There must be a request for re-examination
 - ii. The specimen to be examined must be the original urine sample submitted to the DOH-Retained Hospital with an accredited drug-testing laboratory, during the screening test; and
 - iii. The Analyst/Head of the Laboratory handling the case shall personally bring the original urine sample to any confirmatory laboratory identified by the donor employee, where it shall be re-examined in his/her presence
 - iv. The Committee shall wait for the report or recommendation of the Confirmatory Laboratory on the contested test result of the Drug User, before it shall take another action on the case.
- b. Upon validation and affirmation of the confirmatory test result, the Committee shall recommend him/her to the appropriate institution for proper medical and psychiatric intervention without prejudice to the application of paragraph (d) Sec. 36. Rule III of the IRR of R.A. 9165.
- i. An Assessment Report issued by the appropriate medical institution to the Drug User is hereby required for monitoring purposes. Said Assessment Report shall contain the findings of the assessment and shall be used as a basis of the Committee's recommendation to the Agency Head for appropriate action.
 - ii. The Committee shall endorse to the Agency Head whatever recommendation given by the attending Medical Consultant.
 - iii. Should the attending Medical Consultant recommend that the drug Offender shall undergo an intensive residential rehabilitation, he/she shall be entitled to receive the benefits applicable/limits to an employee under sick leave status. If he/she has no available sick leave credits, his/her rehabilitation shall be considered on leave without pay.
 - iv. Confidentiality of Records: All results of the drug testing conducted by the Agency/office shall remain strictly confidential. Any officer or employee who intentionally or unintentionally breached the confidentiality of any drug test result shall be charged in accordance with Section 72 of RA 9165.

e)Funding/Cost Requirement:

- a. The cost of the Drug Testing for government officials and employees shall be funded by the agency through the DDO-NCDPC
- b. For first time offenders, the outpatient, residential and aftercare services shall be provided free of charge except for employees who are hired under job orders/service contract, using funds of concerned rehabilitation centers. Reporting for outpatient and aftercare services will be on official time while duration of confinement in residential facilities shall be deducted from their sick leave credits if there's any.

Drug dependency examination is conducted on individuals who are suspected to be drug users, to provide an accurate assessment and diagnosis on the extent of drug abuse, whether he/she is an experimenter, occasional user, or a drug dependent, for proper referral to agencies or appropriate management. It will also be used as a basis for the Court to issue a Court Order for the drug dependent to undergo treatment and rehabilitation pursuant to RA 9165.

This examination is conducted by the DOH-accredited physician on psychological/behavioral medicine authorized to conduct DDE and treatment on persons believed to be using dangerous drugs. This includes procedures such as: intake interview, history-taking, determination of the criteria for drug dependency (use of DSM-IV or ICD-10), mental status examination, physical examination, neurological examination, psychological evaluation, social case study, and detection of dangerous drugs in body specimens through laboratory procedures. Expenses for the DDE shall be shouldered by the DOH.

F. DRUG TREATMENT, REHABILITATION AND AFTERCARE

Treatment and Service providers for the concerned employee shall then follow the approved Manual of operations

1. If upon the assessment of the appropriate medical institution, whether an out-patient consultation or detoxification is necessary, he/she shall secure a pass slip from office where he/she is assigned. The pass slip shall reflect the time of his/her departure/arrival to and from the office in going to the appropriate medical institution, and the name of the attending physician visited.
2. The said pass slip shall be noted by the Committee Chairperson for monitoring and shall be submitted to the Personnel Officer to determine the number of hours spent for his/her out-patient consultation or detoxification. The same shall be deducted from his/her sick leave credits
3. After undergoing the intensive rehabilitation for a period of six months or more, he/she shall be required to submit to the Committee Chairperson a temporary clearance from the rehabilitation center where he/she was treated for evaluation and be used as basis in recommending for his/her re-entry to the Office.
4. Confidentiality of the information during the treatment process shall strictly be observed by the DFWC to guarantee privacy of the drug user employee.

a) Outpatient Service

The DOH through the DFWP TWG shall ensure the availability and accessibility of outpatient /counselling services nationwide.

If the DOH employee tested positive in the drug testing and the subsequent dangerous drug dependency evaluation result does not require treatment and rehabilitation, then outpatient services or counselling will be required. The procedure will be as follows:

- i. The drug dependency examination team will provide an assessment report. This report will contain a recommendation that the DOH employee will undergo outpatient services or counselling sessions. The report should contain the length of outpatient/counselling services;

the schedule, regularity and number of the sessions. The drug dependency team will prescribe an outpatient service for the concerned DOH employee. The head of the office of the DOH employee, the assessment team of the mother organization (CHD or DOH hospital/ Medical Center) and the DOH employee will be provided a copy of the assessment report.

- ii. The concerned DOH employee shall comply with administrative rules and regulations when seeking services for his/her treatment.
- iii. At the termination of outpatient service/counselling, the outpatient team must provide certificate of discharge to the Head of the agency.

b) Residential Treatment and Rehabilitation Service

If the drug dependency examination results in a recommendation for the admission of the DOH employee to a residential treatment and rehabilitation center, the employee follows the admission procedures according to Dangerous Drugs Board Regulation No. 3, series 2007

After the prescribed treatment and rehabilitation program of the concerned DOH employee, the TRC shall issue a certificate discharge which will contain the outcome of the treatment and rehabilitation program, recommending the employee's return to work, and urge the DOH employee to report to the aftercare program prescribed. The head of the office of the DOH employee and the DOH employee will be provided a copy of the discharge certificate.

c) Aftercare Service

The DOH shall provide aftercare programs for the employee in accordance with DDB Regulation 1, series 2006. The employee after evaluation and completion of the residential rehabilitation program shall undergo aftercare program for a maximum period of eighteen (18) months upon the discretion and recommendation of the attending physician. The employee shall submit to the prescribed aftercare program.

VII. OVERALL ENFORCEMENT

- A. The Drug Free Workplace Committee shall be responsible for monitoring compliance of this policies and guidelines.
- B. The Program Managers/Coordinators concerned shall disseminate this policy and ensure alignment of the existing policies and programs to it.
- C. The Head of agency through the Health Education and Promotion Officers/Information Officers shall be responsible in the dissemination of this Policy for public knowledge and awareness.

VIII. CONSEQUENCES OF POLICY VIOLATIONS

- A. Any employee who refuses, without any valid reason, to submit himself/herself to drug test will be dealt with in accordance with DDB Board Regulation No. 2 series 2004 and RA 9165.

- B. Any employee, without any valid reason after being tested positive of drug use that refuse to undergo the recommended medical intervention/rehabilitation program will be administratively dealt with in accordance with DDB Board Regulation No. 2 series 2004 and RA 9165.

IX. PENALTY AND SANCTION

First Occurrence: If the officer or employee was reported as drug offender for the first time, he/she shall be advised, through a Memorandum, to undergo drug dependency examination/ assessment and evaluation at the appropriate medical institution for proper medical intervention.

Second Occurrence: If the drug user was again found to be positive of prohibited drugs for the second time, the Committee shall recommend to the Agency Head through a Resolution that he/she be charged an administrative disciplinary action in accordance to the Uniform Rules of Administrative Cases (URAC) and other Civil Service Rules and Regulations. The employee found to be positive of prohibited drugs shall be charged for GRAVE MISCONDUCT.

X. REPORTING

All agencies/offices shall submit to the DOH-Office for Special Concerns (OSC) a yearly compliance report on the drug testing activities conducted on their personnel. Report shall be in a format formulated by OSC. The information shall contain:

- Total number of employees
- Data on the number of personnel tested
- Number of personnel who tested positive
- Analyte/s tested (Methamphetamine, Tetrahydrocannabinol, etc)
- Dates of testing
- Names of participating DTL who conducted the test

DOH-OSC shall then submit an annual implementation report of drug testing in the workplace to the DOH Executive Committee and the DDB.

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XI. REPEALING CLAUSE

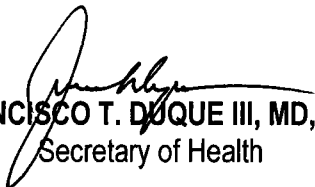
All other issuances which are inconsistent with the provisions of this Order, are hereby repealed or modified accordingly.

XII. SEPARABILITY CLAUSE

Should any provision of this Policy be subsequently declared unconstitutional or invalid, the other provisions not so declared and not affected by such declaration shall remain in full force and effect.

XIII. EFFECTIVITY CLAUSE

This Order shall take effect immediately.


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Secretary of Health