University of the Philippines -Philippine General Hospital

DRUG FREE WORKPLACE POLICY
Mandatory (Randomly Selected) Drug Test

I. INTRODUCTION

Substance use remains a significant public health challenge in the Philippines, with dangerous drug use posing severe consequences for individuals and society. Recent data from the Dangerous Drugs Board last 2023 shows that approximately 1.4 million Filipinos, the majority of whom are in their productive years (15 to 64 years old), are using dangerous drugs, highlighting the widespread nature of the problem. This has profound socioeconomic and health repercussions, including compromised work quality, increased exposure to accidents and injuries, and, in extreme cases, even death. Beyond individual well-being, drug use also undermines workforce productivity, family stability, and national development.

As this remains a persistent challenge that undermines public welfare and weakens institutions, in response, the government has a fundamental duty to protect its citizens from the harms of illegal drug use and serve them effectively. To fulfill this mandate, it is essential for the government to take decisive action to prevent individuals who use illegal drugs from holding public office (Sec. 36 (d) of RA 9165). Moreover, it must maintain constant vigilance to ensure that no current public servant involved in illegal drug use remains in service. To this end, the government has enacted and continuously updated its laws, regulations, and policies to address the evolving realities of dangerous drug use and trafficking.

In line with the national campaign for a drug-free workplace, the University of the Philippines – Philippine General Hospital (UP-PGH), as a national university and government hospital, affirms its commitment to prevent and address illegal drug use within its workforce. This commitment is pursuant to Republic Act No. 9165 and, Dangerous Drugs Board (DDB) Board Regulation No. 13, series of 2018, otherwise known as the Comprehensive Dangerous Drugs Act of 2002, which mandate all government agencies and institutions to formulate and implement drug-free workplace programs. In compliance with these laws, UP-PGH upholds this policy not only in support of the government's campaign, but also in fulfillment of its duty to ensure that patients are served by competent and trustworthy healthcare professionals.

To uphold this standard, UP-PGH has developed updated guidelines that align with and contextualize the national government's policies and programs on addressing this problem within the hospital setting. Beyond compliance, however, PGH also recognizes its moral responsibility to care for its people with compassion. Thus, alongside preventive measures, the institution has prepared dedicated programs for rehabilitation and reintegration, affirming our belief that every employee and patient must be regarded with dignity, empathy, and hope for recovery. In PGH, we do not merely enforce policies; we strive to heal, to support, and to journey with every individual towards wellness.

II. BACKGROUND

On July 4, 2002, **Republic Act No. 9165**, otherwise known as the *Comprehensive Dangerous Drugs Act of 2002*, took effect, superseding the *Dangerous Drugs Act of 1972*. This statute is broader in scope and designed to provide policies that are more responsive to the prevailing realities of the drug problem in the Philippines.

Dangerous Drugs Board Regulation No. 2 (March 26, 2004) – *Guidelines for the Formulation and Implementation of a Drug-Free Workplace Program and Conduct of Authorized Drug Testing by all Offices, Bureaus, and Agencies of the National and Local Governments, Government-Owned and Controlled Corporations, and Other Institutes of Learning, Including the State Colleges and Universities.*

1. **Memorandum Circular No. 89 (December 17, 2015)** – *Implementation and Institutionalization of the National Anti-Drug Plan of Action*, issued by the Office of the President, directing all government agencies to adopt drug-free workplace programs. Section 4 of this issuance explicitly provides:

"Section 4 – Implementation of a Drug-Free Workplace Program and Authorized Drug Testing. All government offices shall formulate and adopt their own drug-free workplace programs and conduct authorized drug testing among officials and personnel pursuant to DDB Resolution No. 2 (s. 2004) and Civil Service Commission Memorandum Circular No. 13 (s. 2010). The Department of Labor and Employment (DOLE) shall ensure the implementation of drug-free workplace policy and programs in the private sector, pursuant to DOLE Department Order No. 53 (s. 2003)."

Within the Philippine General Hospital (PGH), the initial institutional response was the formulation of the **PGH Drug-Free Workplace Implementing Rules and Guidelines** on **November 22, 2005**, by *Dr. Edward C. Tordesillas*, Deputy Director for Administration, and *Dr. Mario R. Festin*, Deputy Director for Health Operations. These guidelines were formally issued through a memorandum by then PGH Director, **Dr. Carmelo A. Alfiler**, on **February 7, 2006**, thereby establishing PGH's compliance with the national mandate.

Subsequently, on **February 2, 2022**, PGH issued **Memorandum No. 2022-023**, adopting the *UP-PGH Drug-Free Workplace Implementing Rules and Guidelines*. This issuance reaffirmed the hospital's commitment to fostering a drug-free environment, in alignment with the government's directive that all government offices institutionalize their respective drug-free workplace policies.

Considering the foregoing legal and institutional developments, the UP-PGH Drug-Free Workplace Committee undertook the refinement of its implementing guidelines. These revised rules are intended to provide a comprehensive yet hospital-specific framework for addressing issues related to dangerous drugs, considering the highly specialized and sensitive nature of a tertiary healthcare environment.

The core objective of these guidelines is to ensure a drug-free hospital community. Their expected impact includes, among others, a reduction in workplace accidents and injuries, decreased utilization of sick leave benefits, lower turnover rates, the promotion of ethical conduct, safeguarding of hospital resources, enhanced productivity, fewer patient complaints, improved quality of healthcare delivery, better work habits, improved health status, and stronger co-worker relationships.

To support these objectives, UP-PGH shall allocate an **annual budget** for the implementation of the Drug-Free Workplace Program through the Budget Services Division, thereby ensuring sustainability and continuity of the policy.

In furtherance of this legislative mandate, several issuances were promulgated to ensure the establishment of drug-free environments within government institutions:

1. **CSC MC 13 S 2017**- Guidelines in the Mandatory Random Drug Test for Public Officials and Employees and for Other Purposes.

   The Civil Service Commission established these guidelines to maintain a drug-free environment in government offices by requiring public officials and employees to undergo random drug testing as a condition for continued employment.

   Refusal to undergo drug testing, a second confirmed positive result, or failure to complete a required treatment or rehabilitation program, among other violations, shall constitute just cause for the imposition of administrative sanctions.

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III. COVERAGE

All officials and employees of UP-PGH, regardless of their appointment status, are covered by these guidelines. Workers under contract of service or job order employees shall be covered by these Guidelines as may be appropriately applied. However, a drug use policy clause shall be reflected in their contract.

IV. DEFINITION OF TERMS

1. **Administer** – any act of introducing any dangerous drugs into the body of any person, with or without his/her knowledge, by injection, inhalation, ingestion or other means or of committing any act of indispensable assistance to a person in administering a dangerous drug to himself/herself, unless administered by a duly licensed practitioner for purposes of medication.

2. **Authorized Drug Testing Laboratory** – drug testing laboratories accredited by the Department of Health ("DOH"). It shall employ, among others, two (2) testing methods, the screening test, which will determine the positive result as well as the type of the drug used, and the confirmatory test, which will confirm a positive screening test.

3. **Behavioral Contract** – an intervention technique in which a client signs an agreement to make certain behavior changes within a specified time, usually with explicitly defined rewards for adherence or success. It is used by health professionals to assist patients in making beneficial lifestyle changes.

4. **Case-based Drug Testing** – Drug testing conducted on individuals who demonstrate behaviors or circumstances that raise reasonable suspicion of drug use, such as irregular conduct, physical symptoms, or credible reports of substance involvement.

5. **Center** – Any of the treatment and rehabilitation centers that undertake treatment, aftercare, and follow-up treatment of drug dependents. It includes institutions, agencies and the like whose purposes are: the development of skills, arts and technical know-how, counseling and/or inculcating civic, social and moral values to drug dependent patients, to wean them away from dangerous drugs and keep them drug-free, adapted to their families and peers and readjusted into the community as law abiding, useful and productive citizens;

6. **Challenge Test** – a drug test conducted because of a challenge filed by a public officer or employee who tested positive for drug use in a confirmatory test in an authorized drug testing activity.

7. **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.

8. **Contract of Service / Job Order** – refers to those personnel covered by a contract about lump sum work or services such as janitorial, security, or consultancy services where no employer–employee relationship exists; piece of work or intermittent job of short duration not exceeding six (6) months daily; all of which are not covered by Civil Service law, rules, and regulations, but covered by Commission on Audit rules; and the public officials or employees involved do not enjoy the benefits received by government employees, including, but not limited to, personal economic relief allowance, cost of living allowance, and representation and travel allowance.

9. **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 attached annex, which is an integral part of Republic Act No. 9165 or the Comprehensive Dangerous Drugs Act of 2002, as amended.

10. **DFWC** – Drug Free Workplace Committee

11. **Drug Dependence** – as based on the World Health Organization (WHO) definition, it is a cluster of physiological, behavioral, and cognitive phenomena of variable intensity, in which use of a psychoactive drug takes on a high priority

a. **Experimenter** – a person whose drug use began through exploration with limited exposure and no development of regular use or any related harm.
b. **Occasional User** – a person who indulges in drug use to create or enhance an experience in any social setting
c. **Chronic User/Drug Dependent** – a person identified for using drugs/other substances (mind-altering or not) without medical need, in an amount large enough or over a period long enough to threaten the quality of life or health and safety of the user or others

12. **Drug Dependency Examination** – refers to the examination conducted by a physician to evaluate the extent of drug use of a person and to determine whether he/she is a drug dependent or not, which includes history taking, intake interview, determination of criteria for drug dependency, mental and physical status, and the detection of dangerous drugs in body specimens through laboratory procedures.

13. **Drug-Testing** – refers to the process of collecting and analyzing biological samples from employees to detect the presence of illegal or non-prescribed controlled substances.

14. **DTR** – Drug Test Result

15. **DTU** – Drug Testing Unit

16. **Employee Assistance Program** – a program that aids PGH employees who have alcohol or drug–related issues and problems that may affect work performance. It shall be jointly implemented by the agency, the employees, and the employees' union. All inquiries shall be made to the Office of the Deputy Director for Administration (ODDA) and the Human Resource Development Division (HRDD).

17. **Intensive Outpatient Rehabilitation** – are ambulatory services for individuals with substance use disorders who do not meet diagnostic criteria for residential or inpatient substance abuse treatment or for those who are discharged from 24-hour care in an inpatient treatment facility and continue to need more support than the weekly or bi-weekly sessions provided in traditional outpatient care.

18. **Lost to Follow-up** – refers to officers or employees not reporting to their scheduled follow-up, whether for rehabilitation, treatment or other related purpose and the inability to trace or contact them during the required follow-up period.

19. **Pre-Employment Drug Testing** – requirement for initial entry to government service for appointive public officials and employees. Any applicant found positive for drug use shall be denied entry to government service.

20. **Mandatory (Randomly Selected) Drug Testing** – drug testing where the selection process results in equal probability that any employee from a group of employees will be tested, and without any prior notice of the date and venue.

21. **Rehabilitation** – A dynamic process including aftercare 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 capabilities and potentials and render him/her able to become a law abiding and productive member of the community

22. **Psychiatric Evaluation and Treatment** – a formal clinical process performed by a licensed psychiatrist or clinical psychologist to assess an individual's mental and emotional state, including conditions like substance-related or stress-induced disorders.

23. **Public Officer** – any person holding any public office in the Government of the Republic of the Philippines, by virtue of an appointment, election, or contract.

24. **Screening Test** – a rapid drug test performed to establish potential or presumptive positive results. It refers to the immunoassay test to eliminate a "negative" specimen, i.e., one without the presence of dangerous drugs, from further consideration and to identify the presumptively positive specimen that requires a confirmatory test.

25. **Substance use** – refers to the use of selected substances, including alcohol, tobacco products, illicit drugs, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.

26. **Substance Use Disorder ("SUD")** – term used in the Diagnostic and Statistical Manual 5, which combines categories of substance use, abuse, and dependence into a single disorder measured on a continuum from mild to severe. Each specific substance is addressed as a separate disorder (e.g., alcohol use disorder, shabu use disorder) and is diagnosed based on the same overarching eleven (11) behavioral criteria. Clinicians can also add "in early remission," "in sustained remission," "on maintenance therapy," and "in controlled environment" in describing their diagnosis, which could be any of the following:

a. **Mild SUD** – a minimum of two (2) to three (3) criteria has been met. Like experimental and occasional users.
b. **Moderate SUD** – four (4) or five (5) criteria met which would be like regular and habitual users; and
c. **Severe SUD** – if six (6) or more symptoms/criteria have been met which is about the equivalent to an abuser and substance dependent individual

27. **Treatment** – Medical service rendered to a patient for the effective management of physical and mental conditions arising from his/her drug use.

V. THE DRUG FREE WORKPLACE COMMITTEE (DFWC) OF PGH

The members of the PGH Drug-Free Workplace Committee were carefully selected. In line with said regulation, they have been organized into three groups—Regulatory, Testing, and Assessment Teams—to serve as the guiding body in ensuring compliance with the law and adherence to the standards set by the DDB among PGH employees.

VI. RESPONSIBILITIES OF PGH EMPLOYEES AND OFFICIALS

1. All hospital employees and personnel with existing contracts are always prohibited from possessing and/or using dangerous drugs and other substances of abuse, including all drug paraphernalia, instruments, or articles related to their use/administration without proper authority.

2. All employees and personnel with existing contracts are prohibited from directly or indirectly selling, giving, providing, or administering any dangerous drugs and/or other substances of abuse to his/her co-employees or others and/or to commit or abet/aid in the commission of any unlawful acts penalized under RA 9165 and other pertinent laws, rules, and regulations.

3. Employees are directed to voluntarily seek treatment and rehabilitation if they have problems related to dangerous drugs.

4. UP-PGH employees must advocate against drug abuse and help maintain a drug-free workplace. All employees shall sign a confirmation/affirmation and commitment undertaking to be updated every five (5) years or earlier if deemed necessary.

5. The UP-PGH Health Service shall disclose to the Administration the names of employees who failed to comply with their rehabilitation program. It shall submit a monthly report regarding the number and progress of employees involved in drug use and those undergoing rehabilitation.

VII. CONDUCT OF DRUG TESTING MANDATORY (RANDOMLY SELECTED) DRUG TEST

1. Conduct of Mandatory (Randomly Selected) Drug Test

In the interest of patient safety, upon the recommendation of the Chair of the DFWC, a UP-PGH employee shall be directed to undergo drug testing without prior notice of the date and the venue of the procedure.

2. Procedure in the Conduct of Mandatory (Randomly Selected) Drug Testing

A. All UP-PGH employees, regardless of employment status, shall be included in the pool for mandatory (randomly selected) drug testing in accordance with applicable laws and regulations.

   Employees who have previously undergone case-based drug testing shall likewise remain eligible for inclusion in the random pool. The Office of the Deputy Director for Administration (ODDA), in coordination with the Drug-Free Workplace Committee (DFWC), shall generate the list of employees to be tested through a computer-based randomization system. This process shall be conducted in a transparent and auditable manner, without prior notice for the selected employees.

B. To preserve the integrity of the program, no member of the DFWC, the Drug-Free Workplace Testing Team (DFWTT), or any other official or employee shall disclose the identity of the selected personnel before the actual conduct of the drug test. Any premature disclosure shall constitute a breach of confidentiality and may result in administrative liability.

C. The selected officials, employees, and individuals with contracts with the hospital must immediately report for the drug test.

D. A member of the Drug-Free Workplace Testing Team shall accompany the official or employee to the Drug Testing Unit where the test will be conducted.

E. In the event that an official or employee refuses to undergo drug testing, the ODDA shall issue a letter requiring a written explanation. This may be sent directly by the ODDA or through the Department Chair, immediate or overall supervisor, or any designated focal person in the office of the concerned official or employee. The ODDA may also require any of these people to verify, validate, or comment on the written explanation.

F. The DFWP Committee shall recommend and identify appropriate action to the Office of the Director if the refusal is found to be unjustified.

G. The DTU will perform the drug test procedure in accordance with applicable rules and regulations (refer to DFWP Pathway).

H. As a pilot program, PGH shall adopt both dual and 5-panel testing for random drug screening to be conducted on selected employees. The implementation of the 5-panel testing will be introduced gradually.

I. Specimen samples found positive in the screening test shall be submitted for confirmatory testing.

J. All test results shall be recorded on the DFWP Committee database.

K. The Drug Test Result is strictly UP-PGH Property and shall not be used for any other purpose.

VIII. GENERAL PROCEDURE IN HANDLING A POSITIVE RESULT AFTER CONFIRMATORY TEST

1. The UP-PGH Health Service shall inform the concerned employee of a positive result for dangerous drugs after the confirmatory test.

Challenge Test

An employee who tests positive in the mandatory random drug testing shall have the right to request a challenge test. This shall be conducted using the same urine specimen collected during the initial test. The cost of the challenge test shall be borne by the requested employee.

The employee shall have fifteen (15) days from receipt of notice to challenge the result through a DOH-accredited confirmatory drug testing laboratory.

Failure to request a challenge test within the prescribed period shall be deemed an admission of drug use. In such cases, the DFWP Committee - Assessment Team shall facilitate appropriate rehabilitation procedures. If the challenge test also yields a positive result, the DFWP Committee-Assessment Team shall initiate proper rehabilitation protocols accordingly.

2. For employees confirmed positive, the DFWP Committee Assessment Team shall commence the Employee Assistance Program to ensure proper rehabilitation and reintegration into the workplace.

3. All records and proceedings shall be treated with strict confidentiality.

4. The confirmed positive drug test result shall be attached to the individual's 201 file.

5. An employee confirmed to have tested positive for the first time during a random drug test shall be required to sign a behavioral contract.

IX. EMPLOYEE ASSISTANCE PROGRAM

Employees found to be positive for drug use must undergo a **Drug Dependency Examination** by a DOH DOH-accredited physician or any representative from the Division of Addiction and Recovery Medicine. The test results will be used in determining whether the employee is an experimenter, occasional user, chronic user/drug dependent for administrative and legal purposes and shall be the basis for treatment and rehabilitation program under the UP-PGH Service and the Division of Addiction and Recovery Medicine.

a. **Experimenter/Occasional User** - intensive outpatient treatment and rehabilitation under the DFWP pathway, guidance, counseling, and urine drug screening for at least 6 months. Should submit a certificate of clearance from a DARM representative at the end of the prescribed treatment program.

b. **Chronic User/Drug Dependent / Substance Use Disorders (SUD)** - treatment and rehabilitation for a minimum period of 6 months depending on the Drug Dependency Examination (DDE) categorization for assessment as to the kind of rehabilitation necessary.

- **Mild to Moderate SUD** – intensive out-patient treatment and rehabilitation under the DFWP pathway, guidance, counseling, and urine drug screening for at least 6 months. Should submit a certificate of clearance from a DARM representative at the end of the prescribed treatment program.

- **Severe SUD** – mandatory continuous in-patient treatment and rehabilitation for a minimum period of 6 months. Should submit a certificate of clearance from a DOH-accredited physician/specialist at the end of the prescribed treatment program.

The employee categorized as an Experimenter or Occasional User shall shoulder the expenses of his/her guidance counseling. Time spent on counselling and regular monthly testing, if done during office hours, shall be first charged against said employee's leave credits and thereafter, to the vacation leave credits. If all leave credits have been consumed, the employee shall be considered on leave without pay.

As proof of successful completion of the intervention program, an employee assessed as an Experimenter or Occasional User shall secure a certification of successful completion issued as stipulated in the Drug Free Workplace Policy.

Any employee found to be a Chronic User/Drug Dependent, based on the results of the Drug Dependency Examination, and who will undergo a mandatory rehabilitation program for a minimum period of 6 months, shall be considered on sick leave for the entire period of his/her rehabilitation. When the concerned employee's sick leave is exhausted, his/her vacation leave credits may be utilized for the purpose. If all leave credits are used, his/her absence shall be on leave without pay.

- The employee shall undertake the processing of his admission to a rehabilitation center in accordance with the provisions of RA No. 9165, existing rules of the Dangerous Drugs Board and the provisions of CSC Memorandum Circular No. 13, s. 2017.

- For out-of-PGH rehabilitation, the employee shall shoulder the expenses of his/her rehabilitation, which shall commence within fifteen (15) days from receipt of Drug Dependency Examination results, to give way to the processing of the necessary clearances.

- The employee shall secure a certificate of completion of his/her rehabilitation program and clearance as stipulated in the Drug Free Workplace pathway that he/she has been successfully rehabilitated and is now fit to return to work. The employee shall not be allowed to report back to work without first submitting said certification and clearance to his/her unit.

UPHS is required to regularly update the UP-PGH administration through the DFWC on the status of these employees to ensure the success of the interventions. Deviations/non-compliance of employees shall be subject to sanctions/disciplinary/administrative proceedings.

X. GUIDELINES FOR INTENSIVE OUT-PATIENT REHABILITATION – DARM

1. Initial Assessment and Enrollment

a. Patients undergo a comprehensive DDE for proper assessment and to determine the most appropriate treatment program.
b. A structured treatment plan is developed based on clinical needs.
c. The treatment schedule is documented and will be provided to the patient by the attending physician.

2. Documentation and Tracking

a. The Computerized Registry of Admissions and Discharges (RADISH) will be used for documentation and tracking of treatment progress, attendance, and compliance, and is updated concurrently to ensure data consistency.
b. A physical chart is maintained as a backup and quick reference for consultations.

3. Scheduling and Follow-up

a. Regular follow-ups are scheduled with the attending physician from DARM.
b. Follow-up should be based on the patient's treatment progress, compliance with the rehabilitation plan, and any emerging clinical concerns identified during consultations.
c. Missed appointments are documented, and appropriate interventions shall be implemented.

4. Record Keeping and Confidentiality

a. Patient records, both digital and physical, are securely stored and accessible only to authorized personnel from the DFWC.
b. Medical records shall be handled according to institutional guidelines and national data protection laws.
c. Upon completion of the program, records are archived securely for reference and documentation.

XI. PREVENTIVE MEASURES

The PGH Director shall direct the UP-PGH Drug Free Workplace Committee to conduct training, education, and communication programs. This should include orientation seminars for employees, training for supervisors, and information dissemination strategies, but not limited to posters, booths, and leaflet distribution. All officials and employees shall sign an Affirmation and Commitment to the UP-PGH Drug-Free Workplace Program, which is regularly renewed annually.

XII. SANCTIONS

Gross Insubordination

The administrative offense of *Gross Insubordination* may be imposed under the following conditions:

1. When any UP-PGH official or employee refuses, without any valid reason, to submit himself/herself for drug testing.[1]

Grave Misconduct

The administrative offense of *Grave Misconduct* may be imposed on an official or employee of the UP-PGH under the following circumstances:

1. When the UP-PGH official or employee is found to have used dangerous drugs during the prescribed period of intervention or rehabilitation.[2]
2. When the UP-PGH official or employee is found to be an Experimenter or Occasional User, fails to obtain a Certificate of Completion [3]
3. When the UP-PGH official or employee is found to be a Chronic User or Drug Dependent, fails to obtain a Certificate of Completion with Clearance.[4]
4. When the UP-PGH official or employee tests positive for drug use and refuses to undergo the required treatment or rehabilitation.[5]
5. When the UP-PGH official or employee, after testing positive for drug use, fails to complete his/her treatment or rehabilitation program. [6]
6. When the UP-PGH official or employee, who for the second time have tested positive in a random drug test after completion of his/her treatment and/or rehabilitation program. [7]
7. When the UP-PGH official or employee is found to have used dangerous drugs during the period prescribed for intervention or rehabilitation. [8]
8. When the UP-PGH official or employee tampers with the results of a drug test, or otherwise interferes with the conduct or release of such drug test results. [9]
9. When the UP-PGH official or employee is caught using or peddling illegal drugs, without prejudice to the filing of appropriate criminal charges. [10]

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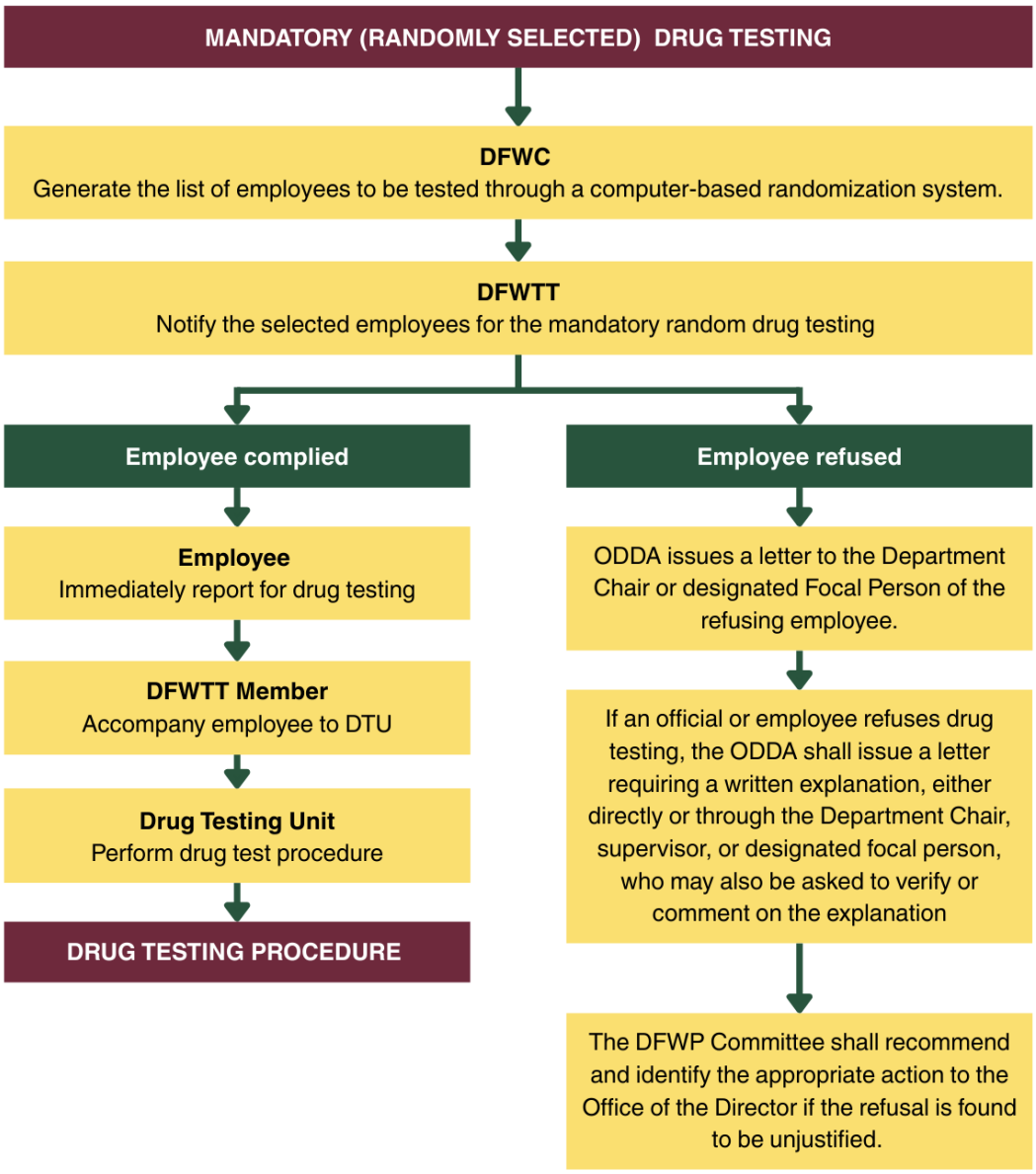
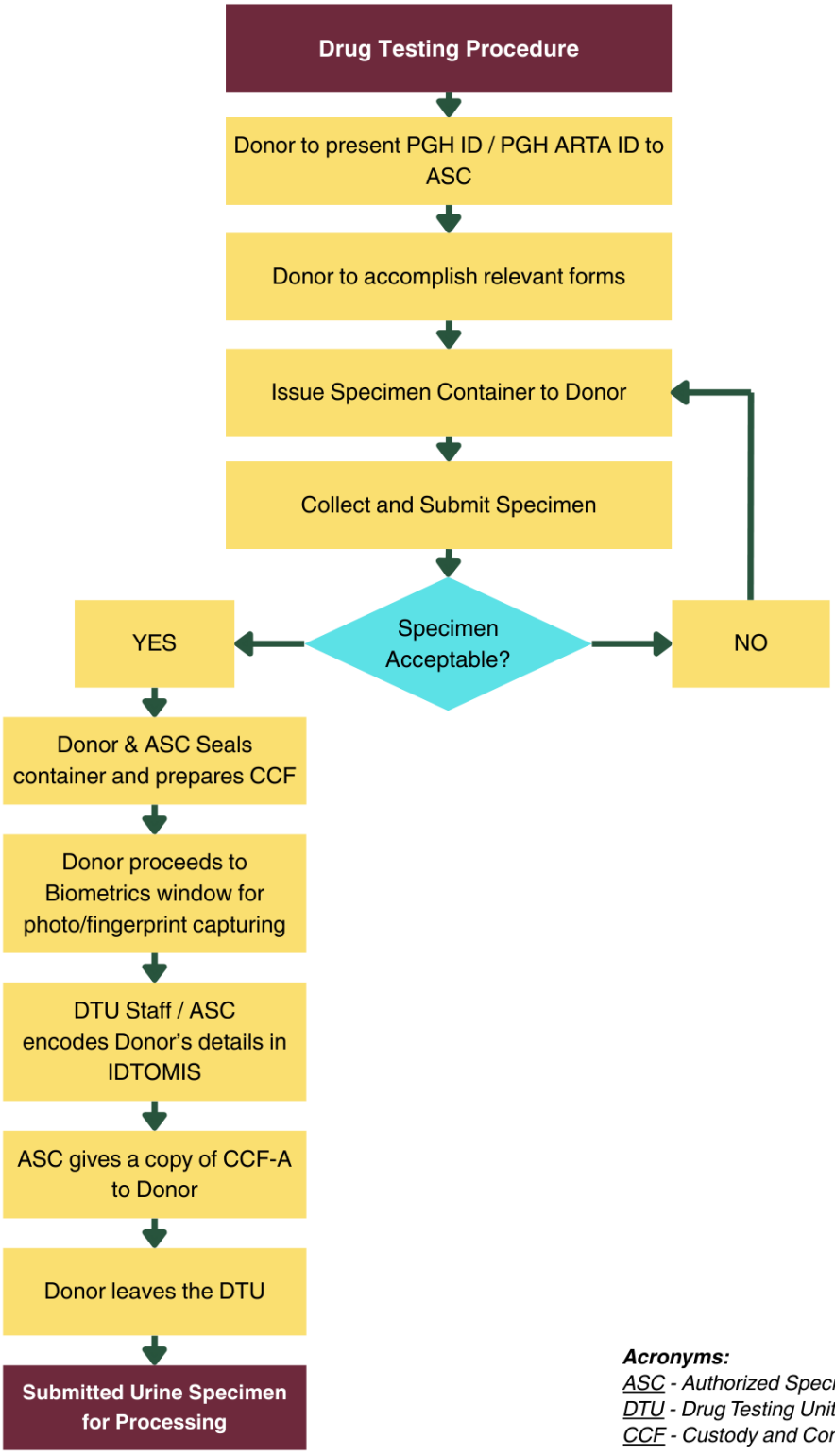
[1] Item no. 4, Section VII, CSC MC No. 13, s. 2017
[2] Item no. 1, Section VII, CSC MC No. 13, s. 2017
[3] Item no. 2, Section VII, CSC MC No. 13, s. 2017
[4] Item no. 2, Section VII, CSC MC No. 13, s. 2017
[5] Item no. 3, Section VII, CSC MC No. 13, s. 2017
[6] Item no. 3, Section VII, CSC MC No. 13, s. 2017
[7] Item no. 5, Section VII, CSC MC No. 13, s. 2017
[8] Item no. 5, Section VII, CSC MC No. 13, s. 2017
[9] Item no. 6, Section VII, CSC MC No. 13, s. 2017
[10] Item no. 7, Section VII, CSC MC No. 13, s. 2017

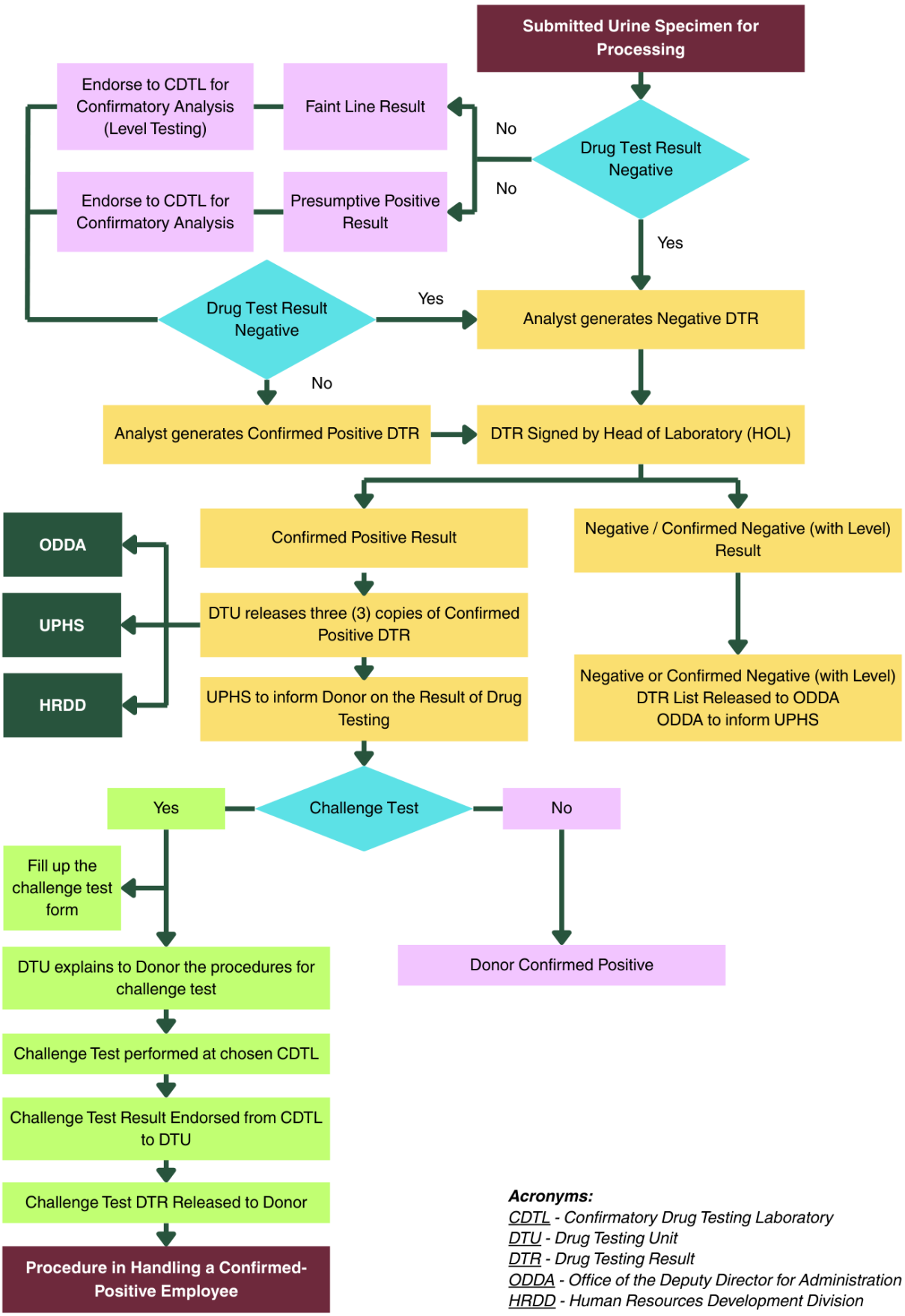
XIII. Detailed Mandatory (Randomly Selected) Drug Testing and Rehabilitation Pathway

The PGH Drug Testing and Rehabilitation Pathway embodies the institutional process from drug testing through evaluation and rehabilitation, in full alignment with Civil Service Commission Resolution No. 1700653. This pathway integrates all stages into a coherent system that ensures compliance with government standards while upholding due process, confidentiality, and the provision of appropriate rehabilitation support. The sequence of procedures is illustrated in the pathway appended below for clarity and guidance.



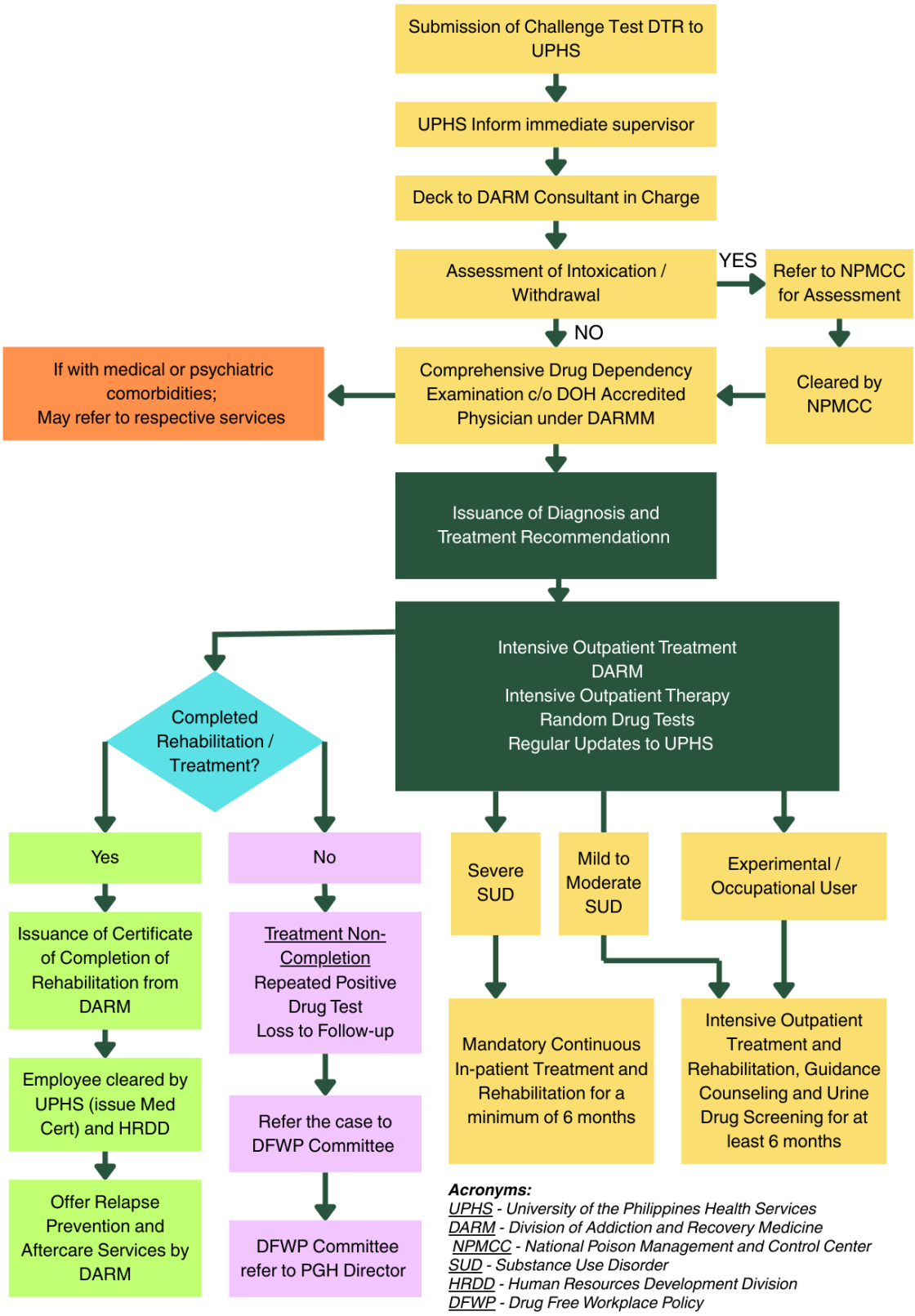


Acronyms:
ASC - Authorized Specimen Collector
DTU - Drug Testing Unit
CCF - Custody and Control Form



Acronyms:
CDTL - Confirmatory Drug Testing Laboratory
DTU - Drug Testing Unit
DTR - Drug Testing Result
ODDA - Office of the Deputy Director for Administration
HRDD - Human Resources Development Division

Employee Assistance Program



Acronyms:

UPHS - University of the Philippines Health Services
DARM - Division of Addiction and Recovery Medicine
NPMCC - National Poison Management and Control Center
SUD - Substance Use Disorder
HRDD - Human Resources Development Division
DFWP - Drug Free Workplace Policy

Acknowledgment

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