



Office of Inspector General

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**United States Department of State  
and the Broadcasting Board of Governors  
Office of Inspector General**

**Office of Audits**

**Audit of Department of State  
Drug-Free Workplace Program Plan**

**Report Number AUD/HCI-12-30, February 2012**

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# Spotlight: Audit of Department of State Drug-Free Workplace Program Plan

Office of Inspector General  
AUD/HCI-12-30

## Why OIG Conducted This Audit

Because much of the work of the Department of State involves highly sensitive information that must not be compromised, it is prudent to verify that the Department has a practicable drug-free workplace program that is consistent with the intent of Executive Order 12564.

## Objectives

The objectives of this audit were to determine to what extent the drug testing program for the Department meets Federal statutes, regulations and guidance and to determine whether the Department is drug testing in accordance with its program requirements.

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## What OIG Determined

OIG found that the Department's Drug-Free Workplace Plan does not include testing at overseas posts, even though 40 percent of the Department's employees in sensitive positions that are subject to drug testing are located overseas. OIG also found that the Department is not conducting testing in accordance with its Plan. Specifically, the sampling methodology used by the Department to select employees for drug testing is not truly random. Moreover, the number of employees in sensitive positions subject to testing is only 1 percent, or approximately 190 employees, while the Plan calls for 10 percent, or approximately 1,503 employees. Additionally, there are no formal procedures to ensure that all personnel selected for drug testing are in fact tested and that any employee who seeks a deferral of testing has a legitimate reason for seeking a deferral. OIG concluded that the deficiencies resulted from limited program emphasis and oversight.

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## OIG Recommended

OIG recommended four actions addressed to the Bureau of Human Resources, in consultation with the Office of Medical Services, and the Office of the Legal Adviser as appropriate: develop and implement overseas drug testing consistent with existing drug testing logistical capabilities, develop a methodology for random drug testing, develop procedures for all aspects of drug testing and submit the new methodology to the Department of Health and Human Services for recertification, and ensure the Department is placing appropriate management emphasis and resources toward achieving the objective of a drug-free workplace.



**United States Department of State  
and the Broadcasting Board of Governors**

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PREFACE

This report was prepared by the Office of Inspector General (OIG) pursuant to the Inspector General Act of 1978, as amended, and Section 209 of the Foreign Service Act of 1980, as amended. It is one of a series of audit, inspection, investigative, and special reports prepared by OIG periodically as part of its responsibility to promote effective management, accountability and positive change in the Department of State and the Broadcasting Board of Governors.

This report is the result of an assessment of the strengths and weaknesses of the office, post, or function under review. It is based on interviews with employees and officials of relevant agencies and institutions, direct observation, and a review of applicable documents.

The recommendations therein have been developed on the basis of the best knowledge available to the OIG and, as appropriate, have been discussed in draft with those responsible for implementation. It is my hope that these recommendations will result in more effective, efficient, and/or economical operations.

I express my appreciation to all of those who contributed to the preparation of this report.

A handwritten signature in black ink, appearing to read "H. W. Geisel".

Harold W. Geisel  
Deputy Inspector General

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**Acronyms**

DOI	Department of the Interior
DOT	Department of Transportation
EO	Executive Order
FAH	Foreign Affairs Handbook
FAM	Foreign Affairs Manual
HHS	Department of Health and Human Services
HR	Bureau of Human Resources
MED	Office of Medical Services
OIG	Office of Inspector General
OPM	Office of Personnel Management
1987 Act	Supplemental Appropriations Act of 1987

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**Executive Summary**

In the mid-1980s, the Federal Government became concerned about the risks of illegal drug use by Federal employees. Those risks included the possibility of coercion of employees entrusted with information affecting national security, loss of productivity, and impairment of the health and well-being of the Federal workforce. President Reagan issued an executive order<sup>1</sup> in 1986 requiring that all Federal employees refrain from using illegal drugs both on and off duty and required that the head of each agency develop a plan that includes provisions for drug testing employees on a controlled and carefully monitored basis. The extent of employee drug testing and the criteria for such testing were left to the discretion of the head of each agency, while additional legislation and guidance followed the Executive order to provide parameters for Federal drug testing. The Office of Inspector General (OIG), Office of Audits, conducted this audit to determine to what extent the drug testing program for the Department of State (Department) meets Federal statutes, regulations, and guidance and to determine whether the Department is drug testing in accordance with its program requirements.

As stated in the *Foreign Affairs Handbook*,<sup>2</sup> the Department's Drug-Free Workplace Program Plan (Plan) specifies how the Department ensures a drug-free workplace. The Department identified employees holding security clearances of secret or above as employees in sensitive positions. These employees are subject to random testing because illegal drug use by those employees creates the possibility of coercion, which poses a risk to U.S. national security. OIG found that the Plan met Federal statutory and regulatory requirements for drug testing. However, the Plan does not include testing at overseas posts, even though 40 percent of the Department's employees in sensitive positions that are subject to drug testing are located overseas. According to the Plan, overseas testing is not being performed primarily because of logistical considerations, although OIG has determined that drug testing is being performed by other Federal agencies that have employees located overseas.

OIG also found that the Department is not conducting testing in accordance with its Plan and is following self-prescribed testing procedures. Specifically, the sampling methodology used by the Department to select employees for drug testing is not truly random. Moreover, the number of employees in sensitive positions subject to testing is only 1 percent, or approximately 190 employees, while the Plan calls for 10 percent, or approximately 1,503 employees. Additionally, there are no formal procedures to ensure that all personnel selected for drug testing are in fact tested and that any employee who seeks a deferral of testing has a legitimate reason for seeking a deferral. OIG concluded that the deficiencies identified with drug testing sampling, procedures, and oversight stemmed from limited program emphasis by the Program Coordinator and the Program Manager. As a result, the Department cannot ensure that it is achieving its goal of having a drug-free workplace.

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<sup>1</sup> Executive Order 12564, Sept. 15, 1986.

<sup>2</sup> 3 FAH-1 H-2111, "Personnel Operations—Drug-Free Workplace Program Plan."

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OIG recommended four actions that the Department could take to strengthen its drug testing program. The recommendations, addressed to the Bureau of Human Resources (HR), in consultation with the Office of Medical Services (MED), and the Office of the Legal Adviser, as appropriate, pertained to the following: developing and implementing overseas drug testing consistent with existing drug testing logistical capabilities; developing a methodology for random drug testing; developing procedures for all aspects of drug testing and submitting the new methodology to the Department of Health and Human Services (HHS) for recertification; and ensuring the Department is placing appropriate management emphasis and resources toward achieving the objective of a drug-free workplace.

OIG discussed the findings and recommendations in this report with officials from HR and MED in December 2011, and in January 2012, provided both HR and MED with copies of the draft report. However, neither HR nor MED provided OIG with comments on the draft report. Therefore, all four of the report's recommendations are considered unresolved.

### **Background**

President Ronald Reagan issued Executive Order 12564 (EO) on September 15, 1986, establishing the goal of a drug-free Federal workplace. The primary concern prompting the EO was that illegal drug use was having serious adverse effects on a significant portion of the national work force and billions of dollars were wasted each year because of lost productivity. The intent of the EO is to offer a helping hand to those involved in illegal drug use while sending a clear message that illegal drug use is incompatible with Federal service. The EO describes how illegal drug use affects the Federal Government as well as Federal employees and the public. The risks described in the EO include the possibility that illegal drug use by employees with access to sensitive information creates the potential for coercion, influence, and irresponsible actions that pose serious risk to national security, public safety, and effective enforcement of the law. Additionally, the EO describes how illegal drug use can result in less productivity; greater absenteeism; and safety risks to the employee, other Federal workers, and the general public.

The EO requires that all Federal employees refrain from using illegal drugs both on duty and off duty and requires that the head of each agency develop a plan that includes provisions for drug testing employees on a controlled and carefully monitored basis to identify illegal drug users. The EO requires that each plan include five elements: (1) a statement of policy setting forth the agency's expectations regarding drug use and the action to be anticipated in response to identified drug use; (2) employee assistance programs with high-level direction, emphasizing education, counseling, referral to rehabilitation, and coordination with available community resources; (3) supervisory training to assist in identifying and addressing illegal drug use by agency employees; (4) provisions for self-referrals, as well as supervisory referrals, to treatment, with maximum respect for individual confidentiality consistent with safety and security issues; and (5) provisions for identifying illegal drug users, including testing on a controlled and carefully monitored basis. The extent of employee drug testing and the criteria for such testing are at the discretion of the head of each agency.

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In 1987, Congress passed Section 503 of the Supplemental Appropriations Act of 1987 (1987 Act).<sup>3</sup> The 1987 Act prohibited the use of funds for drug testing until the Secretary of HHS certified that each agency's plan was in accordance with the EO, HHS testing guidelines, and applicable provisions of the law. The 1987 Act also required that HHS specify the drugs for which individuals are tested. Certification and oversight of Federal plans were delegated to the Interagency Coordinating Group Executive Committee (Interagency Committee).<sup>4</sup> The Interagency Committee developed a Model Plan for a Comprehensive Drug-Free Workplace Program that incorporates the requirements of the EO, the 1987 Act, and additional drug testing guidelines and distributed the Model Plan to Federal agencies to serve as a prototype for each agency's drug-free workplace plan. In addition to certifying an agency's initial plan, the Interagency Committee also requires that agencies making substantive changes to their respective plans receive approval from the Interagency Committee for those changes.

Several agencies had a role in helping executive agencies design their drug testing programs. The Office of Personnel Management (OPM) was required by the EO to issue Government-wide guidance for agencies to use in preparing their respective plans. HHS was required by the 1987 Act to develop scientific and technical guidance to be used in carrying out testing operations. Finally, the Department of Justice was responsible for providing any legal advice to agencies. Both OPM and HHS issued guidance to Federal agencies for testing pursuant to the EO and the 1987 Act. In addition, Department of Transportation (DOT) regulations implementing the Omnibus Transportation Employee Testing Act of 1991 require random testing for drugs and alcohol of Federal employees who operate vehicles that require a commercial driver's license.<sup>5</sup>

The Department has had a Drug-Free Workplace Program Plan in place since 1988. Responsibility for management of the Drug-Free Workplace Program (Program) falls within two components under the Under Secretary for Management. Program management is split between the Drug Program Coordinator (Program Coordinator), who is a Deputy Assistant Secretary for HR, and a Drug Program Manager (Program Manager), who is a nurse in MED. The Program Coordinator is responsible for the implementation, direction, administration, and management of the Program. The Program Manager is responsible for the day-to-day management, coordination, and implementation of the Program. MED employees do not perform the drug testing. Instead, the Department has an interagency agreement with the Department of the Interior (DOI) for sample collection and testing in the Washington, DC, area and domestic field offices. DOI uses a private contractor to perform those functions.

### **Objectives**

The objectives of this audit were to determine to what extent the drug testing program for the Department meets Federal statutes, regulations and guidance and to determine whether the Department is drug testing in accordance with its program requirements.

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<sup>3</sup> Pub. L. No. 100-71, 101 Stat. 391.

<sup>4</sup> The Interagency Committee consists of representatives from HHS, the Office of Personnel Management, and the Department of Justice.

<sup>5</sup> Pub. L. No. 102-143, 105 Stat. 959 and 49 CFR Part 40.



## **Audit Results**

### **Finding A. The Department's Drug Testing Plan Meets Federal Requirements, but Overseas Testing Is Not Being Performed**

The Plan sets forth how the Department ensures a drug-free workplace. OIG found that the Department's Plan meets Federal statutory and regulatory requirements outlined in the EO and the 1987 Act, even though the Department chose not to conduct testing at overseas posts, where 40 percent of its employees subject to drug testing reside. The Department's Plan indicates that technical and logistical issues such as medical resources at post, chain of custody for samples, and cost effectiveness needed to be resolved before overseas testing could begin.

#### **Drug-Testing Plan in Compliance With Federal Requirements and Exempts Overseas Testing**

The EO and the 1987 Act provide high-level requirements for agency Drug-Free Workplace Program Plans but leave much of the implementation of those plans to the discretion and direction of each agency head.<sup>6</sup> The EO requires that the Department develop a plan for achieving the objective of a drug-free workplace, with due consideration of the rights of the Government, the employee, and the general public. According to the EO, each agency plan must include "a statement of policy setting forth the agency's expectations regarding drug use" and "[p]rovisions for identifying illegal drug users, including testing on a controlled and carefully monitored basis." Further, the drug testing must comply with procedures developed by HHS.

The EO mandates voluntary testing and the testing of employees in sensitive positions. Further, the EO allows, but does not require, testing for reasonable suspicion of drug use, as a result of an accident or an unsafe practice, as part of a followup to counseling and rehabilitation, and for individuals who apply for Federal employment.

The EO defines "employees in sensitive positions" and the criteria for such testing. Employees in sensitive positions are employees (1) in positions that have been designated as such by the agency head; (2) in positions in which access to classified information has been granted; (3) who are serving under Presidential appointments; (4) who are serving as law enforcement officers; and (5) who are in "[o]ther positions identified by the agency head as involving law enforcement, national security, the protection of life and property, public health and safety, or other functions requiring a high degree of trust."

The extent of employee drug testing and the criteria for such testing are at the discretion of the head of each agency after taking into account (1) the particular agency mission and the employees' duties, (2) the efficient use of agency resources, and (3) the danger to public health and safety and national security that could result from the failure of an employee to adequately

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<sup>6</sup> The scope of this report did not include a review of the EO provisions for actions to be taken when employees are found to have used illegal drugs or a review of treatment and assistance options.

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discharge his or her duties. OPM guidance implementing the terms of the EO strongly encouraged the use of random testing to ensure that the selection process did not result in arbitrary, capricious, or discriminatory selections and suggested the application of neutral selection criteria such as social security numbers and dates of birth.<sup>7</sup> Additionally, OPM guidance allowed agencies to choose to exempt a portion of the pool of employees in sensitive positions from drug testing based on hardships attributable to remote locations of duty stations, unavailability of testing personnel, or lack of an appropriate test site.<sup>8</sup> OPM guidance notes that agencies should use reasonable means to overcome those hardships. The 1987 Act required that the Secretary of HHS certify each agency's plan before drug testing could begin.

OIG compared the drug testing requirements in the Department's Plan<sup>9</sup> with the requirements in the EO and the 1987 Act and found that the Plan was in compliance with the EO and was certified by HHS in 1988. The Plan includes a statement of policy that describes the Department's compelling reason to eliminate illegal drug use from its workplace, provides a process for both voluntary testing and random testing of employees in sensitive positions, and follows drug-testing procedures required by HHS. The Department identified employees holding security clearances of secret or above as employees in sensitive positions and therefore subject to random testing because illegal drug use by those employees creates the possibility of coercion, which poses a risk to U.S. national security.

The Plan's process for random testing limits the testing of personnel to those with security clearances who are present within the United States because of the logistics involved in testing at remote posts, including potential problems with the chain of custody for test samples, medical and laboratory resources at post, the feasibility of standardizing tests for all overseas posts, availability of employee assistance programs, and program costs. The Plan notes that the Department must resolve those practical and logistics issues before overseas testing can begin.

Although the exemption of overseas testing is consistent with OPM guidance, OIG found no evidence that the Department examined the feasibility of employing drug testing overseas since 1993, despite the fact that other Federal agencies are conducting overseas drug testing and 40 percent of all of the Department's sensitive positions are located overseas. OIG contacted officials at DOI, the Department of Defense, and the Department of Agriculture and learned that those agencies are conducting overseas drug testing. Further, an official from Pembroke Occupational Health, Inc., a private contractor that performs drug testing for Federal agencies through DOI, stated that the company is currently testing in 30 countries, mainly in Europe, Asia, and Afghanistan.<sup>10</sup>

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<sup>7</sup> Establishing a Drug-Free Workplace, Federal Personnel Manual Letter 792-19,3(a)(3), 54 Fed. Reg. 47324 (Nov. 13, 1989).

<sup>8</sup> Ibid. at 3(g).

<sup>9</sup> 3 FAH-1 H-2100, "Personnel Operations—Drug Free Work-Place."

<sup>10</sup> According to a Pembroke official, the cost of collecting samples overseas and returning the samples to the United States for testing is generally a little more than three times that of testing in the United States.

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**Recommendation 1.** OIG recommends that the Bureau of Human Resources develop and implement drug testing procedures for Department employees serving in sensitive positions overseas.

**Management Response and OIG Reply:** Neither the Bureau of Human Resources nor the Office of Medical Services responded to the draft report. Therefore, the recommendation is unresolved.

**Finding B. The Department Is Not Conducting Drug Testing in Accordance With its Drug-Free Workplace Program Plan**

OIG found that the Department is not conducting drug testing in accordance with its Plan because it is not using a random sampling methodology and the number of employees subject to testing is far below the Plan's threshold. In addition, there are no formal procedures to implement the Plan's requirement to ensure that all personnel selected for drug testing are in fact tested and that any employee who seeks a deferral of testing has a legitimate reason for a deferral. OIG concluded that the deficiencies identified pertaining to testing procedures resulted from limited program oversight and emphasis. As a result, the Department cannot ensure that it is achieving its goal of a drug-free workplace. Moreover, national security can be adversely impacted because illegal drug use by Federal employees with access to sensitive information increases the risk of coercion, influence, and irresponsible actions. This is particularly relevant to the Department because 74 percent<sup>11</sup> of Department employees are in sensitive positions that are subject to drug testing.

**The Department Is Conducting Testing Primarily Based on Sampling**

The Plan sets forth how the Department will drug test in order to ensure it has a drug-free workplace and requires six categories of testing: random, reasonable suspicion, accident or unsafe practice, voluntary, followup, and applicant testing for individuals with either a statutory or regulatory requirement for pre-employment drug testing (for example, drivers and pilots). The Plan's criteria for each testing category are shown in Figure 1.

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<sup>11</sup> The 74 percent is the percentage of employees holding security clearances of secret or above for FYs 2008-2010.

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**Figure 1. Department of State Plan Drug Testing Criteria**

<b>Nature of Testing</b>	<b>Testing Criteria</b>
Random sample	Annual random testing for 10 percent of Department employees cleared for secret or above and who are within the United States.
Reasonable suspicion	Testing based upon any of the following: (1) Direct observation and /or physical symptoms; (2) Pattern of abnormal conduct or erratic behavior; (3) Arrest or conviction for drug offense or employee a focus of a criminal investigation for illegal drug possession, use, or trafficking; (4) Reliable and credible sources or independent corroboration of illegal drug use; and (5) Evidence that employee tampered with prior drug test. Reasonable suspicion does not require certainty, but mere “hunches” are insufficient.
Accident or unsafe practice	Testing when employee actions are reasonably suspected of having caused or contributed to an accident that either: (1) Results in death or personal injury requiring immediate hospitalization or (2) Results in damage to the U.S. Government and/or private property estimated to be in excess of \$10,000.
Voluntary	Any employee may volunteer for testing.
Followup	All employees referred through administrative channels who undergo a counseling or rehabilitation program for illegal drug use through the Department’s Employee Assistance Program.
Applicant	Pre-employment testing for positions with statutory or regulatory drug testing requirements (e.g., drivers and pilots) or positions designated by the Secretary as particularly sensitive.

Source: 3 FAH-1 H-2100, “Employment–Drug Free Work-Place.”

As shown in Table 1, summary testing reports from 2008–2010 indicated that the Department conducted random sample testing, 10 followup tests, and one applicant test. The Program Manager’s assistant stated that the Department was conducting only random testing and that the reports showing followup and applicant testing reflect coding errors, as MED is responsible for entering all testing data. The Program Manager’s assistant enters the testing type codes for all Department personnel, and she stated that she also was unaware of any testing other than random testing. OIG could not independently verify the testing category data but found no evidence of or procedures to reconcile followup testing with positive test results. Further, OIG confirmed that motor pool drivers were not subject to applicant testing. Based on this information, OIG accepts the validity of the explanation from the Program Manager’s assistant that data showing followup and applicant testing are erroneous coding errors.

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**Table 1. Department of State Drug Testing 2008–2010**

<b>Testing Category</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Random sample* (Not truly random as conducted)	209	182	161
Followup	0	8	2
Voluntary	0	0	0
Reasonable suspicion	0	0	0
Accident or unsafe practice	0	0	0
Applicant	0	0	1
<b>Total Tested</b>	<b>209</b>	<b>190</b>	<b>164</b>

\*Although categorized as a random sample result, OIG found that the process used to select employees for testing was not truly random because the sample was subdivided, which affects the probability of being selected.

Source: Based on reports generated from the DOI contractor database by the Program Manager's assistant.

The Plan offers employees an opportunity to request voluntary inclusion in the random testing pool, but OIG found no records of voluntary testing or any indication that employees were aware they could voluntarily join the testing pool. As stated in Finding A, voluntary testing was a requirement of the EO. The Plan requires that the Department's Director of Safety Programs investigate and report findings to the Program Coordinator for certain accidents or unsafe practices. OIG was unable to find any reports made to the Program Coordinator from the Director of Safety Programs reporting such incidents or attesting to the fact that such incidents had not occurred within the year. The Plan outlines procedures for reasonable suspicion testing, but the Program Coordinator's staff stated that such testing rarely occurred.

### **Drug Testing Sampling Was Not Random and Was Less Than the 10 Percent Goal**

The Plan calls for random testing of approximately 10 percent of all personnel in the Washington area and in the Department's domestic field offices holding security clearances of secret or above. Selection for testing is based upon a statistical sample, meaning that employees are selected using a random method and that each employee within the United States who holds a security clearance of secret or above has a chance of being selected for drug testing.<sup>12</sup>

OIG found that the process used to select employees for testing was not truly random and that there were no formal procedures in place for the sampling process. Based on interviews with the Program Coordinator and his staff and the Program Manager and her assistant, OIG determined that the Program Manager initiates a sample selection by deciding the total number of employees to test in the United States during two to three testing cycles throughout each year. The Program Manager sends her sample request to the Program Coordinator's staff, who then

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<sup>12</sup> *Using Statistical Sampling* (GAO/PEMD-10.1.6, May 1992).

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use organization codes and a Microsoft Visual Basic spreadsheet to select employees for testing. The Program Manager told us that the timing of testing, the number of testing cycles, and the size of each sample were not based on policy or procedures but primarily on her work load. The Program Manager subdivides the total United States sample size for a particular testing cycle and requests that the Program Coordinator's staff draw two-thirds of the sample names from the Washington, DC, area; five to 10 people from the motor pool; and the remainder from field offices. For example, the Program Manager may decide to test 305 people at a particular time of year, with two-thirds, or 200 employees, selected from the Washington, DC, area; 5 employees from the motor pool; and the remaining 100 employees from the domestic field offices.

OIG found that the Program Coordinator's staff is selecting employees for drug testing based on organization codes that were in effect in FY 2000. OIG compared the organization codes used by the Program Coordinator's staff for drug testing sample selection with the organization codes currently in effect and found that 52 domestic organization codes for field offices were not included by the Program Coordinator's staff, six organization codes used by the Program Coordinator's staff were not in existence, and five codes used were listed more than once. As a result, the Program Coordinator's staff was not including all employees located in the United States with security clearances within the testing pool. Further, the organization codes used to draw the sample for drug testing did not include Foreign Service personnel who are in the United States for periods of time between tours.<sup>13</sup> Foreign Service personnel spend periods of time in the United States for language and other training. While temporarily in the United States, those Foreign Service personnel are not assigned to a U. S. organization code but retain a foreign posting code. As stated in Finding A, the hardship exemption for overseas drug testing applies because of the logistical concerns involved in testing in remote areas. When Foreign Service personnel with security clearances are in the United States, such logistics concerns are eliminated, and according to the language of the Plan, those positions should be included in the U. S. drug-testing pool.

By using outdated organization codes and excluding Foreign Service employees who are temporarily in the United States, the Department's sampling methodology is not random, as all employees in the United States do not have a chance of being selected for testing. Thus any positive drug tests found as a result of this non-random testing cannot be projected to the entire domestic testing pool. Further, in breaking apart the testing pool to select more employees from the Washington area than from the field offices, the Department alters an employee's chance of selection.

Finally, Department records for the period 2008–2010 show that the Department is testing far less than the 10 percent threshold specified in the Plan. As shown in Table 2, the Department tested only 1 percent of its employees each year for the past 3 years.

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<sup>13</sup> Foreign Service personnel whose duty stations are in the United States would be subject to testing based on their U.S. organization code.

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**Table 2. Plan Testing Rate Versus Actual Testing Rate**

<b>Fiscal Year</b>	<b>U.S. Testing Pool</b>	<b>10% Plan Testing Rate</b>	<b>Number Actually Tested</b>	<b>% Actually Tested</b>
2008	13,238	1,324	164	1
2009	15,026	1,503	190	1
2010	17,061	1,706	209	1

Source: HR testing pool and MED testing data.

**No Process Exists To Ensure All Personnel Selected Are Drug Tested and Deferrals Are Warranted**

In addition to the deficiencies in drug-test sampling noted, OIG found that there are no formal procedures to ensure that the few people who are selected for testing actually take the test or receive the proper deferral and followup testing. According to the Plan, employees selected for drug testing are notified by their designated bureau Drug-Free Workplace Coordinator (Bureau Coordinator) the same day the test is scheduled and preferably within 2 hours of the test. If the Bureau Coordinator is unable to locate the employee, the employee's first-line or second-line supervisor is asked to assist in locating the employee. When an employee selected for random testing is on leave, travel status, training away from the workplace, or other compelling reasons, the Plan allows the employee to request a deferral of testing if his or her first- and second-line supervisors submit written justification to the Program Manager. The Program Manager has sole discretion for granting deferrals. If the deferral is granted, the individual is subject to unannounced testing within 60 days.

OIG found that when the Program Manager received the names from the Program Coordinator's staff for sample selection, the Program Manager's assistant checked each name against the Global Address List<sup>14</sup> to determine the employee's physical location rather than sending the list to the Bureau Coordinators for verification. For those individuals determined to be outside the United States, the assistant merely crossed the names off the list, and no further action was taken to ensure deferral was appropriate and followup testing was scheduled.

OIG also found that for testing in the Washington area, the Program Manager's assistant was on site and was able to determine which employees arrived for testing and which did not. The Program Manager's assistant sent a list of those employees who missed testing to the Program Coordinator's staff. OIG did not find records showing that those employees who missed testing provided written justification from first- and second-line supervisors to the Program Manager and did not find records showing that those employees were scheduled for unannounced followup testing within 60 days, as required by the Plan.

Additionally, there was no verification of testing for field office personnel. When individuals at domestic field offices are scheduled for random drug testing, they are provided instructions and told to report to a specific contract collection facility. The collection facility

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<sup>14</sup> The Global Address List is the Department's Microsoft Outlook email list.

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collects the sample and sends it to a contract laboratory for analysis. Test results are input into the contractor's database, and the Program Manager has access to that information. The Program Manager and her assistant explained that they did not have time to verify that the individuals scheduled for testing were, in fact, tested. As a result, OIG could not verify that everyone who was expected to be tested actually was tested and that waivers for testing were appropriate.

**Problems in Plan Compliance and Procedures Result From Limited Oversight**

The deficiencies OIG identified with drug testing procedures stem from limited program oversight and emphasis. The current Program Coordinator (b) (6) did not receive guidance from his predecessors concerning management of the Department's Plan and that (b) (6) primary involvement occurred when someone tested positive and faced personnel actions. (b) (6) also reviewed the annual report on drug testing results that is sent to HHS. The Program Coordinator further stated that (b) (6) relies predominantly on the Program Manager for all drug-testing aspects of the Plan and the accuracy of the HHS annual report.

The Program Manager's responsibilities were assigned as an ancillary duty (b) (6) spend approximately 10 percent of their time on the drug program. (b) (6) did not receive any guidance from (b) (6) predecessor but did receive training from HHS on the drug program.

When asked why the Department was not testing in accordance with the Plan, the Program Manager stated that staff did not have time to coordinate more than two to three testing cycles per year because drug testing was an ancillary duty rather than the primary duty of managing the MED clinic. Further, there was limited staff time to track who was tested and who was not. (b)(5)(b)(6)

The Program Manager further stated that (b) (6) did not receive guidance or direction from the Program Coordinator and had had no interaction with the Program Coordinator other than to provide (b) (6) the HHS annual report for his signature.

The net result of ineffective drug testing procedures is that the Department cannot ensure that it is achieving its goal of a drug-free workplace. National security can be adversely impacted because illegal drug use by Federal employees with access to sensitive information increases the risk of coercion, influence, and irresponsible actions. This is particularly relevant to the Department because 74 percent of Department employees hold security clearances of secret or above or have sensitive positions subject to drug testing.

**Recommendation 2.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services and the Office of the Legal Adviser, develop a random sampling methodology, obtain approval from the Interagency Coordinating Group Executive



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Committee to employ the methodology, and implement random drug testing as prescribed by the Department Drug-Free Workplace Program Plan.

**Management Response and OIG Reply:** Neither the Bureau of Human Resources nor the Office of Medical Services responded to the draft report. Therefore, the recommendation is unresolved.

**Recommendation 3.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services and the Office of the Legal Adviser, develop procedures and controls to ensure that all aspects of drug testing are conducted in accordance with the Department Drug-Free Workplace Program Plan, including establishing the frequency and timing of random sample testing, reconciling random sample selection with drug tests taken and ensuring deferrals are appropriate and followup testing occurs, establishing controls to ensure employees with positive drug test results receive followup testing, notifying employees of the option to be voluntarily drug tested, and developing procedures and controls over program reporting and recordkeeping.

**Management Response and OIG Reply:** Neither the Bureau of Human Resources nor the Office of Medical Services responded to the draft report. Therefore, the recommendation is unresolved.

**Recommendation 4.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services, devote appropriate program oversight, management emphasis, and resources to ensure that the Department is achieving a drug-free workplace.

**Management Response and OIG Reply:** Neither the Bureau of Human Resources nor the Office of Medical Services responded to the draft report. Therefore, the recommendation is unresolved.

## **List of Recommendations**

**Recommendation 1.** OIG recommends that the Bureau of Human Resources develop and implement drug testing procedures for Department employees serving in sensitive positions overseas.

**Recommendation 2.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services and the Office of the Legal Adviser, develop a random sampling methodology, obtain approval from the Interagency Coordinating Group Executive Committee to employ the methodology, and implement random drug testing as prescribed by the Department Drug-Free Workplace Program Plan.

**Recommendation 3.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services and the Office of the Legal Adviser, develop procedures and controls to ensure that all aspects of drug testing are conducted in accordance with the Department Drug-Free Workplace Program Plan, including establishing the frequency and timing of random sample testing, reconciling random sample selection with drug tests taken and ensuring deferrals are appropriate and followup testing occurs, establishing controls to ensure employees with positive drug test results receive followup testing, notifying employees of the option to be voluntarily drug tested, and developing procedures and controls over program reporting and recordkeeping.

**Recommendation 4.** OIG recommends that the Bureau of Human Resources, in coordination with the Office of Medical Services, devote appropriate program oversight, management emphasis, and resources to ensure that the Department is achieving a drug-free workplace.

## **Scope and Methodology**

The Office of Inspector General (OIG) conducted this audit to determine whether the Department of State Drug-Free Workplace Plan meets Federal statutes, regulations, and guidance for drug testing and whether the Department was drug testing in accordance with its program requirements. OIG conducted fieldwork for this audit from July through October 2011 at the Bureau of Human Resources (HR), the Office of Medical Services (MED), and the Department of Health and Human Services (HHS).

To obtain background for the audit, OIG researched and reviewed requirements contained in Federal appropriations law, Executive orders, Government Accountability Office reports, the Department's *Foreign Affairs Manual* and *Foreign Affairs Handbook*, and HR and MED guidance. OIG also obtained and analyzed Office of Personnel Management (OPM) and HHS guidance related to Federal drug testing plans. In addition, OIG reviewed and analyzed internal OIG and external audit and inspection reports to identify information relating to drug-testing issues. OIG also contacted appropriate officials at the U.S. Agency for International Development, the Department of Agriculture, the Department of the Interior, and the Department of Defense regarding their drug testing plans and programs.

OIG interviewed HR and MED officials to obtain information on the development and implementation of the Plan. OIG obtained and analyzed various data, statistics, and lists related to the Department's drug testing efforts and results from FYs 2003–2011, focusing on FYs 2008–2010, as data for these years was the most recent and complete data available.

OIG conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for its findings and conclusions based on its audit objectives. OIG believes that the evidence obtained provides a reasonable basis for its findings and conclusions based on the audit objectives.

### **Compliance With Laws and Regulations**

As noted, OIG was able to test whether the Department's Plan had appropriate controls in place to ensure compliance with statutes and regulations. OIG obtained and reviewed Executive Order 12564, issued on September 15, 1986, and Section 503 of the Supplemental Appropriations Act of 1987 (Pub. L. No. 100-71). OIG also obtained and reviewed the Interagency Coordinating Group Executive Committee's Model Plan that serves as a prototype to Federal agencies to assist them in developing their own drug-free workplace plan. OIG compared the Department's Plan with information in Executive Order 12564, Public Law 100-71, and the Model Plan. OIG did not identify any significant discrepancies; therefore, OIG determined that the Department's drug-free workplace plan was in compliance with laws and regulations.

**Work Related to Internal Controls**

To test internal controls, OIG interviewed MED and HR personnel to understand and test the processes they have in place to provide a level of assurance that employees selected for testing were actually tested. OIG determined that Department personnel do not perform any type of reconciliation between the employees randomly selected and the employees actually tested. OIG also determined that while Department personnel have the capability to access the contractor's database and determine which employees in the field offices were actually tested, the Department does not implement this function. As such, OIG identified deficiencies in the internal controls related to the Department's implementation of its drug-free workplace program.

**Use of Computer-Processed Data**

To assess the reliability of the data, OIG compared the computer-processed data obtained from Department personnel derived from a third-party contractor's database with information contained in the Department's Annual Survey Report provided to HHS. In addition, OIG also compared HR data on employees identified for testing with the same type of information provided by MED. OIG identified discrepancies in the information obtained from the contractor's database, HR, and the Annual Survey Report and followed up with relevant Department employees to obtain explanations as to why such discrepancies occurred.

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