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NGMD-TAG

7 October 2015

MEMORANDUM FOR All Members of the Army and Air National Guard

SUBJECT: (MDNG Policy #15-NGMD-AG-SJA-003) Maryland National Guard Alcohol and Drug Abuse Policy

1. References:

- a. AR 600-85, Army Substance Abuse Program, dated 2 December, 2009
- b. AFI 90-507, Drug Abuse Testing Program, dated 22 September, 2014
- c. NGR 600-85/ANGI 44-120 National Guard Substance Abuse Program
- d. ALDODACT 01 01/12 311615Z JAN 12, Initiation of Expanded Prescription Drug Urinalysis Testing
- e. NGB All States Memorandum P11-0029 National Guard Medical Review Policy for Presumptive Urinalysis Test Positives

2. Soldiers and Airmen of the Maryland National Guard must be drug free in order to maintain the highest standards of performance, safety, and military discipline necessary to achieve the level of readiness required to accomplish vital state and federal missions. Substance abuse will not be tolerated in the MDNG. Accordingly, we utilize a mandatory urinalysis testing program to deter drug abuse and identify drug abusers.

3. Army unit commanders are responsible for testing their units under the state's decentralized drug testing program. Every company/detachment sized unit will have no less than 2 certified unit prevention leaders (UPLs) to conduct annual drug testing. UPLs must include at least 1 AGR and 1 M-Day Soldier E-5 or above per unit. Training, support and oversight will be facilitated by the Counterdrug Task Force and Drug Testing Coordinators. Drug testing metrics will be tracked and discussed during all MSC training and readiness briefs.

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4. All Army officers, warrant officers, noncommissioned officers, and enlisted Soldiers (E1-E4) who are identified as drug abusers, without exception, will be processed for separation in accordance with AR 600-85 paragraphs 1-7c.(7), 10-4, and 15-16.
5. All Airmen, officer or enlisted who are identified as drug abusers will be processed for separation in accordance with AFI 90-507.
6. If an Army Commander is made aware of the Soldier's illegal drug abuse through the Soldier's self-referral, the commander is not required to initiate separation proceedings, but may do so in accordance with AR 600-85, paragraph 15-14. Officers, warrant officers, and enlisted soldiers who self-refer will be screened and required to complete rehabilitation at their own expense (unless AGR) in an approved treatment program. To constitute a valid self-referral, the Soldier must willingly admit drug abuse to the commander prior to the unit administering a drug test. Using DA Form 4856, (Developmental Counseling Form) the commander will counsel the Soldier, refer him/her to rehabilitation at a certified facility at the Soldier's own expense (unless AGR). The command shall monitor the Soldier's progress in the treatment and rehabilitation program of referral.
7. In accordance with AFI 90-507, Airmen who self-identify for drug abuse and enter the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program may not be disciplined under the UCMJ. Commanders may initiate non-adverse administrative actions such as removal from flying status, removal from PRP, removal of restricted area badges, etc.
8. Soldiers and Airmen who flee the drug test, fail to report, or refuse to provide a urine sample will be processed for separation for serious misconduct.
9. The Department of Defense already tests urine samples for the opiates codeine and morphine as well as hydrocodone and benzodiazepine, chemicals found in pain killers and anti-anxiety medications. Service members using prescription medications without a valid prescription or in a manner not prescribed by their health care provider are encouraged to voluntarily seek medical treatment and/or rehabilitation on a self-referral basis prior to the initiation of increased testing for these drugs. The testing is not an all-out ban of the substances. Service members with prescriptions for the drugs will not be subject to disciplinary action for using them within the dosage and time prescribed.
10. Soldiers and Airmen with valid prescriptions will have their results processed by the Medical Review Officer (MRO), and if the results are consistent with a valid prescription the service member will be cleared. Within 15 days of receipt of a Service member's presumptive positive urinalysis test results, the Joint Substance Abuse Prevention Coordinator (JSAPC) shall provide the appropriate commander all relevant documentation for action. Upon receipt, all ARNG

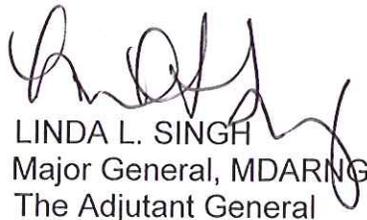
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and ANG Commanders shall notify Soldiers and Airmen telephonically or in person within 30 calendar days of the presumptive positive drug test results, document the notification procedure, and forward the documentation to the JSAPO. The ARNG and ANG Soldiers and Airmen must provide the JSAPO any legitimate prescription information or documentation within 30 calendar days after receiving notification of presumptive positive drug test results. Failure to deliver appropriate documentation within the time limit will result in initiation of administrative separation actions. Prior to the deadline, Service members may submit to the JSAPO a request for extension for good cause.

11. Commanders will ensure all members of their command fully understand that substance abuse within the Maryland National Guard will not be tolerated. This policy is to be explained quarterly by all commanders to all unit members. A copy of this policy memorandum will be posted on all unit bulletin boards. This policy will be updated annually and commanders shall ensure the most recent policy is utilized.

12. Point of contact and action officer for this memorandum is LTC Dave Moon, Counterdrug Task Force Commander, 410-576-6137 or email arland.d.moon.mil@mail.mil.



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