

MAINE STATE LEGISLATURE

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(New Title)
New Draft of: S. P. 230, L. D. 665

ONE HUNDRED AND SIXTH LEGISLATURE

Legislative Document

No. 2008

S. P. 635

In Senate, June 6, 1973

Reported by Senator Speers of Kennebec from the Committee on State Government and printed under Joint Rules No. 18.

HARRY N. STARBRANCH, Secretary

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-THREE

AN ACT Reconstituting and More Effectively Coordinating the Maine Commission on Drug Abuse and the Division of Alcoholism and Providing an Alternative Sentencing for Violators of Drug Laws.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. R. S., T. 22, Subtitle 4, Part 3, additional. Subtitle 4 of Title 22 of the Revised Statutes is amended by adding a new Part 3 to read as follows:

PART 3

DRUG ABUSE

CHAPTER 1601

**ALCOHOLISM, INTOXICATION AND DRUG ABUSE
PREVENTION, TREATMENT AND REHABILITATION**

SUBCHAPTER I

GENERAL PROVISIONS

§ 7101. Short title

This Part may be cited as the 1973 Alcoholism and Drug Abuse Act.

§ 7102. Declaration of objectives

1. The serious problem of drug abuse, including the use of alcohol which results in chronic intoxication or alcoholism, must be confronted with the

immediate objective of significantly reducing the incidence of such abuse in the State within the shortest possible period of time.

2. In order to efficiently and effectively accomplish this objective, it is essential to adopt an integrated approach to the problem and to focus all the varied resources of the State on developing a comprehensive range of drug abuse prevention and treatment services, conducted by one administrative unit.

3. It is, therefore, the objective of this Act to establish one office to coordinate the planning and operation of all state drug abuse services, including those related to the abuse of alcohol, and excepting those relating to the prevention of drug traffic, and to provide support and guidance to individuals, public and private organizations and especially local governments, in their drug abuse prevention activities.

§ 7103. Definitions

As used in this Act, unless the context otherwise indicates, the following words shall have the following meanings.

1. **Administrative activities.** “Administrative activities” means an activity related to guidelines, criteria, regulations, requirements or procedures for operations related to drug abuse prevention.

2. **Agreement.** “Agreement” means a legally binding document between 2 parties including such documents as are commonly referred to as accepted proposal, contract, grant, joint or cooperative agreement, or purchase of services.

3. **Alcoholic.** “Alcoholic” means a person who habitually lacks self-control as to the use of alcoholic beverages, or uses alcoholic beverages to the extent that his health is substantially impaired or endangered or his social or economic function is substantially disrupted.

4. **Approved treatment facility.** “Approved treatment facility” means a public or private nonprofit agency meeting the standards promulgated by the office pursuant to section 7115, subsection 1, and approved under section 7115, subsection 3 and licensed pursuant to section 5-A or pursuant to other applicable provisions of Maine law. An approved public treatment facility is a treatment agency operating under the direction and control of the office or providing treatment under this chapter through a contract with the office under section 7114, subsection 6.

5. **Commissioner.** “Commissioner” means the Commissioner of Health and Welfare.

6. **Department.** “Department” means the Department of Health and Welfare.

7. **Dependency related drug.** “Dependency related drug” means alcohol or any substance controlled under chapter 551, subchapter II, and chapters 557 and 558.

8. Director. "Director" means the Director, Office of Alcohol and Drug Abuse Prevention.

9. Drug abuser. "Drug abuser" means a person who uses any drugs, dependency related drugs, or hallucinogens in violation of any law of the State of Maine.

10. Drug abuse prevention. "Drug abuse prevention" means all facilities, programs or services relating to drug abuse control, education, rehabilitation, research, training and treatment, and includes these functions as related to alcoholics and intoxicated persons. The term includes such functions even when performed by an organization whose primary mission is in the field of prevention of drug traffic or is unrelated to drugs. This term does not include any function defined under section 7103, subsection 18 as prevention of drug traffic.

11. Drug addict. "Drug addict" means a drug dependent person who, due to the use of a dependency related drug has developed such a tolerance thereto that abrupt termination of the use thereof would produce withdrawal symptoms.

12. Drug dependent person. "Drug dependent person" means any person who is unable to function effectively and whose inability to do so causes or results from the use of a dependency related drug.

13. Emergency service patrol. "Emergency service patrol" means a patrol established under section 7123.

14. Incapacitated by alcohol. "Incapacitated by alcohol" means that a person, as a result of the use of alcohol, is unconscious or has his judgment otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment.

15. Incompetent person. "Incompetent person" means a person who has been adjudged incompetent by a court.

16. Intoxicated person. "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol.

17. Office. "Office" means the Office of Alcoholism and Drug Abuse Prevention in the department established under section 7104.

18. Prevention of drug traffic. "Prevention of drug traffic" means any functions conducted for the purpose of preventing drug traffic, such as law enforcement and judicial activities or proceedings;

A. Investigation, arrest, prosecution. The investigation, arrest and prosecution of drug offenders and offenses; or

B. Detection and suppression. The detection and suppression of illicit drug supplies.

19. Standards. "Standards" means criteria, rules and regulations of the department that are to be met before and during operation of any treatment facility or treatment program.

20. Treatment. "Treatment" means the broad range of emergency, out-patient, intermediate and in-patient services and care including career counseling, diagnostic evaluation, employment, health, medical, psychiatric, psychological, recreational, rehabilitative, social service care, treatment and vocational services, which may be extended to an alcoholic, intoxicated person, drug abuser, drug addict, drug dependent person or to a person in need of assistance due to use of a dependency related drug.

21. Treatment program. "Treatment program" means any program or service, or portion thereof, sponsored under the auspices of a public or private nonprofit agency providing services especially designed for the treatment of those persons listed in subsection 20.

SUBCHAPTER II

ORGANIZATION

§ 7104. Office of Alcoholism and Drug Abuse Prevention

There is created within the Office of Resource Development of the Department of Health and Welfare the Office of Alcoholism and Drug Abuse Prevention. The office shall be under the immediate and full supervision of the manager of the Office of Resource Development. The office shall be the sole agency of state government responsible for administration of this chapter. It shall be a separate, distinct administrative unit, which shall not be in any way integrated as a part or function of any other administrative unit of the department.

The Maine Commission on Drug Abuse, as heretofore established by Title 5, chapter 317, as amended, and the Division of Alcoholism Services heretofore established in the Department shall, by this Act and implementation of it, be reconstituted and unified into a single administrative unit, functioning as an integrated agency of State Government.

§ 7105. Director

The Office of Alcoholism and Drug Abuse Prevention shall be administered by a director, who shall be appointed, subject to the Personnel Law, under the classified service by the commissioner after consultation with the Maine Council on Alcohol and Drug Abuse Prevention and Treatment. The director shall be a person qualified by training and experience with drug abuse, or alcoholism and intoxication, or who has had satisfactory experience of a comparable nature in the direction, organization and administration of prevention or treatment programs for persons affected by drug abuse or drug dependency. He shall be immediately and fully responsible to the Manager, Office of Resource Development and shall not be indirectly responsible to any other official of the department.

The director shall serve full time in a position that is separate from and not in any way integrated with another position in the department. He shall not concurrently hold another title and shall perform duties solely germane to the powers and duties of the office as provided for in this chapter.

The director shall possess full authority and responsibility for administering all the powers and duties of the office provided in section 7106, except as otherwise provided by statute. He shall, with the advice of the Maine Council on Alcohol and Drug Abuse Prevention and Treatment, assume and discharge all responsibilities vested in the office. He shall not in any case assign to another unit of the department which is not responsible to him any powers and duties granted to the office by statute, or by rules, regulations or procedures adopted pursuant to this chapter. He shall make full use of existing support services available in State Government to assist with carrying out the responsibilities set by this chapter.

The director may employ, subject to the Personnel Law and within the limits of funds available, competent professional personnel and other staff necessary to carry out the purposes of this chapter. He shall prescribe the duties of staff and assign a sufficient number of staff full time to the office to achieve its powers and duties. He may arrange to house staff or assign staff who are responsible to him and who are to provide direct service to individuals or small groups of individuals needing drug abuse treatment, to operating units of the department, such as the Bureau of Rehabilitation, which are responsible for similar functions.

§ 7106. Powers and duties

The office shall establish in accord with the purposes and intent of this chapter, and with the advice of the council and the cooperation of the coordinating committee, the overall planning, policy, objectives and priorities for all drug abuse prevention functions, except prevention of drug traffic, which are conducted or supported in the State of Maine. In order to carry out the above, the office shall have the power and duty to:

1. Encourage and assist development of more effective, more coordinated, more efficient administration of resources and services available for drug abuse prevention;
2. Develop and maintain an up-to-date information system related to drugs, drug abuse and drug abuse prevention. The information shall be available for use by the people of Maine, the political subdivisions, public and private nonprofit agencies and the State. Educational materials shall be prepared, published and disseminated. Objective devices and research methodologies shall be continuously developed. Uniform methods of keeping statistical information shall be specified for use by public and private agencies, organizations and individuals. Existing sources of information shall be used to the fullest extent possible, while maintaining confidentiality safeguards of state and federal law. Information may be requested and shall be received from any state government or public or private agency. To the extent feasible, information shall maintain compatibility with federal information sharing standards.

Functions of the drug information system shall include, but not be limited to:

- A. Conducting research on the causes and nature of drugs, drug abuse or people who are dependent on drugs, especially alcoholics and intoxicated persons;

B. Collecting, maintaining and disseminating such knowledge, data and statistics related to drugs, drug abuse and drug abuse prevention as will enable the office to fulfill its responsibilities;

C. Determining through a detailed survey the extent of the drug abuse problem, and the needs and priorities for the prevention of drug abuse and drug dependence in the state and political subdivisions. Included shall be a survey of health facilities needed to provide services for drug abuse and drug dependence, especially alcoholics and intoxicated persons;

D. Maintaining an inventory of the types and quantity of drug abuse prevention facilities, programs and services available or provided under public or private auspices to drug addicts, drug abusers and drug dependent persons, especially alcoholics and intoxicated persons. This function shall include the unduplicated count, location and characteristics of people receiving treatment, as well as their frequency of admission and readmission, and frequency and duration of treatment. The inventory shall include the amount, type and source of resources for drug abuse prevention;

E. Conducting a continuous evaluation of the impact, quality and value of drug abuse prevention facilities, programs and services; including their administrative adequacy and capacity. Activities operated by or with the assistance of the State and Federal Governments shall be evaluated. Included shall be alcohol and drug abuse prevention and treatment services as authorized by this and so much of the several Acts and amendments to them enacted by the People of the State of Maine, and those authorized by the United States Acts and amendments to them as relate to drug abuse prevention:

- (1) The Drug Abuse Office and Treatment Act of 1972 (P. L. 92-255);
- (2) The Community Mental Health Centers Act (42 USC 2688);
- (3) The Public Health Service Act (42 USC);
- (4) The Vocational Rehabilitation Act;
- (5) The Social Security Act;
- (6) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P. L. 91-616) and similar Acts.

3. Assist, with the advice of the council and cooperation of the coordinating committee, the Legislature and executive branches and Judicial Council of State Government, especially the Governor, commissioner, and Bureau of the Budget, to coordinate all state government efforts dealing with drug abuse prevention and control, including alcoholism, by:

A. Submitting to each branch of State Government no later than September 1st of each year an annual report covering its activities for the immediate past fiscal year and future plans, including recommendations for changes in state and federal laws, and including reports of the council and coordinating committee;

B. Reviewing all proposed legislation, fiscal activities, plans, policies and other administrative functions relating to drug abuse prevention activities made by or requested of all state agencies. The office shall have the authority to submit to these bodies findings, comments and recommendations, which in the case of the Judicial Council, Legislature, Governor and commissioner shall be advisory; and which in the case of other state agencies shall be binding. Such findings, comments and recommendations shall specify what modification in proposals or actions shall be taken to make proposed legislation, fiscal activities and administrative activities consistent with such policies and priorities;

C. Making recommendations to the respective branches of State Government concerning prevention of drug traffic and shall consult with and be consulted by all responsible state agencies regarding the policies, priorities and objectives of functions to prevent drug traffic.

4. Prepare and administer a comprehensive state plan mutually developed by the office, council and coordinating committee, relating to all drug abuse prevention and treatment of alcoholics and intoxicated persons and control of drug abuse. The comprehensive state plan shall be implemented for the purpose of coordinating all drug abuse prevention activities and of assuring compliance with applicable state and federal laws and regulation and with the state plan relating to drug abuse prevention. Implementation of this duty shall mean that the office shall have the authority to supervise through a review process the preparation and administration of any portion of any state plan relating to drug abuse prevention prepared and administered by any agency of State Government for submission to the Federal Government to obtain federal funding under federal legislation. Such state plans, or portions thereof, shall include, but not be limited to, all state plans dealing with criminal justice, education, employment and vocational services, law enforcement, medical, rehabilitation, social services, welfare, drug abuse prevention and treatment of alcoholism and intoxicated persons.

The office shall advise the commissioner and Governor on preparation of and provisions to be included relating to drug abuse prevention and relating to alcoholism and intoxicated persons. Such state plans shall provide for methods of administration which will supplement, compliment and broaden related state plans, including, but not limited to, those developed under the U. S. Public Health Service Act, section 314 (2);

5. Plan, establish and maintain necessary or desirable prevention or treatment programs for individuals or groups of individuals, except that the office and its staff, whether assigned to the office or to operating units, may provide direct service only to a drug dependent individual or groups of such individuals, whose drug dependency is related to alcohol. The office may use the full range of its powers and duties to serve any drug dependent person through indirect services provided for by agreements;

6. Function as the organizational unit of Maine State Government with sole responsibility for conducting and coordinating, with the advice of the council and the cooperation of the coordinating committee, state programs

and activities authorized by this chapter, and by the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, and by the Drug Abuse Office and Treatment Act of 1972, as amended; and other programs or Acts of the State of Maine or United States related to drug abuse prevention which are not the specific responsibility of another state agency under federal or state law.

The Office is designated as the single agency of Maine State government solely responsible for administering the state plans required by those Acts;

7. Help communities mobilize their resources to deal with drug abuse. The office shall provide, or coordinate the provision of information, technical assistance and consultation to state, regional and local governments; and to public and private nonprofit agencies, institutions, organizations and individuals. The help shall be for the purpose of encouraging, developing and assisting with the initiation, establishment and administration of any plans, programs or services to prevent drug abuse.

Included in this duty is authority to coordinate the efforts and enlist the assistance of all public and private agencies, organizations and individuals interested in drug abuse prevention, especially alcoholism and treatment of alcoholics and intoxicated persons. The support and assistance of interested persons in the community, particularly recovered alcoholics and abusers of drugs, shall be utilized to encourage alcoholics and drug abusers voluntarily to undergo treatment;

8. Seek and receive funds from Federal Government and private sources to further its activities. Included in this function is authority to solicit, accept, administer, disburse and coordinate for the State in accordance with the intent, objectives and purposes of this chapter; and within any limitation which may apply from the sources of such funds, the efforts to obtain and the use of any funds from any source to treat alcoholism or prevent drug abuse. Any gift of money or property made by will or otherwise, and any grant or other funds appropriated, services or property available from the Federal Government, the State or any political subdivision thereof and from all other sources, public or private, may be accepted and administered. The office may do all things necessary to cooperate with the Federal Government or any of its agencies in making application for any funds. Included in this duty is authority to coordinate the disbursement of all state funds, or funds administered through agencies of State Government, appropriated or made available for drug abuse prevention. No fiscal transaction, including encumbrance or disbursement, shall be made for drug abuse prevention without approval of the office;

9. Enter into agreements necessary or incidental to the performance of its duties. Included is the power to make agreements with qualified community, regional and state level, private nonprofit and public agencies, organizations and individuals in this and other states to develop or provide drug abuse prevention and treatment facilities, programs and services. Such agreements may include provisions to pay for such prevention or treatment rendered or furnished to an alcoholic, intoxicated person, drug abuser, drug addict, drug

dependent person or person in need of assistance due to use of a dependency related drug. Such contracts shall be executed only with agencies that meet the standards for treatment promulgated by the office under section 7115, subsection 1, and approved under section 7115, subsection 3, and licensed pursuant to section 5-A or other applicable provisions of law. The office may engage expert advisors and assistants who may serve without compensation, or to the extent funds may be available by appropriation, grant, gift or allocation from a state department, the office may pay for such expert advisors or assistants;

10. Prepare, adopt, amend, rescind and administer policies, priorities, procedures, rules and regulations to govern its affairs and the development and operation of facilities, programs and services. The office may adopt rules to carry out the powers and duties conducted under the authority in accordance with the purpose and objectives of this Act. It shall especially adopt such rules and regulations as may be necessary to define contractual terms, conditions of agreements and all other rules as are necessary for the proper administration of this chapter. Such adoption, amendment and rescission shall be made as provided under Title 5, chapters 301 to 307, Administrative Code;

11. Establish operating and treatment standards, inspect and issue a certificate of approval for any drug abuse treatment facility or program, including residential treatment centers, which meet the standards promulgated under section 7115, subsection 1, and licensed pursuant to section 5-A and other applicable provisions of law. The office shall periodically enter, inspect and examine the treatment facility or program, and examine their books and accounts. It shall fix and collect the fees for such inspection and certificate. Insofar as licensing and certification of drug abuse prevention facilities and programs may also be the responsibility of another administrative unit of the department, the office may assign performance of this responsibility to such a unit or make other mutually agreeable arrangements with such a unit for assisting with performance of this responsibility;

12. Develop and implement, as an integral part of treatment programs, an educational program for use in the treatment of alcoholics and intoxicated persons and persons who abuse or are dependent on drugs. Assist in the development of, and cooperation with, alcoholic education and treatment programs for employees of state and local governments and businesses and industries in the State. Convene and conduct conferences of public and private nonprofit organizations concerned with the development and operation of drug abuse prevention programs. Included shall be the power to encourage general hospitals and other appropriate health facilities to admit without discrimination alcoholics and intoxicated persons who abuse or are dependent on drugs and to provide them with adequate and appropriate treatment. Also included is the power to encourage all health and disability insurance programs to include alcoholism as a covered illness;

13. Foster, develop, organize, conduct or provide for the conduct of training programs for all persons in the field of treating alcoholics and intoxicated persons and drug abusers;

14. Coordinate activities and cooperate with drug abuse prevention programs in this and other states for the common advancement of drug abuse prevention and alcoholism programs;

15. Establish and maintain a principal office at the department's general headquarters, and such other offices within the State as it may deem necessary;

16. Do other acts and exercise such other powers necessary or convenient to execute and carry out the purposes and authority expressly granted in this chapter.

SUBCHAPTER III ADVISORY COUNCIL

§ 7107. Maine Council on Alcohol and Drug Abuse Prevention and Treatment

The Maine Council on Alcohol and Drug Abuse Prevention and Treatment, hereinafter in this chapter referred to as the "council," is created. The council may appoint from its membership subcommittees relating to particular problem areas or to other matters, provided that by January 1, 1975 the council shall function as an integrated committee. The office shall provide the council any administrative or financial assistance that from time to time may be reasonably required to carry out its activities. Any reasonable and proper expenses of the council shall be borne by the office out of currently available state or federal funds. The Maine Commission on Drug Abuse, as heretofore established by Title 5, chapter 317, as amended, and the advisory councils on alcoholism heretofore established in the department and by section 1352, as amended, shall, by this Act and implementation of it, be reconstituted and unified into a single unit.

§ 7108. Membership

The council shall consist of no more than 17 members who, excepting members representing the Legislature, shall be appointed by the Governor with the advice and consent of the Executive Council. To be qualified to serve, members shall have education, training, experience, knowledge, expertise and interest in drug abuse prevention and training. Members shall be residents of different geographical areas of the State, who reflect experiential diversity and concern for drug abuse prevention and treatment in the State.

They shall be selected from outstanding people in the fields of education, health, law, law enforcement, manpower, medicine, science, social sciences and related areas. Members shall have an unselfish and dedicated personal interest demonstrated by active participation in drug abuse programs such as prevention, treatment, rehabilitation, training or research into drug abuse and alcohol abuse.

Membership shall include representatives of nongovernmental organizations or groups and of public agencies concerned with prevention and treatment of alcoholism, alcohol abuse, drug abuse and drug dependence. At least

2 members of the council shall be current members of the Legislature, consisting of one member from the House of Representatives appointed by the Speaker of the House to serve at his pleasure and one member from the Senate appointed by the President of the Senate to serve at his pleasure. Two of the private citizen members shall be between the ages of 16 and 21. At least 3 members shall be persons recovered from alcoholism, chronic intoxication, drug abuse or drug dependence. At least 3 members shall be officials of public or private nonprofit community level agencies who are actively engaged in drug abuse prevention or treatment in public or private nonprofit community agencies. Membership may also include, but not be limited to, representatives of professions such as law, law enforcement, medicine, pharmacy and teaching.

Members shall be appointed for a term of 3 years, except that of the members first appointed, 5 shall be appointed for a term of 3 years, 5 shall be appointed for a term of 2 years and 5 shall be appointed for a term of one year, as designated by the Governor at the time of appointment; except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term, and except that members who are members of the current Legislature and who are appointed by the President of the Senate or the Speaker of the House shall serve at their pleasure. Any vacancy in the council shall not affect its powers, but shall be filled in the same manner by which the original appointment was made.

Members shall be eligible for reappointment for not more than one consecutive term and may serve after the expiration of their term until their successors have been appointed, qualified and taken office. The appointing authority may terminate the appointment of any member of the council for good and just cause and the reason for the termination of each appointment shall be communicated to each member so terminated. The appointment of any member of the council shall be terminated if a member is absent from 3 consecutive meetings without good and just cause that is communicated to the chairman. An official, employee, consultant or any other individual employed, retained or otherwise compensated by or representative of the Executive Branch of the Government of the State of Maine shall not be a member of the council; but shall assist the council if so requested. The director of the office or his representative shall attend all meetings of the council.

The Governor shall designate the chairman from among the members appointed to the council. The council may elect such other officers from its members as it deems appropriate.

§ 7109. Meetings, compensation, quorum

The council shall meet at the call of the chairman or at the call of $\frac{1}{4}$ of the members appointed and currently holding office. The council shall meet at least 5 times a year and at least once every 3 months. The council shall keep minutes of all meetings, including a list of people in attendance. Minutes of all meetings shall be sent forthwith to the Governor and leadership of the Legislature, who shall provide for their appropriate distribution and retention in a place of safekeeping.

Members of the council shall serve without compensation, but they may be reimbursed on the same basis as employees of state departments for the actual travel and other necessary expenses incurred in the performance of their duties.

A majority of the council members shall constitute a quorum for the purpose of conducting the business of the council and exercising all the powers of the council. A vote of the majority of the members present shall be sufficient for all actions of the council.

§ 7110. Powers and duties

The council, in cooperation with the office and coordinating committee, shall have the power and duty to:

1. Advise, consult and assist the Executive and Legislative Branches of the State Government and the Judicial Council, especially the Governor, on activities of State Government related to drug abuse prevention and treatment, including alcoholism and intoxication. The council make make recommendations regarding any function intended to prevent drug traffic. If findings, comments or recommendations of the council vary from or are in addition to those of the office or coordinating committee, such statements of the council shall be sent to the respective branches of State Government as attachments to those submitted by the office. Recommendations may take the form of proposed budgetary, legislative or policy actions. The council shall be solely advisory in nature and shall not be delegated any administrative authority or responsibility.

2. Serve as an advocate on alcoholism and drug abuse prevention and treatment, promoting and assisting activities designed to meet at the national, state and community levels the problems of drug abuse and drug dependence. The council shall serve as an ombudsman on behalf of individual citizens and drug dependent people as a class in matters under the jurisdiction of Maine State Government. It shall be a spokesman on behalf of drug abuse prevention to the director, commissioner, governor, Legislature, public at large and National Government;

3. Serve as the advisory council on behalf of the State of Maine to the state agency as required by the federal regulations governing administration of the United States Drug Abuse Office and Treatment Act of 1972, as amended, and the United States Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended; and such other Acts of the United States as may heretofore or hereafter be enacted. The council shall advise regarding state and federal plans, policies, programs and other activities relating to the drug abuse and drug dependence in Maine. The council shall submit their recommendations and comments on the state plan, and any revisions thereof, and reports to federal or state agencies. Statements at variance or in addition to those of the office or the coordination committee shall be attached to the plan or reports upon submission by the office to agencies of the United States Government and to state agencies;

4. Serve, through a subcommittee of the council consisting of 5 persons including the chairman and 4 other members appointed by the chairman with the advice and consent of the Governor, as the review committee on behalf of the State of Maine responsible for analysis and recommendation to the director concerning the acceptability of proposals requesting award of state administered grant funds for drug abuse prevention and treatment under the United States Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and the United States Drug Abuse Office and Treatment Act of 1972, and in order to insure coordination and prevent duplication of services shall review and comment on, under its own initiative or at the request of any state or federal department or agency, any application from any agency or organization within the State to a state or federal department or agency for financial assistance related to meeting the needs of people who abuse or are dependent on drugs;

5. Review and evaluate on a continuing basis, in cooperation with the office, for the purpose of determining the value and impact on the lives of people who abuse or are dependent on drugs, state and federal policies and programs relating to drug abuse and other activities affecting the people who abuse or are dependent on drugs, conducted or assisted by any state departments or agencies;

6. Inform the public in cooperation with the office, to develop a firm public understanding of the current status of drug abuse and drug dependence among Maine's citizens, including information on effective programs elsewhere in the State or Nation, by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof, and by issuing publications and reports;

7. Provide public forums, including the conduct of public hearings, sponsorship of conferences, workshops and other such meetings to obtain information about, discuss and publicize the need of and solutions to drug abuse and drug dependence. The council may hold a state-wide conference, regional conferences and meetings;

8. Administer in accordance with current fiscal and accounting regulations of the State, and in accordance with the philosophy, objectives and authority of this Act, any funds appropriated for expenditure by the council or any grants or gifts which may become available, accepted and received by the council; and make, to be included in the annual report of the office, an annual report to the director, commissioner, Governor and Legislature not later than September 1st of each year concerning its work, recommendations and interests of the previous fiscal year and future plans; and shall make such interim reports as it deems advisable.

SUBCHAPTER IV

COOPERATING STATE AGENCIES, PROGRAMS AND TREATMENT

§ 7III. State Government Coordinating Committee

1. The State Government Drug Abuse Coordinating Committee is established. It shall, in cooperation with the advisory council and office, recom-

mend policy to be established and implemented by state government agencies. It shall assist with the coordination of, and exchange of information on, all drug abuse prevention and control activities of the State of Maine. It shall act as a permanent liaison among the branches of Maine State Government and their agencies engaged in or expected to engage in activities affecting drug abuse or drug dependent people. The committee shall assist the Legislative and Executive Branches and Judicial Council in formulating and implementing a comprehensive plan, mutually developed by the advisory council, coordinating committee and office, for prevention and control of drug abuse and drug dependence, especially treatment of alcoholics and intoxicated persons. The office shall provide any ordinary administrative and financial assistance to the coordinating committee as may be reasonably required from time to time to carry out its activities. Reasonable and proper expenses of the committee shall be paid from currently available state or federal funds. The committee shall meet at least twice annually at the call of the commissioner, who shall be its chairman.

2. In exercising its coordinating functions, the committee shall assure that:

A. The appropriate agencies of State Government shall provide all necessary career, educational, employment, health, judicial, law enforcement, legal, medical, penal, psychiatric, psychological, rehabilitative, social, treatment and vocational services for drug abusers and drug dependent persons and for prevention and control of drug abuse and drug dependency without unnecessary duplication of services;

B. The agencies of the several branches of State Government cooperate in the use of facilities and in the treatment of drug abuses and drug dependent persons;

C. All agencies of State Government shall adopt policies to control use of drugs, prevent drug abuse and to treat drug abusers and drug dependent persons, especially alcoholics and intoxicated persons in a manner consistent with the policy of this chapter;

D. Minutes of all meetings shall be sent to the Governor and leadership of the Legislature, who shall provide for their appropriate distribution and retention in a place of safekeeping.

3. The committee membership shall consist of not more than 17 members, who shall include, but not be limited to, the following members, who shall serve ex officio, or their designated representatives:

The Attorney General

The Chief Justice, as Chairman of the Judicial Council;

The Director of Law Enforcement Planning and Assistance;

The Director, Office of Alcohol and Drug Abuse Prevention;

The Commissioner of Educational and Cultural Services;

The Commissioner of Health and Welfare ;
The Commissioner of Manpower Affairs ;
The Commissioner of Mental Health and Corrections ;
The Commissioner of Public Safety ;
The Commissioner of Transportation ;
The Governor ;
The President of the Maine Senate ;
The Speaker of the Maine House of Representatives ;
The State Youth Coordinator ;
and other appropriate officials.

§ 7112. State agencies to cooperate

State agencies proposing to develop, establish, conduct or administer drug abuse prevention programs or to assist with such programs as covered by this chapter shall, prior to carrying out such actions, consult with the office to obtain the approval of the office to conduct such action.

All agencies of State Government shall advise the office of their proposed fiscal activities, especially budget requests and expenditures, concurrently with their submission to the Budget Office or to the Governor. All agencies of State Government, concurrent with submission to that agency's approval authority, shall advise the office of proposed legislation, fiscal activities and administrative activities relating to drug abuse prevention. No such action shall be taken related to drug abuse prevention without approval of the office. State agencies shall, in the implementation of their activities, keep the office fully informed of their progress and of any proposed changes in fiscal matters and policy.

State agencies shall cooperate fully with the office and council in carrying out this chapter. The office and council are authorized to request such personnel, financial assistance, facilities and data as will assist the office and council to fulfill its powers and duties.

The office shall cooperate with the Department of Menal Health and Corrections and all institutions under its control in establishing and conducting programs to provide treatment for alcoholics and intoxicated persons and for people who abuse or are dependent on drugs in or on parole from penal or special treatment institutions.

The office shall cooperate with the Department of Public Safety and the Department of Transportation in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while under the influence of drugs or intoxicating liquor.

The office shall coordinate all drug abuse education, information and training programs conducted within the State through cooperation with the De-

partment of Educational and Cultural Services, school administrative districts, municipal schools, police departments, courts and other public and private agencies, organizations and individuals. Such coordination may assist with: Establishing educational programs for the prevention of alcoholism and drug abuse; treatment and rehabilitation of alcoholics, intoxicated persons and persons dependent upon or abusing drugs; training in the prevention, treatment and rehabilitation of such persons; and with preparation of curriculum materials thereon for use in all levels of educational programs.

§ 7113. State drug abuse strategy

Immediately upon the day this Act becomes effective, the Governor shall direct the development of a comprehensive, coordinated long-term state strategy for all drug abuse prevention functions and all drug traffic prevention functions conducted, sponsored or supported by any agency of State Government. The strategy shall be initially promulgated by the Governor no later than January 1, 1975.

To develop the strategy, the office, council and coordinating committee shall mutually participate to achieve its preparation. The strategy shall be subject to review and written comment by those state officials participating in its preparation.

The strategy shall contain:

1. An analysis of the nature, character and extent of the drug abuse problem in Maine, including examination of the interrelationships between various approaches to solving the drug abuse problem and their potential for interacting both positively and negatively with one another;
2. A comprehensive plan, with respect to both drug abuse prevention functions and drug traffic prevention functions, which shall specify the objectives of the strategy and how all available resources, funds, programs, services and facilities authorized under relevant law should be used; and
3. An analysis and evaluation of the major programs conducted, expenditures made, results achieved, plans developed and problems encountered in the operation and coordination of the various drug abuse prevention functions and drug traffic prevention functions.

The strategy shall be reviewed, revised as necessary and promulgated as revised from time to time as the Governor deems appropriate, but not less often than once every 2 years.

§ 7114. Comprehensive program on alcoholism and drug abuse

1. A comprehensive and coordinated program of drug abuse prevention and treatment, especially of alcoholics and intoxicated persons, is established. Nothing in subsequent sections shall be interpreted as preventing the establishment of additional drug abuse prevention and treatment programs, including programs which the office considers necessary or desirable for intoxicated persons and alcoholics.

2. The program shall include:

- A. Emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;
- B. Inpatient treatment;
- C. Intermediate treatment; and
- D. Outpatient and followup treatment.

3. The office shall provide for adequate and appropriate treatment for alcoholics and intoxicated persons admitted under sections 7117 to 7120. Treatment may not be provided at a correctional institution, except for inmates.

4. The office shall maintain, supervise and control all facilities operated by it subject to policies of the department. The administrator of each facility shall make an annual report of its activities to the director in the form and manner the director specifies.

5. All appropriate public and private resources shall be coordinated with and utilized in the program, if possible.

6. The office may contract for the use of any facility as an approved public treatment facility, if the director, subject to the policies of the department, considers this to be an effective and economical course to follow.

§ 7115. Standards for public and private alcohol or drug abuse treatment facilities; enforcement procedures; penalties

1. The department shall establish standards for approved treatment facilities, that must be met for a treatment facility to be approved as a public or private treatment facility, and fix the fees to be charged by the department for the required inspections. The standards may concern only the health standards to be met and standards of treatment to be afforded patients.

2. The department periodically shall inspect approved public and private treatment facilities at reasonable times and in a reasonable manner.

3. The department shall maintain a list of approved public and private treatment facilities.

4. Each approved public and private treatment facility shall file with the department on request data, statistics, schedules and information the department reasonably requires. An approved public or private treatment facility that without good cause fails to furnish any data, statistics, schedules or information as requested, or files fraudulent returns thereof, shall be removed from the list of approved treatment facilities.

5. The District Court may restrain any violation of this section, review any denial, restriction or revocation of approval and grant other relief required to enforce its provisions.

6. The department may at reasonable times enter and inspect and examine the books and accounts of any approved public or private treatment facility refusing to consent to inspection or examination by the department or which the department has reasonable cause to believe is operating in violation of this Act.

§ 7116. Acceptance for treatment of alcoholics and intoxicated persons; rules

The director shall adopt and may amend and repeal rules for acceptance of persons into the treatment program, considering available treatment resources and facilities, for the purpose of early and effective treatment of alcoholics and intoxicated persons.

In establishing the rules, the director shall be guided by the following standards.

1. If possible, a patient shall be treated on a voluntary rather than an involuntary basis.

2. A patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment.

3. A person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment.

4. An individualized treatment plan shall be prepared and maintained on a current basis for each patient.

5. Provision shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will have available and utilize other appropriate treatment.

§ 7117. Voluntary treatment of alcoholics

1. An alcoholic may apply for voluntary treatment directly to an approved public treatment facility. If the proposed patient is a minor or an incompetent person, he, a parent, a legal guardian or other legal representative make make the application.

2. Subject to rules adopted by the director, the administrator in charge of an approved public treatment facility may determine who shall be admitted for treatment. If a person is refused admission to an approved public treatment facility, the administrator, subject to rules adopted by the director, shall refer the person to another approved public treatment facility for treatment if possible and appropriate.

3. If a patient receiving inpatient care leaves an approved public treatment facility, he shall be encouraged to consent to appropriate outpatient or intermediate treatment. If it appears to the administrator in charge of the treatment facility that the patient is an alcoholic who requires help, the office shall arrange for assistance in obtaining supportive services and residential facilities.

4. If a patient leaves an approved public treatment facility, with or against the advice of the administrator in charge of the facility, the office

shall make reasonable provisions for his transportation to another facility or to his home. If he has no home, he shall be assisted in obtaining shelter. If he is a minor or an incompetent person, the request for discharge from an inpatient facility shall be made by a parent, legal guardian or other legal representative or by the minor or incompetent, if the minor or incompetent was the original applicant.

§ 7118. Treatment and services for intoxicated persons and persons incapacitated by alcohol

1. An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated and to be in need of help, if he consents to the proffered help, may be assisted to his home, an approved public treatment facility, an approved private treatment facility or other health facility by the police or the emergency service patrol.

2. A person who appears to be incapacitated by alcohol shall be taken into protective custody by the police or the emergency service patrol and forthwith brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available, he shall be taken to an emergency medical service customarily used for incapacitated persons. The police or the emergency service patrol, in detaining the person and in taking him to an approved public treatment facility, is taking him into protective custody and shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps to protect himself. A taking into protective custody under this section is not an arrest. No entry or other record shall be made to indicate that the person has been arrested or charged with a crime.

3. A person who comes voluntarily or is brought to an approved public treatment facility shall be examined by a licensed physician forthwith. He may then be admitted as a patient or referred to another health facility. The referring approved public treatment facility shall arrange for his transportation.

4. A person, who by medical examination is found to be incapacitated by alcohol at the time of his admission or to have become incapacitated at any time after his admission, may not be detained at the facility once he is no longer incapacitated by alcohol, or if he remains incapacitated by alcohol for more than 48 hours after admission as a patient, unless he is committed under section 7119. A person may consent to remain in the facility as long as the physician in charge believes appropriate.

5. A person, who is not admitted to an approved public treatment facility, is not referred to another health facility and has no funds, may be taken to his home, if any. If he has no home, the approved public treatment facility shall assist him in obtaining shelter.

6. If a patient is admitted to an approved public treatment facility, his family or next of kin shall be notified as promptly as possible. If an adult patient who is not incapacitated requests that there be no notification, his request shall be respected.

7. The police or members of the emergency service patrol who act in compliance with this section are acting in the course of their official duty and are not criminally or civilly liable therefor.

8. If the administrator in charge of the approved public treatment facility determines it is for the patient's benefit, the patient shall be encouraged to agree to further diagnosis and appropriate voluntary treatment.

§ 7119. Emergency commitment of an incapacitated or intoxicated person

1. An intoxicated person who has threatened, attempted or inflicted physical harm on another and is likely to inflict physical harm on another unless committed, or is incapacitated by alcohol, may be committed to an approved public treatment facility for emergency treatment. A refusal to undergo treatment does not in itself constitute evidence of lack of judgment as to the need for treatment.

2. The spouse, guardian or relative of the person to be committed, or any other responsible person, may make a written application for commitment under this section, directed to the administrator of the approved public treatment facility. The application shall state facts to support the need for emergency treatment and be accompanied by a physician's certificate stating that he has examined the person sought to be committed within 2 days before the date of the application for admission and facts supporting the need for emergency treatment. A physician employed by the admitting facility or the division is not eligible to be the certifying physician. The certifying physician shall be someone other than the person making the written application for commitment.

3. Upon approval of the application by the administrator in charge of the approved public treatment facility, the person shall be brought to the facility by a peace officer, health officer, emergency service patrol, the applicant for commitment, the patient's spouse, the patient's guardian or any other interested person. The person shall be retained at the facility to which he was admitted, or transferred to another appropriate public or private treatment facility, until discharged under subsection 5.

4. The administrator in charge of an approved public treatment facility shall refuse an application if, in the opinion of a physician or physicians employed by a facility, the application and certificate fail to sustain the grounds for commitment.

5. When on the advice of the medical staff the administrator determines that the grounds for commitment no longer exist, he shall discharge a person committed under this section. No person committed under this section may be detained in any treatment facility for more than 5 days. If a petition for involuntary commitment under section 7120 has been filed within the 5 days and the administrator in charge of an approved public treatment facility finds that grounds for emergency commitment still exist, he may detain the person until the petition has been heard and determined, but no longer than 10 days after filing the petition.

6. A copy of the written application for commitment and of the physician's certificate, and a written explanation of the person's right to counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult counsel.

§ 7120. Involuntary commitment of alcoholics or incapacitated persons

1. A person may be committed to the custody of the office by the District Court upon the petition of his spouse or guardian, relative or the administrator in charge of any approved public treatment facility. The petition shall allege that the person is an alcoholic who habitually lacks self-control as to the use of alcoholic beverages and that he has threatened, attempted or inflicted physical harm on another and that unless committed is likely to inflict physical harm on another or is incapacitated by alcohol. A refusal to undergo treatment does not in itself constitute evidence of lack of judgment as to the need for treatment. The petition shall be accompanied by a certificate of a licensed physician who has examined the person within 2 days before submission of the petition, unless the person whose commitment is sought has refused to submit to a medical examination, in which case the fact of refusal shall be alleged in the petition. The certificate shall set forth the physician's findings in support of the allegations of the petition. A physician employed by the admitting facility or the division is not eligible to be the certifying physician. The certifying physician shall be someone other than the person bringing the petition.

2. Upon filing the petition, the court shall fix a date for a hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of the hearing, including the date fixed by the court, shall be served on the petitioner, the person whose commitment is sought, his next of kin other than the petitioner, a parent or his legal guardian, the administrator in charge of the approved public treatment facility to which he has been committed for emergency care and any other person the court believes advisable. A copy of the petition and certificate shall be delivered to each person notified.

3. At the hearing, the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the person whose commitment is sought. The person shall be present, unless the court believes that his presence is likely to be injurious to him; in this event, the court shall appoint a guardian ad litem to represent him throughout the proceeding. The court shall examine the person in open court, or if advisable, shall examine the person out of court. If the person has refused to be examined by a licensed physician, he shall be given an opportunity to be examined by a court-appointed licensed physician. If he refuses and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may make a temporary order committing him to the division for a period of not more than 5 days for purposes of a diagnostic examination.

4. If, after hearing all relevant evidence, including the results of any diagnostic examination by the office, the court finds that grounds for involuntary commitment have been established by clear and convincing proof, it shall

make an order of commitment to the office. It may not order commitment of a person, unless it determines that the office is able to provide adequate and appropriate treatment for him and the treatment is likely to be beneficial.

5. A person committed under this section shall remain in the custody of the office for treatment for a period of 30 days unless sooner discharged. At the end of the 30-day period, he shall be discharged automatically, unless the office before expiration of the period obtains a court order for his recommitment upon the grounds set forth in subsection 1 for a further period of 90 days, unless sooner discharged. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment, if after examination it is determined that the likelihood still exists.

6. A person recommitted under subsection 5 who has not been discharged by the office before the end of the 90-day period shall be discharged at the expiration of that period, unless the office before expiration of the period obtains a court order on the grounds set forth in subsection 1 for the recommitment for a further period not to exceed 90 days. If a person has been committed because he is an alcoholic likely to inflict physical harm on another, the office shall apply for recommitment if after examination it is determined that the likelihood still exists. Only 2 recommitment orders under this subsection and subsection 5 are permitted.

7. Upon the filing of a petition for recommitment under subsection 5 or 6, the court shall fix a date for hearing no later than 10 days after the date the petition was filed. A copy of the petition and of the notice of hearing, including the date fixed by the court, shall be served on the petitioner, the person whose commitment is sought, his next of kin other than the petitioner, the original petitioner under subsection 1, if different from the petitioner for recommitment, one of his parents or his legal guardian and any other person the court believes advisable. At the hearing the court shall proceed as provided in subsection 3.

8. The office shall provide for adequate and appropriate treatment of a person committed to its custody. The office may transfer any person committed to its custody from one approved public treatment facility to another, if transfer is medically advisable.

9. A person committed to the custody of the office for treatment shall be discharged at any time before the end of the period for which he has been committed if either of the following conditions is met :

A. In case of an alcoholic committed on the grounds of likelihood of infliction of physical harm upon another, that he is no longer an alcoholic or the likelihood no longer exists ; or

B. In case of an alcoholic committed on the grounds of the need of treatment and incapacity, that the incapacity no longer exists, further treatment will not be likely to bring about significant improvement in the person's condition or treatment is no longer adequate or appropriate.

10. The court shall inform the person whose commitment or recommitment is sought of his right to contest the application, be represented by counsel at every stage of any proceedings relating to his commitment and recommitment and have counsel appointed by the court or provided by the court, if he wants the assistance of counsel and is unable to obtain counsel. If the court believes that the person needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for him regardless of his wishes. The person whose commitment or recommitment is sought shall be informed of his right to be examined by a licensed physician of his choice. If the person is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician.

11. If a private or public treatment facility agrees with the request of a competent patient or his parent, sibling, adult child or guardian to accept the patient for treatment, the administrator of the public treatment facility shall transfer him to the private treatment facility.

12. A person committed under this chapter may at any time seek to be discharged from commitment by writ of habeas corpus.

13. The venue for proceedings under this section is the place in which the person to be committed resides or is present.

§ 7121. Records

1. The registration and other records of treatment facilities shall remain confidential and are privileged to the patient.

2. Notwithstanding subsection 1, the director may make available information from patients' records for purposes of research into the causes and treatment of alcoholism and drug abuse. Information under this subsection shall not be published in a way that discloses patients' names or other identifying information.

§ 7122. Visitation and communication of patients

1. Subject to reasonable rules regarding hours of visitation which the director may adopt, patients in any approved treatment facility shall be granted opportunities for adequate consultation with counsel and for continuing contact with family and friends consistent with an effective treatment program.

2. Neither mail nor other communication to or from a patient in any approved treatment facility may be intercepted, read or censored. The director may adopt reasonable rules regarding the use of telephone by patients in approved treatment facilities.

3. Except to the extent the director determines that it is necessary for the medical welfare of the patient to impose restrictions, and unless a patient has been restored to legal capacity and except where specifically restricted by other statute or regulation, but not solely because of the fact of admission to a mental hospital, to exercise all civil rights, including, but not limited to, civil service status, the right to vote, rights relating to the granting, renewal,

forfeiture or denial of a license, permit, privilege or benefit pursuant to any law, and the right to enter contractual relationships and to manage his property.

§ 7123. Emergency service patrol; establishment; rules

1. The office, counties and municipalities may establish emergency service patrols. A patrol consists of persons trained to give assistance in the streets and in other public places to persons who are intoxicated due to the use of alcohol or dependency related to drugs. Members of an emergency service patrol shall be capable of providing first aid in emergency situations and shall transport intoxicated persons to their homes and to and from public treatment facilities.

2. The director shall adopt rules for the establishment, training and conduct of emergency service patrols.

§ 7124. Payment for treatment; financial ability of patients

1. If treatment is provided by an approved public treatment facility and the patient has not paid the charge therefor, the office is entitled to any payment received by the patient or to which he may be entitled because of the services rendered, and from any public or private source available to the office because of the treatment provided to the patient.

2. A patient in an approved treatment facility, or the estate of the patient, or a person obligated to provide for the cost of treatment and having sufficient financial ability, is liable to the office for cost of maintenance and treatment of the patient therein in accordance with rates established.

3. The director shall adopt rules governing financial ability that take into consideration the income, savings and other personal and real property of the person required to pay, and any support being furnished by him to any person he is required by law to support.

Sec. 2. R. S., T. 5, § 2301, sub-§ 1, ¶ I, additional. Subsection I of section 2301 of Title 5 of the Revised Statutes, as amended, is further amended by adding a new paragraph I to read as follows:

I. Approved treatment facilities as defined in Title 22, section 7103.

Sec. 3. R. S., T. 5, c. 317, repealed. Chapter 317 of Title 5 of the Revised Statutes, as enacted by chapter 379 of the public laws of 1971, is repealed.

Sec. 4. R. S., T. 22, §§ 1351 and 1352, repealed. Sections 1351 and 1352 of Title 22 of the Revised Statutes are repealed.

Sec. 5. R. S., T. 34, § 1631, sub-§§ 5 and 5-A, additional. Section 1631 of Title 34 of the Revised Statutes, as amended, is further amended by adding 2 new subsections 5 and 5-A to read as follows:

5. **Sentence to drug abuse treatment facility.** In any case in which the offense relates to violation of any statutes concerning controlled or illegal drugs or the sale or possession of drugs or narcotics, the court may impose sentence and place the person on probation. The court may require as a

condition of probation that such person shall participate in, as a resident or nonresident, programs at an approved treatment facility as defined under Title 22, chapter 1601, provided the Office of Alcohol and Drug Abuse Prevention certifies to the court that such approved treatment facilities, personnel and programs are available and in compliance with all state licensing and certification laws, standards, rules and regulations.

Any person so sentenced to probation shall be required to participate in programs at the facility for a period not to exceed the period of probation ordered by the court. The professional staff of the facility may determine that the person's participation in treatment should be terminated. The supervisor or professional staff of the treatment facility may make such a determination when in their judgment the person :

- A. Has successfully completed treatment or will derive no further significant benefits from such participation, or both, or**
- B. Will adversely affect the treatment of other participants by his continued participation, or**
- C. Has not conducted himself in accordance with the provisions of his sentence or probation.**

When the professional staff of the treatment facility determines that the person's participation should be terminated, the supervisor of the treatment facility or the probation officer shall make a report to the court, which may thereupon make such provision with respect to the person's probation as the court deems appropriate.

5-A. Definition. For purposes of this section, "drug abuser" shall mean any person convicted of any violation of any statutes relating to controlled or illegal drugs.

Sec. 6. Transitional provisions.

1. Effect of transfer of powers, duties and functions. The Office of Alcoholism and Drug Abuse Prevention of the Department of Health and Welfare shall be the successor in every way to the powers, duties and functions of the former Division of Alcoholism Services and the former Maine Commission on Drug Abuse, or any of their administrative units, except as otherwise provided in this Act. The Director, Office of Alcoholism and Drug Abuse Prevention shall be the successor in every way to the responsibilities of the former Executive Director, Maine Commission on Drug Abuse and the former Director, Division of Alcoholism Services.

2. Rules, regulations and procedures. All existing regulations in effect, in operation or promulgated in or by the Maine Commission on Drug Abuse and the Division of Alcoholism, or in or by any administrative units or officer thereof, are hereby declared in effect and shall continue in effect until rescinded, revised or amended by the proper authority.

3. Contracts, agreements, compacts. All existing contracts, agreements and compacts currently in effect in the Maine Commission on Drug Abuse and the Division of Alcoholism shall continue in effect.

4. Personnel. Any positions, authorized and allocated subject to the Personnel Law, to the former Maine Commission on Drug Abuse and the former Division on Alcoholism are transferred to the Office of Alcoholism and Drug Abuse Prevention and may continue to be authorized to the office. Initial appointments to such positions vacant as of the effective date of this Act shall be made on an open competitive basis. Any employee and official of such former agencies subject to the Personnel Law on the effective date of this Act may be transferred to the office and continue their employment after the effective date of this Act, without interruption of their state service, unless personnel positions or such office is terminated or abolished or method of appointment or employment is altered or changed by the provisions of this Act. Any positions in the unclassified service allotted to the Maine Commission on Drug Abuse are abolished. The office and title of Executive Director, Maine Commission on Drug Abuse and of Director, Division of Alcoholism are abolished.

5. Records, property and equipment. All records, property and equipment previously belonging to or allocated for the use of the Division of Alcoholism or the Maine Commission Drug Abuse shall become on the effective day of this Act, part of the property of the Office of Drug Abuse and Prevention, Department of Health and Welfare.

6. Conflicts. All acts or parts of acts and rules inconsistent with this Act are repealed or amended to conform hereto.

7. Funds and equipment transferred. Notwithstanding the Revised Statutes, Title 5, section 1585, all accrued expenditures, assets, liabilities, balances of appropriations, transfers, revenues or other available funds in any account, or subdivision of an account, of any agency to be reallocated to another administrative unit as a result of this Act, shall be transferred to the proper place in an account for the office, by the State Controller, upon recommendation of the department head, the State Budget Officer and upon approval by the Governor and Executive Council. A proper accounting shall be made by activity within the account.

8. Effective date. This Act shall become effective October 1, 1973 in the event the Legislature adjourns on or before July 1, 1973 or otherwise shall become effective January 1, 1974.

STATEMENT OF FACT

The purpose of this legislation is indicated by the title. It is a small but effective step toward more efficient organization of human service programs administered by State Government. This Act proposes unifying an independent commission and an operating division. A single advisory committee will replace 3 advisory committees and a single director will administer a unified program now headed by 2 directors.

It is anticipated that both the drug abuse and alcohol treatment programs will be strengthened by provisions of this Act which more clearly delineates powers and duties, while preserving the essential features of each program.