

MAINE STATE LEGISLATURE

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1 SECOND REGULAR SESSION
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE
4

5 Legislative Document

No. 1848

6
7 S.P. 725

In Senate, January 15, 1986

8 Approved for introduction by a majority of the Legislative Council
pursuant to Joint Rule 26.

9 Referred to the Committee on Human Resources and ordered printed.

JOY J. O'BRIEN, Secretary of the Senate

10 Presented by Senator Bustin of Kennebec.

Cosponsored by Representative Rolde of York, Representative Brannigan
of Portland and Senator Perkins of Hancock.

11
12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-SIX
16

17 AN ACT to Provide Greater Community Input
18 into Alcohol and Drug Planning.
19

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

22 Sec. 1. 22 MRSA §7132, sub-§2, ¶¶B and C, as en-
23 acted by PL 1983, c. 464, §19, are amended to read:

24 B. By January 15, 1985, and biennially thereaf-
25 ter, a comprehensive plan containing statements
26 of measurable goals to be accomplished during the
27 coming biennium and establishing performance in-
28 dicators by which progress toward accomplishing
29 those goals will be measured; and

30 C. By January 15, 1987, and every 4th year
31 thereafter, an assessment of the costs related to
32 drug abuse in the State and the needs for various
33 types of services within the State, including ge-
34 ographical disparities in needs and the needs of
35 special populations of drug abusers; and

1 Sec. 2. 22 MRSA §7132, sub-§2, ¶D is enacted to
2 read:

3 D. Two representatives of organizations made up
4 of community-based programs providing alcohol and
5 drug abuse service providers, one to be appointed
6 by the President of the Senate and one to be ap-
7 pointed by the Speaker of the House of Represen-
8 tatives. At least one shall represent an organi-
9 zation of licensed programs.

10 STATEMENT OF FACT

11 This bill adds 2 community representatives to the
12 Alcohol and Drug Abuse Planning Committee. In the
13 last several years community based programs have had
14 inadequate participation in the planning and develop-
15 ment of treatment programs, including the establish-
16 ment of priorities, allocations and recommendations
17 for use of the Alcoholism Prevention, Education,
18 Treatment and Research Fund.

19 The growing importance of these programs in the
20 community make it imperative that the communities
21 have an early participatory role in their develop-
22 ment.

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