

# MAINE STATE LEGISLATURE

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# 114th MAINE LEGISLATURE

## FIRST REGULAR SESSION - 1989

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Legislative Document

No. 1566

S.P. 563

In Senate, May 9, 1989

Reference to the Committee on State and Local Government suggested and ordered printed.

A handwritten signature in cursive script, reading 'Joy J. O'Brien'.

JOY J. O'BRIEN  
Secretary of the Senate

Presented by Senator BUSTIN of Kennebec.

Cosponsored by Speaker MARTIN of Eagle Lake, Representative ROLDE of York and Senator MATTHEWS of Kennebec.

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STATE OF MAINE

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IN THE YEAR OF OUR LORD  
NINETEEN HUNDRED AND EIGHTY-NINE

---

An Act to Establish the Office of Substance Abuse Services within the Executive Department.

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

3 **Sec. 1. 2 MRSA §6, sub-§3, as amended by PL 1987, c. 715, §1,**  
5 **is further amended to read:**

7 **3. Range 89. The salaries of the following state officials**  
9 **and employees shall be within salary range 89:**

- 11 Director of Public Improvements;
- 13 State Budget Officer;
- 15 State Controller;
- 17 Director of the Bureau of Forestry;
- 19 Chief of the State Police;
- 21 Director, State Planning Office;
- 23 Director, Energy Resources Office;
- 25 Public Advocate;
- 27 Commissioner of Defense and Veterans' Services;
- 29 Director of Human Resources; and
- 31 Executive Director, Retirement System; and
- 33 Director of the Office of Substance Abuse Services.

35 **Sec. 2. 5 MRSA §12004-G, sub-§15-A is enacted to read:**

37	<u>(15-A) Human</u>	<u>Driver Edu-</u>	<u>\$75/day</u>	<u>5 MRSA §20206</u>
39	<u>Services</u>	<u>cation Evalu-</u>		
		<u>ation Program</u>		
		<u>Appeals Board</u>		

41 **Sec. 3. 5 MRSA §12004-I, sub-§39, as enacted by PL 1987, c.**  
43 **786, §5, is amended to read:**

45	39. Human	Maine Council on	Expenses Only	22 MRSA
	Services	Alcohol and Drug		§7107
		Abuse Prevention		§20051
		and Treatment		

47 **Sec. 4. 5 MRSA Pt. 24 is enacted to read:**

49 PART 24  
51 SUBSTANCE ABUSE PREVENTION

1 AND TREATMENT

3 CHAPTER 551

5 OFFICE OF SUBSTANCE ABUSE SERVICES

7 SUBCHAPTER I

9 GENERAL PROVISIONS

11 §20001. Purpose

13 The purposes of this chapter are:

15 1. Integrated and comprehensive approach. To adopt an  
17 integrated approach to the problem of substance abuse and to  
19 focus all the varied resources of the State on developing a  
comprehensive range of substance abuse prevention and treatment  
activities and services; and

21 2. Single administrative unit. To establish a single  
23 administrative unit within State Government, accountable directly  
to the Governor, with responsibility for planning and  
25 coordinating all of the State's substance abuse prevention and  
treatment activities and services.

27 §20002. Definitions

29 As used in this chapter, unless the context otherwise  
31 indicates, the following terms have the following meanings.

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

37 2. Alcohol or drug-related motor vehicle incident.  
39 "Alcohol or drug-related motor vehicle incident" means a  
41 conviction or administrative action resulting in the suspension  
43 of a motor vehicle operator's license for a violation under Title  
29, section 1311-A; 1312-B; former section 1312-B; former section  
1312-C; or section 2241-G, subsection 2, paragraph B,  
subparagraph (2).

45 3. Alcoholic. "Alcoholic" means a person who habitually  
47 lacks self-control as to the use of alcoholic beverages, or uses  
49 alcoholic beverages to the extent that that person's health is  
substantially impaired or endangered or that person's social or  
economic function is substantially disrupted.

51 4. Approved treatment facility. "Approved treatment  
facility" means a public or private alcohol treatment facility

1 meeting the standards adopted by the office under section 20152,  
2 subsection 1, and approved under section 20152, subsection 3, and  
3 licensed under subchapter V or other applicable provisions of  
4 state law.

5  
6 5. Approved public treatment facility. "Approved public  
7 treatment facility" means an approved treatment facility  
8 operating under the direction and control of the office or  
9 providing treatment under this chapter through a contract with  
10 the office under section 20151, subsection 6, or any facility  
11 funded in whole or in part by municipal, state or federal funds.

12  
13 6. Chemical health coordinator. "Chemical health  
14 coordinator" means a person who serves as the coordinator of a  
15 local school administrative unit's chemical primary and secondary  
16 prevention and education program.

17  
18 7. Client. "Client" means a person who is required to  
19 complete the alcohol and other drug education, evaluation and  
20 treatment program for an alcohol or drug-related motor vehicle  
21 offense.

22  
23 8. Community-based service provider. "Community-based  
24 service provider" means a provider of drug abuse prevention  
25 services, and includes a provider of either the treatment  
26 component or the evaluation component, or both, of the alcohol  
27 and other drug education, evaluation and treatment program  
28 certified under section 20204 or a program approved under the  
29 Driver Education Evaluation Program.

30  
31 9. Completion of treatment. "Completion of treatment," for  
32 the purpose of recommendation by the office to the Secretary of  
33 State concerning restoration of the driver's license to the  
34 client, means that the individual has responded to treatment to  
35 the extent that there is a substantial probability that the  
36 individual will not be operating under the influence. This  
37 substantial probability may be shown by:

38 A. An acknowledgement by the client of the extent of the  
39 client's alcohol or drug problem;

40 B. A demonstrated ability to abstain from the use of  
41 alcohol and drugs; and

42 C. A willingness to seek continued voluntary treatment or  
43 to participate in an appropriate self-help program, or both,  
44 as necessary.

45  
46  
47  
48 10. Council. "Council" means the Maine Council on Alcohol  
49 and Drug Abuse Prevention and Treatment, as established by  
50 section 12004-I, subsection 39.  
51

1           11. Dependency-related drug. "Dependency-related drug"  
3           means alcohol or any substance controlled under Title 22, chapter  
              551, subchapter II, and chapters 557 and 558.

5           12. Director. "Director" means the Director of Substance  
              Abuse Services.

7           13. Division. "Division" means the Divison of Driver  
9           Education Evaluation in the Department of Human Services.

11           14. Drug abuser. "Drug abuser" means a person who uses any  
13           drugs, dependency-related drugs, or hallucinogens in violation of  
              any law of the State.

15           15. Drug abuse prevention. "Drug abuse prevention" means  
17           all facilities, programs or services relating to drug abuse  
19           control, education, rehabilitation, research, training and  
21           treatment, and includes these functions as related to alcoholics  
23           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 subsection  
              24 as prevention of drug traffic.

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

31           17. Drug dependent person. "Drug dependent person" means  
33           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.

35           18. Drug treatment center. "Drug treatment center" means a  
37           residential facility, not licensed as a medical care facility  
39           under Title 22, chapter 405, for the care, treatment or  
              rehabilitation of drug users, including alcohol users.

41           19. Emergency service patrol. "Emergency service patrol"  
              means a patrol established under section 20160.

43           20. Incapacitated by alcohol. "Incapacitated by alcohol"  
45           means that a person, as a result of the use of alcohol, is  
47           unconscious or has impaired judgment and is incapable of  
              realizing and making a rational decision with respect to the need  
              for treatment.

49           21. Incompetent person. "Incompetent person" means a  
51           person who has been adjudged incompetent by a court.

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

5           23. Multiple offender. "Multiple offender" means a client  
6           who has more than one alcohol or drug-related motor vehicle  
7           incident within a 6-year period.

9           24. Office. "Office" means the Office of Substance Abuse  
10           Services established under section 20003.

11           25. Prevention of drug traffic. "Prevention of drug  
12           traffic" means any functions conducted for the purpose of  
13           preventing drug traffic, including law enforcement and judicial  
14           activities or proceedings such as the investigation, arrest and  
15           prosecution of drug offenders and offenses or the detection and  
16           suppression of illicit drug supplies.

17           26. Standards. "Standards" means rules adopted by the  
18           office that are to be met before and during operation of any  
19           treatment facility or treatment program.

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

29           28. Treatment program. "Treatment program" means any  
30           program or service, or portion thereof, sponsored under the  
31           auspices of a public or private nonprofit agency providing  
32           services especially designed for the treatment of those persons  
33           listed in subsection 27.

34           §20003. Office established

35           The Office of Substance Abuse Services is established within  
36           the Executive Department to fulfill the purposes of this  
37           chapter. The Office of Substance Abuse Services is directly  
38           responsible to the Governor. The office shall be the sole agency  
39           of the State responsible for administering this chapter.

40           All program authority and appropriations for substance abuse  
41           treatment, education and prevention services administered and  
42           implemented before the effective date of this chapter by the  
43           Department of Human Services, the Department of Mental Health and  
44           Mental Retardation, the Department of Corrections and the  
45           Department of Educational and Cultural Services are transferred

1 to the Office of Substance Abuse Services, except as otherwise  
2 provided by this chapter.

3

4 §20004. Duties of the office

5

6 1. State prevention and treatment functions. The office  
7 shall establish in accordance with the purposes and intent of  
8 this chapter the overall planning, policy, objectives and  
9 priorities for all state substance abuse prevention and treatment  
10 functions, other than prevention of drug traffic.

11

12 2. Planning. The office shall plan drug abuse prevention  
13 activities in the State and shall prepare and submit to the  
14 Legislature the following documents:

15

16 A. Annually, beginning January 15, 1990, a report  
17 containing an evaluation of the past year's progress toward  
18 obtaining established goals and objectives and the office's  
19 recommendations regarding funding for the coming fiscal year;

20

21 B. Biennially, beginning January 15, 1991, a comprehensive  
22 plan containing statements of measurable goals to be  
23 accomplished during the coming biennium and establishing  
24 performance indicators by which progress toward  
25 accomplishing those goals will be measured; and

26

27 C. Every 4th year, beginning January 15, 1993, an  
28 assessment of the costs related to drug abuse in the State  
29 and the needs for various types of services within the  
30 State, including geographical disparities in needs and the  
31 needs of special populations of drug abusers.

32

33 3. Coordination; organizational unit. The office shall  
34 conduct and coordinate, with the advice of the council, all drug  
35 abuse prevention activities in the State, and all programs and  
36 activities authorized by the United States Comprehensive Alcohol  
37 Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act  
38 of 1970, as amended, and by the United States Drug Abuse Office  
39 and Treatment Act of 1972, as amended; and other programs or Acts  
40 of the State or United States related to drug abuse prevention  
41 which are not the specific responsibility of another state agency  
42 under federal or state law. It shall act as a liaison among the  
43 branches of State Government and their agencies regarding  
44 activities relating to drug abuse or drug dependent persons.

45

46 4. Administration of resources and services. The office  
47 shall encourage and assist development of effective, coordinated  
48 and efficient administration of resources and services available  
49 for drug abuse prevention.

50

51 5. Information and data. The office shall assemble and  
analyze the information necessary to carry out its duties. All



1 programs receiving state funds for drug abuse prevention shall  
2 use uniform data standards as established by the office. These  
3 standards shall provide information relating to at least the  
4 following: region, income category, demographic features and  
5 impact on the economic sector. To the extent feasible,  
6 information shall maintain compatibility with federal information  
7 sharing standards.

9 6. Information system. The office shall develop and  
10 maintain an up-to-date information system related to drugs, drug  
11 abuse and drug abuse prevention. The office shall make the  
12 information available for use by the people of the State, the  
13 political subdivisions, public and private nonprofit agencies and  
14 the State. The office shall prepare, publish and disseminate  
15 educational materials. The office shall continuously develop  
16 objective devices and research methodologies. The office shall  
17 specify uniform methods of keeping statistical information for  
18 use by public and private agencies, organizations and  
19 individuals. The office shall use existing sources of  
20 information to the fullest extent possible, while maintaining  
21 confidentiality safeguards of state and federal law. The office  
22 may request information from any state government or public or  
23 private agency, which shall provide the information requested.  
24 To the extent feasible, the office shall ensure that the  
25 information is compatible with federal information sharing  
26 standards.

27 Functions of the drug information system may include, but are not  
28 limited to:

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

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

39 C. Determining through a detailed survey the extent of the  
40 drug abuse problem, and the needs and priorities for the  
41 prevention of drug abuse and drug dependence in the State  
42 and political subdivisions. Included may be a survey of  
43 health facilities needed to provide services for drug abuse  
44 and drug dependence, especially alcoholics and intoxicated  
45 persons;

47 D. Maintaining an inventory of the types and quantity of  
48 drug abuse prevention facilities, programs and services  
49 available or provided under public or private auspices to  
50 drug addicts, drug abusers and drug dependent persons,  
51 especially alcoholics and intoxicated persons. This function

1 shall include the unduplicated count, location and  
3 characteristics of people receiving treatment, as well as  
5 their frequency of admission and readmission, and frequency  
7 and duration of treatment. The inventory shall include the  
9 amount, type and source of resources for drug abuse  
11 prevention; and

13 E. Conducting a continuous evaluation of the impact,  
15 quality and value of drug abuse prevention facilities,  
17 programs and services, including their administrative  
19 adequacy and capacity. Activities operated by or with the  
21 assistance of State Government and the Federal Government  
23 shall be evaluated. Included shall be alcohol and drug abuse  
25 prevention and treatment services as authorized by this  
27 chapter and the following federal laws and amendments to  
29 them as relate to drug abuse prevention:

31 (1) The United States Drug Abuse Office and Treatment  
33 Act of 1972, Public Law 92-255;

35 (2) The United States Community Mental Health Centers  
37 Act, United States Code, Title 42, Section 2688;

39 (3) The United States Public Health Service Act,  
41 United States Code, Title 42;

43 (4) The United States Vocational Rehabilitation Act;

45 (5) The United States Social Security Act; and

47 (6) The United States Comprehensive Alcohol Abuse and  
49 Alcoholism Prevention, Treatment and Rehabilitation Act  
51 of 1970, Public Law 91-616, and similar Acts.

7. Prevention or treatment programs. The office shall  
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.

8. Mobilize resources. The office shall 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

1 initiation, establishment and administration of any plans,  
2 programs or services to prevent drug abuse.

3  
4 To carry out this duty, the office may coordinate the efforts and  
5 enlist the assistance of all public and private agencies,  
6 organizations and individuals interested in drug abuse  
7 prevention, especially alcoholism and treatment of alcoholics and  
8 intoxicated persons. The support and assistance of interested  
9 persons in the community, particularly recovering alcoholics and  
10 abusers of drugs, shall be utilized to encourage alcoholics and  
11 drug abusers voluntarily to undergo treatment.

12  
13 The office may encourage general hospitals and other appropriate  
14 health facilities to admit without discrimination alcoholics and  
15 intoxicated persons who abuse or are dependent on drugs and to  
16 provide them with adequate and appropriate treatment. The office  
17 may encourage all health and disability insurance programs to  
18 include alcoholism as a covered illness.

19  
20 9. Operating and treatment standards. The office shall  
21 establish operating and treatment standards, inspect and issue a  
22 certificate of approval for any drug abuse treatment facility or  
23 program, including residential treatment centers, which meet the  
24 standards adopted under section 20152, subsection 1, and licensed  
25 under subchapter VI or other applicable provisions of law. The  
26 office shall periodically enter, inspect and examine the  
27 treatment facility or program, and examine its books and  
28 accounts. The office shall fix and collect the fees for the  
29 inspection and certificate. Insofar as licensing and  
30 certification of drug abuse prevention facilities and programs  
31 may also be the responsibility of another administrative unit of  
32 the State, the office may assign performance of this  
33 responsibility to that unit or make other mutually agreeable  
34 arrangements with that unit for assisting with performance of  
35 this responsibility.

36  
37 10. Educational programs. The office shall develop and  
38 implement as an integral part of treatment programs an  
39 educational program for use in the treatment of alcoholics and  
40 intoxicated persons and persons who abuse or are dependent on  
41 drugs; assist in the development of, and the cooperation with,  
42 alcoholic education and treatment programs for employees of state  
43 and local governments and businesses and industries in the State;  
44 and convene and conduct conferences of public and private  
45 nonprofit organizations concerned with the development and  
46 operation of drug abuse prevention programs.

47  
48 11. Training programs. The office shall foster, develop,  
49 organize, conduct or provide for the conduct of training programs  
50 for all persons in the field of treating alcoholics and  
51 intoxicated persons and drug abusers.

1           12. Activities and programs. The office shall coordinate  
2           activities and cooperate with drug abuse prevention programs in  
3           this and other states for the common advancement of drug abuse  
4           prevention and alcoholism programs.

5  
6           13. Review. The office shall review all proposed  
7           legislation, activities, plans, policies and other administrative  
8           functions of other state agencies relating to drug abuse.

9  
10          §20005. Powers of the office

11           1. Funds. The office may seek and receive funds from the  
12           Federal Government and private sources to further its activities.  
13           Included in this function is authority to solicit, accept,  
14           administer, disburse and coordinate funds for the State in  
15           accordance with the intent, objectives and purposes of this  
16           chapter and within any limitation which may apply from the  
17           sources of those funds. Any gift of money or property made by  
18           will or otherwise, and any grant or other funds appropriated,  
19           services or property available from the Federal Government, the  
20           State or any political subdivision of the State and from all  
21           other sources, public or private, may be accepted and  
22           administered. The office may do all things necessary to  
23           cooperate with the federal government or any of its agencies in  
24           making application for any funds.

25  
26           2. Agreements. The office may enter into agreements  
27           necessary or incidental to the performance of its duties.  
28           Included is the power to make agreements with qualified  
29           community, regional and state, private nonprofit and public  
30           agencies, organizations and individuals in this and other states  
31           to develop or provide drug abuse prevention and treatment  
32           facilities, programs and services. These agreements may include  
33           provisions to pay for prevention or treatment rendered or  
34           furnished to an alcoholic, intoxicated person, drug abuser, drug  
35           addict, drug dependent person or person in need of assistance due  
36           to use of a dependency-related drug. The contracts shall be  
37           executed only with agencies that meet the standards for treatment  
38           promulgated by the office under section 20152, subsection 1, and  
39           approved under section 20152, subsection 3, and licensed under  
40           subchapter VI or other applicable provisions of law. The office  
41           may engage expert advisors and assistants who may serve without  
42           compensation, or to the extent funds may be available by  
43           appropriation, grant, gift or allocation from a state department,  
44           the office may pay for the expert advisors or assistants.

45  
46           3. Rules. The office may prepare, adopt, amend, rescind  
47           and administer policies, priorities, procedures and rules to  
48           govern its affairs and the development and operation of  
49           facilities, programs and services. The office may adopt rules to  
50           carry out its powers and duties. The office shall adopt rules  
51           necessary to define contractual terms, conditions of agreements

1 and all other rules as are necessary for the proper  
2 administration of this chapter. The adoption, amendment and  
3 rescission of all rules under this chapter must be made in  
4 accordance with the Maine Administrative Procedure Act, chapter  
5 375.

7 4. Recommendations. The office may make recommendations to  
8 the respective branches of State Government concerning drug abuse  
9 activities and shall consult with and be consulted by any state  
10 agency regarding the policies, priorities and objectives of its  
11 functions relating to drug abuse.

13 5. Purposes and authority. The office may do other acts  
14 and exercise any other powers necessary or convenient to carry  
15 out the purposes and authority expressly granted in this chapter.

17 §20006. Director

19 1. Appointment. The Governor shall appoint a full-time  
20 director of the Office of Substance Abuse Services. The  
21 appointment is subject to the review of the joint standing  
22 committee of the Legislature having jurisdiction over human  
23 resources and confirmation by the Legislature. The director  
24 shall serve at the will of the Governor. The director shall be  
25 paid a salary in accordance with Title 2, section 6, subsection 3.

27 2. Qualifications. The director must be qualified by  
28 training and experience in the field of substance abuse  
29 prevention and treatment.

31 3. Powers. The director may:

33 A. Employ and remove staff. Clerical staff shall be hired  
34 in accordance with the Civil Service Law. Professional  
35 staff shall serve at the pleasure of the director;

37 B. Propose feasible alternatives to current substance abuse  
38 prevention and treatment programs and services when the  
39 alternatives, in the opinion of the director, may address  
40 the problems and needs better than current programs and  
41 services;

43 C. Conduct studies of other types of programs and services  
44 that may affect the provision of substance abuse prevention  
45 and treatment services; and

47 D. Accept money from any source to implement this chapter.  
48 Any money that the office receives must be accounted for in  
49 accordance with the requirements of the Department of  
50 Finance.

51 4. Duties. The director shall:

1  
3 A. Prescribe the duties of staff and assign a sufficient  
number of staff full time to the office to carry out its  
powers and duties; and

5  
7 B. Solicit input from the council in developing a  
comprehensive and integrated statewide program of substance  
abuse prevention and treatment services. The director or  
9 the director's representative shall attend all meetings of  
the council.

11 **§2007. State agencies to cooperate**

13  
15 State agencies shall cooperate fully with the office and  
council in carrying out this chapter. The Commissioner of  
17 Corrections, the Commissioner of Educational and Cultural  
Services, the Commissioner of Human Services, the Commissioner of  
19 Mental Health and Mental Retardation, and the Commissioner of  
Public Safety, or their designees, shall meet with the director  
21 regularly to facilitate agency awareness and cooperation. The  
office and council are authorized to request personnel, financial  
23 assistance, facilities and data from other agencies as will  
assist the office and council to fulfill their powers and duties.

25 **SUBCHAPTER II**

27 **MAINE COUNCIL ON ALCOHOL AND DRUG ABUSE**  
29 **PREVENTION AND TREATMENT**

31 **§20051. Membership**

33 1. Members; appointment. The Maine Council on Alcohol and  
Drug Abuse Prevention and Treatment, as established by section  
35 12004-I, subsection 39, shall consist of no more than 25 members  
who, excepting members representing the Legislature, shall be  
37 appointed by the Governor. At least 2 members of the council  
shall be current members of the Legislature: one member from the  
39 Senate appointed by the President of the Senate to serve at the  
pleasure of the President and one member from the House of  
41 Representatives appointed by the Speaker of the House of  
Representatives to serve at the pleasure of the Speaker.

43 2. Qualifications. To be qualified to serve, members must  
have education, training, experience, knowledge, expertise and  
45 interest in drug abuse prevention and training. Members must be  
residents of different geographical areas of the State, who  
47 reflect experiential diversity and concern for drug abuse  
prevention and treatment in the State.

49  
51 3. Membership; representation. The Governor shall select  
members from outstanding people in the fields of corrections,  
education, health, law, law enforcement, labor and employment,

1 medicine, mental health, mental retardation, science, social  
2 sciences and related areas. The Governor shall appoint members  
3 to represent nongovernmental organizations or groups and public  
4 agencies concerned with prevention and treatment of alcoholism,  
5 alcohol abuse, drug abuse and drug dependence. Members must have  
6 an unselfish and dedicated personal interest demonstrated by  
7 active participation in drug abuse programs such as prevention,  
8 treatment, rehabilitation, training or research into drug abuse  
9 and alcohol abuse. The Governor shall appoint members to meet  
10 the following requirements.

11 A. Two of the private citizen members must be between the  
12 ages of 16 and 21 years.

13 B. At least 4 members must be officials of public or  
14 private nonprofit community level agencies who are actively  
15 engaged in drug abuse prevention or treatment in public or  
16 private nonprofit community agencies or members of the  
17 regional alcohol and drug abuse councils located throughout  
18 the State.

19 C. Five members must be the executive directors of the 5  
20 regional alcohol and drug abuse councils located throughout  
21 the State.

22 D. One of the public citizen members must be the President  
23 or Executive Director of the National Council on Alcoholism  
24 in Maine, Incorporated.

25 E. Two members must be representatives of public education;

26 F. Two members must be representatives from the field of  
27 mental health and mental retardation,

28 G. Two members must be representatives from the field of  
29 corrections and criminal justice.

30 H. Two members must be representatives from the field of  
31 social services.

32 I. The Governor shall make appointments to the council to  
33 ensure that at least 6 members are persons affected by or  
34 recovering from alcoholism, chronic intoxication, drug abuse  
35 or drug dependency, having evidenced a minimum of 3 years of  
36 sobriety or abstention from drug abuse.

37 J. Membership may also include, but not be limited to,  
38 representatives of professions such as law, law enforcement,  
39 medicine, pharmacy, the insurance industry, businesses with  
40 employee assistance programs and teaching.

1           4. Term; vacancies. Except as provided in paragraphs A and  
3 B, members shall be appointed for terms of 3 years. Any vacancy  
5 in the council shall not affect its powers, but must be filled in  
the same manner by which the original appointment was made.  
Terms of appointment shall begin and expire on June 1st.

7           A. Any member appointed to fill a vacancy occurring prior  
9 to the expiration of the term for which the member's  
11 predecessor was appointed shall be appointed only for the  
remainder of that term.

13           B. Members who are members of the current Legislature and  
15 who are appointed by the President of the Senate or the  
17 Speaker of the House of Representatives shall serve at the  
pleasure of the President of the Senate and Speaker of the  
House of Representatives.

19           5. Reappointment; termination. Members shall be eligible  
21 for appointment only to 2 consecutive terms and may serve after  
23 the expiration of their terms until their successors have been  
25 appointed, qualified and taken office. The appointing authority  
27 may terminate the appointment of any member of the council for  
29 good and just cause and the appointing authority shall  
communicate the reason for the termination to each member  
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 chair of  
the council.

31           6. Ineligible to serve on the council. The Governor shall  
33 not appoint as a member of the council any official, employee,  
35 consultant or any other individual employed, retained or  
otherwise compensated by or representative of the executive  
branch.

37           7. Officers. The Governor shall designate one member to  
39 chair the council. The council may elect any other officers from  
its members as it considers appropriate.

41           8. Subcommittees. The council may appoint from its  
43 membership subcommittees relating to particular problem areas or  
to other matters, provided that the council shall function as an  
integrated committee.

45           9. Administrative and financial assistance. The office  
47 shall provide the council any administrative or financial  
49 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.



1  
3 **§20052. Meetings; compensation; quorum**

5 1. Calling meetings. The council shall meet at the call of  
7 the chair or at the call of at least 1/4 of the members appointed  
9 and currently holding office.

11 2. Frequency of meetings. The council shall meet at least  
13 5 times a year and at least once every 3 months.

15 3. Minutes. The council shall keep minutes of all  
17 meetings, including a list of people in attendance. The council  
19 shall immediately send copies of the minutes to the Governor and  
21 leadership of the Legislature, who shall provide for their  
23 appropriate distribution and retention in a place of safekeeping.

25 4. Compensation. Members of the council shall be  
27 compensated according to the provisions of chapter 379.

29 5. Quorum; council action. A majority of the council  
31 members shall constitute a quorum for the purpose of conducting  
33 the business of the council and exercising all the powers of the  
35 council. A vote of the majority of the members present shall be  
37 sufficient for all actions of the council.

39 **§20053. Powers and duties of the council**

41 The council, in cooperation with the office, shall have the  
43 following powers and duties.

45 1. Advise, consult and assist. The council shall advise,  
47 consult and assist the executive and legislative branches of the  
49 State Government and the Judicial Council, and especially the  
51 Governor, on activities of State Government related to drug abuse  
53 prevention, including alcoholism and intoxication. The council  
may 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, those 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 may not be delegated any  
administrative authority or responsibility.

2. Serve as advocate. The council shall serve as an  
advocate on alcoholism and drug abuse prevention, 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 State Government. It shall be a proponent on  
behalf of drug abuse prevention to the office, Governor,  
Legislature, public at large and Federal Government.

1  
3 3. Serve as advisory council. The council shall serve as  
5 the advisory council on behalf of the State to the state agencies  
7 as required by the federal regulations governing administration  
9 of the United States Drug Abuse Office and Treatment Act of 1972,  
11 as amended, and the United States Comprehensive Alcohol Abuse and  
13 Alcoholism Prevention, Treatment and Rehabilitation Act of 1970,  
15 as amended; and other Acts of the United States as appropriate.  
17 The council shall advise regarding state and federal plans,  
19 policies, programs and other activities relating to the drug  
21 abuse and drug dependence in the State. The council shall submit  
23 its recommendations and comments on the state plan, and any plan  
25 revisions, and reports to federal or state agencies. Statements  
27 at variance or in addition to those of the office shall be  
29 attached to the plan or reports upon submission by the office to  
31 agencies of the United States Government and to state agencies.

17  
19 4. Review and evaluate. The council shall review and  
21 evaluate on a continuing basis, in cooperation with the office,  
23 for the purpose of determining the value and effect on the lives  
25 of people who abuse or are dependent on drugs, of state and  
27 federal policies and programs relating to drug abuse and other  
29 activities affecting the people who abuse or are dependent on  
31 drugs, conducted or assisted by any state departments or agencies.

25  
27 5. Inform the public. The council shall keep the public  
29 informed, in cooperation with the office, in order to develop a  
31 firm public understanding of the current status of drug abuse and  
33 drug dependence among Maine's citizens, including information on  
35 effective programs in the State or nation, by collecting and  
37 disseminating information, conducting or commissioning studies  
39 and publishing the study results, and by issuing publications and  
41 reports.

35  
37 6. Provide public forums. The council shall provide public  
39 forums, including the conduct of public hearings, sponsorship of  
41 conferences, workshops and other meetings to obtain information  
43 about, discuss and publicize the problems of and solutions to  
45 drug abuse and drug dependence. The council may hold a statewide  
47 conference, regional conferences and meetings.

### SUBCHAPTER III

#### REGIONAL COUNCILS

##### §20101. Regional councils

47  
49 1. Regional councils established. In response to the  
51 unique geographic and demographic characteristics of the State,  
the office shall, to implement its duties under this chapter,  
establish, fund and maintain 5 regional councils to:



1  
3 §20151. Comprehensive program on alcoholism and drug abuse

5 1. Drug abuse prevention and treatment. A comprehensive  
7 and coordinated program of drug abuse prevention and treatment,  
9 especially of alcoholics and intoxicated persons, is established.  
11 Nothing in this subchapter may be interpreted as preventing the  
13 establishment of additional drug abuse prevention programs,  
15 including programs which the office considers necessary or  
17 desirable for intoxicated persons and alcoholics.

19 2. Program. The program must include emergency treatment  
21 provided by a facility affiliated with or part of the medical  
23 service of a general hospital.

25 3. Alcoholics and intoxicated persons. The office shall  
27 provide for adequate and appropriate treatment for alcoholics and  
29 intoxicated persons admitted under sections 20154 to 20157.  
31 Treatment may not be provided at a correctional institution,  
33 except for inmates.

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

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

49 6. Approved public treatment facility. The office may  
51 contract for the use of any facility as an approved public  
53 treatment facility, if the director considers this to be an  
55 effective and economical course.

57 §20152. Standards for public and private alcohol or drug abuse  
59 treatment facilities; enforcement procedures; penalties

61 1. Standards. The office shall establish standards that  
63 must be met for a treatment facility to be approved as a public  
65 or private treatment facility, and fix the fees to be charged by  
67 the office for the required inspections. The standards may  
69 concern only the health standards to be met and standards of  
71 treatment to be afforded patients. The standards of treatment may  
73 include provision for special education services for any  
75 exceptional children, as defined by Title 20-A, section 7001,  
77 subsection 2, residing in a facility, under Title 20-A, chapter  
79 303.

81 2. Inspection. The office periodically shall inspect and  
83 examine approved public and private treatment facilities,  
85 including books and accounts, at reasonable times and in a

1 reasonable manner. The office may at reasonable times enter to  
2 inspect and examine any approved public or private treatment  
3 facility which the office has reasonable cause to believe is  
4 operating in violation of this subchapter.

5  
6 3. List. The office shall maintain a list of approved  
7 public and private treatment facilities.

8  
9 4. File. Each approved public and private treatment  
10 facility shall file with the office on request data, statistics,  
11 schedules and information the office reasonably requires. An  
12 approved public or private treatment facility that without good  
13 cause fails to furnish any data, statistics, schedules or  
14 information as requested, or files fraudulent returns of that  
15 material, shall be removed from the list of approved treatment  
16 facilities.

17  
18 5. Procedures. Procedures for the amendment, modification,  
19 refusal to issue or renew, revocation or suspension of approval  
20 shall be as set forth by the Maine Administrative Procedure Act,  
21 chapter 375. In addition, the office may seek injunctive relief  
22 in the Superior Court for violation of this section.

23  
24 6. Refusal of consent prohibited. No approved public or  
25 private treatment facility may refuse consent to inspection or  
26 examination under this section by the office.

27  
28 **§20153. Acceptance for treatment of alcoholics and intoxicated**  
29 **persons; rules**

30  
31 The office shall adopt rules for acceptance of persons into  
32 the treatment program, considering available treatment resources  
33 and facilities, for the purpose of early and effective treatment  
34 of alcoholics and intoxicated persons.

35  
36 In establishing the rules, the office shall be guided by the  
37 following standards.

38  
39 1. Voluntary basis. If possible, a patient shall be  
40 treated on a voluntary rather than an involuntary basis.

41  
42 2. Initial assignment. A patient shall be initially  
43 assigned or transferred to outpatient or intermediate treatment,  
44 unless the patient is found to require inpatient treatment.

45  
46 3. Denial of treatment. A person may not be denied  
47 treatment solely because that person has withdrawn from treatment  
48 against medical advice on a prior occasion or has relapsed after  
49 earlier treatment.

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

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

9           6. Denial of treatment services. No person, firm or  
10 corporation licensed by the Department of Human Services as an  
11 alcohol or drug treatment facility, under section 20252, to  
12 provide shelter or detoxification service, and which receives any  
13 funds administered by the office, may deny treatment to any  
14 person because of that person's inability or failure to pay any  
15 assessed fees.

17           §20154. Voluntary treatment of alcoholics

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

25           2. Determination. Subject to rules adopted by the office,  
26 the administrator in charge of an approved public treatment  
27 facility may determine who shall be admitted for treatment. If a  
28 person is refused admission to an approved public treatment  
29 facility, the administrator, subject to rules adopted by the  
30 office, shall refer the person to another approved public  
31 treatment facility for treatment if possible and appropriate.

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

42           4. Discharge. If a patient leaves an approved public  
43 treatment facility, with or against the advice of the  
44 administrator in charge of the facility, the office shall make  
45 reasonable provisions for that patient's transportation to  
46 another facility or to the patient's home. If that person has no  
47 home, the patient shall be assisted in obtaining shelter. If the  
48 patient is a minor or an incompetent person, the request for  
49 discharge from an inpatient facility shall be made by a parent,  
50 legal guardian or other legal representative or by the minor or  
51 the patient.

1 incompetent, if the minor or incompetent was the original  
2 applicant.

3  
4 **§20155. Treatment and services for intoxicated persons and**  
5 **persons incapacitated by alcohol**

6  
7 1. Intoxicated person. An intoxicated person may come  
8 voluntarily to an approved public treatment facility for  
9 emergency treatment. The police or the emergency service patrol  
10 may assist a person who appears to be intoxicated and to be in  
11 need of help, if that person consents, to an approved public  
12 treatment facility, to an approved private treatment facility or  
13 another health facility or to the person's home.

14  
15 2. Incapacitated person. The police or emergency service  
16 patrol shall take into protective custody a person who appears to  
17 be incapacitated by alcohol, and immediately take the person to  
18 an approved public treatment facility for emergency treatment.  
19 If no approved public treatment facility is readily available,  
20 that person shall be taken to an emergency medical service  
21 customarily used for incapacitated persons. The police or the  
22 emergency service patrol, in detaining the person and in taking  
23 that person to an approved public treatment facility, is taking  
24 that person into protective custody and shall make every  
25 reasonable effort to protect that person's health and safety. In  
26 taking the person into protective custody, the detaining officer  
27 may take reasonable steps for self-protection. A taking into  
28 protective custody under this section is not an arrest. No entry  
29 or other record may be made to indicate that the person has been  
30 arrested or charged with a crime.

31  
32 3. Voluntary commitment. A person who comes voluntarily or  
33 is brought to an approved public treatment facility shall be  
34 examined by a licensed physician immediately. That person may  
35 then be admitted as a patient or referred to another health  
36 facility. The referring approved public treatment facility shall  
37 arrange for that person's transportation.

38  
39 4. Length of stay. A person, who by medical examination is  
40 found to be incapacitated by alcohol at the time of admission or  
41 to have become incapacitated at any time after admission, may not  
42 be detained at the facility once that person is no longer  
43 incapacitated by alcohol, or if that person remains incapacitated  
44 by alcohol for more than 48 hours after admission as a patient,  
45 unless committed under section 20156. A person may consent to  
46 remain in the facility as long as the physician in charge  
47 believes appropriate.

48  
49 5. Shelter. A person who is not admitted to an approved  
50 public treatment facility and is not referred to another health  
51 facility may be taken home. If that person has no home, the

1 approved public treatment facility shall provide assistance in  
2 obtaining shelter.

3  
4 6. Notification. If a patient is admitted to an approved  
5 public treatment facility, the family or next of kin shall be  
6 notified as promptly as possible. If an adult patient who is not  
7 incapacitated requests that there be no notification, the request  
8 shall be respected.

9  
10 7. Official duty. The police or members of the emergency  
11 service patrol who act in compliance with this section are acting  
12 in the course of their official duty and are not criminally or  
13 civilly liable.

14  
15 8. Further diagnosis and voluntary treatment. If the  
16 administrator in charge of the approved public treatment facility  
17 determines it is for the patient's benefit, the patient shall be  
18 encouraged to agree to further diagnosis and appropriate  
19 voluntary treatment.

20 §20156. Emergency commitment of an incapacitated or  
21 intoxicated person

22  
23  
24 1. Commitment. An intoxicated person who has threatened,  
25 attempted or inflicted physical harm on another and is likely to  
26 inflict physical harm on another unless committed, or is  
27 incapacitated by alcohol, may be committed to an approved public  
28 treatment facility for emergency treatment.

29  
30  
31 2. Application for commitment. The spouse, guardian or  
32 relative of the person to be committed may make a written  
33 application to commit the person to an approved public treatment  
34 facility, stating:

35 A. The applicant's belief that:

36  
37 (1) The intoxicated person has threatened, attempted  
38 or inflicted physical harm on another and is likely to  
39 inflict physical harm on another unless committed; or

40  
41 (2) The person is incapacitated by alcohol. A refusal  
42 to undergo treatment does not in itself constitute  
43 evidence of lack of judgment as to the need for  
44 treatment; and

45  
46 B. The grounds for this belief.

47  
48 3. Certifying examination. The written application must be  
49 accompanied by a dated certificate, signed by a licensed  
50 physician, stating:



1           A. The physician has examined the person on the date of the  
3           certificate, which date may not be more than 2 days before  
            the date of admission to the approved public treatment  
            facility; and

5  
7           B. The physician is of the opinion that:

9                   (1) The intoxicated person has threatened, attempted  
                    or inflicted physical harm on another and is likely to  
11                   inflict physical harm on another unless committed; or

13                   (2) The person is incapacitated by alcohol.

15           A physician employed by the admitting facility or the office  
17           is not eligible to be the certifying physician. The  
            certifying physician must be someone other than the person  
            making the written application for commitment.

19           4. Judicial review. The application and accompanying  
21           certificate must be reviewed by a Justice of the Superior Court,  
            a Judge of the District Court, a Judge of Probate or a complaint  
23           justice.

25                   A. If the judge or justice finds the application and  
                    accompanying certificate to be regular and in accordance  
27                   with the law, the judge or justice shall endorse them.

29                   B. Except in the following case, no person may be held  
                    against that person's will in the approved public treatment  
31                   facility under this section, whether voluntarily admitted  
                    under section 20154 or sought to be involuntarily committed  
33                   under this section, unless the application and certificate  
                    have been endorsed by a judge or justice. A person for whom  
35                   a physician has executed the certificate under subsection 3  
                    may be detained in an approved public treatment facility for  
37                   a reasonable period of time, not to exceed 18 hours, pending  
                    endorsement by a judge or justice, if:

39                           (1) For a person voluntarily admitted under section  
                            20154, the administrator of the approved public  
41                           treatment facility undertakes to secure the endorsement  
                            immediately upon execution of the certificate by the  
43                           physician; or

45                           (2) For a person sought to be involuntarily committed  
                            under this section, the person or persons transporting  
47                           the person to the approved public treatment facility  
                            undertake to secure the endorsement immediately upon  
49                           execution of the certificate by the physician.

51           5. Discharge. When on the advice of the medical staff the  
            administrator determines that the grounds for commitment no

1 longer exist, the administrator shall discharge a person  
2 committed under this section. No person committed under this  
3 section may be detained in any treatment facility for more than 5  
4 days. If a petition for involuntary commitment under section  
5 20157 has been filed within the 5 days and the administrator in  
6 charge of an approved public treatment facility finds that  
7 grounds for emergency commitment still exist, the administrator  
8 may detain the person until the petition has been heard and  
9 determined, but no longer than 10 days after filing the petition.

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

17 §20157. Involuntary commitment of alcoholics or  
18 incapacitated persons

21 1. Commitment. A person may be committed to the custody of  
22 the office by the District Court upon the petition of a spouse or  
23 guardian, relative or the administrator in charge of any approved  
24 public treatment facility.

25 2. Petition for commitment. The spouse or guardian of the  
26 person, or the administrator in charge of any approved public  
27 treatment facility shall file a petition with the District Court  
28 alleging that:

31 A. The person is an alcoholic and has threatened, attempted  
32 or inflicted physical harm on another and unless committed  
33 is likely to inflict physical harm on another; or

35 B. The person is incapacitated by alcohol. A refusal to  
36 undergo treatment does not in itself constitute evidence of  
37 lack of judgment as to the need for treatment.

39 3. Certifying examination. The petition must be  
40 accompanied by a dated certificate, signed by a licensed  
41 physician, stating:

43 A. The physician has examined the person on the date of  
44 the certificate, which date may not be more than 2 days  
45 before submission of the petition, unless the person whose  
46 commitment is sought has refused to submit to a medical  
47 examination, in which case the fact of refusal must be  
48 alleged in the petition; and

49 B. The physician's findings that:  
50

51

1           (1) The person is an alcoholic and has threatened,  
3           attempted or inflicted physical harm on another and  
              unless committed is likely to inflict physical harm on  
5           another; or

7           (2) The person is incapacitated by alcohol.

9           A physician employed by the admitting facility or the office is  
11           not eligible to be the certifying physician. The certifying  
              physician must be someone other than the person bringing the  
              petition.

13           4. Hearing date set; notice. Upon receipt of the petition,  
15           the court shall fix a date for a hearing no later than 10 days  
17           after the date the petition was filed. A copy of the petition  
19           and of the notice of the hearing, including the date fixed by the  
21           court, shall be served on the petitioner, the person whose  
23           commitment is sought, next of kin other than the petitioner, a  
              parent or a legal guardian, the administrator in charge of the  
              approved public treatment facility to which the person 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.

25           5. Hearing. At the hearing, the court shall hear all  
27           relevant testimony, including, if possible, the testimony of at  
29           least one licensed physician who has examined the person whose  
31           commitment is sought. The person shall be present, unless the  
33           court believes that the person's presence is likely to be  
35           injurious to that person. In this event, the court shall appoint  
37           a guardian ad litem to represent the person throughout the  
39           proceeding. The court shall examine the person in open court, or  
41           if advisable, shall examine the person out of court. If the  
              person has refused to be examined by a licensed physician, the  
              person shall be given an opportunity to be examined by a  
              court-appointed licensed physician. If the person 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 that person to the office for a period of not more  
              than 5 days for purposes of a diagnostic examination.

43           6. Findings. If, after hearing all relevant evidence,  
45           including the results of any diagnostic examination by the  
47           office, the court finds that grounds for involuntary commitment  
49           have been established by clear and convincing proof, it shall  
51           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 and the  
              treatment is likely to be beneficial.

1           7. Custody. A person committed under this section shall  
2 remain in the custody of the office for treatment for a period of  
3 30 days unless sooner discharged.

5           8. Recommitment. A person committed under this section may  
6 be recommitment.

7  
8           A. At the end of the 30-day commitment period under  
9 subsection 7, the person shall be discharged automatically,  
10 unless the office before expiration of the period files a  
11 petition for a court order for recommitment upon the grounds  
12 set forth in subsection 2 for a further period of 90 days,  
13 unless sooner discharged. If a person has been committed as  
14 an alcoholic likely to inflict physical harm on another, the  
15 office shall apply for recommitment, if after examination it  
16 is determined that the likelihood still exists.

17  
18           B. A person recommitment under paragraph A who has not been  
19 discharged by the office before the end of the 90-day period  
20 shall be discharged at the expiration of that period, unless  
21 the office before expiration of the period files a petition  
22 for a court order on the grounds set forth in subsection 2  
23 for recommitment for a further period not to exceed 90  
24 days. If a person has been committed as an alcoholic likely  
25 to inflict physical harm on another, the office shall apply  
26 for recommitment if after examination it is determined that  
27 the likelihood still exists. Only 2 recommitment orders  
28 under this subsection are permitted.

29  
30           9. Petition for recommitment. Upon the filing of a  
31 petition for recommitment under subsection 8, the court shall fix  
32 a date for hearing no later than 10 days after the date the  
33 petition was filed. A copy of the petition and of the notice of  
34 hearing, including the date fixed by the court, shall be served  
35 on the petitioner, the person whose commitment is sought, next of  
36 kin other than the petitioner, the original petitioner under  
37 subsection 2, if different from the petitioner for recommitment,  
38 one parent or a legal guardian and any other person the court  
39 believes advisable. At the hearing the court shall proceed as  
40 provided in subsection 5.

41  
42           10. Treatment. The office shall provide for adequate and  
43 appropriate treatment of a person committed to its custody. The  
44 office may transfer a person committed to its custody from one  
45 approved public treatment facility to another, if transfer is  
46 medically advisable.

47  
48           11. Discharge. A person committed to the custody of the  
49 office for treatment shall be discharged at any time before the  
50 end of the period for which that person has been committed if  
51 either of the following conditions is met:

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

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

10           12. Right to contest; counsel; medical examination. The  
11           court shall inform the person whose commitment or recommitment is  
12           sought of the rights to contest the application, to be  
13           represented by counsel at every stage of any proceedings relating  
14           to commitment and recommitment and to have counsel appointed by  
15           the court or provided by the court, if that person wants the  
16           assistance of counsel and is unable to obtain counsel. If the  
17           court believes that the person needs the assistance of counsel,  
18           the court shall require counsel, by appointment if necessary,  
19           regardless of that person's wishes. The person whose commitment  
20           or recommitment is sought shall be informed of the right to be  
21           examined by a licensed physician of that person's choice. If the  
22           person is unable to obtain a licensed physician and requests  
23           examination by a physician, the court shall employ a licensed  
24           physician.

25           13. Private treatment facility. If an approved treatment  
26           facility agrees with the request of a competent patient or a  
27           relative or guardian of a patient to accept the patient for  
28           treatment, the administrator of the approved treatment facility  
29           to which the patient has been admitted shall transfer the patient  
30           to the accepting approved treatment facility.

31           14. Habeas corpus. A person committed under this  
32           subchapter may at any time seek to be discharged from commitment  
33           by writ of habeas corpus.

34           15. Venue for proceedings. The venue for proceedings under  
35           this section is the place in which the person to be committed  
36           resides or is present.

37           §20158. Records

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

41           2. Information for research. Notwithstanding subsection 1,  
42           the director may make available information from patients'  
43           records for purposes of research into the causes and treatment of  
44           alcoholism and drug abuse. Information under this subsection

1 shall not be published in a way that discloses patients' names or  
2 other identifying information.

3

4 **§20159. Visitation and communication of patients**

5

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

12

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

18

19 3. Restrictions. Except as provided in this subsection,  
20 the office shall permit the patient to exercise all civil rights,  
21 including, but not limited to, civil service status, the right to  
22 vote, rights relating to the granting, renewal, forfeiture or  
23 denial of a license, permit, privilege or benefit under any law,  
24 and the right to enter contractual relationships and to manage  
25 the patient's property.

26

27 A. The office may place restrictions on the patient's civil  
28 rights if the office determines that it is necessary for the  
29 medical welfare of the patient to impose restrictions.

30

31 B. The office may not impose restrictions if the patient  
32 has been restored to legal capacity, except where the  
33 person's legal capacity is specifically restricted by other  
34 statute or regulation.

35

36 C. The office may not impose restrictions solely because  
37 the person's admission to a mental hospital.

38

39 **§20160. Emergency service patrol; establishment; rules**

40

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

49

50 2. Rules. The office shall adopt rules for the  
51 establishment, training and conduct of emergency service patrols.



1           The Division of Driver Education Evaluation shall administer  
2           the alcohol and other drug education, evaluation and treatment  
3           program. The division shall certify to the Secretary of State:

5           1. Administration of Driver Education Evaluation Program.  
6           Those individuals who have satisfactorily completed the program  
7           prescribed by section 20203; and

9           2. Administration of nondriver education evaluation  
10           program. Those individuals who have satisfactorily completed the  
11           requirements of this subchapter by satisfying the requirement for  
12           completion of treatment as defined in section 20002, subsection  
13           7, by means other than the program prescribed by section 20202.

15           §20202. Program components

17           1. First offenders; adult. The alcohol and other drug  
18           education, evaluation and treatment program required for clients  
19           without a previous alcohol or drug-related motor vehicle offense  
20           consists of education, assessment, evaluation and treatment  
21           components. All first offender clients are required to complete  
22           the education and assessment component unless otherwise provided  
23           by this subchapter. The following evaluation and treatment  
24           components may be required if necessary:

25                   A. The education component, consisting of at least 9 hours  
26                   of information utilizing films, lectures and discussion and  
27                   designed to educate the client about the effects of alcohol  
28                   and other drugs on behavior, especially behavior involving  
29                   the operation of a motor vehicle;

30                   B. The assessment component, utilizing an assessment  
31                   instrument, the client's driving record for the past 6  
32                   years, and an interview of up to one hour with the  
33                   instructor designed to make a preliminary assessment  
34                   regarding the extent of a client's alcohol or other drug use  
35                   or abuse or potential for abuse. A client may be referred  
36                   for further evaluation based on the results of the  
37                   preliminary assessment;

38                   C. The evaluation component, designed to identify abusers  
39                   of alcohol and other drugs. If the evaluation indicates  
40                   that treatment for alcohol or other drug abuse is needed,  
41                   the client will be referred to the appropriate alcohol or  
42                   other drug treatment service; and

43                   D. The treatment component, designed to address the  
44                   client's specific problem with or abuse of alcohol or other  
45                   drugs.

46           2. First offenders under 21 years of age. First offenders  
47           under 21 years of age shall attend the Driver Education



1 Evaluation Program - Teen program. The Driver Education  
2 Evaluation Program - Teen program consists of the following  
3 elements.

4 A. The education component is a program of at least 10  
5 hours during which clients receive education, especially  
6 designed for the age group, on substance use, abuse and  
7 addiction. Education is provided through a group discussion  
8 process which includes segments on values clarification,  
9 peer pressure the decision making.

10 B. The assessment component is designed to make a  
11 preliminary assessment regarding the extent of a client's  
12 alcohol or other drug use or abuse or potential for abuse.  
13 A client may be referred for further evaluation based on the  
14 results of the preliminary assessment.

15 C. The evaluation component is designed to identify abusers  
16 of alcohol and other drugs. If the evaluation indicates  
17 that treatment for alcohol or other drug abuse is needed,  
18 the client will be referred to the appropriate alcohol or  
19 other drug treatment service.

20 D. The treatment component is designed to address the  
21 client's specific problem with or abuse of alcohol or other  
22 drugs.

23 3. Multiple offenders; adult. The education, evaluation  
24 and treatment program required for adult multiple offenders  
25 consists of the following components:

26 A. A rigorous, highly structured, residential intervention  
27 program, consisting of at least 22 hours, utilizing films,  
28 lectures, group discussion and individual sessions, designed  
29 to educate the client on the effects of substance use, abuse  
30 and addiction and an evaluation utilizing assessment  
31 instruments, data collection and self assessment, designed  
32 to create an acceptance and commitment by the client for  
33 treatment; and

34 B. A treatment program provided by a community-based  
35 service provider, if indicated, designed to address the  
36 client's specific alcohol or other drug problem and abuse,  
37 using a treatment plan based on the completion of treatment  
38 guidelines adopted by the office.

39 The division may require completion of the first offender program  
40 to satisfy the requirements of the multiple offender program if  
41 an approved multiple offender program is unavailable for the  
42 client. In such cases, the fee schedule for the first offender  
43 program under section 20205 applies.

1           4. Multiple offenders under 21 years of age. Multiple  
2           offenders under 21 years of age shall attend the alcohol and  
3           other drug education, evaluation and treatment program for adult  
4           multiple offenders under subsection 3.

5           **§20203. Separation of evaluation and treatment functions**

6           1. Prohibition. A Driver Education Evaluation Program  
7           private practitioner or a counselor employed by a substance abuse  
8           facility approved or licensed by the office providing services  
9           under this chapter may not provide both treatment services and  
10           evaluation services for the same individual participating in  
11           programs under this chapter. The practitioner or counselor  
12           providing evaluation services shall give a client the name of 3  
13           practitioners or counselors who can provide treatment services,  
14           at least one of whom must not be employed by the same agency as  
15           the practitioner or counselor conducting the evaluation.

16           **§20204. Certification; recertification**

17           All providers of the evaluation, intervention and treatment  
18           components of the program must be certified by the office. The  
19           certification period for individual providers is 3 years and 2  
20           years for agencies. The office shall adopt rules requiring  
21           continuing education for recertification.

22           **§20205. Fees**

23           1. First offense program. The office may charge a  
24           registration fee, not to exceed \$105, to clients for the  
25           education and assessment components of the program. This fee  
26           shall be transferred to the General Fund. The client is  
27           responsible for the costs of the evaluation and treatment  
28           components. The office may waive all or part of the fee for  
29           clients who provide sufficient evidence of inability to pay.

30           2. Multiple offender program. The fees and costs for the  
31           multiple offender program are as follows.

32           A. The office may charge a registration fee, not to exceed  
33           \$350, to clients for the expenses of the intervention  
34           program, including the initial evaluation. This fee shall  
35           be transferred to the General Fund.

36           B. The client is responsible for any costs associated with  
37           2nd and subsequent evaluations or treatment which are not a  
38           part of the cost in paragraph A.

39           C. The office may waive all or part of the fee for clients  
40           who provide sufficient evidence of inability to pay.

1  
3 §20206. Board of appeals

5 1. The Driver Education Evaluation Program Appeals Board.  
7 The Driver Education Evaluation Program Appeals Board,  
established by section 12004-G, subsection 15-A, shall be  
referred to as the "board" in this subchapter.

9 2. Qualifications. Each member of the board shall have  
11 training, education, experience and demonstrated ability in  
13 successfully treating clients with substance abuse problems.  
Board members may not hold a current certificate to provide  
driver education evaluation and treatment services during their  
terms of appointment.

15 3. Appointment; term; removal. The board shall consist of 3  
17 members appointed by the Governor for 2-year terms, except that,  
19 initially, 2 members shall be appointed for 2-year terms and one  
21 member for a one-year term. A vacancy occurring prior to the  
expiration of a term shall be filled by an appointment for the  
unexpired term. Members may be removed by the Governor for cause.

23 4. Facilities; staff. The office shall provide adequate  
25 facilities for the board and shall provide staff support.

27 5. Chair; rules. The board shall annually elect a member  
to chair the board. The office shall adopt rules to carry out  
the purpose of this section.

29 6. Compensation. Each member of the board shall be  
31 compensated in accordance with the Maine Administrative Procedure  
Act, chapter 379.

33 7. Appeal from decision. A Driver Education Evaluation  
35 Program client may appeal to the board as follows.

37 A. The client may appeal a failure to certify completion of  
39 treatment under section 20201, subsection 2.

41 B. The client may appeal an evaluation decision referring a  
43 client to treatment or a completion of treatment decision  
45 under section 20202. A client may only appeal under this  
paragraph after the client had sought a 2nd opinion of the  
need for treatment or of satisfactory completion of  
treatment.

47 8. Appeal procedure and action. An appeal shall be heard  
49 and decided by one board member. The board may affirm or reverse  
51 the decision of the treatment provider or agency, require further  
evaluation, make a finding of completion of treatment or make an  
53 alternate recommendation. The board, after due consideration,  
shall make a written decision and transmit that decision to the  
Division of Driver Education Evaluation and the client who  
appealed the case. The decision of the board is final agency

1 action for purposes of judicial review under the Maine  
3 Administrative Procedure Act, chapter 375, subchapter VII.

5 §20207. Subchapter repealed

7 This subchapter is repealed August 1, 1990.

9 SUBCHAPTER VI

11 LICENSING DRUG TREATMENT CENTERS

13 §20251. License required

15 No person, firm, corporation or association may operate any  
17 drug treatment center without having, subject to this chapter and  
19 to the rules adopted by the office under this chapter, a written  
21 license for a drug treatment center from the office.

23 §20252. Issuance of license

25 1. Types of license. The office shall issue the following  
27 types of licenses.

29 A. The office shall issue a provisional license to an  
31 applicant who:

33 (1) Has not previously operated the facility for which  
35 the application is made or was licensed but the license  
37 has expired;

39 (2) Complies with all applicable laws and rules; and

41 (3) Demonstrates the ability to comply with all  
43 applicable laws and rules by the end of the provisional  
45 license term.

47 B. The office shall issue a full license to an applicant  
49 who complies with all applicable laws and rules.

51 C. The office may issue a conditional license when the  
individual or agency fails to comply with applicable laws  
and rules and, in the judgment of the office, the best  
interest of the public would be served by issuing a  
conditional license. The conditional license must specify  
when and what corrections must be made during the term of  
the conditional license.

2. Term of license. Terms of licenses are as follows.

A. The office shall determine the appropriate term for a  
provisional license, to be no less than 3 months and no  
longer than 12 months.

1  
3 B. The office shall issue a full license for a term of either one or 2 years.

5 C. The office shall issue a conditional license for a specific period, not to exceed one year, or the remaining  
7 period of the existing full license, whichever the office determines appropriate based on the laws and rules violated.

9  
11 D. Regardless of the term of the license, the office shall monitor for continued compliance with applicable laws and rules on at least an annual basis.

13  
15 3. Failure to comply with applicable laws and rules. In taking action under this subsection, the office shall notify the licensee of the opportunity to request an administrative hearing or shall file a complaint with the Administrative Court in accordance with the Maine Administrative Procedure Act, chapter  
17 375.

19  
21 A. When an applicant fails to comply with applicable laws and rules, the office may refuse to issue or renew the license.

23  
25 B. If, at the expiration of a full or provisional license or during the term of a full license, the facility fails to  
27 comply with applicable laws and rules and, in the judgment of the office, the best interest of the public would be  
29 served, the office may issue a conditional license or change a full license to a conditional license. Failure of the  
31 conditional licensee to meet the conditions specified by the office shall permit the office to revoke the conditional  
33 license or refuse to issue a full license. The conditional license is revoked when the office has delivered in hand or  
35 by certified mail a written notice to the licensee or, if the licensee cannot be reached for service in hand or by  
37 certified mail, has left written notice at the agency or facility. For the purposes of this subsection the term  
39 "licensee" means the person, firm, corporation or association to whom a conditional license has been issued.

41  
43 C. Whenever, upon investigation, conditions are found which, in the opinion of the office, immediately endanger  
45 the health or safety of persons living in or attending a facility, the office may request the Administrative Court for an emergency suspension under to Title 4, section 1153.

47  
49 D. Any license issued under this subchapter may be suspended or revoked for violation of applicable laws and  
51 rules, committing, permitting, aiding or abetting any illegal practices in the operation of the facility or

1 conduct or practices detrimental to the welfare of persons  
2 living in or attending the facility.

3  
4 Except as provided in paragraph B, when the office believes  
5 that a license should be suspended or revoked, it shall file  
6 a complaint with the Administrative Court as provided in the  
7 Maine Administrative Procedure Act, chapter 375.

8  
9 4. Subsequent application for a full license. After any of  
10 the following actions, a subsequent application for a full  
11 license may be considered by the office when the deficiencies  
12 identified by the office have been corrected:

13 A. Issuance of a conditional license;

14 B. Refusal to issue or renew a full license;

15 C. Revocation or suspension of a full license; or

16 D. Refusal to issue a provisional license.

17  
18  
19  
20  
21 5. Appeals. Any person aggrieved by the office's decision  
22 to take any of the following actions, may request an  
23 administrative hearing, as provided by the Maine Administrative  
24 Procedure Act, chapter 375:

25  
26  
27 A. Issue a conditional license;

28 B. Amend or modify a license;

29  
30 C. Revoke a conditional license;

31 D. Refuse to issue or renew a full license; or

32 E. Refuse to issue a provisional license.

33  
34  
35  
36  
37 **§20253. Right of entry**

38 The office has the right of entry to any facility licensed  
39 under this chapter, at any reasonable time in order to determine  
40 whether the facility is in compliance with applicable laws and  
41 rules.

42  
43 To inspect any facility which the office knows or believes  
44 is operated without a license, the office may enter only with the  
45 permission of the owner or person in charge or with a search  
46 warrant from the District Court authorizing entry and inspection.

47  
48 Any application for a license under this chapter shall  
49 constitute permission for entry and inspection to verify  
50 compliance with applicable laws and rules.  
51



1           3. Technical assistance. The office, through its  
2 supervisors and consultants, shall offer technical assistance to  
3 public and approved private schools and cooperating  
4 community-based organizations to aid in the establishment and  
5 implementation of school-based substance abuse programs and  
6 health education curricula.

7  
8           4. Information collection and sharing. The office may  
9 gather information about substance abuse prevention and  
10 intervention programs initiated by state or federal agencies  
11 whose efforts are directed toward private and public schools of  
12 the State, for the purpose of sharing that information with  
13 school administrative units.

14           Sec. 5. 20-A MRSA §§6604 and 6605, as enacted by PL 1987, c.  
15 395, Pt. A, §70, are repealed.

16           Sec. 6. 22 MRSA sub-t. 4, Pt. 3, as amended, is repealed.

17  
18           Sec. 7. 22 MRSA §7801, sub-§1, ¶B, as repealed and replaced by  
19 PL 1983, c. 386, §1, is repealed.

20           Sec. 8. 22 MRSA §7802, sub-§2, ¶B, as amended by PL 1983, c.  
21 602, §1, is further amended to read:

22           B. The terms of full licenses or approvals shall be as  
23 follows.

24           (1) Except as provided in subparagraphs (2) and (3),  
25 the term of all full licenses and approvals issued  
26 pursuant to this chapter shall be for one year.

27           (2) The term of a residential child care facility  
28 license shall be for 2 years.

29           ~~(3)--The term of a drug treatment center license may be~~  
30 ~~for either one or 2 years.~~

31           Sec. 9. 22 MRSA §8101, sub-§4, ¶C, as enacted by PL 1981, c.  
32 260, §4, is amended to read:

33           C. A drug treatment center under ~~section 8001~~ Title 5,  
34 section 20002, subsection 18;

35           Sec. 10. 29 MRSA §1319 is enacted to read:

36           §1319. Report on operating-under-the-influence laws

37  
38           1. Department of Public Safety. The Department of Public  
39 Safety shall make a separate written report to the Chief Justice  
40 of the Supreme Judicial Court, the Governor and the Legislature  
41 not later than May 1st of each year on the enforcement of laws  
42



1 relating to drinking and driving during the preceding calendar  
2 year. The report must contain at least the following information:

3  
4 A. The number, by county, of arrests for attempting to or  
5 operating under the influence;

6  
7 B. The number, by county, of revocations of implied consent  
8 for each category of offense;

9  
10 C. The number and percentage, by court, of convictions;  
11 guilty pleas to lesser charges; dismissals; and not guilty  
12 for these offenses, for each category of offense;

13  
14 D. The number and percentages of successful completions of  
15 the Driver Education Evaluation Program;

16  
17 E. The number and percentages, by court, of persons whose  
18 licenses were suspended; who were fined; and who spent time  
19 in jail, for each category of offense;

20  
21 F. The minimum, maximum and average fine, jail sentence and  
22 period of license suspension, by court, for each category of  
23 operating-under-the-influence offense;

24  
25 G. The number and percentages, by court, of convictions for  
26 operating after suspension and for being a habitual  
27 offender; guilty pleas to lesser charges; dismissals; and  
28 not guilty findings;

29  
30 H. The minimum, maximum and average fine, jail sentence and  
31 period of license suspension for operating after suspension  
32 and for being a habitual offender, by court; and

33  
34 I. Other items that are considered important to the review  
35 of the enforcement of the laws relating to drinking and  
36 driving.

37  
38 2. Assistance. The department may request assistance from  
39 the Office of Substance Abuse Services, the State Court  
40 Administrator, the office of the Secretary of State and the  
41 district attorneys in preparing these reports.

42 **Sec. 11. Effective date.** This Act shall take effect January 1,  
43 1990.

44  
45 **Sec. 12. Transition.** The following provisions apply to the  
46 creation of the Office of Substance Abuse Services and the  
47 transfer of all existing state substance abuse prevention and  
48 treatment programs to the office.

49  
50 1. Notwithstanding the provisions of the Maine Revised  
51 Statutes, Title 5, all accrued expenditures, assets, liabilities,

1 balances of appropriations, transfers, revenues or other  
3 available funds in an account or subdivision of an account of the  
Department of Human Services, Office of Alcohol and Drug Abuse  
5 Prevention, shall be transferred to the proper place under this  
Act by the State Controller on the request of the State Budget  
7 Officer, and with the approval of the Governor.

9 2. Notwithstanding the provisions of the Maine Revised  
Statutes, Title 5, all accrued expenditures, assets, liabilities,  
11 balances of appropriations, transfers, revenues or other  
available funds in an account or subdivision of an account of the  
13 Alcohol and Drug Planning Committee, shall be transferred to the  
proper place under this Act by the State Controller on the  
15 request of the State Budget Officer, and with the approval of the  
Governor.

17 3. All agreements, leases, contracts or licenses, issued  
under the Maine Revised Statutes, Title 22, Subtitle 4, Part 3,  
19 prior to the effective date of this Act shall continue to be  
valid under the terms of issuance until they expire or are  
21 rescinded, amended or revoked.

23 4. This Act shall have no effect on the terms of  
appointment of members of the Maine Council on Alcohol and Drug  
25 Abuse Prevention and Treatment.

27 5. This Act shall have no effect on the terms of  
appointment of the members of the Driver Education and Evaluation  
29 Program Appeals Board.

31 6. Employees of the Alcohol and Drug Planning Committee,  
the Office of Alcoholism and Drug Abuse Prevention, the  
33 Department of Corrections, the Department of Mental Health and  
Mental Retardation or the Department of Educational and Cultural  
35 Services who are transferred to the Office of Substance Abuse  
Services shall be subject to the provisions of this subsection.

37 A. The employees shall retain their accrued fringe  
39 benefits, including vacation and sick leave, health and life  
insurance, and retirement benefits.

41 B. The employees who are members of collective bargaining  
43 units on the effective date of this Act shall remain as  
members in their respective bargaining units and retain all  
45 rights, privileges and benefits provided by the collective  
bargaining agreements in the respective collective  
47 bargaining units with respect to employment in State service  
until October 1, 1991, while employed with the Office of  
49 Substance Abuse Services.

1 C. The employees who are members of collective bargaining  
2 units may remain as members of the Maine State Retirement  
3 System.

5 D. The Bureau of Human Resources shall assist the Office of  
6 Substance Abuse Services with the orderly implementation of  
7 these provisions.

9

11

### STATEMENT OF FACT

13

14 Various alcohol and substance abuse prevention and treatment  
15 services are currently administered by the Department of Human  
16 Services, the Department of Corrections, the Department of Mental  
17 Health and Mental Retardation and the Department of Educational  
18 and Cultural Services. In addition, the Alcohol and Drug  
19 Planning Committee serves a planning and coordinating function,  
20 and the Maine Council on Alcohol and Drug Abuse Prevention and  
21 Treatment serves in an advisory capacity to the executive and  
22 legislative branches of State Government.

23

24 This bill establishes the Office of Substance Abuse Services  
25 within the Executive Department as the sole agency within State  
26 Government planning, coordinating and administering Maine's  
27 substance abuse prevention and treatment efforts. All current  
28 state program authority and appropriations related to substance  
29 abuse prevention, treatment and education are transferred to the  
30 Office of Substance Abuse Services. The new agency has the  
31 authority to unify the fragmented system which currently exists,  
and to develop a comprehensive and coordinated system of  
substance abuse prevention and treatment services for Maine.