DRUG ABUSE

PREVENTION

Report to

The Governor

and the

Legislature

December 1973

MAINE COMMISSION ON DRUG ABUSE

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STATE OF MAINE
DEPARTMENT OF HEALTH AND WELFARE
AUGUSTA

DEAN FISHER, M. D.
COMMISSIONER

ADDRESS REPLY TO:
32 Winthrop Street
Augusta, Maine 04330
207-289-2141

March 28, 1974

Dear Representative:

Attached is the final Report to the Governor and Legislature of the Maine Commission on Drug Abuse. On January 1, 1974, the Maine Commission on Drug Abuse merged with the Division of Alcoholism Services to become the Office of Alcoholism and Drug Abuse Prevention in the Bureau of Rehabilitation, Department of Health and Welfare.

We have also included a copy of "Drug Abuse and the Maine Criminal Justice System", which contains the results of a survey conducted in the summer and fall of 1973. The purpose of this attitude survey was to provide background information for future legislative proposals in the area of drug abuse prevention.

We hope that you find this information useful. If you have questions or comments on the reports, please do not hesitate to contact us.

Sincerely,

Marilyn L. McInnis

Marilyn L. McInnis, Director
Office of Alcoholism and Drug
Abuse Prevention
Bureau of Rehabilitation

MLM/llk

STATE OF MAINE
DEPARTMENT OF HEALTH AND WELFARE
AUGUSTA

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DEAN FISHER, M. D.
COMMISSIONER

The Honorable Kenneth M. Curtis
Governor of the State of Maine
State House
Augusta, Maine 04330

Dear Governor Curtis:

On behalf of the Maine Commission on Drug Abuse, I submit the concluding report of this Commission.

Acting in its capacity as the single State Agency for drug abuse prevention, the Maine Commission on Drug Abuse has assisted in the development of a system of community based services for drug abusers. We believe that the Commission has contributed significantly to the increased awareness of the needs of Maine's drug abusing population.

Under the recently enacted Public Laws of 1973, Chapter 566, the Maine Commission on Drug Abuse will merge on January 1, 1974 with the Division of Alcoholism Services to become the Office of Alcoholism and Drug Abuse Prevention in the Bureau of Rehabilitation, Department of Health and Welfare. Preparation for the merger began in August when the Commission joined the Bureau of Rehabilitation. Full cooperation of all individuals involved has resulted in a successful integration of the on-going functions of the two agencies.

It was indeed a great pleasure to have served as the Executive Director of this Commission during its two year span of operations. The staff of the Commission is proud to have helped in the establishment of the joint State alcoholism and drug abuse authority.

Sincerely yours,

Richard W. Carbonneau

Richard W. Carbonneau
Executive Director
Maine Commission on Drug Abuse

RWC/llk

Attachment

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MEMBERS OF THE MAINE COMMISSION ON DRUG ABUSE

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Mr. Gary Cook
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Representative: Ira Hymoff

Comprehensive Health Planning
Mark Knowles, Director
Representative: John Supranovich

Treatment and Rehabilitation

During the past year the Maine Commission on Drug Abuse staff have concentrated their efforts on assisting community based programs to obtain long-term funding and some degree of program stability. The award of federal funds to programs in Portland, Brunswick, Lewiston and Augusta has enabled the development of a comprehensive system of drug abuse prevention and treatment services.

The community organization involved in the development of the State Drug Abuse Plan resulted in a significant committment by Maine's community mental health systems to respond to the problems of drug abuse.

The Commission also worked with the Knox County Drug Abuse Council on the development of a IV-A contract through the Regional Office of the Bureau of Social Welfare. However, a change in federal funding guidelines led to the termination of the contract shortly after it was funded and, subsequently, the closing of the program. In response to the continuing need for Youth Services in the Rockland area, The Mid-Coast Mental Health Clinic, has applied to the Commission for funds to support a youth services specialist who would act as a liaison among schools, police and the mental health center.

There can be no perspective of accomplishment without a clear understanding of the Commission's role in educating the criminal justice community to the need for a simultaneous drug traffic prevention and drug abuse treatment effort within the law enforcement system. During the summer of 1973, Commission staff conducted an opinion and attitude survey of Police Chiefs, Sheriffs, County Attorneys and District Court Judges. The study report, "Drug Abuse and the Maine Criminal Justice System," should lessen the information gap between the law enforcement system and other segments of the community who are concerned about drug abuse.

Drug Rehabilitation, Inc.

In June 1973, the Maine Commission on Drug Abuse was awarded a rapid expansion contract from NIMH for the development of a daycare and residential drug treatment program in Portland. The Commission has contracted with Drug Rehabilitation, Inc. of Portland to provide these services.

Of Maine's three drug treatment programs only Drug Rehabilitation, Inc. (DRI), located in Portland, will offer both residential and day care services. DRI is the first residential drug treatment facility in the State designed to serve Maine clients. The program, funded by LEAA and an NIMH rapid expansion contract, will work with drug dependent individuals between the ages of 15 and 26. Priority will be given to referrals from police and courts in the southern Maine region.

DRI's proposed treatment program is a departure from the traditional therapeutic community approach which emphasized the use of ex-addicts and a long term (18-24 month) treatment program. The treatment program at DRI is intended to be short (3-6 months) and the emphasis will be on getting the client back into the community as soon as possible. Vocational and educational rehabilitation and intensive follow-up are important components of the program. Through its storefront on Pine Street (opened 10/15/73) and residence on Danforth Street, DRI can work with up to 15 clients in residence and 25 clients in day care. Under its present contract DRI has begun accepting clients for day care and expects to open the

residence by early December. The program staff is composed of three professionals, including the director, a half-time nurse, a part-time social work student and two resident counselors.

DRI will have 24 hour medical and psychiatric coverage through a contract with the Maine Medical Center's Community Mental Health Center.

DRI is attempting to meet a growing need in Southern Maine for day care drug free treatment. Referrals are coming from Community Mental Health Center.

DRI is attempting to meet a growing need in Southern Maine for day care drug free treatment. Referrals are coming from community mental health centers, Health and Welfare, individuals and the courts. It appears that this long awaited resource will be fully utilized within a very short time.

Licensing and Accreditation

Two bills enacted by the 106th Legislature, Public Laws of 1973, Chapters 566 and 164, control the certification and licensing of drug treatment programs.

Guidelines for licensing, which include fire safety, health and sanitary standards, are administered by the Division of Hospital Services of the Department of Health and Welfare. The newly created Office of Alcoholism and Drug Abuse Prevention will be responsible for establishing standards for the accreditation of drug treatment programs. The OADAP proposes to develop accreditation standards through a process that will include input from interested parties and that will insure standards flexible enough to accommodate a variety of treatment approaches.

Legislative

During the Regular Session of the 106th Legislature, the Maine Commission on Drug Abuse was engaged in researching and drafting numerous bills, offering and soliciting testimony at public hearings, dispensing relevant legal, medical and social information and performing other legislatively oriented functions required by law. The Commission's legislative involvement centered primarily on the following bills:

- L.D. 105 - An Act Appropriating Funds for the MCDA (Chap. 21 of P. & S. Laws)
- L.D. 205 - An Act Relating to the Rendering of Treatment and Services to Minors for Drug Abuse without Parental Consent (P.L., C. 145)
- L.D. 618 - An Act Relating to Probation and Expungement of Records for First-Time Possession of Marijuana Offenders
- L.D. 665 - An Act to Reestablish the Maine Commission on Drug Abuse (P.L., C. 566)
- L.D. 753 - An Act Relating to Inspection and Licensing of Residential Facilities for the Care, Treatment or Rehabilitation of Drug Users (P.L., C. 164)

L.D. 761 - An Act Creating a Drug Corps with the State Police

L.D. 785 - An Act Relating to Possession of Marijuana, Peyote or Mescaline.

L.D. 821 - An Act Relating to Forfeiture of All Property Used in Delivering Illegal Drugs (P.L., C. 524)

L.D. 865 - An Act Appropriating Funds for Drug Rehabilitation in York County

L.D. 889 - An Act to Provide for the Sale of Counterfeit Substances which are not Drugs (P.L., C. 501)

L.D. 1399 - An Act to Provide for the Forfeiture of Vehicles Used to Transport Narcotics

L.D. 1562 - An Act Relating to Possession of Marijuana for Personal Use

L.D. 1576 - An Act Providing for Suspension of Motor Vehicle Operators License of Person Convicted of Possession on Marijuana in a Motor Vehicle

L.D. 1712 - An Act Providing for Drug Education in the Public Schools

L.D. 1743 - An Act Establishing Drug Abuse Treatment Facilities

L.D. 1761 - An Act Relating to Criminal Penalties for the Possession of Cannabis

L.D. 1762 - An Act Relating to the Criminal Penalties for the Sale of Cannabis

L.D. 1986 - An Act Relating to Possession of Marijuana, Peyote or Mescaline (P.L., C. 510)

L.D. 1987 - An Act Relating to Criminal Penalties for Knowingly Being in the Presence of Cannabis (P.L., C. 502)

L.D. 2008 - An Act Reconstituting and More Effectively Coordinating the Maine Commission on Drug Abuse and the Division of Alcoholism and Providing an Alternative Sentencing for Violators of Drug Laws (P.L., C. 566)

State Plan

Under Section 409 of the Drug Abuse Office and Treatment Act of 1972, Maine was awarded $119,781 for the development of a State Drug Abuse Plan. The award of additional funds for implementation is contingent of federal approval of the State Plan. The Maine State Drug Abuse Plan includes an assessment of the scope of the drug abuse problem, identifies existing resources and proposes specific policy, program and legislative action for the coming year.

The award of federal formula planning funds provided the Maine Commission on Drug Abuse with the opportunity to implement a philosophy of regional planning for the development of community based drug abuse services.

The Maine Commission on Drug Abuse was established by the Legislature in September 1971 to coordinate the planning and implementation of a drug abuse prevention program for Maine. The MCDA was not given the mandate or the resources to provide direct services; and therefore looked to the development of community based pro-

grams for drug abusers. Support of local programs was consistent with a general trend in Maine toward the decentralization of social, health, mental health and correctional services. The Commission sought a delivery system that would include a lead agency in each region responsible for coordinating drug abuse services. Because community mental health centers (CMHC) were generally the dominant treatment agency in a region and because there was a CMHC in each of the regions, they were viewed as appropriate lead agencies.

The U.S. Congress also recognized the responsibility of the CMHC system when they passed the Drug Abuse Office and Treatment Act of 1972. The Act includes a provision amending the CMHC Act (42 USC 2688a) to require CMHC to conduct treatment and rehabilitation programs for drug abusers, or, to document why such services were not needed in their catchment area. Because of difficulties in documenting the extent of the drug problem, all of Maine's six federally funded CMHC requested a waiver of this requirement. Many felt that drug treatment services were needed in their catchment area, but they were not certain that the CMHC was the most appropriate agency to provide these services. In view of the currently long waiting lists for services, the CMHC were not anxious to take on yet another community problem.

State Program Development (SPD) is a partnership between the Maine Department of Mental Health & Corrections and the National Institute of Mental Health which is intended to "facilitate the development of a delivery system of mental health services, training and evaluation as part of a coordinated human services network making maximum use of existing agency resources," and, to "result in a greater relevance and responsiveness of NIMH and the Regional Office in meeting the State mental health needs." (SPD Memo of Understanding)

Through membership on the State SPD Steering Committee, the MCDA was able to play an active role in the development of mutually agreeable goals and objectives for implementing drug abuse services. Drug abuse was included as one of the ten SPD service objectives:

> "Development of a collaborative on-going relationship between the Department of Mental Health & Corrections and the Drug Abuse Commission in the formulation of a State Plan for the prevention and treatment of drug abuse and for the initiation of needed services in selected areas on a demonstration basis." (SPD Memo of Understanding)

As part of the SPD process, CMHC were asked to sponsor regional workshops focusing on SPD goals and objectives. Drug abuse prevention and treatment emerged as areas of particular concern for the participants. Again, the CMHC questioned their own potential for effectiveness in dealing with drug abusers. This marked reluctance on the part of CMHC to recognize and deal with drug abuse is indicative of the attitude of most of the State's health, mental health and social service agencies. The MCDA recognized that this attitude would have to be changed in order to develop effective services. The MCDA deliberately selected CMHCs to coordinate the development of the State Drug Abuse Plan with the thought that if CMHCs had a highly responsible role in developing the Plan, they might also have a greater investment in its implementation.

Contracts were signed with CMHC in each of the State's four northern planning districts. Since the four CMHCs in southern Maine coordinate their planning through the Southern Maine Comprehensive Health Association, SMACHA was selected to develop the drug abuse plan for the southern Maine region. The Maine Drug

Education Program, State Department of Educational & Cultural Services, was chosen to develop the Education/Training component of the Plan. One person from each region was designated as the Planning Coordinator and was responsible for:

- Assessment of drug abuse problem in the area.
- Inventory of existing services and gaps in services.
- Detailed description of programs proposed to fill gaps, expand existing services and achieve goals.
- Action plan for implementation which accomodates priorities and funding resources.
- System for administering services and assuring coordination with allied human service agencies.

At the State level, Commission members provided the necessary coordination with other State agencies. A subcommittee of the Commission, representing Bureau of Mental Health, Law Enforcement Planning & Assistance Agency, Rehabilitation, State Planning Office, and Bureau of Health was named to oversee the development of the Plan and to assure consistency and coordination with other State plans.

In order to maximize community participation in the planning process, six of the eight planning regions established regional drug councils or planning groups to monitor the development of the Plan. Representation on the Regional Councils included consumers, providers and regional Alcoholism and LEAA coordinators.

In July, after the regional reports were submitted, planning coordinators met in Augusta for a two-day workshop. Participants presented the findings of the regional reports. Together, the findings of the Commission subcommittee and the regional planners served as the basis for the formulation of Statewide goals and objectives.

The full membership of the MCDA met on August 7th to review the Plan. Commission members had received a draft copy of the Plan one week prior to the meeting. After recommending certain changes in the draft, the Plan was approved by the Commission members. The Plan was then submitted to the State Planning Office for review through the A-95 process. Notice of A-95 approval was received on September 6, 1973.

IV Needs and Gaps in Services

A. Objectives

Maine has developed immediate and long-range objectives for implementing the State's overall goal of reducing the incidence of drug abuse. These objectives are based on available data indicating the extent of the drug abuse problem and on an assessment from existing resources. The first objective is related to resolving problems of information management and program administration. The second and third objective relate to expanding existing services and developing additional resources.

Objectives FY 1974-75

1. Establish management, coordination and support services.
   a. implement a statewide management information system
   b. assure continued funding and operation of existing drug abuse services
   c. secure necessary resources to carry out OADAP responsibilities
   d. regional coordination in Southern Maine
   e. effective utilization of SPD process
   f. establish mechanism for ongoing planning that will insure adequate community input

2. Augment prevention, treatment and education resources of existing service delivery system.
   a. improve coordination between drug treatment services and criminal justice system
   b. train physicians and appropriate hospital personnel in management of acute drug cases, including detoxification procedures
   c. train school, CMHC, social welfare and law enforcement, professionals and paraprofessionals to recognize and deal with drug-related problems
   d. Assist local schools in development of school drug education and discipline policy

3. Provide additional resources in areas with fewest services and/or highest incidence of drug abuse
   a. outreach counseling and referral services for youth in Northern Maine
   b. prevention and treatment services available to all Indian communities
   c. drug abuse education and treatment resource for staff and inmates of Maine State Prison and Men's Correctional Center

d. implement alternative sentencing provisions of Public Laws of 1973 Chapter 566 - begin work on additional legal mechanisms, including pre-trial division

e. Sponsor innovative educational, recreational and vocational alternatives to drug abuse

Long-Range Objectives

1. Develop a coordinated system of comprehensive services that will be available and accessible to all drug abusers.

2. Keep existing services relevant to changing needs through:

   a. staff training

   b. statewide management information system

   c. ongoing evaluation

3. Cooperate in the development of coordinated youth services using multi-funding mechanisms.

4. A Uniform Controlled Substance Act for Maine that will include provisions for pre-trial diversion of drug-involved offenders and realistic penalties for drug offenses.

5. Identify common needs and resources applicable to both alcohol and drug programs.

B. Analysis of Problems, Present Responses and Identified Gaps in Service

The following analysis looks at the problems identified during the planning process, relates them to existing resources capable of addressing the problem and indicates areas where there are gaps in services. Some of the identified gaps in service are due to the fact that existing health, mental health, social welfare and criminal justice agencies do not have adequate training, staff or resources to address the needs of the drug abusing population. In other areas where gaps in service occur, there simply are no existing resources to build on and new responses will be needed.

C. Identification of Response Areas to be Increased or Reduced

The analysis of problems, present responses and identified needs and gaps in service indicates a need for increased responses in the areas of data collection and retrieval, program management and coordination, prevention, treatment, training and legislation. Agencies responsible for the State's current data collection efforts must be asked to add appropriate drug abuse categories to existing systems. Also, they must be educated in the use of the proposed management information system.

The basic framework for overall program managment and coordination exists in the legislation establishing the single State drug abuse authority. However, inadequate staff and resource prevent the single State agency from increasing its program management and coordination capability to meet the growing need for coordination.

Agencies currently involved in meeting the health, mental health and social welfare needs of the general population must be given the mandate and sufficient resources to address the needs of the drug abusers among their target population.

Recently enacted legislation, PL of 1973, Chapter 566 provides the foundation for legal alternatives to incarceration. This initial legislative response must be expanded to include additional alternatives such as pre-trial diversion programs.

D. Identification of New Responses

An increase in poly drug abuse in all regions of the State, combined with a paucity of existing drug abuse resources argue the need for new responses in almost every area of drug abuse prevention. Additional resources in the form of funding, trained manpower and local commitment are necessary if Maine is to implement a managment information system; design a system for statewide development and coordination of drug programs; conduct effective long-range planning; provide client services in areas where these are lacking; and conduct effective programs of public information for the people of Maine.

E. Constraints

A reluctance to report instances of drug abuse and inadequate resources are the principal constraints which hamper the planning process.

The difficulty in obtaining drug related data from social welfare and criminal justice systems impeded a clear assessment of the nature and extent of the drug abuse problem. It is impossible to plan needed services when the agencies upon whom one relies for information do not keep adequate records or, if they do, will not report them. There is, for example, no uniform criminal justice reporting system and no accurate method for recording drug related deaths. This aversion to reporting data stems, in part, from Maine's traditional reticence about individual or family problems.

Some data was available from the three drug treatment programs through the CODAP and NIMH reporting systems. However, the three programs are not broad enough in scope to give us management information on which to plan for additional services.

The lack of data compounds the existing problem of inadequate funding for drug services, as funding at both the state and federal level is linked to the ability to document the drug abuse problem. Lack of funds inhibits our ability to take decisive action in areas where there are service needs and hampers the establishment of a management information system which is vital to effective long-range planning.

While the lack of an adequate data retrieval system results in a conservative baseline estimate of drug use and abuse, the indicators do arue the need for a comprehensive coordination of effort and for the development of additional services.

(Extract page from the State of Maine Drug Abuse Prevention Plan 1973/74)

Analysis of Problems, Present Responses and Identified Gaps in Services

PROBLEM	RESOURCES	GAPS	NEEDS
ncidence of drug abuse is not eported in any consistent, usable ashion; incidence is often under eported or not reported	Limited hospital, health care, mental health and criminal justice data systems	No statewide management information and evaluation system	Management information system Prevalence and incidence survey Educate reporting agencies to use management information system
o statewide development and coordination of drug abuse programs	OADAP SPD State Planning Office	System for development and coordination of drug programs No mechanism for long-range planning	Sufficient staff, resources, local committment & input, effective managment information and evaluation system
arge at risk population in both ural and urban areas	Drug Rehabilitation, Inc. Brunswick Drug Center Augusta Rap & Rescue CMHC	No services north of Augusta No awareness by CMHC of at risk population among their clients	Prevention & Treatment in areas without services, subject to need educate CMHC staff to be more aware
rban: use of amphetamines, arbiturates, marijuana and some arcotics	DRI Brunswick Augusta Rap & Rescue Limited detoxification services CMHC	No services in urban areas north of Augusta	Prevention and outpatient treatment services in Bangor, Presque Isle, Caribou, Rockland Develop detoxification services where appropriate Educate staff of ancillary services to relate needs of drug abusers, e.g., health, mental health, social, criminal justic agencies
ural: use of inhalants, pills, nd marijuana frequently in ombination with alcohol	CMHC	Trained staff and resources to address needs of rural drug abusing population	Staff trained in youthful drug abuse Additional outreach counselors in each mental health region (8)
ncreasing poly drug abuse mong Indian	none	Accurate information regarding prevalence and incidence of drug abuse Capability to respond to needs of this population	Special Study to assess extent of problems Indigenous drug abuse prevention education and treatment services

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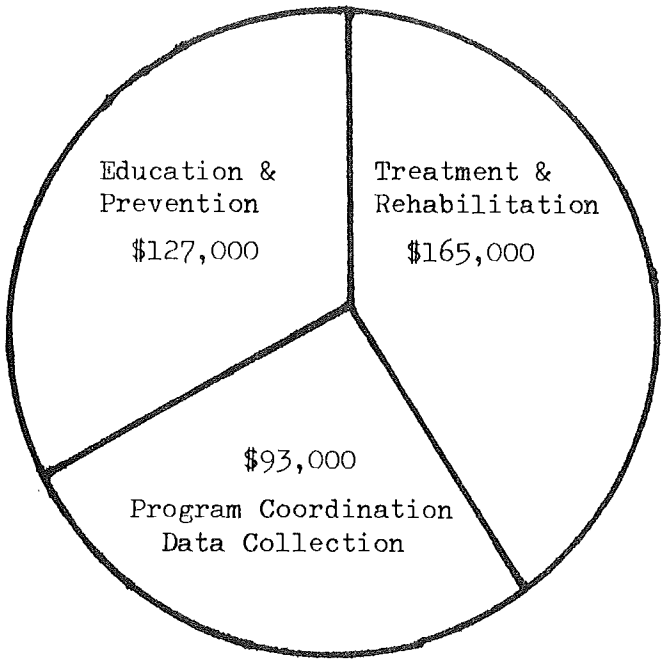
PROBLEM	RESOURCES	GAPS	NEED
Traditional services are not reaching potential clients who are drug abusers	OADAP SPD	Awareness of needs of drug abusing population and ready willingness to serve this population	Effective use of OADAP enabling legislation Additional staff and resources, using multi-funding mechanisms Agency education & training
Lack of drug education and discipline policies in local schools	MDEP "Guide for Adminstrators: Developing School Drug Policy."	Technical assistance in development of school drug policy	Educate school adminstrators to use MDEP Guide and to assist them in development of policy suited to local needs
Increasing numbers of drug offenders in State correctional facilities	Self-help group at Maine State Prison limited alternatives to incarceration	No services in four out of five correctional institutions No professional services at Maine State Prison	Correctional personnel trained in working with drug abusers Mechanisms for pre-trial diversion Drug Counselor at Maine State Prison
Negative public attitudes toward drug abusers	Media National Drug Abuse Information Clearinghouse	Mechanism for using existing resources	OADAP and State Advisory Council given resources to increase capability to use existing resources to better inform public

1973-74 State Drug Abuse Plan

Priority Funding Needs



(Extract page from the State of Maine Drug Abuse Prevention Plan 1973/74)

. Action Agenda

Objective	Need	Action Resource	Annual Cost	Local/State	Federal	Source	Deadline for Implementation
stablish management, oordination and support ervices -assure continued funding and operation of existing services -regional coordination in southern Maine -effective utilization of SPD, State Planning Office -secure necessary resources to carry out OADAP responsibilities	Effective system for development and coordination of drug programs	OADAP Southern Me.Comprehensive Health Association via Southern Regional Drug Abuse Council	$43,000.	$10,000.	$33,000.	409	1/1/74 4/1/74
-management information system	Statewide management information system Prevalence & incidence survey	OADAP via contract	$50,000.		$50,000	409	1/1/75 7/1/74
rovide additional esources in areas with ewest services and/or ighest incidence of rug abuse	Prevention and out-patient services in Bangor, Rockland, Presque Isle, Caribou	Counseling Center Mid-Coast M.H. Clinic Community Action Aroostook M.H. Clinic	$75,000.	$25,000.	$50,000.	409 410 H-80	9/1/74
	Prevention and outreach counseling for users in rural areas	Extension Service	$45,000.	$15,000.	$30,000.	409 410 H-80	9/1/74
	Educational vocational and recreational alternatives to drugs for at risk population in orban and rural Maine	MDEP Rap Place, Lewiston AIDE Center, Sanford Community Action groups	$45,000	$10,000.	$35,000.	409 U.S.O.E.	7/1/74

(Extract page from the State of Maine Drug Abuse Prevention Plan 1973/74)

. Action Agenda (continued)

Objective	Need	Action Resource	Annual Cost	Local/State	Federal	Source	Deadline for Implementa
	Study incidence & prevalence of drug abuse in Indian communities and respond according to need	Maine Dept. of Indian Affairs	$40,000	$10,000	$30,000	409 410 Bur. of Indian Affairs	9/1/74
	Drug abuse prevention and treatment services at Maine State Prison	Bureau of Corrections	$15,000	$ 3,000	$12,000	LEAA	7/1/74
ıgment prevention reatment and education esources of existing ervice delivery system	Drug abuse training for school, cmhc, hospital, health care, criminal justice personnel and staff of ancillary services	OADAP via MDEP University of Maine Bureau of Health Southern Regional Drug Abuse Council Criminal Justice Academy	$50,000	$10,000	$40,000	410 USOE H-80 LEAA	1/1/75
	Technical assistance for school administrators in development of school drug education and discipline policy	OADAP via MDEP Southern Regional Drug Abuse Council State Superintendents Assoc.	$10,000	$ 5,000	$ 5,000	410 H-80	1/1/75
	Effective programs of public information	OADAP State Advisory Council	$22,000	$10,000	$12,000	H-80 USOE	1/1/75
			395,000	98,000	297,000		

Office of Alcoholism and Drug Abuse Prevention

On June 28, 1973 Governor Curtis signed into law (Chapter 566) the 1973 Alcoholism and Drug Abuse Act. This Act establishes a combined alcohol and drug abuse agency called the Office of Alcoholism and Drug Abuse Prevention (OADAP) with the general charge of establishing the overall planning, policy, objectives and priorities for all alcoholism and drug abuse control, education, rehabilitation, research, training, and treatment functions within the State. Specifically, the Office is designated as the single State agency of Maine State Government solely responsible for administering the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970, as amended, and the Drug Abuse Office and Treatment Act of 1972, as amended. The OADAP among other things is empowered to review all proposed legislation, fiscal activities, plans, policies, and other administrative functions relating to drug abuse and alcoholism activities made by or requested of all state agencies. The Office has the authority to submit to these bodies findings, comments and recommendations, which in the case of the Judicial Council, Legislature, Governor and Commissioner shall be advisory; and which in the case of other state agencies shall be binding. The tone and explicit enumeration of OADAP's authority, powers and duties, and responsibility contained in Chapter 566 assures the legal basis for effective management, coordination, program design, implementation and control and evaluation of all alcoholism and drug abuse activities within the State. Clear responsibility is therefore vested with the Director, Office of Alcoholism and Drug Abuse Prevention for program management and coordination.

With the implementation of the Office of Alcoholism and Drug Abuse Prevention, the Maine Commission on Drug Abuse and the Division of Alcoholism Services are abolished and their functions assimilated into the new combined Office. The process of bringing the Maine Commission and the Alcoholism Division into a unified unit is progressing smoothly. The on-going functions of both units are being incorporated into the daily operations of the Office without difficulty largely due to the cooperation which existed between the units and among their individual members prior to the inception of the new Office.

The Human Development and Guidance Unit
(Maine Drug Education Program)

The current fiscal year is one which represents significant evolution of the Maine Drug Education Program (MDEP). On July 1, 1973, the MDEP staff moved from project status to regular state positions, resulting in a greater commitment of time to Department of Educational and Cultural Services activities. The school guidance consultant was assigned to the MDEP Unit, and the name of the program was changed to reflect this broadening of the program. MDEP program activities have also increased in both kind and numbers of people served.

The goal of the MDEP has remained the same: to use a variety of training modes to increase peoples' awareness of their feelings, thoughts and behavior, and to improve their belief in their own competence to learn, achieve, take risks, and improve the quality of their relationships. It is our assumption that achievement of this goal will decrease self-destructive and anti-social behavior.

Toward this goal, our current program focus is in four areas: in-service teacher education, community and social service agency training, program evaluation, and generation of funds.

Human Development Program (HDP)

By May 1974, the MDEP will have trained 10-15% of Maine's K-8 teachers and administrators to use the Human Development Program. The HDP is a preventive mental health program for schools. The goal of the HDP is to provide experiences for children which increase their self-understanding, awareness of both their limitations and their abilities, and ability to interact productively with others. Authorities consistently cite deficiencies in these three areas as causes of self-destructive and socially disruptive behaviors such as drug abuse.

Social Seminar Series

The Social Seminar is a program of training and materials intended to help individuals and groups gain an awareness of themselves, society and drug related issues. The program provides information and skills which are used to increase peoples' awareness of social problems and plan action programs for their agencies, schools or communities. Participants in the training represent education, law enforcement, health and welfare, mental health, business, public administrators, street programs, community groups and families.

The MDEP is sponsoring a training of trainers program to develop regional resource people capable of conducting workshops. Together with the Maine Commission on Drug Abuse, the Bureau of Mental Health, Law Enforcement Planning and Assistance Agency and the Health Education Resource Center, the MDEP co-sponsored a one-day showcase explaining the Social Seminar. The showcase was attended by 180 people representing a variety of groups and agencies, and resulting in five regional training of trainers workshops being scheduled. This is another program which will develop local level resources to identify local problems and generate community action.

Maine Drug Education Program

The Maine Drug Education Program focuses on the schools and the community as two

social institutions with forceful impact on individuals, and provides training and information aimed at building personal strengths and the skill to plan and act effectively. As long as the program continues to generate effects, and as long as the program receives required financial support, it will continue to generate solutions to human problems through increased understanding and commitment to positive action.

APPENDIX A

SUMMARY

FEDERAL STRATEGY FOR DRUG ABUSE AND DRUG TRAFFIC PREVENTION
1973

Rather than address the Federal Strategy as a single strategy, we extracted its premises, multiple recommendations, strategies, policies, beliefs, and tactics so as to array them in condensed form that would tell us with some specificity the goals and directions being pursued by the Government.

1. Goals and objectives cannot be developed independently of a consideration of the means required to achieve them.

2. We should not set goals that are beyond our resources or our current capacity to modify the complex factors that we encounter.

3. The goals we set forth must contain judgments of our present understanding of the causes and consequences of drug abuse and our capacity to respond within the structure of a free society.

4. The three major objectives of the Federal Government are:

   - To reduce drug abuse.
   - To reduce the adverse social consequences of drug abuse.
   - To concentrate Federal Government efforts on those forms of drug abuse which cause the greatest harm to society.

5. Drug abuse means the illegal use of a controlled substance or use of a drug in a manner or to a degree that leads to adverse personal or social consequences.

6. Public intervention is most appropriate when drug abuse causes serious consequences or when we can predict that a currently minor problem will become serious without intervention.

7. In order to formulate an appropriate public response, we must first consider the nature and extent of drug abuse problems in terms of how seriously they threaten the individual and the society.

8. The causes of initial drug use are not necessarily the same as those for continued drug use and that these, in turn, are different from the factors involved in addiction and relapse after a period of non-use.

9. Of the many factors that have been put forth as causally related to both isolated cases and large scale outbreaks, availability is the one factor over which society can exert the most direct control; and while many other factors may be equally important in the genesis of

drug use and abuse, our capacity to modify these factors is still quite limited. Consequently, the effort to control availability will be a recurrent theme in the overall strategy.

10. The initial use of any drug seems to be an outcome of numerous personal and social forces. The personal factors have much to do with the individual's need to explore or escape from various aspects of his environment, to take risks, to find relief from some inner distress, to have an unusual mental experience, or to conform to the expectations of friends and associates.

11. Having taken the position that different drug abuse problems may require somewhat different approaches in order to reduce the social cost to an irreducible minimum, we must consider several factors for each drug: the extent and pattern of its use; its social cost in terms of adverse consequences to the individual user and society; our understanding of the reasons for its use or abuse; our capacity to alter the causal factors or repair the consequences; and, the alternative benefits that might be achieved by allocating Federal resources to reducing the social costs of a different drug abuse problem or indeed to another social problem entirely.

12. This first Federal strategy concentrates on efforts to understand and to control heroin addiction. Other drug problems are considered in somewhat less detail, but where appropriate they may be covered more extensively in the future.

13. Where drug use patterns have not become deeply ingrained into the user's values and his way of relating to his friends, family and home community, and where they do not involve use of drugs by injection, there is room for optimism that a return to the mainstream of society as a productive citizen is possible and even probable.

APPENDIX B

(Extract from the State of Maine Drug Abuse Prevention Plan 1973/74)

Maine's Drug Problem in Priority Order

Drug of Abuse	Age of population At Risk	Age of Population Most Affected	Geographic Distribution
1. Marijuana	13-25	14-25	Statewide
2. Amphetamines	15-35+	15-25 } Drug of preference 25 and older	Statewide non-prescription use concentrated in Urban Areas
3. Barbiturates/ Depressants	15-35+	18-25	Statewide non-prescription use concentrated in Urban Areas
4. Poly drug	15-30	17-25	Statewide mixing with alcohol predominately
5. Hallucinogens	15-25	15-25	Statewide use declining - remain ing concentration in the Univers areas
6. Inhalents	9-17	9-15	Statewide - especially in the ru areas
7. Narcotics	15-35+	18-25	Portland and Bangor - no evidenc of presence in other areas.

Estimates derived from available data including arrests and hospital admissions as well as subjective reports.

APPENDIX C

SUMMARY
EXISTING RESOURCES

Agency	Sponsor	Service	Modality	Budget (FY 73) Federal	Budget (FY 73) State/Local	Client Capacity	*Staff
Maine Commission on Drug Abuse	Public	Single State Agency	Administration	$119,781	$76,000		3
Maine Drug Education Program	Public	Teacher Training	Education	23,200	30,000		3
Augusta Rap & Rescue	Private, non-profit	24-hour crisis intervention	Treatment	71,775	2,400	77 Outpat.	7
Brunswick Drug Abuse Center	Private, non-profit	Out-patient counseling	Treatment	68,946	2,500	88 Outpat.	4½
Rap Place, Lewiston	Private, non-profit	Alternatives activities	Prevention Education	32,000	2,800		6
York County Counseling Service (AIDE Center)	Private, non-profit (CMHC)	Training & Education	Counseling		30,000		2
Drug Rehabilitation, Inc.	Private, non-profit	Residential & Out-patient	Treatment	107,810	2,500	15 Resid. 25 Outpat.	7
Southern Regional Drug Council	Southern Maine Comprehensive Health Asso.	Regional Coordination	Coordination	4,800			1
Kinsman Hall	Private	Residential	Treatment	N.A.	N.A.	N.A.	N.A.
Elan I	Private	Residential	Treatment	N.A.	N.A.	N.A.	N.A.
				428,312	146,200		

*Aggregate figure reflecting total full time staff

The following Community Mental Health Centers provide limited drug abuse services within their catchment areas:

- Aroostook Mental Health Clinic
- The Counseling Center
- Kennebec Valley Mental Health Center
- Tri-County Mental Health Services
- Maine Medical Center Community Mental Health Center
- Mid-Coast Mental Health Clinic
- Bath-Brunswick Mental Health Association
- York County Counseling Services

(Extract page from the State of Maine Drug Abuse Prevention Plan 1973/74)

APPENDIX D

Maine Commission on Drug Abuse

State Funding Authorization and Expenditures

November 30, 1972 to June 30, 1973

Unencumbered balance previous report As of 11/30/72 Grants-in-aid	2,410	
Grants-in-aid Expenses		2,410
Emergency Program Administration Authorization Chap. 21, PLS Law 106 Legislature		25,000
Personal Services	19,258.80	
All Other	5,741.20	
		25,000
Actual Expenses Returned to Executive Council (Payment of loan order)	9,000	
Personal Services	11,676	
All Other	1,122	
	21,798	
Balance Returned to General Fund (lapsed) 6/30/73	3,202	
		25,000

July 1, 1973 to October 31, 1973

Funding Authorization 1973/74 Part II Budget LD 2042 (P&S 108) 106th Legislature		
Personal Services	36,561	
All Other	91,254	
Capital Expenditures	1,171	
		128,986
Actual Expenses as of 10/31/73		
Personal Services	18,099.68	
All Other	30,264.21	
Capital Expenditures	-0-	
		48,363.89
Balance Available 11/1/73		80,622.11