



# MAINE CHIEFS OF POLICE ASSOCIATION

P.O. Box 2431 • South Portland, Maine 04116-2431

---

Chief Edward J. Tolan (ret.), Executive Director, Tel: (207) 838-6583  
email: [mcopa@maine.rr.com](mailto:mcopa@maine.rr.com) Web site: [www.mainechiefs.com](http://www.mainechiefs.com)

## Statement in opposition to

### **L.D. 1975, An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs**

**January 17, 2024**

Senator Baldacci, Representative Meyer, and honorable members of the Health and Human Services Committee. My name is Jason Moen. I am the Chief of the Auburn Police Department, and the Acting President of the Maine Chiefs of Police Association. I am submitting testimony on behalf of the Maine Chiefs of Police Association in opposition to LD 1975.

The Mission of the Maine Chiefs of Police Association is to secure a closer official and personal relationship among Maine Police Officials; to secure a unity of action in law enforcement matters; to enhance the standards of police personnel, police training and police professionalism generally; to devise ways and means for equality of law enforcement throughout the state of Maine; to advance the prevention and detection of crime; to prescribe to the Law Enforcement Code of Ethics; and to promote the profession of law enforcement as an integral and dedicated force in today's society sworn to the protection of life and property.

Like so many other states across our nation, Maine has a crisis with illicit drugs. We have set records in overdose deaths for three straight years and, in 2022, we lost 723 people. Although final numbers of overdose deaths for 2023 will not be released until February, Maine may not reach record numbers this year. However, even if one life is lost this year, it is one life too many.

There are two distinct sections of the sponsor's amended language to LD 1975. The first part focuses on the creation of the Substance Use, Health, Recovery, and Safety Act. Within that Act, each of Maine's sixteen counties, through grants and funding, would establish a receiving center to provide health and harm reduction services. We are in support of legislation that helps people to stop using drugs that can wreak havoc on their own lives, their family's lives and the community. We wholeheartedly support efforts to establish detox centers, including centers that will accept patients who present while under the influence of drugs.

However, we are not supportive of services that still allow for the use of illicit drugs. The receiving centers established within this amendment (page 4, section 3B) would allow for "low-barrier substance use disorder treatment, including treatment options that are not abstinence-based." There is not a definition within the bill that describes the specifics of low-barrier treatments and what drugs would be allowed under such a treatment option. Again, our concern is that we have not seen enough evidence that harm reduction centers and services that enable

continued use, and potentially even “normalize” the use of these substances, assist people to stop using illicit drugs.

Although we are supportive of efforts to create more services for those with substance abuse disorders, we remain steadfastly opposed to Part B of the legislation that decriminalizes all drug possession. Under this proposal, possession of a schedule W, X, Y, or Z drug is not a criminal offense. Here is just a small sampling of drugs that would fall under this category: methamphetamine, cocaine, heroin, fentanyl, and synthetic hallucinogenic drugs.

We wanted to share with the committee a situation that just occurred within the past week, in which a call was made for an apparent overdose. The caller indicated that the patient was not properly breathing, would not wake up, and was surrounded by needles.

The Lewiston Police Department responded to the call where first responders found the “victim” who awoke upon their arrival. Officers called to the scene found 11 grams of fentanyl, five scales, packaging materials, a stolen firearm, drug paraphernalia, miscellaneous pills and more than \$1200 in suspected drug proceeds. The male subject was found to be on bail conditions.

This situation clearly points to drug trafficking. Unfortunately, because the male subject was the possible patient in an overdose, MRSA, Title 17-A, Chap 45, Section 1111-B (the good Samaritan law) applies even in cases where drug trafficking has occurred. In fact, we do not believe this case would be prosecutable under the above section. In consultation with others, the Lewiston Police Department believes this is protected conduct, even though it was not the intent of the good Samaritan law.

The reason we bring up this issue (even though the good Samaritan law is not being reviewed by this committee) is to highlight what types of situations can occur legally, without any prosecutable remedy, if the Legislature were to approve the decriminalization of these drugs. Dealers in possession of large quantities of these deadly drugs would face no charges or repercussions for their actions.

As law enforcement officers, we have a sworn duty to the protection of life and property. That is why we support efforts for prevention and treatment of drug abuse. That is also why we oppose laws that do not hold those accountable for reckless drug-related conduct that may cause harm to others. Decriminalizing schedule W, X, Y, and Z drugs absolutely will put others in harm’s way and will have Maine face another record-breaking year of drug related deaths.

On behalf of the Maine Chiefs of Police Association, we respectfully ask members to vote ought not to pass on LD 1975.