CUMBERLAND POLICE DEPARTMENT’S

Drug Abatement Response Team
CPD’s strategy is to fight the opioid crisis on 3 fronts:

1. ENFORCEMENT
2. EDUCATION/PREVENTION
3. TREATMENT
OUR PROBLEM

We began seeing an influx of opioid overdoses throughout Allegany County in late 2015, with 25 occurring in December. Previously, heroin overdoses were rare, maybe one every few months. In 2016 we averaged 16 overdoses per month, with as many as 40 individuals overdosing in just one month. The average dropped to 13 per month in 2017 and we currently are averaging about the same for the first five months of 2018. Over 75% of these overdoses occur in Cumberland, a city of 10 square miles with a population of 20,000 residents.

<table>
<thead>
<tr>
<th></th>
<th>OVERDOSES</th>
<th>FATAL OVERDOSES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2015</td>
<td>22</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>2016</td>
<td>154</td>
<td>31</td>
<td>185</td>
</tr>
<tr>
<td>2017</td>
<td>132</td>
<td>19</td>
<td>151</td>
</tr>
<tr>
<td>1/1/18 – 6/1/18</td>
<td>61</td>
<td>8</td>
<td>69</td>
</tr>
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Cumberland Police Department
ENFORCEMENT

Enhanced enforcement efforts

• Set this as a departmental goal for 2016.
• Promoted a mindset of drug enforcement being a priority for officers.
• Improve drug intelligence sharing among components, detectives, patrol and school resource officers.
• Publicized drug tip programs.
• Provided interdiction training.
• Provided street level crime training.
• Promoted drug detection canine program obtaining two additional K-9’s.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL DRUG CASES</th>
<th>DRUG CASES CLOSED BY ARREST</th>
<th>K9 SCANS</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>832</td>
<td>221</td>
<td>276</td>
</tr>
<tr>
<td>2017</td>
<td>699</td>
<td>204</td>
<td>262</td>
</tr>
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</table>
In October 2016, working with an informant, CPD investigators received intel that large quantities of heroin, fentanyl and cocaine was being brought into Cumberland from Baltimore, through Philadelphia, via Amtrak train.

The informant was able to provide a name and description of the person transporting the drugs.

Officers maintained surveillance at the Amtrak station and observed the suspect leave train and enter a taxi.

The taxi was stopped and the suspect attempted to flee but was detained.

Canine detection dog alerted on the taxi and suspect.

Subsequent search revealed 99 bags of heroin laced with fentanyl along with 150 bags of cocaine concealed within the suspect’s body.

Suspect was a 31 year old male from Baltimore and was bringing this product to our community twice a week.
EDUCATION / COMMUNITY OUTREACH

• D.A.R.E.
• Community group presentations
• Community forums
• Sheriff “Town Hall” meetings
• Parent awareness trailer, “Hidden in pain view”.
TREATMENT / NALOXONE PROGRAM

- In 2015 the Cumberland Police Department partnered with the Allegany County Health Department to participate in their naloxone program.
- Every CPD officer has been trained and carry it on duty.
- Each prescription is issued to an individual officer, including our canines.
- All naloxone is provided by the Health Department free of charge.
- The Cumberland Fire Department had routinely administered naloxone to patients prior to our becoming involved.
- CPD’s first naloxone administration was in July 2015.
- All those admitted to the hospital for an overdose are given a prescription for naloxone upon discharge.
- Of the drug overdose cases investigated by CPD, over 90% of the patients are administered naloxone by emergency services or trained bystanders.

<table>
<thead>
<tr>
<th></th>
<th>LIVES SAVED</th>
<th>DEATHS</th>
<th>TOTAL NALOXONE ADMINISTRATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/15 – 12/31/15</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>2016</td>
<td>51</td>
<td>6</td>
<td>57</td>
</tr>
<tr>
<td>2017</td>
<td>41</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>2018 (as of 6/1/18)</td>
<td>35</td>
<td>1</td>
<td>36</td>
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GOOD SAMARITAN LAW

• During the onset of the opioid crisis society discovered many people were dying of overdoses when they could have possibly been saved if a call for emergency services had been made. Fear of being arrested prompted many to avoid calling for emergency assistance.

• This lead to the Good Samaritan Law which states that a patient who is suffering from drug or alcohol related medical emergencies as well as anyone seeking help for that patient cannot be charged with certain crimes:
  o Possession of CDS
  o Drug paraphernalia
  o Underage possession of alcohol
  o Obtaining alcohol for illegal consumption
  o Allowing underage alcohol consumption

• Prior to the Good Samaritan Laws law enforcement would charge those that overdosed with a drug related crime to get them in the judicial system where they were often ordered to participate in a drug treatment program. With the “Good Samaritan Law”, this was no longer an option.
TREATMENT / EMERGENCY PETITIONS

• If a person overdoses to the point of having a near death experience with loss of breathing or heartbeat we take the stance that they are a danger to themselves.

• Responding officers are to consider factors outside the immediate scene such as knowledge of prior overdoses and statements of bystanders.

• CPD also considers drug abuse or drug dependence a mental health illness which is supported by the *Diagnosis and Statistical Manual of Mental Disorders*.

• If the above conditions exist, the overdose victim is transported to the hospital for a mental health examination, despite their wishes.
LIABILITY AND EMERGENCY PETITIONS

• Some question if a person was near death but is now lucid, due to the administration of naloxone after an overdose, can they refuse further medical treatment?

• CPD takes the stance that they are still a danger to themselves and have a mental health disorder, and an emergency petition is filed by the investigating officer.

• Courts and Judicial 5-624(c) states “Any peace officer who, in good faith and with reasonable grounds, acts as a custodian of an emergency evaluee is not civilly or criminally liable for acting as a custodian.”
DART PROGRAM

• Modeled after our Domestic Violence Response Team (DVRT) program.
• Conduct post overdose visits with patients within 48 hours.
• Contacted by a police officer, probation officer *(if they are a client)* and peer counseling specialist.
• Offer help and support for addictions counseling.
• Offer initial transportation to a treatment facility.
• In 2017, we conducted DART follow-ups with 77 overdose patients and have confirmed that at least 11 of those patients sought treatment as a result of our referrals.
If there's even one thing we can do - even one life we can save - we have an obligation to try

— Barack Obama —