There has likely never been a greater counterdrug law enforcement challenge than the opioid epidemic facing the United States today. Responsible for more than 60,000 deaths nationwide last year, the crisis demands attention—and any credible approach must involve education, prevention, enforcement, and treatment. Success can’t be achieved without attacking the problem through a holistic approach that involves local, state, and federal government bodies, working alongside various community resources.

As a law enforcement agency, the Loudoun County (Virginia) Sheriff’s Office (LCSO) is aware of the importance of balancing law enforcement with education and treatment for those afflicted by an opioid dependency. This demands coordination and must address program content, required resources, costs, and defined expectations for success.

In most cases, treatment is not a function of law enforcement unless sheriffs are tasked with incarceration. In these cases, inmates may require counseling and/or drug treatment, as well as assistance in reintegrating into society once their sentences are completed. If not included in the program, drug dependencies can, and likely will, lead to additional criminal behavior and recidivism.

LAUNCHING THE HEROIN OPERATIONS TEAM

LCSO has been active in its enforcement initiatives, partnering with local officials and federal task forces including the Washington/Baltimore High Intensity Drug Trafficking Area (WB-HIDTA). LCSO has been active in counterdrug education, mostly through an extensive engagement with the Drug Abuse Resistance Education (D.A.R.E.) program. Despite these efforts, LCSO observed a marked increase in drug overdoses and overdose deaths throughout the county in 2015.

To combat the problem, LCSO conducted a baseline assessment of its resources in and around the county; the commitment we could
expect from our local, state, and federal counterparts; and the existing resources that hadn’t yet been utilized in the fields of mental health, corrections, justice, substance abuse, and behavioral health. LCSO also examined programs that could go beyond simply arresting and incarcerating individuals.

As a result of the assessment, LCSO established the Heroin Operations Team (HOT) in 2016. It has since experienced overwhelming success. In 2017, WB-HIDTA identified Loudoun County as the only jurisdiction in the Baltimore–Washington region to experience a significant decrease in both overdoses and overdose deaths. Together, they fell 11 percent during its first year in a region where overdose deaths continued to grow.

The success of HOT is due to an interagency approach that includes multiple disciplines. The program is designed to identify area stakeholders, assess their connection to the problem, determine their capabilities, and incorporate these capabilities into an overall strategy for success.

OFFICER OUTREACH
As a result of HOT meetings, LCSO moved forward with several initiatives. First, we enhanced community outreach. Upon my election in 2012, LCSO expanded its D.A.R.E. program to middle schools to address the peer pressure children feel as they approach adolescence. We were able to train school resource officers (SROs) at a minimal cost, and help them communicate with children through regular instruction. The expansion had a minimal impact on other SRO responsibilities, and has proven to be a win-win over the past six years.

In addition to expanding D.A.R.E., LCSO partnered with the Drug Enforcement Administration (DEA) in several ways. First, LCSO integrated drug prevention into its internet safety presentations to address drug trends and the use of the internet to acquire drugs illicitly, targeting the program to parents of high school students throughout the county. LCSO later incorporated the film Chasing the Dragon—a no-holds-barred look at the devastating impact of drug addiction—into its high school program.

LCSO also partnered with the DEA Education Foundation to hold a grand opening at the DEA Museum in Loudoun County with the acting DEA administrator, state and local political leaders, former drug addicts, families who had lost loved ones, and religious leaders. We were able to hold several forums at the museum, where attendees shared their stories to help prevent others from suffering a similar fate.

LCSO also produced a video with several former top DEA officials to promote the museum, each of whom described their perspective on the drug issue. The video was shared on the LCSO website and Facebook, as well as on the DEA’s social media outlets. LCSO organized field trips to the museum with Loudoun County public schools and ensured that the students who attended received school credit.

PRESCRIPTION RELIEF
LCSO conducted a three-week Pill Initiative to target the illegal sale and distribution of opioids and prescription drugs in the county, including doctors and pharmacies that might be illegally dispensing or knowingly filling fraudulent scripts. The operation addressed criminal activity related to prescription pills in six categories:

**The dark web.** The LCSO’s Tactical Enforcement Unit (TEU) identified 32 addresses suspected of receiving synthetic opioid pills via the dark web and turned them over to the U.S. Postal Inspector for monitoring. Nine cases are undergoing further investigation.

**Pharmacies.** LCSO detectives contacted 56 pharmacists to establish professional working relationships to help identify potential new prescription fraud cases. During the Pill Initiative, detectives developed three new cases involving prescription fraud for Xanax and synthetic opioids. TEU detectives also worked jointly with DEA to send undercover deputies into three pharmacies with fake prescriptions for oxycodone; one filled the prescription. TEU detectives have an active case based on this operation and will continue proactive operations on other pharmacies.

**Doctors.** Undercover TEU detectives worked jointly with the DEA Tactical Diversion Squad and visited several doctors within the community seeking oxycodone, Adderall, or Xanax. Of the doctors visited, two willingly wrote prescriptions to an undercover deputy with little or no personal information. The detective said he was “from out of town,” had no driver’s license, and after a short conversation was prescribed 30 Adderall tablets. Multiple cases are pending.

Street-level pill investigations. Detectives within TEU made numerous purchases from approximately 19 street distributors, buying hundreds of various pills including Xanax, Roxicodone, Adderall, and oxycodone. Several criminal cases are pending.

Street-level interdiction. Members of LCSO Special Operations Section (SOS) conducted more than 125 interdiction-related traffic stops, seizing more than 200 prescription pills that were possessed illegally. Six stops resulted in arrests, and three resulted in additional search warrants.

Roll call training. Detectives within TEU conducted numerous roll call trainings for LCSO deputies on prescription fraud and the links between distributor, abuser, doctor, and pharmacy. Detectives trained deputies on specific criminal violations and how to conduct street-level interviews on suspected criminal cases.

Based on this success, TEU will continue several of the above initiatives. Additionally, LCSO detectives will continue to partner with USPS inspectors and DEA on suspected dark web deliveries and illegal distribution in pharmacies and doctor’s offices. ~M.C.
LCSO also partnered with DEA on a “Project Purple” presentation featuring former NBA star Chris Herren, whose life was almost destroyed by heroin. He has shared his ordeal in public and private venues, and spoke to a capacity crowd at a Loudoun County high school auditorium.

AN OUNCE OF PREVENTION

LCSO realized it needed to do all it could to prevent deaths associated with overdoses. Consequently, NSA became an early major partner in the HOT initiative by providing naloxone to LCSO’s more than 300 field deputies via a grant from Purdue Pharma. Though fire and rescue officials expressed concerns about mission creep, LCSO began a pilot program in 2016 to equip deputies in rural areas with naloxone in the event they arrived at an overdose scene first. LCSO deputies handled five such incidents almost immediately, and were able to save lives in every one. Following this success, all deputies were issued naloxone kits, and LCSO saved an additional 21 lives in the year-and-a-half that followed.

Additionally, LCSO joined again with HIDTA on the “OD Map” program. With the participation of state and local law enforcement, and some fire and rescue agencies, OD Map tracks overdoses in real time. As all overdose cases are treated as drug crimes, LCSO reports any overdose activity to the OD Map website immediately.

The website tracks overdose occurrences and flags them on maps, relaying the information to participants across the region to identify locations where heroin and opioids are being consumed. That information can be relayed instantly to citizens via Facebook, Instagram, Twitter, or NextDoor, a community-based social media forum. OD Map integrates the need to administer criminal justice with reducing overall availability of opioids, limiting the demands placed upon preventive and rehabilitative partners.

With assistance from Loudoun County Mental Health Substance Abuse and Developmental Services (MHSADS), LCSO ensures that anyone incarcerated as a result of drug use receives the treatment they need, including mental health and substance abuse treatment. It is also LCSO policy to ensure that all substance-afflicted inmates have the appropriate medical and rehabilitative service referrals upon release.

LCSO is also actively involved with the Leadership Loudoun Opioid Epidemic Program Day. The program tasks attendees with developing a program to help teach adolescents about the dangers of opioids in a classroom setting. LCSO and fire and rescue personnel answered questions and provided support information on opioid abuse prevention and education among adolescents. The discussion centered on youths’ access to opioids and how to limit availability, as well as continuance of LCSO’s drug takeback program.

ENFORCEMENT SUCCESSES

As part of its enforcement campaign, interdiction efforts by LCSO personnel selected specific locations to target drug and criminal activity in Loudoun County, conducting more than 130 traffic/suspicious vehicle stops and making 33 narcotics arrests. One arrest recovered ½ kg of ketamine, 5,000 Xanax pills, a pound of marijuana, and cash; the operation also produced heroin, marijuana, suboxone, Vicodin,
and crack cocaine, as well as six criminal charges including a weapons violation. Arrests led to credible intelligence regarding heroin drug sources operating in the region.

As part of this roundup, a neighboring jurisdiction allowed low-level first-time offenders to forgo arrest and incarceration if they agreed to sign up for a diversion treatment option immediately. Sadly, this strategy met with limited success. Of 33 people arrested, only a handful signed up for the program, and only a few attended more than one of the required series of meetings. The second year this was attempted, arrest numbers were similar, but only one arrestee signed up for treatment. It appears as though arrestees are more likely to risk serving a minimal amount of time (if any) rather than commit to a program to help them kick the problem.

While local enforcement efforts were fruitful, LCSO experienced significant success when partnering with federal counterparts and using federal statutes to target distributors. Because threshold amounts in the federal system are high, LCSO worked with DEA to pursue distributors who dispensed drugs that caused a user’s death. Most overdose deaths involve only small amounts of heroin laced with fentanyl, so LCSO and its federal partners used 21 U.S. Code 841 (possession with intent to manufacture, distribute, or dispense), to charge distributors for causing overdose deaths.

The strategy resulted in several successes, including charging a distributor who caused the fentanyl overdose death of the 26-year-old daughter of one of our deputies. In a joint effort led by DEA in Orlando and held in conjunction with the Orange County (Florida) Sheriff’s Office, the suspect, who resided in Pennsylvania, was identified, arrested, and charged with the deaths of several overdose victims. The suspect had used the dark web to sell fentanyl to more than 1,000 customers nationwide and was linked to 19 other overdose fatalities. The defendant was sentenced to life in prison for the death of the 26-year-old in April 2018.

The investigation met DEA’s criteria of being part of a global, operational program known as the Domestic Cartel Initiative (DCI), which warrants Organized Crime Drug Enforcement Task Force (OCDETF) funding and resources. This special category of investigation recognizes that a drug distributor operates in a way that severely impacts the quality of life for a local or regional community, and seeks maximum sentences in criminal trials.

LCSO coordinated other recent notable investigations with positive results. One targeted a resident of Centreville, Virginia, who was suspected of providing a lethal dose of heroin to an individual. Further investigation by LCSO in partnership with the Fairfax County Police Department (FCPD) evolved into a significant undercover operation that entailed conducting several heroin buys, and linked the primary suspect to a high-level dealer in the Washington, D.C., area who was under investigation by the FBI. The case was presented to the Attorney General’s Multijurisdictional Grand Jury, leading to a two-count indictment for distribution and a 15-year sentence for the suspect.

In another success, an LCSO Detective assigned to WB-HIDTA conducted an investigation on a drug transportation group based out-of-state. The suspect had traveled cross-country to New York City. Working with DEA’s New York office, LCSO detectives established a series of surveillances that ultimately led to a search warrant in Bronx, N.Y., that netted additional arrests; the seizure of 31 kilos of fentanyl, heroin, and cocaine; and significant drug proceeds.

Another investigation with DEA was initiated following the death of a person suspected of ingesting cocaine. An analysis of the deceased’s blood confirmed the presence of cocaine, fentanyl, and morphine. Further investigation revealed the identity of the supplier, who was arrested, charged, and is now serving 15 years for causing the user’s death.

TARGETING TREATMENT

In law enforcement, treatment is often the last resort when education, prevention, and enforcement have failed, with the exception of programs for those incarcerated under sheriffs’ jurisdictions.

In November 2017, the President’s Commission on Combating Addiction and the Opioid Crisis published its report, focusing primarily on treating opioid addiction, as well as suggesting “drug courts” for each of the federal judicial districts. Since federal thresholds require distributor-level amounts to charge a defendant, the latter recommendation is difficult to understand. User-sized amounts are typically addressed at the local level, but local drug courts have had mixed results.

In Loudoun County, for example, the drug court was disbanded in 2012 following the election of a new Board of Supervisors. It had produced marginal results, because entry in a treatment program didn’t occur until well after a person became addicted to or dependent upon drugs. Unlike first-time offenses for driving under the influence, which have very serious and expensive consequences, first-time drug offenses did not. Most first-time drug offenders receive “probation before judgment.” They are not issued serious sentences until they are on the road to dependency or addiction.

The commission’s report also seems to support long-term detoxification programs. Although medication may abate the effect opioids have on a user, they can be very costly. One such program involves a monthly injection that reduces drug urges at a cost of approximately $1,000 per injection. This expense is more than most local jurisdictions can absorb, and may not be necessary. In several forums in which LCSO has been involved, former addicts reported that their inability to get drugs while in jail was the reason that they were able to kick the habit.

The commission’s report did make the recommendation that the Drug Abuse Warning Network (DAWN) be reinstated. This organization formerly tracked emergency room visits nationally—an important component in understanding the overall impact of drug use, addiction, and overdose. Restarting this program would enable communities countering a drug problem to better understand the extent of the problem and determine what may or may not be working to counter it.

A PROBLEM FOUGHT

One hundred seventy-five people die each day from drug overdoses, and the numbers continue to rise. But in Loudoun County, those
numbers are decreasing, because LCSO has taken a holistic, multifaceted approach.

As a law enforcement organization, LCSO feels strongly that there must be accountability across the spectrum for all parties involved in the distribution, dispensing, use, and abuse of opioids. Law enforcement is a key—and underestimated—component in countering the problem. This is why it is imperative that federal funding for state and local task forces continues.

Education and prevention are also critically important, along with constant, vigorous messaging. Although the President’s Commission looks to the Office of National Drug Control Policy (ONDCP) to be the key messenger, it is important to recognize that many outlets that can help deliver the counterdrug message already exist. In Loudoun County, for example, resources include the D.A.R.E. program, community meetings, and various social media platforms.

As professionals engaged in the fight against this problem, we need to identify all of our essential stakeholders, tap the resources we already have, work to acquire additional resources, and apply our ingenuity and energy to attack the opioid problem at all levels. 🖱

Michael L. Chapman is Sheriff of Loudoun County (Virginia).

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