COPS
Community Oriented Policing Services
U.S. Department of Justice

Problem-Specific Guides Series
Problem-Oriented Guides for Police

No. 73

Robbery of Pharmacies

Nancy La Vigne
and Julie Wartell





Center for
Problem-Oriented Policing

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This project was supported by cooperative agreement #2011-CK-WX-K019 awarded by the Office of Community Oriented Policing Services, U.S. Department of Justice. The opinions contained herein are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific agencies, companies, products, or services should not be considered an endorsement of the product by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues.

The Internet references cited in this publication were valid as of the date of publication. Given that URLs and websites are in constant flux, neither the author(s) nor the COPS Office can vouch for their current validity.

Recommended citation:
LaVigne, Nancy, and Julie Wartell. 2015. *Robbery of Pharmacies*. Problem-Oriented Guides for Police, Problem-Specific Guide No. 73. Washington, DC: Office of Community Oriented Policing Services.

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ISBN: 978-1-932582-29-1

Published 2015

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About the Problem-Specific Guides Series

The *Problem-Specific Guides* summarize knowledge about how police can reduce the harm caused by specific crime and disorder problems. They are guides to prevention and to improving the overall response to incidents, not to investigating offenses or handling specific incidents. Neither do they cover all of the technical details about how to implement specific responses. The guides are written for police—of whatever rank or assignment—who must address the specific problem the guides cover. The guides will be most useful to officers who:

- **Understand basic problem-oriented policing principles and methods.** The guides are not primers in problem-oriented policing. They deal only briefly with the initial decision to focus on a particular problem, methods to analyze the problem, and means to assess the results of a problem-oriented policing project. They are designed to help police decide how best to analyze and address a problem they have already identified. (A companion series of Problem-Solving Tools guides has been produced to aid in various aspects of problem analysis and assessment.)
- **Can look at a problem in depth.** Depending on the complexity of the problem, you should be prepared to spend perhaps weeks, or even months, analyzing and responding to it. Carefully studying a problem before responding helps you design the right strategy, one that is most likely to work in your community. You should not blindly adopt the responses others have used; you must decide whether they are appropriate to your local situation. What is true in one place may not be true elsewhere; what works in one place may not work everywhere.
- **Are willing to consider new ways of doing police business.** The guides describe responses that other police departments have used or that researchers have tested. While not all of these responses will be appropriate to your particular problem, they should help give a broader view of the kinds of things you could do. You may think you cannot implement some of these responses in your jurisdiction, but perhaps you can. In many places, when police have discovered a more effective response, they have succeeded in having laws and policies changed, improving the response to the problem. (A companion series of Response Guides has been produced to help you understand how commonly-used police responses work on a variety of problems.)

- **Understand the value and the limits of research knowledge.** For some types of problems, a lot of useful research is available to the police; for other problems, little is available. Accordingly, some guides in this series summarize existing research whereas other guides illustrate the need for more research on that particular problem. Regardless, research has not provided definitive answers to all the questions you might have about the problem. The research may help get you started in designing your own responses, but it cannot tell you exactly what to do. This will depend greatly on the particular nature of your local problem. In the interest of keeping the guides readable, not every piece of relevant research has been cited, nor has every point been attributed to its sources. To have done so would have overwhelmed and distracted the reader. The references listed at the end of each guide are those drawn on most heavily; they are not a complete bibliography of research on the subject.
- **Are willing to work with others to find effective solutions to the problem.** The police alone cannot implement many of the responses discussed in the guides. They must frequently implement them in partnership with other responsible private and public bodies including other government agencies, non-governmental organizations, private businesses, public utilities, community groups, and individual citizens. An effective problem-solver must know how to forge genuine partnerships with others and be prepared to invest considerable effort in making these partnerships work. Each guide identifies particular individuals or groups in the community with whom police might work to improve the overall response to that problem. Thorough analysis of problems often reveals that individuals and groups other than the police are in a stronger position to address problems and that police ought to shift some greater responsibility to them to do so. Response Guide No. 3, *Shifting and Sharing Responsibility for Public Safety Problems*, provides further discussion of this topic.

The COPS Office defines community policing as "a philosophy that promotes organizational strategies, which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime." These guides emphasize *problem-solving* and *police-community partnerships* in the context of addressing specific public safety problems. For the most part, the organizational strategies that can facilitate problem-solving and police-community partnerships vary considerably and discussion of them is beyond the scope of these guides.

These guides have drawn on research findings and police practices in the United States, the United Kingdom, Canada, Australia, New Zealand, the Netherlands, and Scandinavia. Even though laws, customs and police practices vary from country to country, it is apparent

that the police everywhere experience common problems. In a world that is becoming increasingly interconnected, it is important that police be aware of research and successful practices beyond the borders of their own countries.

Each guide is informed by a thorough review of the research literature and reported police practice, and each guide is anonymously peer-reviewed by a line police officer, a police executive, and a researcher prior to publication. The review process is independently managed by the COPS Office, which solicits the reviews.

For more information about problem-oriented policing, visit the Center for Problem-Oriented Policing online at www.popcenter.org. This website offers free online access to:

- The *Problem-Specific Guides* series
- The companion *Response Guides* and *Problem-Solving Tools* series
- Special publications on crime analysis and on policing terrorism
- Instructional information about problem-oriented policing and related topics
- An interactive problem-oriented policing training exercise
- An interactive *Problem Analysis Module*
- Online access to important police research and practices
- Information about problem-oriented policing conferences and award programs

Acknowledgments

The *Problem-Oriented Guides for Police* are produced by the Center for Problem-Oriented Policing, whose officers are Michael S. Scott (Director), Ronald V. Clarke (Associate Director), and Graeme R. Newman (Associate Director). While each guide has a primary author, other project team members, COPS Office staff, and anonymous peer reviewers contributed to each guide by proposing text, recommending research, and offering suggestions on matters of format and style.

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Members of the San Diego; National City, California; and Savannah, Georgia police departments provided feedback on the guides' format and style in the early stages of the project.

Kimberly Nath oversaw the project for the COPS Office. Phyllis Schultze conducted research for the guide at Rutgers University's Criminal Justice Library. Nancy Leach coordinated the Center for Problem-Oriented Policing's production process. Marian Haggard and Melissa Fox edited this guide.

The Problem of Pharmacy Robbery

This guide begins by describing the problem of pharmacy robbery and reviewing factors that increase its risks. It then identifies a series of questions to help you analyze your local pharmacy robbery problem. Finally, it reviews responses to the problem and what is known about them from evaluative research and police practice.

For the purposes of this guide, pharmacy robbery, which falls under the broader heading of pharmaceutical diversion, is defined as the theft by force—or threat of use of force—of prescription drugs for personal use or profit. This definition excludes theft, burglary, backdoor pharmacies,* and illegal importation or distribution of prescription drugs. The related issue of prescription drug diversion is covered in a companion Problem-Oriented Policing guide, *Prescription Drug Fraud and Misuse*.

What This Guide Does and Does Not Cover

Pharmacy robbery is but one aspect of the larger set of problems related to the unlawful use of controlled substances and the substance use disorder that often accompanies it. This guide is limited to addressing the particular problem associated with pharmacy robbery. Related problems not directly addressed in this guide and requiring separate analyses include the following:

- **Theft from pharmacies, hospitals, and doctors' offices.** Pharmacy workers and healthcare providers, both of whom have easy access to prescription drugs, sometimes steal them, as do patients and relatives of patients who may have access to drugs because of proximity and poor security procedures.
- **Burglary.** Individuals obtain prescription drugs by burglarizing homes, doctors' offices, and pharmacies.
- **Medicaid fraud.** Pharmacy workers sometimes commit Medicaid fraud, usually by substituting generic drugs for name brands, short-counting pills, or filling prescriptions without a refill and then overbilling Medicaid. They may also bill Medicaid for drugs they never dispensed.[1]
- **Over-the-counter (OTC) drug misuse.** Those who purchase OTC drugs to achieve a high are typically youth seeking cough and cold medicines, sleep aids, antihistamines, and anti-nausea agents.[2] It is not known to what extent the misuse of OTC drugs increases the risk for prescription drug-related crimes, such as fraud, theft, or pharmacy burglary.

* "Backdoor pharmacies" are businesses not licensed or authorized to distribute pharmaceutical drugs.

Pharmacy robbery **is related to the larger set of problems associated with misuse of prescription drugs and** robbery of retail establishments. Related problems, some of which are covered by other Problem-Oriented Guides for Police, include the following:

- Robbery of convenience stores
- Prescription drug fraud and misuse
- Drug dealing in open-air drug markets
- Drug dealing in privately owned apartment complexes
- Marijuana growing operations
- Rave parties
- Clandestine methamphetamine labs
- Mobile drug dealing
- Drug-impaired driving
- Bank robbery

For the most up-to-date listing of current and future guides, see www.popcenter.org.

General Description of the Problem

Pharmacy robbery is a serious and growing problem. According to the U.S. Drug Enforcement Agency (DEA), robberies of pharmacies in the United States increased 82 percent from 2006 to 2011.[3] Overall, 3,535 pharmacies were robbed during that six-year period.[4] The problem of pharmacy robbery is not unique to the United States: serious pharmacy robbery problems have been documented in England, Ireland, and Australia.[5] While the problem is widespread internationally, it is also unique locally, with some regions and localities more susceptible to pharmacy robberies than others. In New York state, for example, pharmacy robberies increased from just 4 in 2006 to 30 in 2010.[6] The common theme across international, national, and regional experiences with pharmacy robbery is that the volume of legally prescribed pain relievers has risen steadily. For example, opiate painkillers, arguably the most addictive of prescribed medicines, are also the most widely abused,[7] and the distribution of these drugs has increased by over 600 percent in recent years.*

* The rate of prescription opioids distributed by drug companies, as measured by milligrams per person, increased from 98 milligrams per person in 1997 to 698 milligrams per person in 2007 (CDC 2011).

Harms Caused by Pharmacy Robbery

Pharmacy robberies are acts of violence. As such, they pose a serious threat to employees and customers present at the scene, as well as to responding officers. As with any robbery, the violence associated with it can quickly turn lethal, as was the case on June 19, 2011, when four victims—a pharmacist, a clerk, and two customers—were shot and killed by two suspects in the course of the robbery of a Long Island, New York, pharmacy.[8]

Pharmacy robberies for the purpose of obtaining prescription drugs can cause untold harm, because the consumption and distribution of the drugs can progress into chronic substance use disorders and lead to further crime, overdoses, and even death. Indeed, deaths from overdoses of prescription drugs have risen dramatically in recent years.[9] Pharmacy robberies also harm businesses, as some businesses have resorted to limiting the supply of heavily sought-after drugs such as oxycodone in order to prevent robberies.[10] This restriction of medication that is critical for palliative care creates challenges for law-abiding citizens, who are unable to obtain legally prescribed medications to manage their chronic pain. As you contemplate how to approach the problem and impact of pharmacy robbery, you should carefully consider these types of harms and the contexts in which they may play a leading role in crime control and prevention role versus other contexts in which they may play a secondary, or referral, role. In the context of pharmacy robberies, secondary roles might include treatment providers to aid those who commit robberies because of their opioid use disorder.

Factors Contributing to Pharmacy Robbery

Understanding the factors that contribute to pharmacy robbery will help you frame your own local analysis questions, determine good effectiveness measures, recognize key intervention points, and select appropriate responses.

Misuse of Prescription Drugs and Opioid Use Disorders

Prescription drug misuse is significant and rising rapidly, with some observing that it is the nation's fastest-growing drug problem. In 2010, about one in four illicit-drug users reported that their initiation into illegal drug use began with prescription drugs.[11] This amounts to 2 million Americans over the age of 12 who illegally used pain relievers for the first time in 2010 alone.[12]

Overall, the most commonly misused prescription drugs fall within the class of controlled substances termed opioid pain relievers, such as hydrocodone and oxycodone. The prescription drugs that police agencies most frequently report as commonly misused include Vicodin® (hydrocodone), OxyContin® (oxycodone), Lorcet®, Dilaudid®, Percocet®, Soma®, Darvocet®, and morphine. Many of these top the list of prescription drugs used nonmedically by youth and young adults, who tend to favor pain relievers such as codeine, methadone, Demerol® (meperidine), Percocet, Vicodin, and OxyContin.

Many experts attribute the growth in prescription drug misuse and related crimes such as pharmacy robbery in part to the introduction in the mid-1990s of OxyContin, an oral, controlled-release form of oxycodone that acts for 12 hours. Oral oxycodone is a very effective pain reliever. However, when injected or snorted, users experience a rapid onset of euphoria. People who misuse opioids often obtain them through a legitimate prescription to treat pain or a medical condition. In this case misuse may constitute taking more than prescribed.

Such misuse of prescription drugs can progress into an opioid use disorder, which in turn can lead to criminal acts such as thefts, burglaries, or robberies to obtain cash for the purchase of such drugs or to obtain drugs directly. Moreover, this disease drives demand, making pharmacy robbery and burglary a lucrative business for those intent on selling the stolen drugs on the black market. Estimates of the street price of oxycodone run as high as $80 per pill.[13]

Other Illicit Crime and Drug Use

While scant research exists on the relationship between other criminal acts that are not driven bysubstance use disorder or pharmacy robbery, a national survey has identified a link between prescription drug misuse and opioid use disorders (prescription drugs and heroin), with those who reported illegally using prescription drugs 19 times more likely to begin using heroin.[14] Moreover, a study of male and female burglars demonstrates the link between various forms of burglary and both heroin and prescription drug misuse.[15]

Pharmacy Management Practices and Design

While opioid use disorders and the profits sought from the illegal acquisition of prescription drugs may explain the impetus for pharmacy robberies, pharmacies themselves may create the conditions ripe for criminal opportunities. As other POP guides on convenience store and bank robberies indicate, not all retail establishments present equal opportunities for crime.* Pharmacies that have sought-after drugs, such as opioids, for sale will be more desirable targets than those that do not. Likewise, the geographic location of the pharmacy, its management practices (hours of operation, number of pharmacists and cashiers on duty, and use of cash drop boxes), and its physical design may all contribute to victimization.

* See Problem-Specific Guide No. 48, *Bank Robbery*, and Problem-Specific Guide No. 49, *Robbery of Convenience Stores*, for further information.

Understanding Your Local Problem

The information provided in the previous section is only a generalized description of pharmacy robbery. You must combine the basic facts with a more specific understanding of your local problem. Analyzing the local problem carefully will help you design a more effective response strategy.

Stakeholders

The following groups have an interest in the pharmacy robbery problem and ought to be considered for the contribution they might make to gathering information about the problem and responding to it:

- *Law enforcement agencies* are an excellent source of data on the problem of pharmacy robbery, and at the national level, the DEA's Office of Diversion Control serves as a central source for national policy guidance, support, and the collection and sharing of intelligence regarding pharmaceutical diversion issues including pharmacy robberies.
- *Healthcare and substance use disorder treatment providers* can offer information on prescription drug trends and provide insight into current trends in opioid use disorders and treatment.
- *Pharmacists* in particular may have a wealth of insight—often not reported to police—regarding criminal activity, methods of operation, and prescription drug trends.
- *Parents and educators* may have experience with youth with substance use disorders who have not yet come to police attention. Educators could also assist in distributing confidential questionnaires to measure the extent of the problem.

In addition to the above, other key stakeholders are drug-free community coalitions, pharmaceutical companies, and a variety of state and Federal Government agencies, such as pharmaceutical and medical licensing boards and public health agencies.

Asking the Right Questions

The following are some critical questions you should ask in analyzing your particular problem of pharmacy robbery, even if the answers are not always readily available. Your answers to these and other questions will help you choose the most appropriate set of responses later on.

Incidents

- **What is the nature of past pharmacy robbery incidents?** Did they occur in the same part of town, the same retail chain, or involve similar *modus operandi*? What are the common patterns or differences by time of day, day of week, number of individuals involved, etc.?
- **What environmental design features and business practices distinguish pharmacies that fall victim to robbery?** Are they open late at night when few customers are likely to patronize them? Are they staffed with multiple pharmacists and cashiers during all business hours? Is the parking lot well lit? Are the windows free of obstructions?
- **What is the nature** of the pharmaceutical shipment, intake, distribution, and disposal process, and how does it create vulnerabilities for robbery?
- **How many police calls for service and cases** involve some aspect of prescription drug diversion or misuse in addition to pharmacy robberies (as higher numbers may lead to more robberies)?
- **What is the precise nature of these cases and calls for service?** (Determining this might require some careful analysis of police reports, as the precise involvement of prescription drugs or information that the robbery was of a pharmacy may be revealed only in the report narrative of a wide range of call and case types.)
- **What is the cost to the community**—in both monetary and nonmonetary terms—to respond to the pharmacy robberies specifically and the problem of prescription fraud and misuse more generally?

Victims

- **Whom does pharmacy robbery directly victimize?** Pharmacists, other employees, and customers (who are put in harm's way and may suffer trauma following a robbery incident)? Pharmacies (that lose revenues through loss of business)?
- **What types of injuries and physical costs** have been incurred by these victims?
- **Whom does pharmacy robbery indirectly affect** (the community at large, through fear of victimization; those who are legitimately prescribed painkillers, who may find them difficult to obtain when pharmacies restrict supplies to prevent robberies)?

Offenders

- **What are their characteristics** (e.g., age, gender, or profession)?
- **Where do they live, go to school, or work?** How do those locations correspond to pharmacy robbery locations (e.g., are pharmacies in some geographic areas more likely targets than others)?
- **What is the pattern of offending?** Are robberies intermittent/seasonal or regular? Is there a regular time span between acts (e.g., based on how long it takes to exhaust a supply of drugs)?
- **What are the characteristics** of those arrested for possession of the types of pharmaceuticals most often taken in robberies?
- **What are their motives?** Do they have an opioid use disorder? Are they selling the drugs on the black market? Both? (You can interview them to collect this information.* Undercover investigations, buys, and surveillance can reveal more about their practices.)
- **Do they act alone or as part of a group?** If the latter, do robberies appear to be organized crimes?
- **Is there evidence of inside knowledge** through pharmacy employees who may be knowingly or unknowingly facilitating robberies?
- **What are their preferred tactics?** Think about this in relation to their planning and entry, the robbery itself, and the escape.

Locations/Times

- **Where do pharmacy robberies occur in your community and region?** To detect patterns, you should conduct location analyses, which can help you determine which targets are most vulnerable. For example, robberies in specific areas may indicate where individuals committing pharmacy robberies live or work.
- **In which specific locations do robberies most commonly occur?** Are certain pharmacies less likely to experience them? Are certain types of pharmacies (e.g., independent stores versus chain stores) more susceptible to robbery based on location or business practices?
- **Are robberies associated with the timing of incoming shipments** of prescription drugs that will be distributed by the pharmacy?

* See Problem-Solving Tools Guide No. 3, *Using Offender Interviews to Inform Police Problem Solving, for further information.*

- **What are the physical characteristics** of the pharmacies that have been robbed? Are they pharmacies within stores or stand-alone? Are they well-lit? What is the staffing and security?
- **What specific types of prescription drugs** are diverted in your community or region? (This can vary greatly from region to region and may shed light on demand reduction strategies.)
- **When does pharmacy robbery occur?** What times of day? What days of the week? Are pharmacy closing times (when few—if any—customers are present) the most vulnerable times for robbery?

Current Responses

- **Does your agency have policies and procedures** specific to taking pharmacy robbery incident reports that collect the types of information highlighted above? If so, do you capture and analyze the data generated in those reports?
- **Does your agency share intelligence** on pharmacy robberies occurring across jurisdictional boundaries regarding *modus operandi* or trends in the types of drugs sought through robberies? This may be done via participation in local, state, or federal prescription drug diversion task forces.
- **Does your agency currently work with pharmacists, healthcare professionals, the schools, or community organizations** on prescription drug misuse prevention and education?
- **What are the state and local laws** relating to prescription drug diversion and enforcement?

Capturing and Analyzing Data

The details behind past incidents of pharmacy robberies are likely captured in crime incident reports and investigative records. But understanding the larger context of pharmacy robberies requires obtaining data on supply and demand of prescription drugs on both the legal and illegal markets. Several national data-collection efforts provide state- and regional-level information on trends and patterns in substance use disorders, including misuse of prescription drugs. For example, the DEA's Theft Database collects data on pharmacy thefts.

However, participation in this database is voluntary; the resulting incomplete reporting limits the database's utility. Understanding these patterns can help alert police to the emergence of new trends in commonly abused prescription drugs. They can also inform pharmacies on the types of drugs that are most sought after, guiding decisions on restricting the sales and availability of such drugs (and widely publicizing those restrictions) in order to prevent robberies.

National Data Sources with State, Regional, and/or Local Data

Sponsored by the National Institute on Drug Abuse, the Community Epidemiology Working Group (CEWG) was a consortium of more than 20 researchers from major metropolitan areas who met annually to report on local drug abuse patterns and trends. It was replaced in August 2014 with the National Drug Early Warning System (NDEWS), which builds upon and expands the former program by broadening the network, including national perspectives and innovative identification and monitoring approaches, and reporting on new trends and issues that arise nationwide. Local police agencies can consult the group's website at www.drugabuse.gov/related-topics/trends-statistics/national-drug-early-warning-system-ndews.

The Arrestee Drug Abuse Monitoring (ADAM) program collected data through drug tests and self-reported drug use of adult male arrestees in 10 U.S. counties from 2007 through 2011 and in 5 counties in 2012 and 2013; the program was discontinued in 2013. ADAM data were particularly useful to local police in identifying shifts in local trends in illicit drug use, including the nonmedical use of prescription drugs . Annual reports of ADAM data can be found on the Office of National Drug Control Policy's website. In addition, some other metropolitan areas (e.g., San Diego County through the San Diego Association of Governments) are collecting their own ADAM-type data.

The Treatment Episode Data Set, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), reports admissions to specialty treatment facilities by state and primary abused substance, enabling local police to identify statewide trends over time. The data set's website has a search engine enabling users to select data by year and state.

The Drug Abuse Warning Network (DAWN) reported data on drug-related emergency department (ED) visits and drug-related deaths reported by medical examiners (ME). The ED visit data was nationally representative and for a small number of selected metropolitan areas; the ME data was available for some states and selected metropolitan areas. The DAWN system was discontinued in 2011; currently SAMHSA is working with the

National Center for Health Statistics to implement a new system for collecting drug-related data in EDs. Drug-involved death data, including those involving prescription medications are available from the Centers for Disease Control and Prevention mortality files.

The Monitoring the Future (MTF) study and the National Survey on Drug Use and Health (NSDUH) are both excellent sources for examining trends in substance use and related issues among youth and the general U.S. household population , respectively. The MTF collects data on drug use and related attitudes and behaviors among 8th, 10th, and 12th grade students; the survey is nationally representative and can provide estimates by region, but the sample cannot support state-level estimates. The NSDUH collects data on drug use, treatment need and receipt, initiation, and attitudes and beliefs on Americans 12 and older living in households and other group quarters. The data are nationally representative; estimates also are provided by state for many of the variables.

State Data Sources

Most states have implemented prescription drug monitoring programs (referred to as PMP or PDMP). These programs are databases that provide information to health care providers on what prescriptions individuals are receiving. Law enforcement may be able to obtain the identified data to spot a trend; check with your state PDMP administrator. In most states, law enforcement must have a subpoena to obtain specific data. PMPs document all retail sales of certain prescription drugs. Depending upon the law in your state, police can analyze this data to identify unusual sales volumes by retailer, healthcare provider, and drug type. You may contact your state data collection entities to gain access to the data, which can illustrate the types of prescription drugs that are dispensed, the degree to which certain medical prescribers appear to be overprescribing, and other statewide patterns of potential misuse and diversion. This information is useful, as the demand for these drugs may soon be followed by increases in robberies to acquire it. Understanding the illicit demand for specific drugs can help police and pharmacists anticipate and prevent robberies to get those drugs.

Local Data Collection

The sources mentioned previously are limited to data at the state or metropolitan area level, but they may not tell the local story. Police agencies tackling the problem of pharmacy robbery can create their own data collection tools in order to capture the true local context and underlying causes of the problem. The Reno (Nevada) Police Department, for example, conducted surveys of area pharmacists and doctors and also reviewed and revised the way

the department coded reported incidents of prescription drug related crimes to enable the agency to isolate those cases from other drug-related crimes.[16] Another source of local data may be the Coroner or Medical Examiner's Office, which tracks overdoses.

A key question you should ask is to what degree can your agency effectively track the types of prescription drugs that are associated with robberies, burglaries, and other criminal acts? Is this information only available through a manual search and count? If so, it will be critical in the long term to create new sources of data rather than adjusting current reporting in order to be effective. Ultimately, agencies will need to stop building one-off data collection methods and instead strive to develop an accurate and comprehensive database that can be shared across agencies and jurisdictions.

Measuring Your Effectiveness

The analyses referenced above will aid you in identifying appropriate responses to your pharmacy robbery problem (a description of possible responses appears later in this guide). Once a response (or series of responses) is implemented, it will be critical to measure its effectiveness. Measurement allows you to determine to what degree your efforts have succeeded and suggests how you might modify your responses if they are not producing the intended results.

You should take measures of your problem before you implement responses to determine how serious the problem is and, after you implement them, to determine whether they have been effective. All measures should be taken in both the target area and the surrounding area. For more detailed guidance on measuring effectiveness, see Problem-Solving Tools Guide No. 1, *Assessing Responses to Problems: An Introductory Guide for Police Problem-Solvers* and Problem-Solving Tools Guide No. 10, *Analyzing Crime Displacement and Diffusion*.

The following are potentially useful measures of the effectiveness of responses to pharmacy robbery. Process measures show the extent to which responses were properly implemented. Outcome measures show the extent to which the responses reduced the level or severity of the problem.

Process Measures

- Changes in arrest patterns for drug possession and sales in your and neighboring jurisdictions
- Changes in types of prescription drug diversion (e.g., if you prevent pharmacy robberies, would burglaries increase)
- Changes in locations of pharmacy robberies
- Changes in types of drugs obtained through robberies and other forms of prescription drug diversion
- Changes in the number of prescriptions filled for certain target drugs such as oxycodone
- Increased adoption by pharmacies of robbery-prevention good practices

Outcome Measures

- Reduced number of reported pharmacy robbery cases
- Reduced number and severity of injuries related to pharmacy robberies
- Reduced value/dollar loss related to pharmacy robberies
- Reduced number of arrests of possession of the types of pharmaceuticals typically taken in pharmacy robberies

It is important to remember that some of these measures may be misleading depending on the types of responses your department applies to the problem. For example, if your agency partners with pharmacies to institute better target-hardening measures to reduce robberies, and those robberies decline but other forms of diversion such as prescription-drug fraud increase, the harms associated with robbery may be reduced, but the larger problem of prescription-drug diversion remains. This underscores the importance of tackling the problem of pharmacy robbery within the larger context of prescription drug diversion and misuse. But regardless, reducing pharmacy robberies is a notable end goal in and of itself, as these crimes pose substantial danger to employees, customers, and responding officers.

Responses to the Problem of Pharmacy Robbery

Your analysis of your local problem should give you a better understanding of the factors contributing to it. Once you have analyzed your local problem and established a baseline for measuring effectiveness, you should consider possible responses to address the problem.

The following response strategies provide a foundation of ideas for addressing your particular problem. These strategies are drawn from a variety of research studies and police reports. Several of these strategies may apply to your community's problem.

It is critical that you tailor responses to local circumstances and that you can justify each response based on reliable analysis. In most cases, an effective strategy will involve implementing several different responses. Law enforcement responses alone are seldom effective in reducing or solving the problem.

Do not limit yourself to considering what police can do: carefully consider whether others in your community share responsibility for the problem and can help police better respond to it. The responsibility of responding, in some cases, may need to be shifted toward those who have the capacity to implement more effective responses. For more detailed information on shifting and sharing responsibility, see Response Guide No. 3, *Shifting and Sharing Responsibility for Public Safety Problems*.

For further information on managing the implementation of response strategies, see Problem-Solving Tools Guide No. 7, *Implementing Responses to Problems.*

General Considerations for an Effective Response Strategy

While a great deal of research has focused on what works to prevent and reduce comparable crimes such as robberies of convenience stores, violence against small businesses, and prescription drug abuse, there have been no studies evaluating methods to prevent and reduce robberies of pharmacies specifically. This crime problem differentiates itself from otherwise comparable crimes because pharmacy robberies usually target drugs, not money.

In addition, police play a limited role in changing the fact that some people misuse prescription drugs, which may progress to an opioid use disorder and potentially be the cause of a large number of pharmacy robberies. Similar to prescription fraud, police must work with other stakeholders— in both the public and private sectors—to reduce and prevent pharmacy robberies. The stakeholders described in the previous section are among the most critical in controlling pharmacy robbery. Several jurisdictions, at both the state and federal level, have created task forces to respond to the problem of pharmacy robberies. Coordination and collaboration across agencies and stakeholders is vital.

A number of local, state, and federal efforts to discuss the problem of pharmacy robbery, create guidelines, and educate potential victims have emerged since the problem escalated a few years ago. These are described in the responses below. Many of these actions and guidelines include excellent ideas, but very little documentation exists on their implementation and effectiveness.

Specific Responses to Reduce Pharmacy Robbery

Increasing the Risk of Detection

1. Informing pharmacy employees about robbery trends. Some data exist for pharmacy robberies nationwide, and some may exist for the local jurisdiction. You should analyze these data, add your experiential knowledge, and educate pharmacies about the trends and patterns—such as likely days and times for robbery, suspect profiles, and types and locations of pharmacies and drugs that are being targeted. With this knowledge, pharmacy staff can at a minimum be more alert or, if possible, increase staffing during higher risk days and times or maybe even modify procedures for handling the higher risk drugs.

2. Providing prevention guidance to pharmacy employees. The more employees who are aware of how to identify suspicious customers and behaviors, how security systems work, and appropriate procedures during a robbery, the greater the odds that robberies can be prevented. In addition to the DEA Tip Sheet shown in figure 1, several other guides have been created. The San Diego Police Department has a detailed document titled "Preventing and Dealing with Pharmacy Robberies," available on its public website. Two similar efforts were launched in Australia. The Pharmacy Guild of Australia created "Pseudoephedrine-Related Break and Enter: 10 Practical Tips,"* and WorkCover New South Wales designed a fact sheet/checklist titled "Managing the Risk of Robbery and Violence in Pharmacies." The Saskatchewan Pharmaceutical Association created the "Pharmacy Security Guide," which includes information on exterior security, alarm systems, interior security, robbery procedures, and check lists. British Columbia's Pharmacy Association authored "Guidelines for Addressing Pharmacy Robbery in B.C." The Pharmacy Technician Certification Board (U.S.) recently increased their efforts to educate pharmacy technicians about pharmacy robbery.

Figure 1. Pharmacy Robbery & Burglary: Tips to Protect Your Customers, Your Business, and Yourself

Prevention Tips

- **Install an alarm system and test it often.**
- **Install security cameras behind the cash register facing the front counter.**
- **Inspect cameras regularly to ensure they are functioning.**
- **Properly store recorded data.**
- **Install hold-up/duress buttons.**
- **Invite local police to conduct a security assessment.** Learn the names of the officers who patrol your neighborhood and encourage them to stop by.
- **Ensure there is adequate outside lighting and leave some lights on after closing.**
- **Change locks, alarm codes, and safe combinations when an employee leaves.**
- **Have at least two employees open and close the store.**
- **Try to greet customers as they enter your pharmacy.** Your attention can discourage a robber.
- **Watch for people hanging around and not buying anything.**
- **Beware of suspicious activity outside your business.**

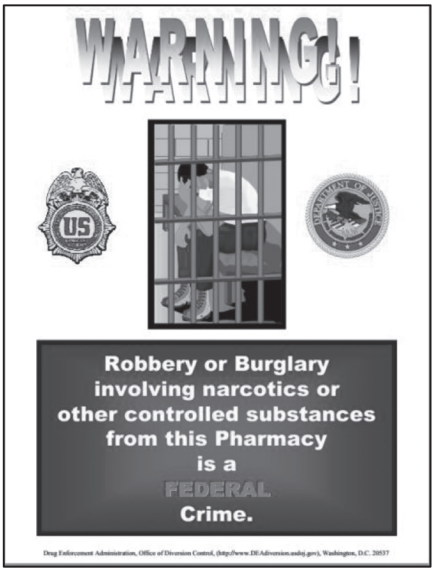
* While this document is focused on robbery, most of the tips are also relevant to and can help reduce the potential for burglary as well.

3. **Managing risk factors**. As described in the previous section, the risk of pharmacy robbery may be related to the physical environment design of the pharmacy, dispensing procedures, staffing, and other contextual factors. If employees are aware of risks, they can take steps to manage them better. The UK Pharmacists' Defence Association created a "Personal Safety Resource Pack" to educate pharmacists about violence and how to reduce and manage risk. This also includes a risk assessment tool. While not specific to pharmacy robberies, many of the points are relevant.
4. **Installing a panic alarm**. While a standard burglar alarm may help prevent the burglary of a pharmacy during hours it is closed, a panic alarm at the pharmacy counter can be used to surreptitiously notify authorities during a robbery in progress.
5. **Using a video surveillance system**. Cameras should cover entrances, exits, and high-risk areas such as the pharmacy counter. They need to be positioned to capture full facial views, and the monitor should be large enough and positioned so that the offender will notice it.* While there have been no evaluations of the use of closed-circuit televisions (CCTV) in pharmacies, an analysis of 1,900 burglaries in the RxPATROL† database revealed that in 77 percent of them, the pharmacy had no video surveillance cameras.[17]
6. **Tracking the stolen drugs/offender**. Both GPS tracking units installed in decoy pill bottles, and DNA tracking spray have been used in a few jurisdictions. While there are success stories of post-robbery identification and conviction, caution should be taken as there is no evidence to show that either is effective in *preventing* the robbery from occurring.
7. **Using deterrent signage.** If individuals perceive a pharmacy to be more aware of and better managing the pharmacy robbery problem through the use of federal prosecution, they may choose to go to a different pharmacy (see figure 2).

* See Response Guide No. 4, *Video Surveillance of Public Places, for a more in-depth discussion.*

† RxPATROL® was created by private industry in conjunction with law enforcement to collect, analyze, and disseminate pharmacy crime information. According to the website (www.rxpatrol.com), there are 8,514 crimes in the database (as of 5/1/15), of which 3,335 are robberies and 1,980 burglaries.

Figure 2. Warning sign from DEA Office of Diversion Control.



Increasing the Effort Required to Commit Pharmacy Robbery

8. **Employing security measures**. Pharmacy owners and employees can use several strategies to control pharmacy robbery. There are a number of checklists available to assess the pharmacy's security. One such checklist is available via the National Association of Drug Diversion Investigators' website and includes alarms, physical design and barriers, locks, CCTV, and restricting access. Another example is the "Security Assessment Template" from the Pharmaceutical Society of Ireland and An Garda Siochána. The assessment includes collecting information on location (to include staffing, hours, etc.), external grounds, building (external), building (internal—physical), building (internal—security), and security procedures and controls.

   Specific measures include the following:

   a. **Increasing pharmacy lighting.** Having a brightly lit exterior as well as interior increases the natural surveillance and visibility of the potential offenders.

   b. **Locking up drugs**. Whether in a locked cabinet or a safe, many pharmacies use this extra security for the drugs that are most often targeted. Another tactic might be to fill targeted-drug prescriptions only after closing hours and prominently notify

customers of this practice. The location of the safe can also aid in hardening the target. In the same analysis of RxPATROL data described earlier, it was found that 84 percent of the pharmacies that were burgled had no safe.[18] There are many types of safes; pharmacies should consider burglary-resistant over fire-resistant ones. Burglary-resistant safes have a rating system relating to how difficult and time-consuming breaking into it will be. One example, specially designed for dispensing drugs, is PharmaSafe™ (See figure 3). The only way to open the safe is to process a prescription.

Figure 3: Examples of pharmaceutical safes (www.amsecusa.com/pharmacy/)



c. **Installing physical barriers.** Some police and security experts recommend putting bullet-proof glass or steel barriers at the dispensary window. While it has yet to be evaluated specifically for pharmacies, this strategy has shown to have some effect in reducing robbery at banks and convenience stores.*

d. **Ensuring front windows are clear.** The extent of natural surveillance that allows people passing by to see inside may prevent a robbery. This tactic has proven to be effective in reducing convenience store robberies and is similarly effective if the pharmacy is in a store where no one can see in due to advertising posters covering the front windows.

Decreasing Susceptibility to Robberies

9. **Limiting the drugs available**. Some pharmacies have chosen not to carry OxyContin or other drugs that are commonly sought during robberies. Other pharmacies limit the amount they have in stock.

* See the Problem-Specific Guides No. 48, *Bank Robbery* and No. 49, *Robbery of Convenience Stores* for more detailed discussion of barriers and bullet-proof glass security strategies.

10. **Limiting the drug information available via telephone**. Implementing a policy by which store employees do not tell people over the phone if they have any available prescription drugs (robbers are unlikely to hit a store when the supply of desired drugs is uncertain).

Responses with Limited Effectiveness

11. **Conducting focused surveillance and enforcement**. Surveillance and enforcement may yield an immediate but limited impact and often does not produce long-term results. A police focus on a specific pharmacy prone to robbery may catch one person or offender ring, but others may continue to rob a pharmacy that does not have sufficient prevention measures in place. Given the low volume of incidents and limited police resources, the practice cannot be sustained as a means to prevent or reduce the problem.
12. **Increasing penalties for pharmacy robbery**. The Safe Doses Act (H.R. 4223, enacted October, 2012) increases penalties for robbing a pharmacy. However, proof that this or other individual state legislation is effective is lacking.

Appendix: Summary of Responses to Pharmacy Robbery

The tables below summarize the responses to pharmacy robbery, the mechanisms by which they are intended to work, the conditions under which they ought to work best, and some factors you should consider before implementing a particular response. It is critical that you tailor responses to local circumstances and that you can justify each response based on reliable analysis. In most cases, an effective strategy will involve implementing several different responses. Law enforcement responses alone are seldom effective in reducing or solving the problem.

Table 1. Increasing the Risk of Detection

Response No.	Page No.	Response	How It Works	Works Best If . . .	Considerations
1		Informing pharmacy employees about robbery trends	Heightens pharmacy staff vigilance and preparedness so as to minimize harm in the event of a robbery	. . . pharmacies provide routine training and updates to employees and communicate with police	Informing pharmacists alone will do little to prevent robberies, but combined with other good security practices it could aid them in protecting themselves and any customers present and seeking assistance quickly.
2		Providing prevention guidance to pharmacy employees	Improves pharmacy staff compliance with robbery prevention policies and practices	. . . training is conducted on a routine basis and is reinforced by posters, checklists, and other literature prominently posted in employee break areas	Pharmacy staff turnover can be high, underscoring the importance of including prevention guidance as a part of new staff orientation processes.
3		Managing risk factors	Reduces vulnerability of pharmacy to robbery	. . . pharmacy staff is educated about potential harms and what should be done specifically for each risk	Risks vary for fraud, burglary, and robbery so there is a need to know each; risks also vary by pharmacy, depending on physical layout, staffing, etc.

Response No.	Page No.	Response	How It Works	Works Best If . . .	Considerations
4		Installing a panic alarm	Increases probability of police apprehension	. . . the alarm is easily accessible, not obvious, and goes directly to police	Panic alarms will only deter robbers if they know generally that such alarms exist.
5		Using a video surveillance system	Deters potential robbers who are aware of the system; increases likelihood of identification and apprehension	. . . the cameras as well as signs announcing the cameras are noticeable	Pharmacy owners must be persuaded to install high-quality systems.
6		Tracking the stolen drugs/offender	Increase likelihood of identification and apprehension; may be a deterrent for those who are generally aware they may be tracked	. . . all pharmacy staff are aware of and know how to use tracking methods, and police have the resources to respond quickly	Tracking devices are primarily investigative tools, but may prevent robberies if offenders believe a pharmacy may be using these tools.
7		Using deterrent signage	May deter individuals who calculate risks relatively carefully	. . . signs are placed in prominent locations both at the entrance of the pharmacy and near the pharmacy counter	In other crime prevention contexts, these forms of deterrence alone have not had much of an impact on criminal behavior.

Table 2. Increasing the Effort Required to Commit Pharmacy Robbery

Response No.	Page No.	Response	How It Works	Works Best If . . .	Considerations
8		Employing security measures			Measures will vary depending on store design (inside and out), staffing, and types of drugs that are dispensed.
8a		Increasing pharmacy lighting	Increases the risk of detection by police and identification by witnesses	. . . lighting is positioned so as to not cast shadows; lighting is combined with a wide array of security measures	Brighter lights alone are unlikely to prevent pharmacy robberies.
8b		Locking up drugs	Increases the difficulty in gaining access to desired drugs	. . . accessibility is limited and offenders believe that pharmacy staff cannot access drugs	Some potential for violent reactions by offenders upon learning drugs are inaccessible; potentially higher costs for pharmacies and greater inconvenience for pharmacy staff in filling prescriptions.
8c		Installing physical barriers	Denies access to drugs; reduces likelihood that pharmacy staff will be coerced into turning over drugs	. . . pharmacy staff know how to use barriers and barriers are properly maintained	Higher costs for pharmacies and some reduction in "personal touch" of customer service.
8d		Ensuring front windows are clear	Increases likelihood that police or witnesses will detect a robbery in progress, which might be a deterrent	. . . there is clear line of sight from outside the store to the pharmacy counter	May increase costs to pharmacy if remodeling is required; some potential loss of advertising opportunities.

Table 3. Decreasing Susceptibility to Robberies

Response No.	Page No.	Response	How It Works	Works Best If . . .	Considerations
9		Limiting the drugs available	Denies the desired drugs, at least in large quantities	. . . the fact that targeted drugs are restricted is prominently advertised through signage at the pharmacy entrance	Pharmacies may lose legitimate customers to pharmacies where these drugs are more readily available.
10		Limiting the drug information available via telephone	Reduces the ability to determine whether robbery is worth the risk	. . . all pharmacy staff abide by not discussing drug availability with customers	Pharmacies may lose legitimate customers to pharmacies where it is easier for them to determine whether these drugs are available.

Table 4. Responses with Limited Effectiveness

Response No.	Page No.	Response	How It Works	Works Best If . . .	Considerations
11		Conducting focused surveillance and enforcement	Intended to increase likelihood of apprehension	. . . a rash of robberies was concentrated at a few properties such that prospects of detection through surveillance were high, and there were few offenders in the community	
12		Increasing penalties for pharmacy robbery	Intended to deter through threat of harsh punishment	. . . enhanced penalties are widely publicized and/or known offenders are notified, and potential offenders believe they will be apprehended and punished	Many studies of the deterrence value of enhanced penalties suggest they do not prevent crime, mainly because offenders do not believe their risk of apprehension is high.

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ISBN: 978-1-932582-29-1
e021411627
Published 2015