Taking Pills
Prescription Drug Crime: A Growing Problem

Since the Centers for Disease Control and Prevention branded prescription drug abuse as an epidemic in 2010, extensive measures have been taken to make it harder to obtain narcotics.

These measures include prescription drug monitoring programs, prescription dispensing and order pattern tracking, education, and changes in how narcotics are prescribed. But even with these changes, demand for drugs is still high.

Increasingly, the need is filled by taking the drugs forcefully: by breaking in when the store is closed, by threat of physical harm to employees and customers when the store is open, or through employee diversion.

Costs to the pharmacy can be significant. Nationally, costs associated with prescription drug theft are in the tens of millions annually. Beyond what the pharmacy pays in deductibles and higher premiums, pharmacies must often invest thousands in improved security measures. Reports to the Drug Enforcement Agency, board of pharmacy, insurance companies, police, suppliers, and others can be time consuming, and if the crime is serious enough to cause the store to be closed, that’s another cost. Pharmacists Mutual Insurance Company has published a pharmacy crime report looking at pharmacy burglary and robberies in the United States and the strategies and tactics needed to manage the problem.

In some cases, the most significant cost is the feeling of vulnerability and fear that accompanies pharmacy crime.

Let’s follow the dominoes: We’ve known how addicting opioids are since at least the Civil War. We tried to limit their use (in 1924 heroin became illegal), but patients were still in pain. Over the decades pharmaceutical companies developed alternatives—think Percocet and Vicodin—even as doctors were hesitant to prescribe them.

Then came the 1990s when the pendulum swung. There was a push to treat pain more. They called it “the fifth vital sign,” and doctors were urged to prescribe painkillers, not the least by the pharmaceutical companies. Hospitals were (and still are) judged in part by patients’ pain levels. Welcome OxyContin.

Painkiller prescriptions skyrocketed, increasing four-fold just from the early to the mid-1990s, according to the National Institute on Drug Abuse. And with those prescriptions came a high physical dependence, and addiction.

Come the 2000s and the pendulum swung back. Restrictions tightened as we realized the problem. Pain clinics shut down, “doc shopping” was tracked, and prescription drug monitoring programs were established.

The supply and availability of opioids were squeezed.
A year ago, Mary Page Nemcik, director of marketing and operations for Greenbrier Medical Arts Pharmacy, a group of independent pharmacies in southern West Virginia, was trying to deal with the devastation caused by massive flooding in the region. GMAP activated its emergency disaster plan and fortunately all of its employees were accounted for and unhurt.

However, as GMAP focused on securing power and keeping its operations up and running, the flooding brought out criminals looking to take advantage of a chaotic situation. GMAP’s Lewisburg location suffered an attempted break-in early in the morning the day after the flooding on June 24, 2016. The power had been out for several hours, Nemcik said, but the store’s security systems were backed up by a generator. Thieves tried to break through a side window that had been boarded up and dry walled on the inside.

“They didn’t get in the building and we didn’t have a loss of inventory,” she said, “but on the heels of a disaster where we are trying to get medications to our customers and to our nursing homes, we had a 24-inch diameter hole in the side of our building that took two weeks to repair. So even that was a part of our disaster plan—what do we do in terms of security systems?”

Glass was hard to get at the time, so they used a bucket truck.

“We put a piece of plywood over and secured the hole and put the truck as close to the window as we could. You sometimes have to be creative when you have a crisis situation.”

Since then, Nemcik says GMAP has installed a new security system with high-definition cameras and a new, larger generator at its White Sulphur Springs location that will run all systems, including HVAC.

“We have re-analyzed our staff communication plan in case of emergencies and created text groups so we can communicate with supervisors and employees quickly through their smartphones,” she says. “Most of our staff don’t have access to email outside of work.”

Nemcik also says that GMAP is evaluating all of its communication plans, processes, and policies to address a variety of emergencies such as fire, total loss of pharmacy, and armed robbery. This includes updates of all insurance policies to include current valuation of the pharmacy contents (inventory, computer systems, robotics).

Life is unpredictable, Nemcik says. “So you prepare as best as you can.”

In law enforcement, drug diversion involves people illegally acquiring prescription drugs. It includes burglary, robbery, faking prescriptions, hijacking trucks—the whole enchilada.

We’re only concerned with some parts of that universe here:

- **Robbery**: When an outsider demands the pharmacy staff give them medications, usually with the threat of force.
- **Theft or burglary**: When someone physically breaks into the pharmacy not necessarily to steal medication, with no threat of force involved.
- **Internal theft**: When an insider steals medication using his or her position (such as an employee), either by physically taking it or by altering paperwork.

So yes, you’re fighting at least a three-front war. And “you” means pharmacists, techs, and employees—at big pharmacies and small, chains and independents.

Different kinds of pharmacies face different threats. Chains are much more likely to be the victims of internal theft, while independents are more likely to be burglarized, according to Pharmacists Mutual Insurance Company. Both, however, are equally susceptible to armed robbery. So let’s look at that first.
Cameras, Candidly

Closed-circuit video cameras are a popular way to deter theft and potentially assist law enforcement afterwards. But experts from the Drug Enforcement Agency, Purdue Pharma, and RxPatrol offer some caveats and tips:

A combination of visible and hidden cameras is best. Visible to deter theft, hidden in case the thieves try to avoid being caught on them.

If you want the cameras to do more than act as a deterrent, invest in high-resolution, low-light-capable models. “Zoom and enhance” to identify criminals only works on TV.

The cameras’ recordings should be stored off-site, or at least in a secure, non-obvious location.

If possible, some of the cameras should be mounted at eye level, not just from above. And be sure they’re pointed at areas likely to be targeted, including registers and shelves holding controlled substances.

Finally, test the equipment regularly, and re-aim cameras as necessary.

Fast Facts from the Drug Enforcement Agency

- The most common medications pharmacy robbers seek are opiates and benzodiazepines, oxymorphone, oxycodone, methadone, Percocet, Xanax, and Valium.
- The typical pharmacy robber is often a male in his 20s or 30s who wears a hat, sunglasses, or some other material that covers his face.
- The majority of robbery cases involve a note given to pharmacy staff.
- Most pharmacy robberies are over in less than a minute.
- 69 percent of pharmacy robberies are solved.
Pharmacy Burglary and Robbery Breakdown for 2016

In 2016 the Drug Enforcement Agency reported 1,268 burglaries and 822 armed robberies in the United States. The burglary breakdown was 187 incidents for chain pharmacies and 1,081 for retail pharmacies. The DEA said that California had the most reported incidents, with 334, followed by Texas with 154.

The breakdown of armed robbery was 600 incidents for chain pharmacies, and 222 for retail pharmacies. California reported the most robberies with 154, followed by Indiana with 78.

COOPERATE AND OBSERVE

What happens if you do get robbed?

First and foremost, cooperate. No amount of inventory or paperwork is worth someone’s life. (And that includes the thief’s. If you think there are a lot of legal issues if your narcotics are stolen, they’re nothing compared to what would happen if you killed or injured someone.)

The DEA is clear about this: “Do not resist!” it says. “Cooperate fully with the robber … do exactly what you are told to do, nothing more and nothing less.”

That said, you should be preparing for the police later. Make mental notes on the robber(s), says the DEA, especially features that can’t be changed: Age, height, weight, tattoos, scars, left-or right-handedness, and other body features.

It may seem like forever, but most robberies are over within a minute. Once that happens, you want to dial 911 and/or sound the alarm and treat anyone who’s injured. Then lock the doors and keep them closed until police arrive—yes, that means asking witnesses to stay. And write down everything you remember about the robber. Have anyone else in the store do the same, ASAP. Memory is incredibly fleeting and fickle. Hand out pens and paper, and explain to staff and customers what’s going on.

Protect the crime scene, too. Don’t touch anything the robber touched (think: door handles), and if he passed a note, be sure you know where it is—but don’t touch it.

The statistics aren’t great—only about two-thirds of pharmacy robberies are solved—but every step you take and take quickly can put the odds in your favor.

Protecting Yourself Against Robberies

Let’s face it: It’s almost impossible to stop someone from walking into your pharmacy with a weapon. While it’s not an everyday occurrence, it’s important to have a plan to deal with it. Pharmacists Mutual suggests these measures:

1. Train your staff. Training videos are available at no charge from RxPATROL, www.rxpatrol.org, and local police are often willing to provide education on what should be done.
2. Panic buttons at fixed locations or carried by pharmacists allow you to quietly notify the police. If panic buttons are considered, make sure you know how the police will respond to them.
3. Opening doors with a buzzer and letting people in individually may help, but is not totally effective. People follow others in, some will hold the door open, and it is impossible for the pharmacist to identify every potential robber. Robbers come in all shapes and sizes, ethnicity, sex, and economic background. This technique can be effective in enforcing posted requirements that persons entering the store remove hats, glasses, and hoodies before entering. If you do use the buzzer, make sure the pharmacist has a clear view to the door.
4. One variation is to use a vestibule to trap robbers as they leave. These are expensive and require careful consideration.
5. Deploy tracking devices. Disguised to look, feel, and sound like narcotic bottles, tracking devices alert a monitoring service, which pinpoints the location of the thief. Boasting a 70 percent apprehension rate, these devices provide perhaps the best defense against armed robbers.
6. Time-delay safes. There is anecdotal evidence that the use of time-delay safes has an impact on reducing pharmacy robbery. Thieves interested in a quick score do not want to stand around until the locking mechanism allows the safe to be opened. If most targeted drugs (narcotics) are in the safe, the robber has to weigh the risk of getting caught against the expected return. If they don’t feel there are enough drugs to justify the risk, they will move on.

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Federal Burglary Reports of Controlled Substances: Calendar Year 2016

Burglary Totals by State 2016 (Retail and Chain Pharmacies)

Federal Armed Robbery Reports of Controlled Substances: Calendar Year 2016

Armed Robbery Totals by State 2016 (Retail and Chain Pharmacies)
WHEN THE CAT’S AWAY
Especially for independent, stand-alone pharmacies, burglary is a bigger issue than robbery; they usually aren’t open 24 hours or surrounded by a larger retail store. (See below, “Who’s Robbing Whom?”)

The methods have changed over the years.

“Years ago they’d throw a brick through the front window,” says one pharmacist who owns 28 independent pharmacies. He’s been broken into, he estimates, 50 to 60 times over the past 25 years.

His preferred method of deterrence is making it as tough as possible to even get into the store. But it’s been an arms race. When he swapped out plate glass windows for laminate security glass, for example, they would go through the drive-thru window. So he added bars there while reinforcing the other entrances.

All that goes to goal No. 1 when dealing with potential burglary: Prevent a would-be thief from attempting to steal from you in the first place. That means both making it difficult, and by making it obviously difficult.

Another pharmacy was burglarized “semi-successfully” a few years ago when thieves punched out the deadbolt lock on the pharmacy’s front door on the Sunday after Thanksgiving.

So the pharmacist made a few small but significant changes. He got a bigger, better safe—a gun safe, in fact—to store controlled substances that he’s bolted to the floor. More importantly, perhaps, is that the safe is obvious to customers. Going for subtle isn’t the objective. “The more obvious you are, the more high-profile it is, the better off you’ll be,” the pharmacy owner said. “Make it big, make it beefy.”

Take another common anti-theft tool: surveillance cameras. They can help catch a thief by identifying him, but they can also help deter one by letting him know he’s being watched and recorded.

It all part of the message: Don’t bother trying to steal from us. Or, as Pharmacists Mutual puts it, “All things being equal, a criminal is more likely to avoid a ‘hardened target’ if they can.”

Who’s Robbing Whom?

Threats by Pharmacy Type

Source: Pharmacists Mutual
Most pharmacies experience prescription fraud at some point. If you want some expert advice on this topic, you might want to listen to Richard Logan, PharmD, owner of L&S Pharmacy in Charleston, Mo. Logan also has hands-on experience in law enforcement, with the Mississippi County (Mo.) Sheriff’s Department. He does prescription drug diversion investigations, serves on the search warrant service team, and sometimes acts as an evidence photographer.

On more than one occasion, Logan has busted criminals trying to obtain drugs with fraudulent prescriptions. A number of years ago he was working on a busy morning when he noticed an agitated man talking to one of his technicians. He had a cast on his wrist and a prescription for hydrocodone. “From behind the counter it didn’t smell right,” Logan said after the tech handed him the prescription. “The script looked a lot like a photocopy.” (There were no indentations from the writing on the back of the prescription.)

Logan had his technician call the prescriber, who confirmed that the patient was seen on the day the prescription was written, but also confirmed that the original had already been filled and what they had was, in fact, a copy.

Having the legal authority to act, Logan decided to do so.

“While everyone at the counter watched, I went into full cop mode, which is a lot different than pharmacist mode,” he says. “I told him we had him dead to rights, knew what he had done, and escorted him into my office. I also told my technician to call the sheriff’s office and send a deputy to transport.”

Leaving his patients at the counter, Logan told the suspect to put his hands on the wall, lean forward, and spread his feet apart. He then snatched what turned out to be a fake cast off of his arm. Logan then pulled a pair of spare handcuffs that he keeps in his desk, handcuffed the man, sat him down in a chair, and read him his Miranda rights.

“About that time he begins to tell me that I’m scaring him,” Logan says. “I told him he had a right to be scared, because he had just been arrested for a felony and was on his way to jail.”

As the deputy escorted the suspect out of the pharmacy, Logan said that “all of the patients who had patiently waited (most just wanted to see what was happening) gave me a big round of applause and I got back to work.”

The man, who had a long history of drug arrests, was charged with several felonies and was convicted on all.

“He spent some time in jail, and surprisingly I have not seen him since,” Logan said with a wry smile.

Obviously, Logan is a bit of an outlier, as most pharmacists don’t do police work on the side, but he does offer some basic tips when suspecting a fraudulent prescription:

- Examine every controlled substance prescription for both legality and legitimacy, in addition to all regular clinical and third-party issues.
- Put a procedure in place for handling prescription fraud. How do you verify the legitimacy of the prescription? If fraudulent, are the police to be called? Do you just refuse the prescription? Do you tell the person you’re out of stock? What are your actions?
- Presenting a fraudulent prescription is a criminal act. Think about how this situation should be handled in your pharmacy, communicate that to your staff, and try to keep the situation calm and professional.

Get to Know Law Enforcement

As a law enforcement officer, Logan also says getting to know and developing relationships with your local police department can pay dividends. He offers these tips:

- Be able to put a name and face with some of your local officers.
- Make sure the local police know your name, the location of your pharmacy, hours of operation, and emergency contact information. Introduce them to your technicians.
- Invite them to use your parking lot as an after-hours or break time meeting place to park their patrol cars, and let them know you appreciate their service.
- As you build a relationship with the police, ask their opinion about how to best protect your pharmacy. You will discover a depth of knowledge about things you have never considered. Police deal daily with criminals and have insights into their behavior.

Alexandra Majors, PharmD, PGY1 resident, and Benjamin Nord, 2017 PharmD candidate at the St. Louis College of Pharmacy, assisted Logan with writing and research.
A new Texas law makes theft of a controlled substance a third-degree felony punishable by a prison term of two to 10 years and a fine of up to $10,000. The law goes into effect Sept. 1.

The law increases criminal penalties for thefts of controlled drugs such as oxycodone and fentanyl from pharmacies, hospitals, clinics, and nursing homes, according to the Texas Pharmacy Business Council. The TPBC cites statistics from RxPATROL that says Texas has more pharmacy break-ins than any other state, accounting for 30 percent of the national total from 2011-2016. RxPATROL reports 239 pharmacy burglaries in Texas, almost four times the amount of the No. 2-ranked state, California. Texas also ranks fourth in pharmacy robberies over the same period with 58 reported.
HARDCENER TARGETS
If you can't deter them from trying, your next step is preventing them from succeeding. Let's face it, all the warning in the world isn't going to stop some people. Warnings are great, but for a person who's an addict and just desperate, it might not be much of a deterrent.

Alarms are critical, of course. But they have to work and be used correctly. If you have a system professionally installed, it's important to test it regularly, and update and change codes on a consistent basis, especially if an employee leaves.

(“Alarms,” by the way, can mean everything from window-breakage sensors, to motion sensors and infrared scanners. And more. You've got options.)

And talk with your security company and local police about providing the cops with a video feed if your alarm sounds—it's called a “verified alarm.” With 98 percent of burglar alarms being false ones (according to the Texas Police Chief’s Association), you can't entirely blame the police if they don't always respond in seconds; that boy's cried wolf before. But with a video feed at their disposal, seeing the masked guy rummaging through your shelves will light a fire under the constabulary. You can also get a big insurance discount.

Oh, and make sure your alarm has a backup in case the phone or power lines are cut. Pharmacists Mutual laments, “Many of the alarms that are taken out do not have any form of line security, such as cellphone back-up, to alert the alarm company of tampering.” Some owners go a step further. If their stores' power is cut, their alarm company will notify them and they can decide whether to investigate.

Finally, inspect your premises. Think like a thief. Look for weak spots, and don’t forget to think three-dimensionally; more than one in seven pharmacy burglars enter through the roof or a wall, often from an adjacent property that doesn't have an alarm.

Then reinforce: Good fences make good neighbors, after all. In some places [burglars] have two or three doors they have to get through. Result: Only one burglary in the past three years. (Not that they haven't tried, he said. He's found dents in the back door.)

Making your pharmacy less attractive to thieves is called “hardening”—or making it a less attractive target. Here's how to do it:

• Employees who pay attention. People entering the store are immediately greeted and asked if they need any help. The staff watches for persons acting suspiciously.
• Visible cameras and alarm devices.
• A clear and unobstructed view from the front of the store to the pharmacy counter.
• Signs and warnings, such as "under surveillance," “please remove hoodies and sunglasses when entering the store,” and “safe on premises.”

Protect the Perimeter
Install burglary-resistant locks, which protect against the most frequently used tool to defeat door locks—brute force such as hammers and vice grips.

• Keep the exterior of the store well lit.
• Don't provide hiding places—trim bushes, move trash bins.
• Consider external video surveillance. Cameras outside the building can be useful in catching criminals while they prepare to rob the store or as they get into vehicles.
• Add burglar bars to rear doors. These devices are placed horizontally across the door and tied to the frame to make entry more difficult.
• Protect the glass.
MINIMIZING LOSSES

OK, so the Bad Guys get inside. How can you minimize loss? One way you might hear is to keep all your C-IIs in a safe.

The key is quality. Don’t skimp; talk to a gun distributor if you’re not sure. Tough and durable safes might be available at a discount, such as a “scratch-and-dent” sale at stores like Tractor Supply Company.

But there are some downsides to be aware of, and that might explain why about three-quarters of pharmacies don’t have a safe.

Losses, according to Pharmacists Mutual, are actually slightly higher in pharmacies with safes. Why? Because thieves do their homework, and the ones targeting those locations are going to be more sophisticated. They’ll be prepared to disable alarms and break into the safe, and once they get in, it’s a treasure chest with all the valuable drugs in one convenient spot.

The reality is, there’s only so much you can do once thieves are inside. Motion detectors add another line of defense, of course, and there are several interesting options.

3SI Security Systems, for example, sells PharmaTracker bottles—containers for narcotics with GPS chips embedded in them. If the bottle leaves the premises, the company can track its location anywhere in the world.

And then there are smoke devices, like SmokeCloakDNA. If your alarm is triggered, it fills the store with a harmless smoke to cut visibility—but it also leaves a DNA fingerprint on everything, including the thieves. If they’re caught, you can prove they were in your store. (This isn’t an endorsement of either of these companies. They’re just two examples of some of the more high-tech theft prevention products out there.)

Of course, one of the bigger threats to pharmacies doesn’t need to break into the store at all.

INSIDE JOBS

Shall we talk about the elephant in the room when it comes to employee drug diversion?

Internal theft is more likely in a larger facility—a chain pharmacy or, obviously, a university hospital. For many, the prime focus is on preventing internal theft. In many

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**Robberies: Facts and Stats**

Only 9 percent of thefts experienced by Pharmacists Mutual-member pharmacies involve coming face-to-face with an armed robber.

Some facts and stats about robberies:
- Most robberies last less than two minutes.
- Gangs of three or four criminals represent less than 9 percent of all robberies. The robbers tend to know the pharmacy layout, and may know specific locations of drugs and procedures followed. They have done their homework and move fast and efficiently.
- In only 48 percent of cases is an actual weapon displayed, and weapons are not always firearms. Robbers have used tasers, mace, hammers, baseball bats, and even the threat of a bomb planted on the premises. The bottom line from law enforcement: Don’t resist if threatened.

(Source: Pharmacists Mutual)

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**Use Common Sense When Delivering Prescriptions**

While delivery drivers rarely are robbed, it’s best to prepare. A few tips:
- Know the route. Plan the route ahead of time or use GPS.
- Don’t make unscheduled stops.
- Carry a cellphone. Make sure to have key contact numbers loaded and customer phone numbers on delivery order sheets.
- Call the customer to verify the address.
- Park as close to the door as possible.
- If you feel uncomfortable about the surroundings or if you spot suspicious persons, don’t make the delivery.
- Be alert to vehicles that may be following you. If the vehicle follows you to the delivery destination, do not get out. Keep the doors locked and call police.

If you are approached by someone who is armed or threatening and demanding drugs, stay calm. Follow directions and do not resist. Try to remember details and call 911 as soon as possible.

Michael Warren, ARM, OHST, is risk manager for Pharmacists Mutual Companies.
More than 75 percent of pharmacists do not store their controlled prescription drugs in a safe, choosing to disperse them or have a simple locking cabinet. Of the 25 percent of pharmacists who do have a safe, the majority are not designed for pharmacy/narcotics use, are broken, or are left open all day.

Pharmacy-related crimes of robbery, burglary, and internal diversion have been growing by double digits every year for the last decade. Addiction to controlled prescription drugs, particularly opioids, is a primary culprit.

- From 1999-2013, the amount of prescription opioids dispensed in the United States nearly quadrupled.
- Deaths from prescription opioids—drugs such as oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.
- Almost 2 million Americans abused or were dependent on prescription opioids in 2014.
- According to the Centers for Disease Control and Prevention, approximately 52 people in the United States die every day from overdosing on prescription painkillers.
- Controlled prescription drug abuse is becoming the “gateway” to heroin. Ninety-one Americans are dying every day from opioid abuse, including CPDs and heroin.
- According to the National Drug Intelligence Center, the estimated impact of CPD diversion and abuse costs medical providers and insurers $72.5 billion per year.
- The average total out-of-pocket cost for a pharmacy owner who becomes the victim of a crime is in the range of $16,000-$18,000 per incident.
- Industry experts across different state and federal agencies estimate that more than 25-30 percent of all crimes go unreported to authorities or insurance companies.
- Pharmacy-related crimes of robberies and burglaries have been rising double digits every year since the CDC declared an opioid epidemic in 2010.
- More than 75 percent of pharmacists do not store their controlled prescription drugs in a safe, choosing to disperse them or have a simple locking cabinet. Of the 25 percent of pharmacists who do have a safe, the majority are not designed for pharmacy/narcotics use, are broken, or are left open all day.
- Pharmacy crimes of burglary, robbery, and diversion also represent a high risk of ID theft of patient information on prescription labels, further compromising patient safety.

There are strategies that seem to be working to reduce this threat.

- The 2016 pharmacy armed robbery statistics from the Drug Enforcement Agency show pharmacy robberies were slightly down (5 percent decrease from the previous year). Most notable is the change in Indiana, which led the nation in 2015 with 170 robberies. In the fall of 2015, time-delayed opening narcotic safes were installed in approximately 150 Indianapolis-area CVS stores, resulting in a dramatic drop in robberies, as reflected in the national decline.
- A central alarm system hook-up reduces the likelihood of a successful burglary.
- Since 2009, British Columbia, Canada, has required the use of time-delay safes for all pharmacies. The province has reported a 75-85 percent reduction in crime across its pharmacies.
- Electronic audit trails provide accountability to prevent and deter internal diversion.

Why is this so important for independent community pharmacists, and why should you care? It means that crime is being pushed down to the smaller community pharmacy chains and independent pharmacists.

Jacqueline von Zwehl, is president of Scripps Safe, Inc., Naples, Fla. She can be reached at 844-472-3379, or jvz@scripps-safe.com.
cases, it’s the person you’d least expect—the “higher-performing” people.

Face it, there are a lot of ways employees have to steal drugs. But knowing them is the first, biggest step to preventing them.

In some cases, employees grab a few pills here and there for personal use. In others they’re looking to acquire larger quantities they can sell. Sometimes they work alone, sometimes they have accomplices.

And in all cases the pharmacist-in-charge is culpable.

So what are the most common ways employees divert drugs? According to Purdue Pharma, RxPATROL, and the DEA:

- Filling prescriptions for deceased patients
- Providing unauthorized early refills
- Filling phony written or called-in prescriptions
- Short-filling prescriptions; It’s easiest to do with “as needed” drugs that patients might not be counting.
- Replacing tablets with “look alike” tablets
- Opening bottles/packages, removing tablets, then replacing and gluing the seal

So what’s to be done?

**FAMILY MATTERS**

Stopping your employees from stealing is a tough gig. On the one hand, you hired these people because you trust them. You don’t want them to feel like potential criminals every moment they’re at work. It’s a needle to thread: Trust, but verify.
Law enforcement and insurers offer some suggestions for doing just that:

• Do background checks before hiring.
• Limit access. Not every employee needs access to every area of the pharmacy.
• Manage your keys. Don’t allow keys that unlock sensitive areas to be taken off-site. (And stamp all keys “Do Not Duplicate.”)
• Give every employee his or her own alarm code, and change them when an employee leaves.
• If you have security cameras, remember they can also be used to watch employees.
• If non-pharmacy staff need to go behind the counter—such as repairmen, contractors—make sure they’re escorted at all times.
• Pay particular attention to waste and returns—those present an opportunity for internal theft. Log and witness everything.

Here are a few more recommendations:

• Review and reconcile counts of controlled drugs regularly.
• Check in inventory quickly—don’t let it sit out.
• Review and monitor orders of controls.
• Double- or even triple-count controls.

The last item is particularly helpful when trying to prevent someone stealing one or two pills. “Personal use cases, quite frankly, are the hardest to catch,” one pharmacist says. Requiring at least one other person to verify a count—to say, “Yes, I agree with you”—makes theft significantly harder, she said.

When all’s said and done—when employees are trained, when alarms are installed, when doors and windows are secured—we all know it’s almost impossible to prevent 100 percent of thieves. It’s a fact of life, especially in a business where you’re dealing in a small but expensive product that’s in high demand on the street.

Keep in mind, though, that the precautions you take to prevent go beyond protecting your inventory. They’re also protecting patients and citizens in general. Every theft you prevent means less out there.”

Andrew Kantor is director of communications and editor at the Georgia Pharmacy Association. A version of this article originally appeared in the October/November 2016 issue of Georgia Pharmacy, the journal of the Georgia Pharmacy Association. Adapted and reprinted with permission.