

Pharmacy Robbery and Burglary: The Offender Perspective

April 30, 2014

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Please reference as follows: Tara O'Connor Shelley. 2014. Pharmacy Robbery and Burglary: The Offender Perspective. Fort Collins, Colorado: Center for the Study of Crime and Justice, Department of Sociology, Colorado State University.

I would like to acknowledge CSCJ Research Assistants, D.J. Rogers for his assistance with the first round of offender interviews in Ohio and Clint Albright for his helpful editorial assistance on this report.

OFFENDER PERSPECTIVES

METHODOLOGY

Overview

In January of 2010, the Center for the Study of Crime and Justice (CSCJ), Department of Sociology at Colorado State University received a grant from Purdue Pharma L.P. to conduct a multi-year study on the diversion of controlled prescription drugs that occur as a result of robbery or burglary. There were several goals that informed this research project:

- Understand the nature and extent of pharmaceutical diversion that occurs as a result of robbery or burglary of retail pharmacies.
- Interview convicted offenders to document their perspective about pharmacy crime.
- Collect information to help prevent pharmacy crime and enhance pharmacy safety.

To address these goals, a mixed methods research study was designed and executed over several research phases with each phase informing the next. Phase 1 involved an assessment of the current state of knowledge about pharmaceutical robbery/burglary and the finalization of the research methodology with staff at Purdue Pharma L.P. This assessment involved intensive data analysis from various sources (e.g., RXPATROL, NIBRS, DEA) to allow for CSCJ staff to make data derived decisions regarding the selection of case study sites for Phase 2 as well as to design an informed interview protocol for Phase 3. Phase 2 used information generated in Phase 1 of the research methodology to select two appropriate research sites for intensive case study of convicted offenders. Phase 4 examined the nature and extent of pharmaceutical robbery and burglary from the offender viewpoint, although CSCJ was asked to prioritize interviewing with individuals who committed robberies. In Phase 4, CSCJ was responsible for analyzing study data and completing a final report.

The purpose of this report is to summarize key findings from the offender interviews rather than present an exhaustive review of research findings from the four phases described above. Findings related to all research phases are available in the final report, *“The Nature and Extent of Robbery and Burglary of Pharmacies for Controlled Prescription Drugs”* and can be obtained by contacting Dr. Tara O’Connor Shelley at tara.shelley@colostate.edu.

Offender Interviews

Since this research involved human subjects it was necessary to obtain Institutional Review Board (IRB) approval from the Colorado State University IRB. CSCJ also initiated paperwork with the Ohio Department of Rehabilitation and Corrections (ODRC) and the Florida Department of Corrections (FDOC) who each had their own internal review boards that required approval before offender interviews could take place. Once access was granted by the respective state level correctional institutions, CSCJ corresponded with facility level points of contact that were set by state officials at the ODRC and FDOC (wardens in Ohio and classifications staff in Florida). In Ohio, the wardens and their staff passed along CSCJ recruitment materials to the identified offenders to gauge offender interest directly. Of the 44 offenders identified and contacted in Ohio, 32 agreed to participate while two additional inmates agreed to

participate but were in locations difficult to schedule interviews with and/or reach. A total of four identified inmates declined the interview, one was in court during the research visit, and one never responded to our research invitation while an additional four were on probation and thus were not interviewed by the research team in the interest of time and logistics. At the instruction of the FDOC, CSCJ mailed recruitment materials to offenders directly and asked inmates to contact classification staff at their facility if they were interested in participating in the study. CSCJ also mailed additional recruitment materials to classification staff and asked that they reach out to the identified offenders to determine their interest as well. Well over 100 potential Florida inmates were initially identified by CSCJ; however, only 43 could be matched to inmate locators, suggesting that many of the identified cases had not yet been adjudicated. Of the 43 offenders identified and contacted in Florida, 16 agreed to the interview. While two additional inmates wanted to participate, CSJC was unable to reach them due to scheduling problems. The vast majority of Florida inmates and classification staff did not respond to our recruitment materials, making it impossible to calculate a formal response rate.

Some 48 total interviews were successfully completed (32 in Ohio and 16 in Florida) at 32 separate prisons in January 2012 (Ohio), May 2012 (Ohio), August 2012 (Florida), and January of 2013 (Florida). Inmate interviews were conducted in a private room or office whenever it was feasible without the presence of prison guards or staff. This request was accommodated for most but not all of the interviews due to security concerns. In a small number of cases a guard was present in the room/office during the interview, but he or she was often at a desk at the opposite end of the room reading a magazine or working on a computer. One offender was interviewed through the two way glass and phone system. Prior to beginning the interview, each inmate was read an informed consent statement and given the opportunity to ask questions about the research and their rights as a participant. If the inmate agreed to participate, they signed an informed consent statement and were given a copy to retain for their own records. Inmates were also given the choice to allow for audio taping or not and all but one agreed to recording while two prisons would not allow recording devices in their facility. Each offender was first given the opportunity to “tell their story at the beginning of the interview” and after that, I utilized a semi-structured interview instrument to insure that information was being collected across interviews in a standardized way.

During each interview, detailed notes were taken, not only to denote active listening (Lofland, Snow, Anderson & Lofland, 2006), but also to act as a backup in case audio equipment failed. Interviews ranged from one to three hours with most interviews lasting 90 minutes. Almost all interview sessions could have gone longer; however, scheduling restrictions at each prison required shorter interview sessions. Following each interview, audio files were transcribed verbatim into a formal transcript and then used for subsequent analysis. Transcripts were made for 45 offender interviews in which an audio file was available. It was not possible to complete official transcripts for three offenders as one did not consent to taping, and staff at two prisons would not permit recording devices during the interview sessions. In these three circumstances, I took detailed field notes, and summarized the interview in an audio file immediately following the interview to create a functional equivalent of an interview transcript for each offender.

I utilized the semi-structured interview instrument to establish a starting point for data analysis. More specifically, offender responses to specific survey questions were entered into SPSS to allow for statistical analysis. Interview transcripts were also imported into NVivo to identify other emergent themes in the data (Emerson, 1995) and to select exemplary quotes from offender interviews to demonstrate key themes.

THE OFFENDERS

Sample Characteristics

The grant required interviews of 30 offenders in two states (or 15 offenders per state), placing priority on offenders convicted for robbery. I exceeded this deliverable and interviewed 48 convicted offenders incarcerated at 32 distinct prisons in January/May/August of 2012 and January 2013. Thirty-two offenders were from Ohio, and 16 were from Florida. Of the offenders comprising this sample, 90% were convicted for robbery and serving sentences from three to 40 years at minimum to maximum level facilities, with an average sentence of 11 years. The majority of the offenders were newly incarcerated, as 61% of them had served between two months to four years into their sentence. A notable percent of the sample, some 42%, had committed multiple pharmacy robberies or burglaries with a range of two to 13 incidents that were known to law enforcement officials. Seventy-eight percent of the offenders had committed previous crimes, and 38% of these prior offenses involved a pharmaceutical nexus.

As shown in Table 1, the sample is overwhelmingly white (90%) and male (96%) with the majority of offenders in their 20s and 30s at the time of the crime (mean age of 34 years), which we know from the analysis of RxPATROL and NIBRS data (not available in this abbreviated report¹) is representative of the offender population for this type of crime. Sixty-one percent of the offenders were employed at the time of the crime, working predominately in blue collar occupations, while a few owned their own businesses providing construction or home improvement services. Forty percent reported having a high school or GED equivalent, and 29% had some college or an associate degree.

Table 1. Sample Characteristics

Sample Characteristics	Percent of Sample
Race	
Non-whites	10%
Whites	90%
Sex	
Male	96%
Female	4%
Age at Crime	34 (average)
Employment Status at Crime	
Employed	61%
Unemployed	39%
Education	
High School Degree/GED	40%
Some College or Associates Degree	29%
No High School	31%
Criminal History	
Prior Offenses	78%
Priors w/Pharmaceutical Nexus	38%

¹ Please contact Dr. Tara O'Connor Shelley at tara.shelley@colostate.edu for a copy of the full report that includes analysis of NIBRS and RxPATROL data.

Prescription Drug Use, Market, & Access

This section covers prescription drug use preferences, reasons for initial use, various market dynamics, and pathways to robbery and burglary of retail pharmacies for controlled prescription drugs.

Prescription Drug Use Preferences

Of those who used prescription drugs,² 90% were daily users, and 78% of the total sample had a prescription for their drug of choice at some point. Offenders reported an array of substances (see list below of more commonly reported drugs) that they used regularly with most reporting that they would be willing to take any opiate if their drug of choice was unavailable. The most commonly reported abused substances were OxyContin (35%), Roxicodone (23%), and Xanax (23%), although it should be noted that these trends are largely a function of the sample that is dominated by Ohio offenders (n=32) who were more likely to prefer OxyContin versus the offenders in Florida (n=16) who preferred Roxicodone. In addition, the majority of the Ohio offenders were abusing OxyContin before the reformulated tablet became available in retail pharmacies in August of 2010.

- Adderall
- Dilaudid
- Fentanyl
- Hydrocodone
- Lortab
- Opana
- Oxycodone
- OxyContin
- Percocet
- Roxicodone
- Roxicet
- Soma
- Suboxone
- Subutex
- Tramadol
- Vicodin
- Xanax

² Ten percent of the sample were entrepreneurs, and several reported never using prescription drugs.

Reason for Initial Prescription Drug Use

Of the offenders that reported using prescription drugs, 76% reported that the reason for their initial use was typically an injury most often related to work or a car accident followed by an illness (14%) and recreation (8%).

- *“I got in the accident...My leg was shattered, my kneecap, I was in shock, all this type of stuff. I laid there three or four days and they was just juicin’ me up with liquid Dilaudid and Percocets in between the shots. I couldn’t ask for it fast enough. I was in a lot of pain.”*
- *“I would say the start of it all would be when I first started havin’ back problems about 10 years ago. I started havin’ really bad back problems.”*
- *“...I just had always done drugs my whole life, I wanted to do drugs, so that’s what I turned to when I was doin’ probation, cause I couldn’t smoke weed or anything else.”*

The offender highlighted above in the third quote reported he began using controlled prescription drugs (with a prescription) while on probation as a way to get high without having his probation revoked for using illegal drugs.

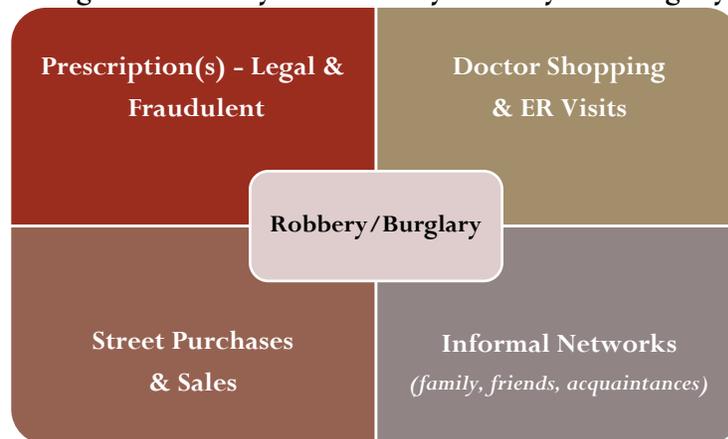
Pathways to Robbery and Burglary for Prescription Drugs

Seventy-eight percent (78%) of offenders possessed a legitimate prescription for their drug of choice. Of those, 73% reported they saw more than one doctor or healthcare professional to secure a prescription. Most of these offenders self-characterized their prescription drug seeking behavior as “*doctor shopping*,” with a reported range of doctors seen between two and a 100. Offenders also reported that doctor shopping and exploiting emergency rooms became increasingly more difficult as states, particularly Ohio,³ established prescription drug monitoring programs (PDMP).

- *I’d go doctor-shopping. Some doctors won’t prescribe it at all. I remember times in _____ County...in the emergency room, they knew me by my first name. “Look, we’re not givin’ you nothin’ at all. Don’t ask. Go away.”*

Though doctor shopping became more difficult, it should be noted that none of the offenders reported that PDMPs had caused them to stop seeking prescription drugs; indeed—a viable PDMP simply pushed them into one of the other quadrants as shown in Figure 1, denoting access behaviors for prescription drugs. As obtaining prescriptions (legitimate or fraudulent) and doctor shopping became more difficult, offenders indicated that they relied on informal networks (i.e., family, friends, and/or acquaintances at a pain clinic or doctor’s offices to float/tie them over), and many made street purchases. Eventually as these sources became unreliable or outright failed, they turned to robbery and/or burglary to obtain the prescription drug that they wanted.

³ Florida also implemented a PDMP (a.k.a. E-FORCSE) in September 2011; however, few of the Florida offenders were aware of it and none reported it as an impediment to obtaining controlled prescription drugs.

Figure 1. Pathways to Pharmacy Robbery and Burglary

Almost all offenders had some experience with the illicit prescription drug market. The majority purchased pills on the street; however, 38% of the sample admitted to street level distribution and trafficking behaviors. Most offenders also reported that there was no clear trend in distribution patterns of prescription drugs, with some dealers purely specializing in pills while others sold a wide array of products.

- *“It depends. I knew a lot of people ‘cause I had been out in the game for so long. You meet guys who sell weed and pills; weed, coke, and pills; and you might meet a guy who just sells pills.”*
- *“So we all had our specialties pretty much. But once the pills came out, everyone wanted ‘em, so whoever could get them, they were the pill guy.”*
- *“Yeah, I had a couple guys that ran crews, like I had one guy that wanted me to work for him, because I was sellin’ whole bottles for \$800, and he told me he’d give me a job, I didn’t have to do anything but keep him with pills. I said ‘I’ll just keep you with pills, I’m not gonna do work’.”*
- *“We had money to buy pills from other people, so even when we had pills after we robbed, to keep face, to keep people from knowin’ that we had all these pills, we would buy whole bottles from people.”*

Offenders also reported that it was increasingly more difficult to obtain pills on the street, thereby creating supply and demand problems. When faced with a lack of supply on the street some turned to robbery and burglary to obtain their prescription drug of choice while others turned to heroin as a substitute (and sometimes a cheaper alternative).

- *“...it’s gettin’ harder and harder to find large quantities of pharmaceuticals as opposed to heroin. To get heroin is no problem, but if someone comes up to you and says, ‘I want 5,000 milligrams of OxyContin, I’ll give you \$5,000 bucks, try to come up with 5,000,’ that’s tough. That’s tough.”*
- *“Well, yeah, when they’d run out, or if I was at the time turnin’ a lot of things and makin’ a lot of money, I would just stick to the heroin.”*

Motivations for Robbery or Burglary for Prescription Drugs

There were a number of reasons provided to explain why offenders committed their crime. Many offenders reported being in withdrawal or “*dope sick*” on the day of the crime, while others reported assorted entrepreneurial motivations and a desire for product quality.

Figure 2. Motivations for Robbery and Burglary for Prescription Drugs

Dope Sick/Withdrawal

- *“One mornin’ I get up, I wake up, I’m sick, I have no pills. I’m hatin’ life...so we’re sittin’ back there thinkin’ of how sick we are. I was like, man, you want to go rob? He already knew what I was talkin’ about.”*
- *“I was freakin’ out, cause I was out of pills and I was gonna get sick, and I didn’t know what to do. So I’m drivin’ home, and I get to the corner...and there’s a CVS.”*

Entrepreneurial

- *“Pharmaceutical drugs were not ever a problem for me. I viewed pharmacies as banks.”*
- *“...to be honest with you pharmacies are better than banks. They are. They’re better than banks. It’s the only place of business in today’s society that you can go in and steal the product that it offers and get more than what it’s worth.”*
- *“This is becomin’ a big thing. Truthfully, robbin’ a pharmacy, your chances are for gettin’ more than what you would get out of a bank, really. Them pills are \$80 a pop.”*
- *“Why would anyone rob a gas station when you’re facing the exact same time for robbin’ a pharmacy, and you could make \$20,000 off of the pills instead of getting’ \$200 out of a cash register? Stuff like that would go through my mind.”*
- *“Big money in it. I didn’t even really care, didn’t take ‘em, but all my friends were makin’, like, \$4,000, \$5,000 a month for just goin’ to the doctor, comin’ back, not even sellin’ daily, just one guy comes and picks ‘em up and that’s it.”*

Product Quality

- *“I know what I’m gettin’, that’s why I never been big on heroin. I know what I’m gettin’ when I do a pill, versus if I go out and get a bag of heroin or somethin’. It could be crappy, it could be really good. I don’t know. But I know what I’m gettin’ with this. Every time it’s gonna be the same.”*

Emerging Offender Typologies

The motivations for the crime coupled with other remarks made throughout the interview process led to the following three typologies: the addict, the hybrid, and the entrepreneur.

The Addict (46%)

Those offenders classified as “addicts” are serious abusers of controlled prescription drugs and typically resort to robbery or burglary to support their addiction. Most do not plan their crime, they do not intend to hurt people and are typically “*dope sick*” at the time of the crime event, or they are running low on their supply and fear suffering symptoms associated with withdrawal. For these offenders, without their addiction there would be no robbery or burglary; however, because some are in withdrawal they are highly unstable once involved in a crime event. The following quotes exemplify the addict.

- *“So I said, the first pharmacy I come to, I’m just gonna rob it and get the OxyContin, eat ‘em, and that’s it.”*
- *“I had already made the decision that if they decided not to give me it, I was just gonna leave anyway. I’ve never stabbed anybody or hurt anybody in my life...”*

The Hybrid (44%)

Offenders categorized as “hybrids” are also abusers of controlled prescription drugs and are often already involved in a criminal lifestyle. They view pharmacy robbery and burglary as an “*easy*” opportunity to fuel their drug habit or addiction, and some view it as a means to support low level street dealing. Most are (or have been) involved in other criminal activities and thus possesses enough crime skill to enable advanced planning and/or the ability to adapt to various factors that might occur during a crime event. Hybrids are familiar with (and possess) weapons and yet, they are generally like the addict in that they would prefer not to hurt people. Even so, almost all would cause harm without hesitation if faced with interference or noncooperation. Indeed, many of the hybrids in the sample had caused injuries to pharmacy staff and/or customers. Consider the following quotes as examples of hybrids.

- *“I’ve dealt drugs, so I was like, ‘That’s good lookin’ money. That’s better than robbin’ a bank.”*
- *“When I’m on drugs and I’m going into a pharmacy and it’s on a four way intersection and there’s cars everywhere and ain’t nothin’ stoppin’ me but that glass, I don’t care if you are looking, I don’t care if you think you’re gonna stop me or whatever, I’m doing it. And that is exactly what I did.”*

The Entrepreneur (10%)

The “entrepreneur” is best described as intelligent, calculating, and showing no remorse. They view pharmacy robbery and burglary as a necessary part of a lucrative business operation. They are more often burglars as they prefer a large volume of product and view robbery as “*too risky*.” A few entrepreneurs occasionally resorted to robbery but only to support their trafficking operations if there was more demand than they could accommodate with their existing supply through burglary and other means. They typically possessed extensive criminal histories, were armed and dangerous, and viewed harming people during a crime event as a necessary part of doing business. It was rare for the entrepreneur to report any prescription drug use, though a few reported doing so occasionally for recreational purposes. The following quotes exemplify the entrepreneur.

- *“Big money in it. I didn’t even really care, didn’t take ‘em, but all my friends were makin’, like, \$4,000, \$5,000 a month for just goin’ to the doctor, comin’ back, not even sellin’ daily, just one guy comes and picks ‘em up and that’s it.”*
- *“I just left _____, I paid \$1,000 for 10 pills. I came down here [Florida] and get 10 pills for \$200. So once I realized how much money was involved in it, I said Ok that’s something to look into.”*

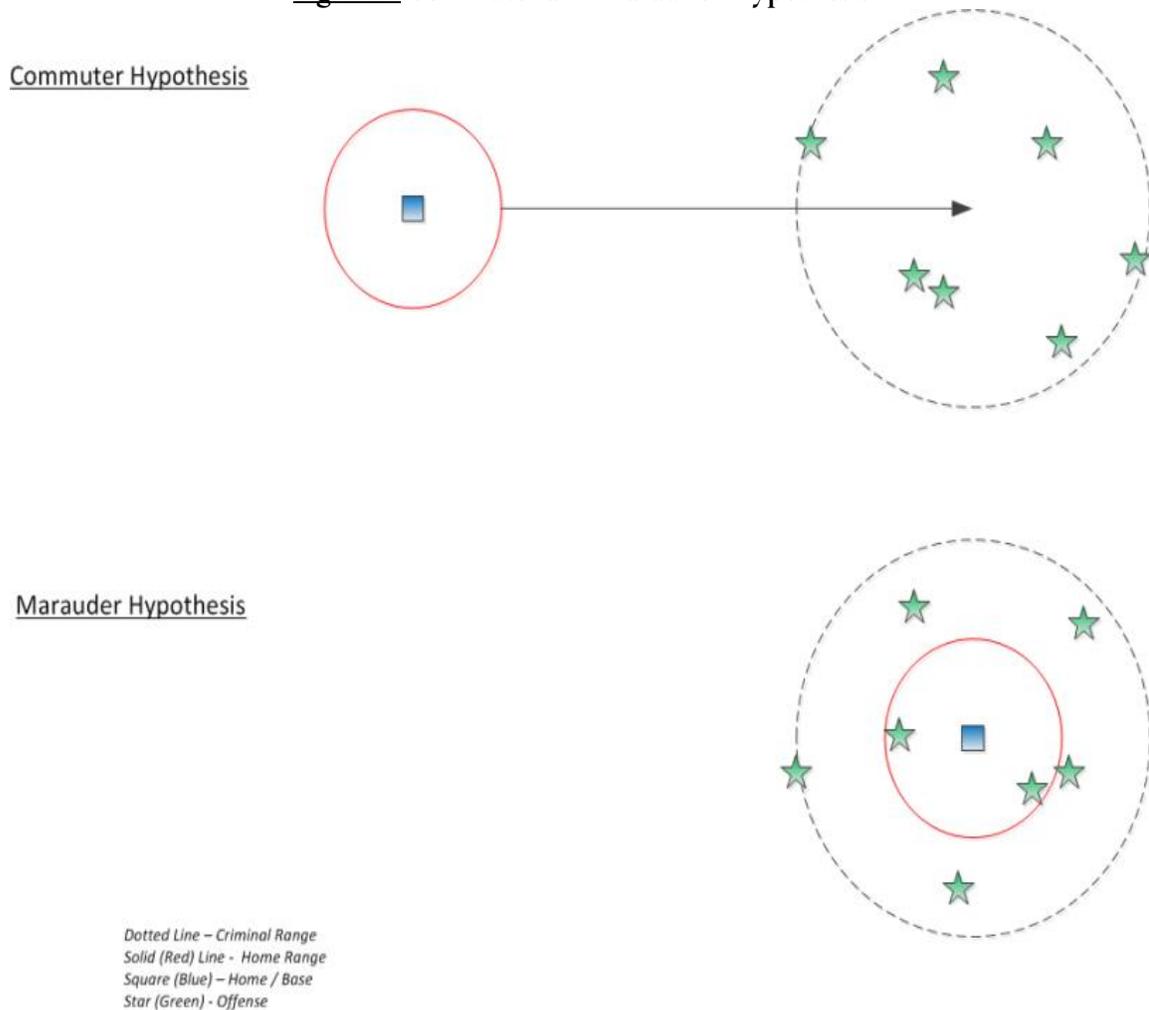
- “Why would anyone rob a gas station when you’re facing the exact same time for robbin’ a pharmacy, and you could make \$20,000 off of the pills instead of getting’ \$200 out of a cash register? Stuff like that would go through my mind.”

Commuters and Marauders

The idea of “commuters” and “marauders” is derived from Rational Choice Theory and the work of Canter (1993) (see also Meaney, 2004). The NIBRS analysis (not available in this abbreviated report) showed us that people tend to commute as offenders as they get older, with age acting as a proxy for experience. A commuter is defined as an offender with a criminal activity range some “appreciable distance” from his base that will not contain that base, while a marauder is described as an offender who has a criminal activity range that is anchored on his base and that will largely approximate his home range (Canter, 1993). Figure 3 and the following quotes help exemplify the commuter versus marauder classification scheme.

- **Commuters:** “I was careful not to do the crime in my backyard...”
- **Marauders:** “I just went in, had a note, got the pills, and was back home. I was still goin’ to that pharmacy in between the time I robbed it with legit prescriptions. [laughs].”

Figure 3. Commuter and Marauder Hypothesis



Offenders traveled between 0 to 120 miles from their homes to the targeted pharmacy with a mode of 10 miles. While in some cases wide distances were traveled, 66% percent of the offenders targeted a pharmacy in their home city. Particularly noteworthy is that 49% traveled six or fewer miles to do so. It appears that offenders in this sample behave more like commuters given the distances traveled by some, though given the conceptual ambiguity in the terms commuter and marauder, it is best to assess this dichotomy case by case. That is, using six miles as a local context might constitute marauding in one city and commuting in another.

THE CRIME

Only a slight majority, 52% of offenders, acted alone during the crime. This is in direct contrast to aggregate trends reported in RxPATROL and NIBRS (not available in this abbreviated report), where most offenses were committed by single suspects, suggesting that it is possible that those who act with others are more likely to be convicted and incarcerated. Most offenders (78%) reported they were under influence of prescription drugs and/or street drug(s) at the time of the crime, and 15% reported that they were under the influence of alcohol at the time of the crime. With the exception of the entrepreneurs and some of the hybrids, most of these crimes were relatively unplanned events. The data that follow in this section will support this statement. Injuries were uncommon but not rare, with 22% of offenders indicating that injuries occurred at the crime. The overwhelming majority of offenders indicated they did not plan or want to hurt anyone though many said they “*might*” or “*would*” if challenged by a “*hero*” or faced with an uncooperative pharmacy staff member. This topic is discussed in greater detail in a subsequent section on precipitation factors.

Crime Characteristics

Day of Week and Time of Crime

Most offenders did not report selecting a particular day of the week to commit the crime as it often had more to do with their drug supply than a strategic decision regarding the best day of the week. Forty-two percent stated that it “*did not matter*,” and a small percent (often entrepreneurs) timed the crime to correspond with recent deliveries to the pharmacy. These qualitative findings diverge from aggregate trends observed in RxPATROL and NIBRS (not available in this abbreviated report), whereby certain days of the week had observable data spikes.

- “*...if you catch ‘em right after a delivery, you can get everything in the safe, that’s the best time to hit ‘em.*”
- “*It was a Monday. It just happened.*”

The time of day was slightly more salient for offenders than the day of the week, though most also reported no clear reason or that “*it did not matter*.” For those where the time of day was important, it was to avoid customers and staff.

Tactics

Offenders reported using a number of tactics and strategies as displayed in Figure 4. Eighty-nine percent used or implied a weapon and of those that did—56% were firearms, 19% knives, 6% explosive devices, and 19% other. With a few exceptions, most of the offenders that used knives did so as a direct result of knowledge of sentencing enhancement statutes for firearms in their respective states. Seventy-six percent wore a disguise with the most common disguises consisting of hooded sweatshirts, hats, and sunglasses. A slight majority of offenders (52%) acted alone, and 30% jumped over the pharmacy counter to better control the situation and obtain the prescription drugs. Only 23% used a note to facilitate the crime and of those that did, it was to blend in and appear like any other

customer handing over a prescription. Among those using robbery notes during the crime, it only occurred to a few that they should get the note back from pharmacy staff as a way of eliminating evidence against them. Some offenders used distraction techniques (16%) that ranged from false 911 calls that reported shots fired, or a pharmacy robbery at another location, or slips and falls in the store if they were working with a partner.

Figure 4. Percentage of Offenders Using Tactics



The majority of the sample (72%) reported they had visited the targeted pharmacy before the crime. Most did so while filling their own prescriptions or to accompany others filling prescriptions. During these routine visits, some offenders (often the hybrids and entrepreneurs) familiarized themselves with the store layout while also carefully watching where product is stored, if it was locked up, staff filling practices and other procedures, the volume of transactions, and other knowledge that they later utilized to assist them with their crime. Hybrids and entrepreneurs also reported tracking product delivery dates and timeframes, and some examined cars in the parking lot to differentiate between staff and customers.

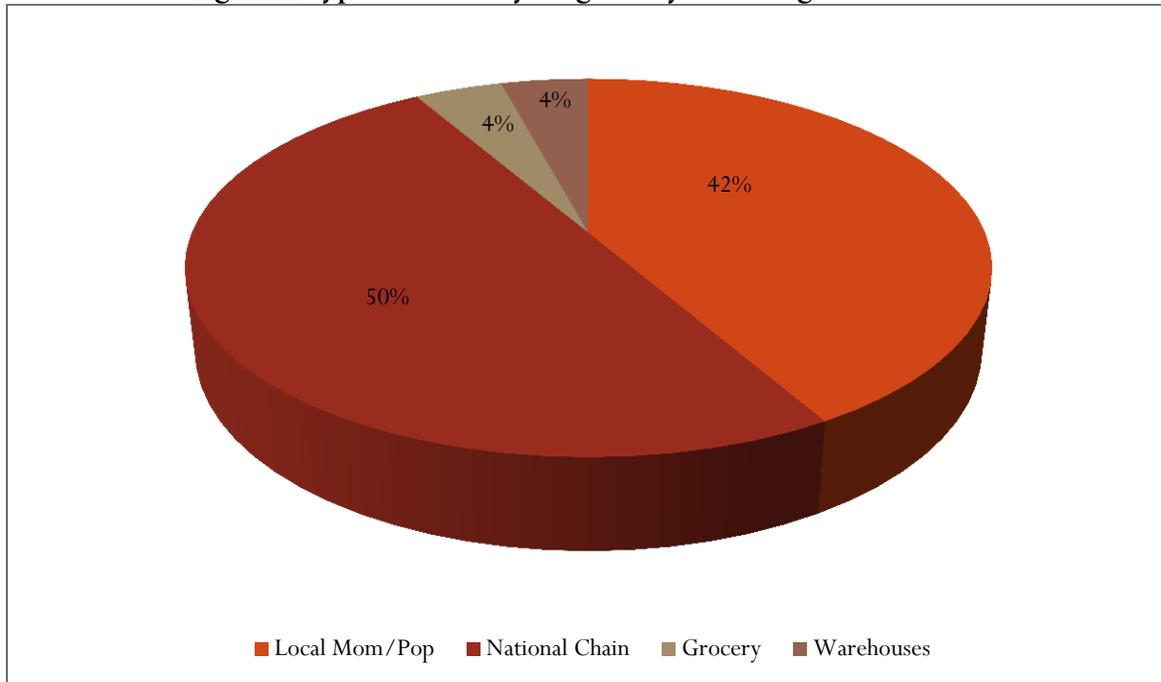
- *“Well we went in before, a few days earlier, I went in person and had some narcotic prescriptions filled by the pharmacist. That was to learn where the pharmaceuticals were bein’ kept.”*
- *“I stumbled upon a pharmacy one day while picking up a script with a brother of an ex-girlfriend. While waiting in the lobby, I noticed 9 or 10 bottles spread out on the front counter labeled “Hydrocodone.” Being that I know 90% of the pill heads in _____, I found my next lick. As we left the pharmacy, I told my buddy—‘hey did you see all those Lortabs on the service desk? He stated, that’s not even the best part, they leave those pills there over night after they close. To myself, I said ‘Is that right?’ ...So began my habit of pharmacy burglary.”*

Though the abovementioned 72% statistic might lead one to believe that all offenders plan their crime, this is certainly not the case. Indeed, for most addicts, there was little to no planning involved for their crime, while hybrids reported varying levels of advanced planning. Conversely, entrepreneurs gave a great deal of thought to the crime.

Type of Pharmacy Targeted by Offenders

As shown in Figure 5, half (50%) of the offenders targeted national pharmaceutical chains. This is not surprising given that national chains like Walgreens and CVS have more stores, and thus, more opportunity to become a target. It is notable that 42% of the offenders targeted a locally owned or “ma and pop” store, while few targeted pharmacies in grocery stores or warehouses. It is also important to note that Figure 5 (below) details the actual type of facility the offender targeted and not necessarily their preferred type of pharmacy. For additional information about pharmacy preferences please see the section below entitled “Pharmacy Characteristics.”

Figure 5. Type of Pharmacy Targeted by Percentage of Offenders



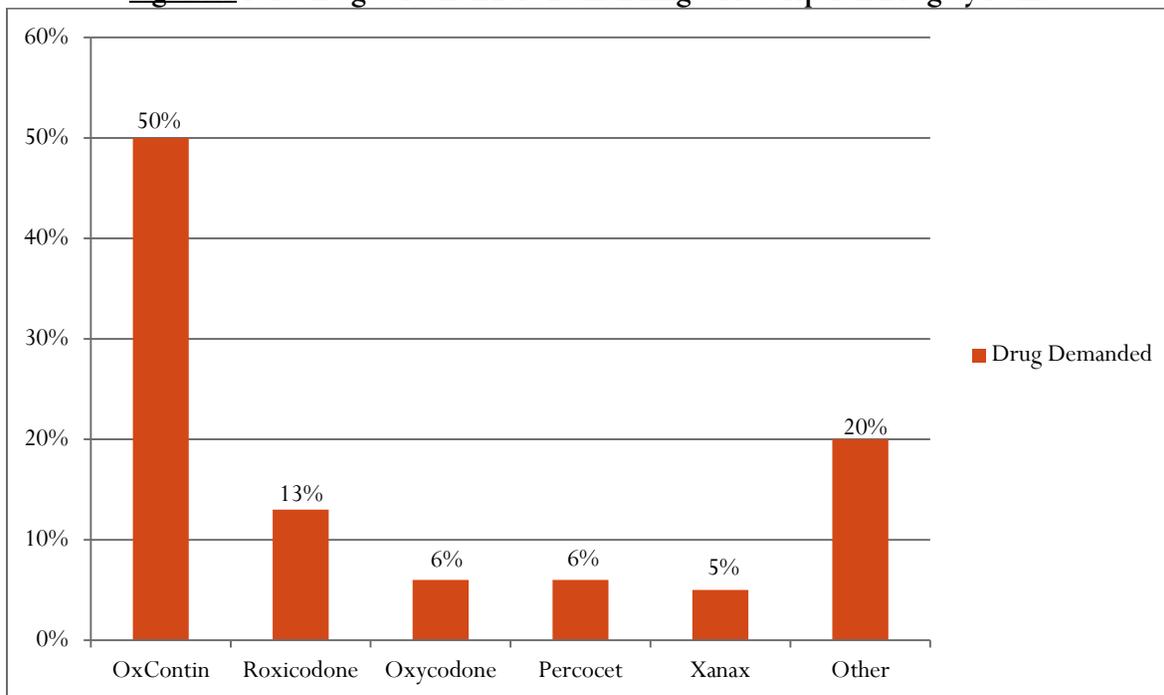
Prescription Drugs Targeted and Quantity

Targeted Prescription Drugs

Offenders demanded (or in the case of burglary targeted) a variety of prescription drugs, with most admitting that they would take any opiate available for personal use or to sell/barter on the street for their drug of choice. The most commonly targeted drug was OxyContin (50%), followed by Roxicodone (13%), and an “other” category that included prescription drugs like Opana, Lortab, Fentanyl, Vicodin, or any opiate. As cautioned previously, the data displayed in Figure 6 is not representative of a national trend but is a reflection of our sample that is dominated by Ohio offenders (n=32), who were more likely to prefer OxyContin versus the offenders in Florida (n=16), who preferred Roxicodone. In addition, the majority of the Ohio offenders were abusing OxyContin before the reformulated tablet became available in retail pharmacies in August of 2010. As one offender put it:

- *“If I’m getting Percocet or Vicodin but I see those OxyContin there, hell, why go for Pabst Blue Ribbon beer when I can have a shot of Tequila?”*

Figure 6. Percentage of Offenders Demanding a Prescription Drug by Name



Quantity of Prescription Drugs to Make the Crime Worthwhile

Offenders were asked “what was the least amount of prescription drug they would commit a robbery or burglary for,” and answers ranged between one to 25,000 pills. Most respondents reported amounts that comprised fewer than 100 pills. Addicts were more likely to report smaller volumes while entrepreneurs, and particularly entrepreneurial burglars, reported higher volumes. Consider the range of offender responses to this question.

- *“If I could get anything, I would rob ‘em.”*
- *“If the drugs are on hand, there’s nothing, if you’re determined, whether you have to put a gun to someone’s head or shoot ‘em to get a key or a combination or blow a safe—whatever you want to do, if you’re determined you’re gonna get ‘em.”*
- *“Really, this is gonna go down, this is gonna happen no matter what security you’ve got. And until they figure out a way to fight the drug addiction totally and completely, it’ll never go away.”*
- *“If the drugs are addictive and euphoric, people are going to go for them. It doesn’t matter.”*
- *“...to be honest with you, somebody that is robbin’ pharmacies is not in it for the big lick. They’re usually sick and they’ll take what they can get.”*

The Get Away

The majority of offenders reported that they left the scene of crime via walking out the front door. Only 28% were caught on scene and others (particularly addicts) reported not being far away when police responded to the scene.

- *“...we didn’t make it a few blocks and I was tryin’ to bust a pill bottle open already.”*
- *“I ran across the street to the next parking lot and there was a grocery store, so I went in there, in the bathroom, and started eatin’ pills.”*
- *“And then I got in the car and about a half mile away I ran out of gas [laughs]. And as I’m putting gas in the car here comes _____ PD responding to the call. Whhhhw! [imitates police siren]”*

Another offender who has heavily involved in trafficking and an entrepreneur reported different get away strategies:

- *“So I pulled over in the first hotel parkin’ lot—the first hotel is a Best Western. So I pulled over in the parkin’ lot. I go to the back where there’s a big dumpster, and I’m parked, and I open my backpack, and I’m openin’ up all these pill bottles and just dumpin’ the pills in my backpack. But I don’t know—I’ve never heard of this now, I’ve never heard of there bein’ somethin’ on a pill bottle, but this is what I’m thinkin’. I’m so paranoid, because I’ve never done nothin’ like this. So I opened up all the pill bottles. I get out, and I just throw the pill bottles away in the dumpster. Now, I don’t know, bein’ as how I just drove out to this neighborhood, I didn’t drive right in front of the store or nothin’, but I’m so paranoid, I’m like, “Man, I’m gonna stay in the hotel tonight.”*

Interviewer: (That hotel?)

“That hotel. What’s the point of going back out on the road if I’ve got all this stuff? I didn’t see no police or nothin’. I’m always gone way before they ever came to the scene of the crime. So I just got a room, and when I got a room I stayed there, and I went and bought a plane ticket. I left three days later.”

Though not the majority of cases, several offenders reported being involved in pursuits with the police, and most of those that resort to this strategy do so *“to get one last fix.”*

- *“So I’m drivin’, I got like six pills left, I crush up a couple and snort ‘em...I’m crushing pills, I’m feeding CDs, I’m talking on the phone. I’m a pretty good driver anyway, but I’m going against traffic.”*
- *“I’m cookin’. I’m drivin’ with my knees and I’m cookin’ and I’m gettin’ ready to hit my arm and take my fix. That was the first failure to comply, because I took off.”*

Perceived Consequences of the Crime

Offenders were asked a series of questions regarding the likelihood of getting caught, the perceived consequences associated with the crime, and the deterrent effect of signage in pharmacies regarding prison time for pharmacy crime.

Getting Caught

Each offender was asked to report the percent likelihood that they would be caught for the robbery or burglary. Forty-four percent of offenders thought there was 0% chance they would be caught, 17% of offenders believed there was a 50% chance, and 10% of offenders reported a 100% chance of being caught for the crime. Those reporting a high certainty indicated that their purpose was to alleviate their withdrawal symptoms/dope sickness at whatever the cost—even with the reality of 100% certainty of being caught.

- *“I thought I wasn’t gonna get caught. I actually had a broken leg at the time, I couldn’t even walk. I was just drivin’.”*

- *“It was always open. I always knew there was a good chance of being caught, but I kept my window of gettin’ caught as low as possible. Like, when I went in to do a robbery, from the time I’d give the note to the clerk, I would keep two minutes, 120 seconds count in my head.”*
- *“I started for some odd reason hiding some of the pills I got, so I’d say 100%. I was not in my right mind, like I said.”*
- *“It was 100%. [laughs] I knew sooner or later.”*

Punishment and Penalty Awareness

We also asked offenders if they were aware of the sentence/criminal penalty they would receive for the pharmacy robbery or burglary prior to the commission of it. Forty-three percent reported that they were aware of what their possible sentence might be when they committed the crime, with hybrids and entrepreneurs being more likely to report sentence awareness due to previous involvement with the criminal justice system. They were particularly careful about “picking up kidnapping charges” and sentencing enhancements that involved firearms—indeed, several reported they specifically chose to not use a firearm in the commission of the crime for that reason.

- *“I had a rough idea of the penalties because of my prior robbery charges. It’s cost versus benefit.”*

During the discussion of penalty/sentencing awareness prior to their pharmacy robbery/burglary, several offenders noted a range of views about punishment. Some noted that current punishment practices were too lax, while others argued that they were too severe and often inconsistent. This was painfully obvious to the research team with some offenders (with similar criminal histories) serving more/less time for near identical offenses.

- *“They might give more prison time over here, but unless they start choppin’ hands, it’s not gonna do any good.”*
- *“They gave me a slap on the wrist in Washington. I wish Florida was more like Washington.”*

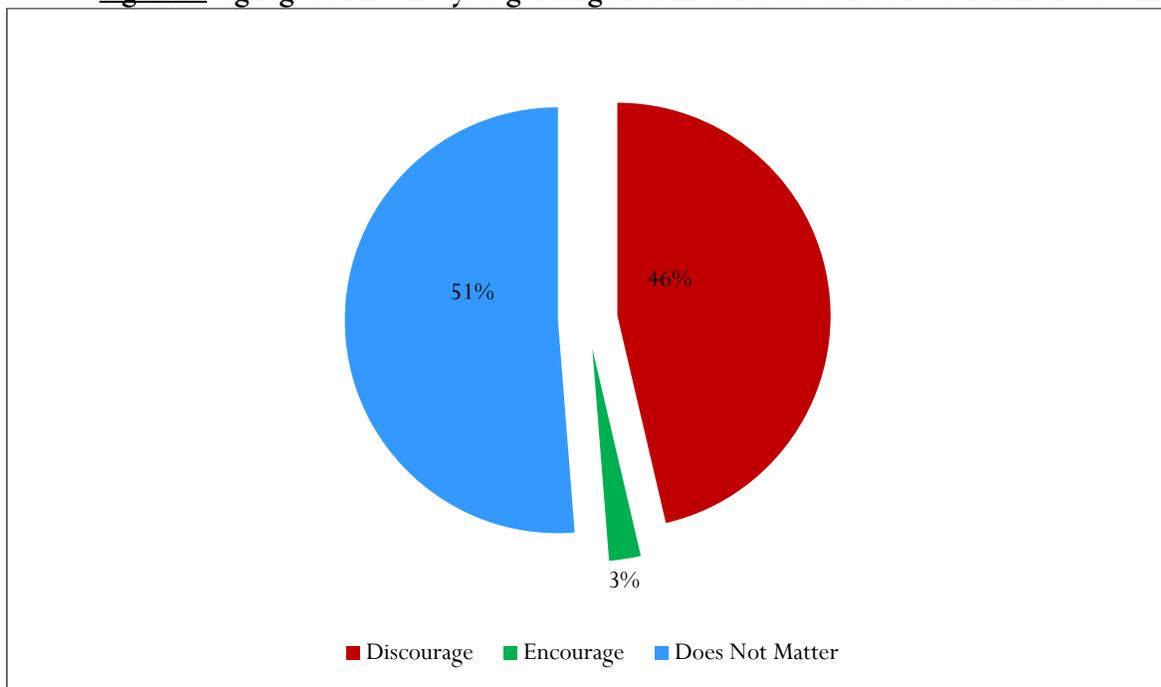
Deterrent Effect of Signage Regarding Prison Time for Pharmacy Related Crime

For Figure 7, and remaining figures on the deterrent effect of various crime prevention strategies and/or pharmacy characteristics, the following color scheme should be used as a quick way to interpret the findings.

- **RED**=Discourage or a deterrent
- **GREEN**=Encourage or no deterrent value
- **BLUE**=Does not matter to the offender

Most offenders (51%) indicated that signage in the pharmacy regarding possible prison time for pharmacy-related crime would not matter, while 46% reported that it might deter them at the time of the crime. Most reported never seeing such signs as illustrated in the following quote:

- *“It doesn’t matter, because you’re not lookin’ at signs on the way in.”*

Figure 7. Signage at Pharmacy Regarding the Amount of Possible Prison Time for Crime

PHARMACY CHARACTERISTICS

Informed by Routine Activities Theory, Crime Prevention through Environmental Design (CPTED) Theory, and Defensible Space Theories, offenders were asked a series of questions concerning pharmacy type, location characteristics, and internal layout.

Type of Pharmacy Preferred

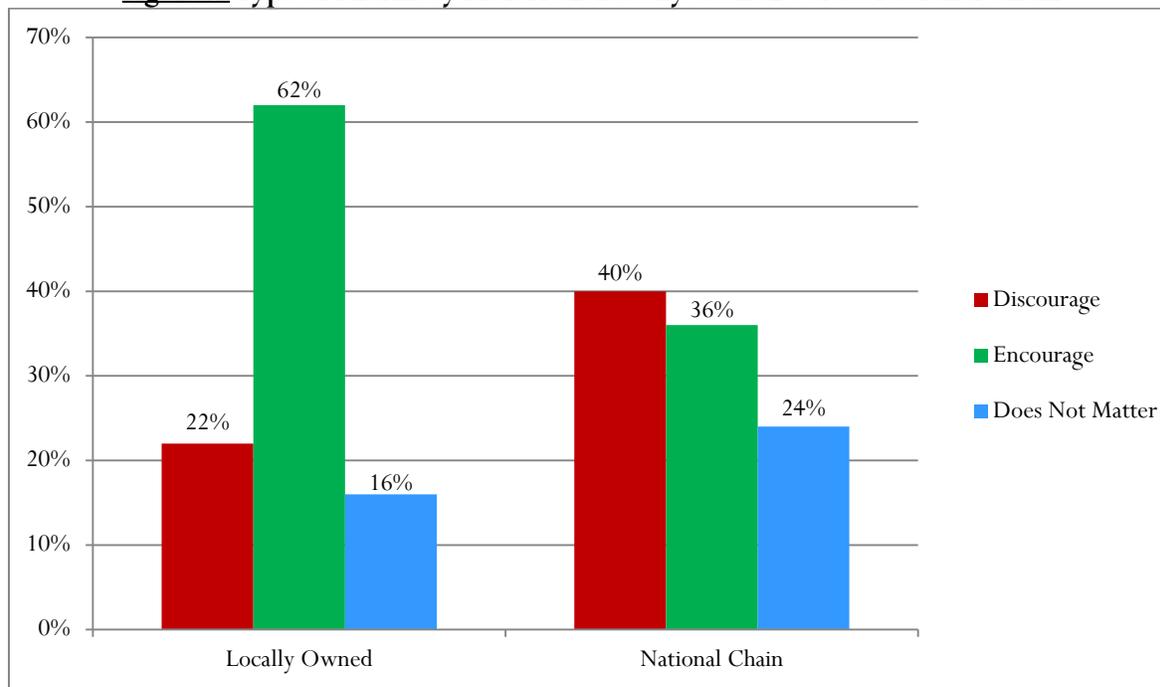
As shown on the left side of Figure 8, 62% of offenders reported that a locally owned pharmacy was an encouraging target—given their perceived lack of security. Though security at “Ma/Pop stores” was viewed as more lax by most offenders there was still a perception among some (i.e., 22%) that the owners of “Ma/Pop” pharmacies are armed, dangerous, and unpredictable.

- “I wouldn’t hit none of the mom and pops...there’s a possibility that they’d have a gun. I didn’t have a gun, and I definitely didn’t want to get shot.”
- “..the mom and pops, that’s their livelihood, and apparently they’ll fight you for them. So I found out.”

In addition the possibility of facing an armed pharmacist, several hybrids and entrepreneurs reported that locally owned pharmacies “do not have enough product” to make it worth their while.

- “...they don’t carry as many drugs, usually. They’re usually a smaller operation...if I’m gonna go down for it, I want to get as much as I can...it wasn’t worth it to me.”

Figure 8. Type of Pharmacy Preferred: Locally Owned Versus National Chain



As shown on the right side of Figure 8, offenders were widely distributed on their preferences regarding national chain pharmacies, with 40% reporting they were a discourager and 36% reporting they were preferred or encouraging targets. For the 40% that reported that a national chain store was a deterrent, most indicated that they avoided these pharmacies due to concerns about sophisticated security systems.

- *“You can’t even steal a greeting card from Rite-Aid. I am serious. Rite-Aid is like the Antichrist for robberies!”*

Conversely for the offenders (i.e., 36%) that preferred to target national pharmacies, many reported a “Robin Hood” mentality about corporate pharmacies.

- *“People tend to rob the Walgreens and CVS more often than anyone else...it’s a corporate entity. You are not hurting a single person.”*
- *“I figured they got insurance, they could pay for all of that anyway, it’s all covered. I was cool hittin’ Walgreens or CVS, either one.”*

Some offenders also preferred national chain pharmacies as they reasoned that corporate pharmacies have more product and have been trained to “give it away” to avoid bad press and the escalation of violence.

- *“Nobody wants to see little Suzy blown away at Walgreens because they didn’t give up some Roxys.”*

Preferred Location Characteristics

Offenders were asked a series of questions about location configurations, pharmacy hours, the type of roads around pharmacies, and the proximity of public transportation.

Pharmacy Store Locations

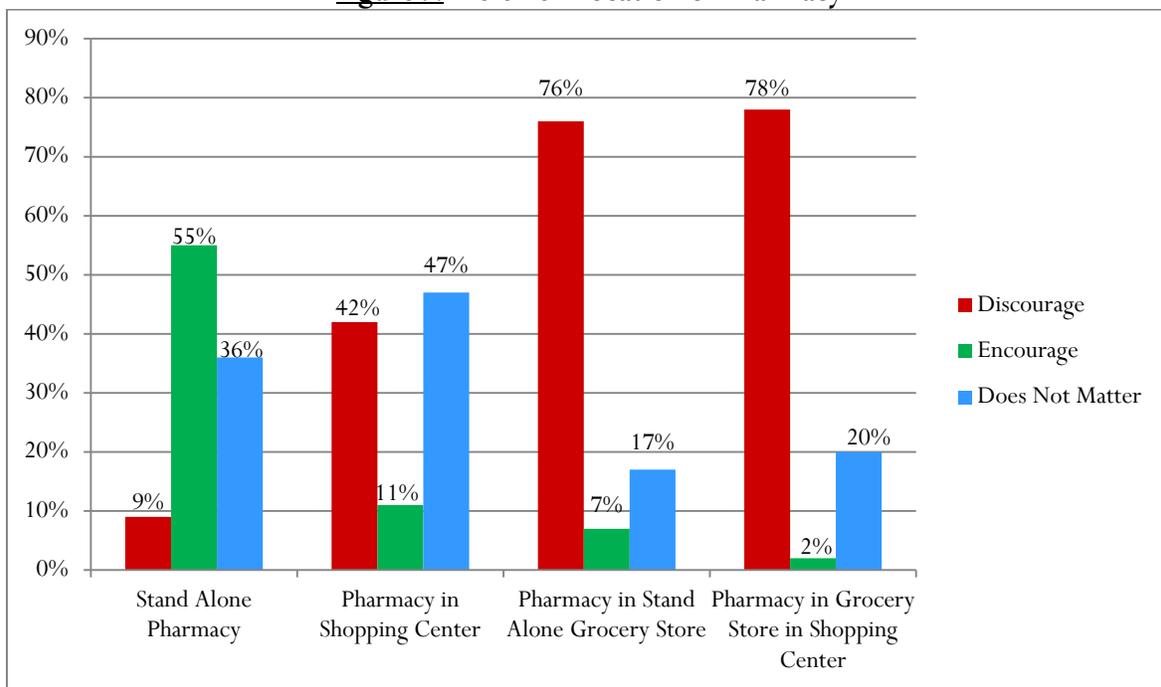
As shown on the left side of Figure 9 (below), stand-alone pharmacies were described by 55% of the offenders as an ideal location, whereas 36% reported it would not matter either due to the severity of their addiction or their perception that such factors are irrelevant to a truly motivated offender with some criminal skills.

- **Stand Alones:** “You love those standalones. ENCOURAGER! That’s exactly what you want.”

Turning to the right side of Figure 9, generally speaking, a pharmacy located in a grocery store is not a desired location for offenders.⁴ Some 78% percent of offenders reported that a pharmacy located inside of a grocery store that is also part of a shopping center location was the worst possible location and thus, an effective deterrent.

- **Grocery Stores:** “I looked at ‘em, and there’s too many people, too much everything in that place. You can go in there late at night and there’s still a dozen people in there.”

Figure 9. Preferred Location of Pharmacy

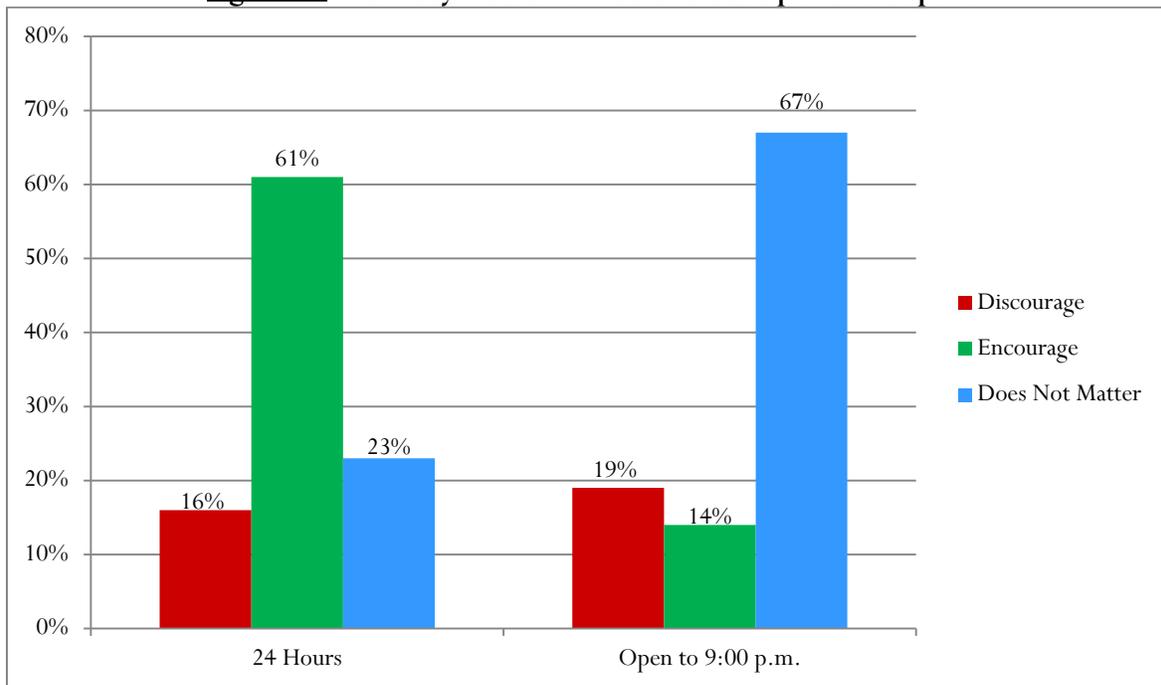


⁴ An exception to this would be pharmacies that are located in grocery stores that are easy to access and/or are lax with other security mechanisms.

Pharmacy Hours

As shown on the left side of Figure 10, 61% of offenders reported that a 24-hour pharmacy would encourage them to target that pharmacy. This not surprising as pharmacies that are open 24 hours per day provide more opportunity to be targeted; as well as the probability of fewer customers visiting the pharmacy during the late evening/early morning hours. Turning to the right side of Figure 10, the majority of offenders (67%) said that closing a pharmacy at 9:00 p.m. does not really matter since most offenders reportedly chose to commit the crime when fewer customers were around regardless of whether it is day or night. For obvious reasons, the offenders who were burglars all reported that they preferred to target pharmacies that closed at 9:00 p.m.

Figure 10. Pharmacy Hours: 24 Hours versus Open to 9:00 p.m.



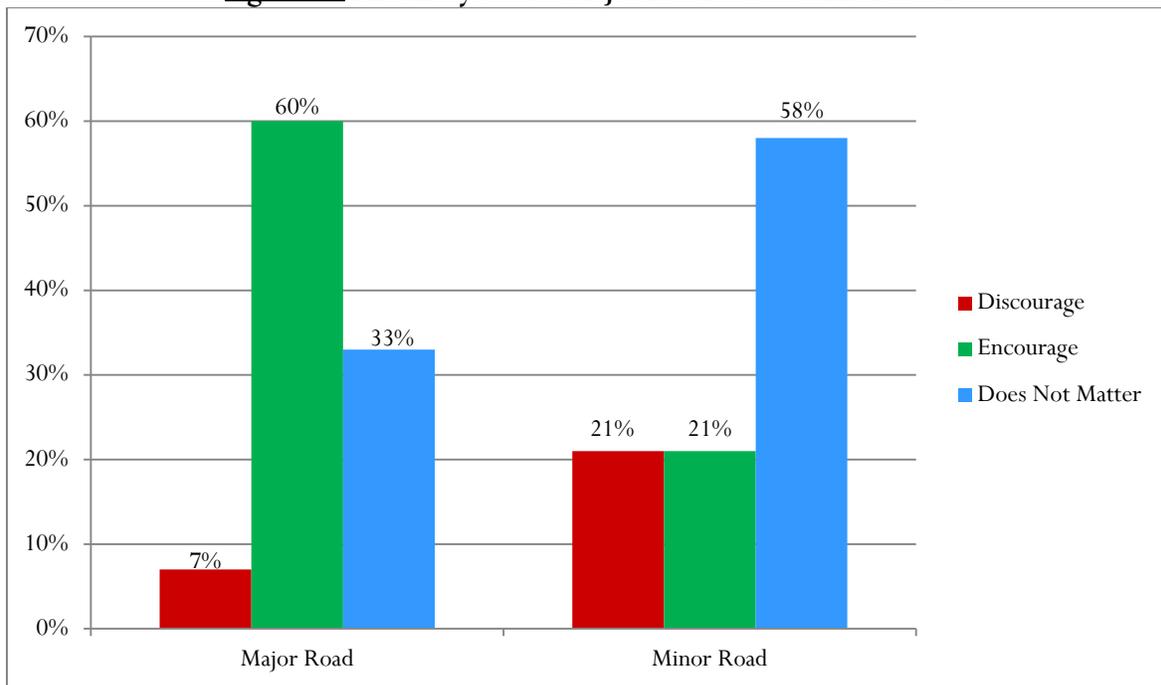
Road Type and Pharmacy Location

As shown on the left side of Figure 11, most offenders (60%) reported a preference for a pharmacy to be located near a major road as they could quickly “blend in” and have a “fast getaway” though it is worthwhile to note that some offenders (i.e., 33%) reported that it does not matter. The following quote exemplifies the mindset of offenders who reported that the type of road a pharmacy is located on does not matter.

- *“When I’m on drugs and I’m going into a pharmacy and it’s on a four-way intersection and there’s cars everywhere and ain’t nothin’ stoppin’ me but that glass, I don’t care if you are looking, I don’t care if you think you’re gonna stop me or whatever, I’m doing it. And that is exactly what I did.”*

In sum, it is possible that a pharmacy located on a busy road is perceived as a value added characteristic. Indeed, when offenders were prompted about the deterrent effect of a pharmacy located on a minor road (see the right side of Figure 11) it appears that this factor alone would not discourage a pharmacy from being targeted, as 58% of offender reported it would not matter. In other words, offenders prefer pharmacies on major roads, but simply locating a pharmacy on a minor road will not immediately deter offenders from targeting it.

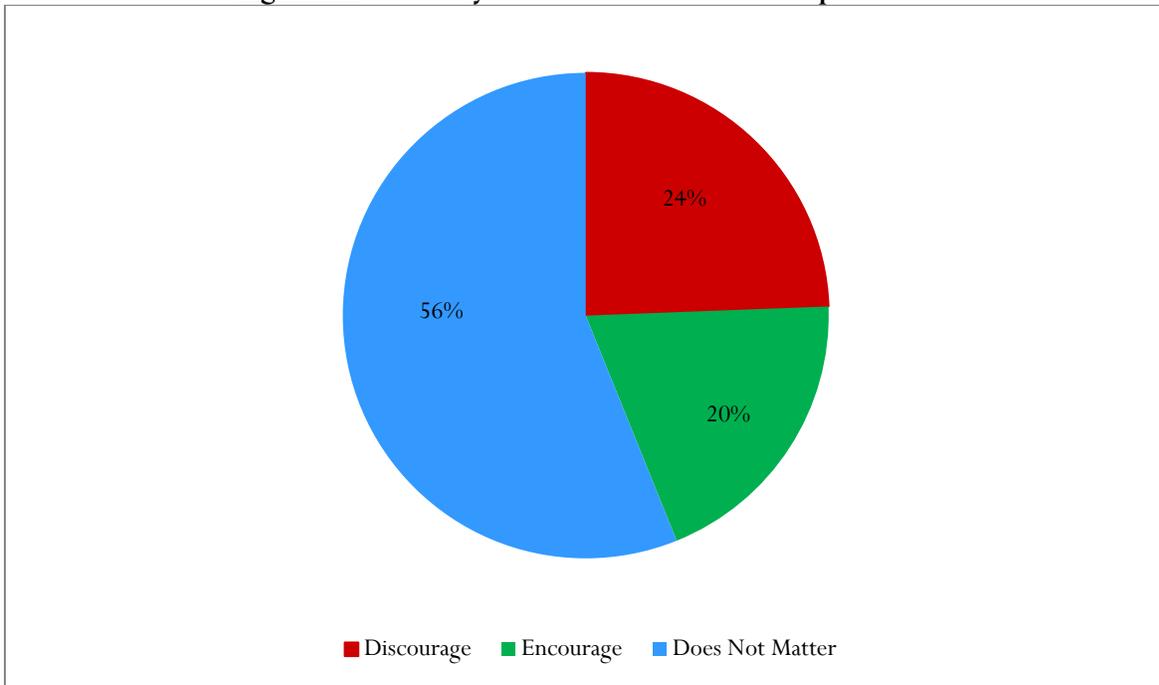
Figure 11. Pharmacy Near a Major Road versus Minor Road



Pharmacy Location and Access to Public Transportation

I also asked offenders if the location of a pharmacy near public transportation was an important factor for target selection. As shown in Figure 12, most (56%) reported it did not matter.

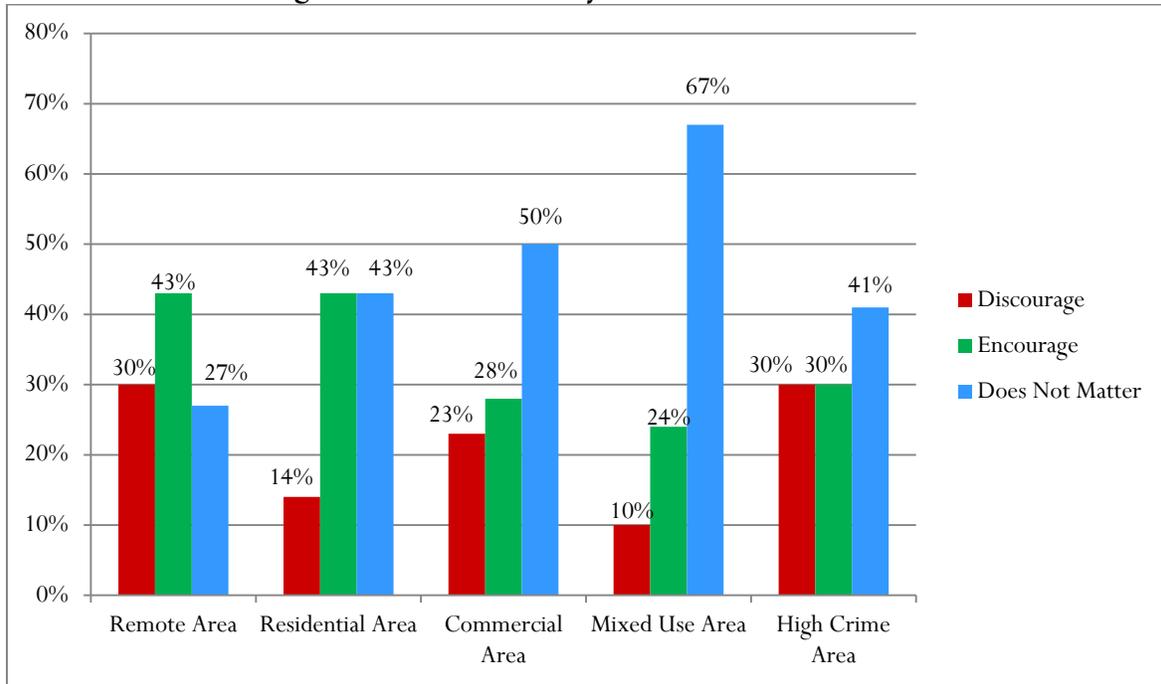
Figure 12. Pharmacy Located Near Public Transportation



Other Characteristics and Pharmacy Location

In Figure 13, offenders commented on a number of additional location characteristics, most of which do not appear to strongly encourage or discourage offenders one way or another. In three of the five categories, offenders reported it would not matter (i.e., commercial area, mixed use area, and high crime areas), while pharmacies located in remote areas would encourage about 43% of offenders. Offenders were also asked to comment on the size of parking lots around a pharmacy—a factor that did not matter to a substantial majority (data not shown).

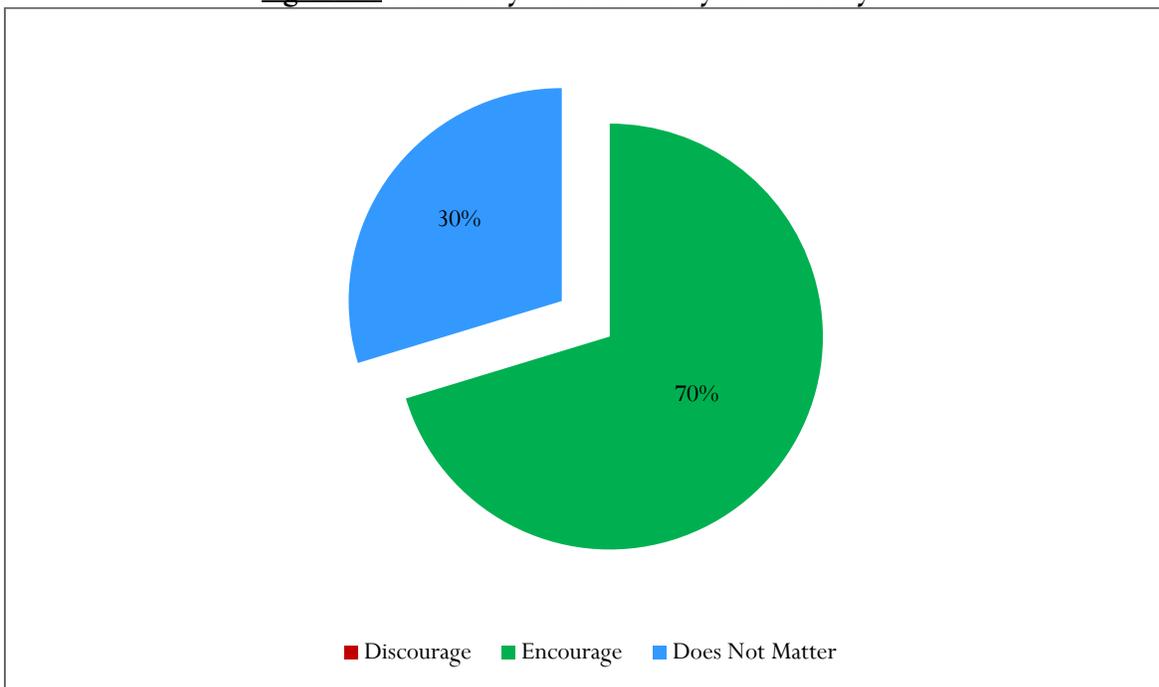
Figure 13. Other Pharmacy Location Characteristics



Internal Layout of Pharmacy

Since many national chain pharmacies have similar architecture and often utilize the same internal layout, offenders were queried on whether familiarity with the internal layout of the store was an important part of target selection. As shown in Figure 14, a majority of offenders (70%) reported that familiarity with the pharmacy layout was an encouraging feature of target selection while 30% reported it did not matter.

Figure 14. Familiarity with Pharmacy Internal Layout



Most offenders reported that knowing the internal layout is helpful, while others noted that it is not that difficult to become familiar with the pharmacy due to their size, a similar layout for chain stores, or from a previous visit.

- “Yeah, I don’t go nowhere I don’t know nothin’ about.”
- “Most of the mom and pops, it’s not hard to get familiar with it. You can look at it basically and know what’s there. You can see in the windows, see what’s there, because like I say, it’s either a flower shop or an old drive-in bank teller bank, somethin’ where there’s plenty of windows where you can see it.”
- “Doesn’t matter. Most of the ones I’ve been in are pretty much set up the same way.”

PHARMACY SECURITY

This section details a wide array of pharmacy security mechanisms, strategies and policies. In general, regardless of the pharmacy type (i.e., national versus locally owned) offenders perceived pharmacies as “easy targets” given their perceived lack of security (see Figure 15). It is worth noting that many offenders (particularly in Florida) indicated that that they would never consider robbing a “pain management clinic” as they have tougher security, particularly in the form of an armed guard.

Figure 15. Offender Views about Pharmacy Security

*“I just broke
into ‘em cause
I seen it was
something
easy to do.”*

*“You’ve got girls walkin’ into pharmacies
to rob ‘em. And I’m like ‘Wow, they know
they’re gonna get away with it.’ They
know what’s going on...they know
there’s no guns in there...”*

*“You go to, like, a pain management clinic and nine times out of 10 people
don’t rob them because the security’s so much tighter there. So when I come
down here and I kind of see how everything’s laid back open, I just—it just—a
thought went through my mind, like, “Man, I could go in here, run in here, grab
all these pills. Nobody knows me. And I can come—I can make \$200,000.”*

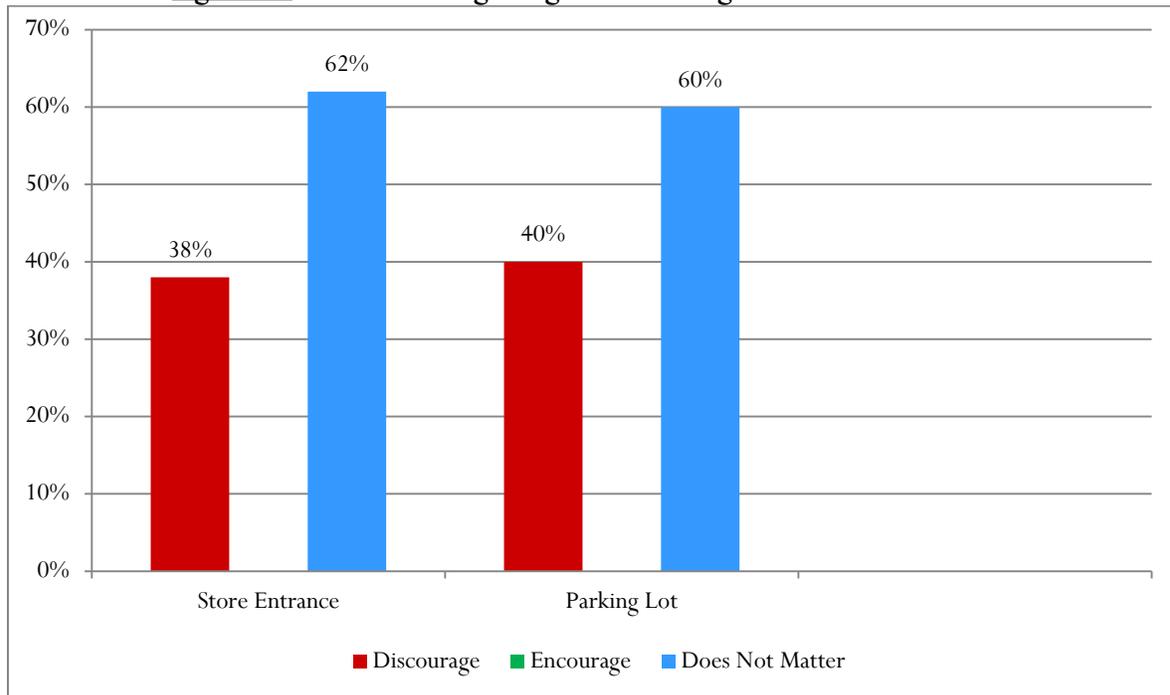
General Strategies and Security Mechanisms

In line with Routine Activities Theory (RAT), Crime Prevention Through Environmental Design (CPTED) Theory, and Defensible Space Theories (DST), offenders were asked a series of questions concerning external and internal security as well as crime prevention techniques in pharmacies.

Bright Lights at Entrance and Parking Lot

A common feature of crime prevention through environmental design (CPTED) is the use of lighting as a crime deterrent. Thus, offenders were asked if the use of lights at the entrance of the pharmacy and in the parking lot would impact their target selection. As demonstrated in Figure 16, the use of lights in the parking lot and the store entrance was viewed as irrelevant to most offenders. This is hardly surprising given the previous discussion that suggested the selection of the time for the crime (particularly robbery) is random for most offenders and has more to do with customer presence than a specific time of day or lighting in the parking lot. It is also feasible that since most pharmacies (and stores in general) use lighting it is no longer a factor that filters into the mind of the offender.

Figure 16. The Use of Bright Lights in Parking Lot and Store Entrance



Surveillance Cameras and Alarms

I asked offenders about the use of external and internal surveillance systems in and around pharmacies. As shown on the left side of Figure 17, most offenders (i.e., 56%) noted that external surveillance systems were a deterrent. This is due in large part to the inability to disguise their get-away vehicle or to conceal the direction of their escape.

- *“Put a camera outside. They usually have one on the drive-through, but not the doors on the outside before you walk inside.”*

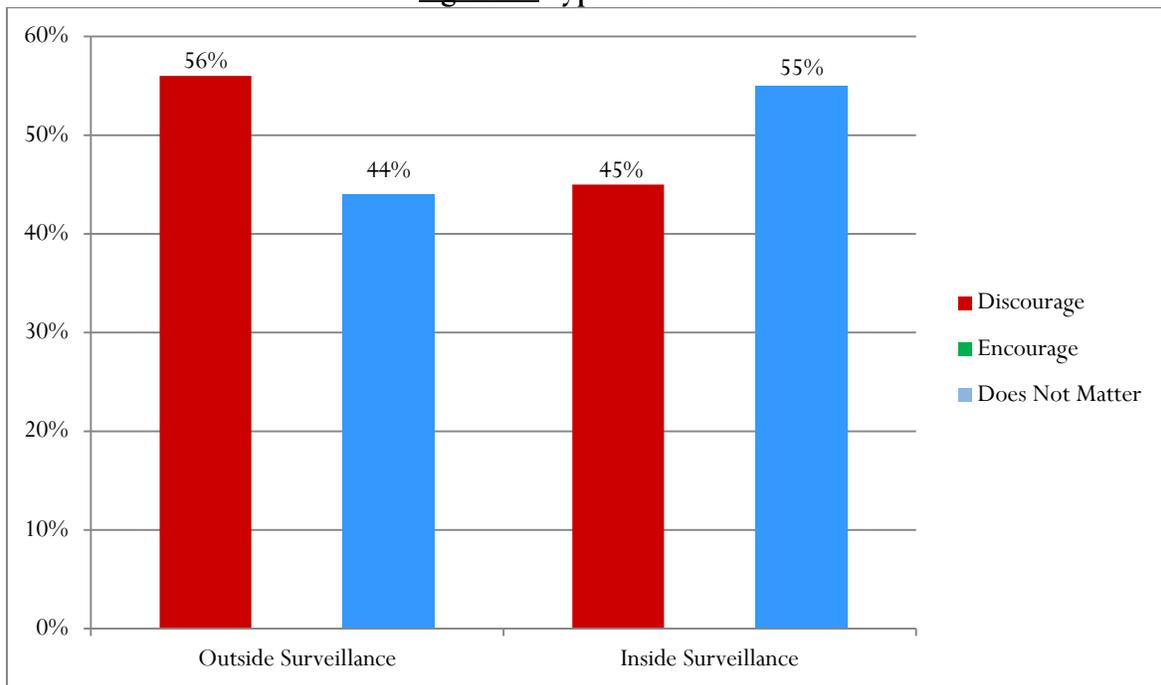
In direct contrast, as shown on the right side of Figure 17, most offenders (i.e., 55%) did not view internal surveillance systems as an important deterrent for target selection. There are several reasons for this finding: (1) it is assumed most stores have surveillance systems, and it is a routine risk they can overcome with disguises; (2) the perception from the media (and perhaps their own experience) that many offenders *“get away with the crime”* even when photographs are recovered from surveillance cameras; (3) the awareness/direct observation that many cameras are (a) *“not working,”* (b) *“improperly placed,”* and (c) *“lack thorough coverage of the counter area”* or have obvious blind spots.

- *“...the Rite-Aid that I was involved in had surveillance system in the inside, but it was not working.”*
- *“...the places I robbed had surveillance, and I didn't care.”*

Though not the majority, 45% of offenders indicated that internal cameras were an effective deterrent. For example, one of these offenders indicated he was deterred by the cameras used at Wal-Mart.

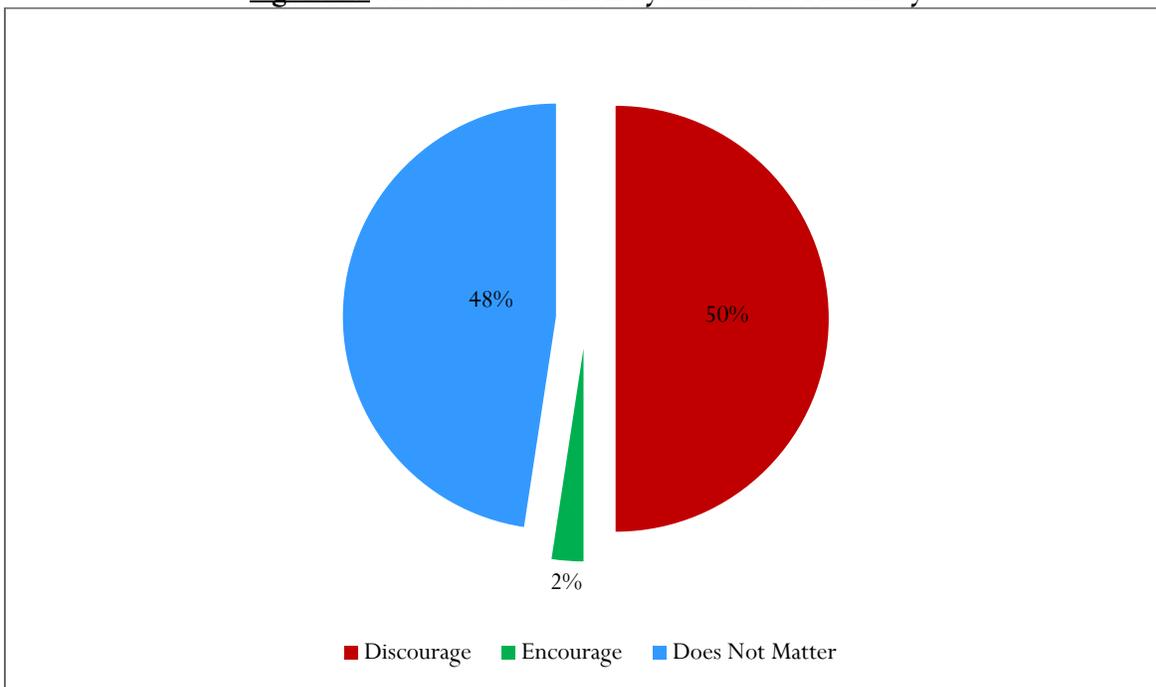
- *“...some of 'em, like Wal-Mart, got the bubbles in the aisles. I think those are better, cause then you don't really know where the camera is lookin.”*

Figure 17. Types of Surveillance



I also asked about the use of alarm systems in the pharmacy and as shown in Figure 18, offenders were almost evenly divided about their deterrent function. Robbers indicated that they could overcome alarm systems with a quick getaway, while alarms were viewed as routine procedure for the burglars. One offender noted that the use and/advertisement of alarms⁵ was an encourager to him as it signified either (1) a large amount of inventory or (2) signified that an alarm was not really present at all.

Figure 18. The Use of an Alarm System in the Pharmacy



Locking Doors

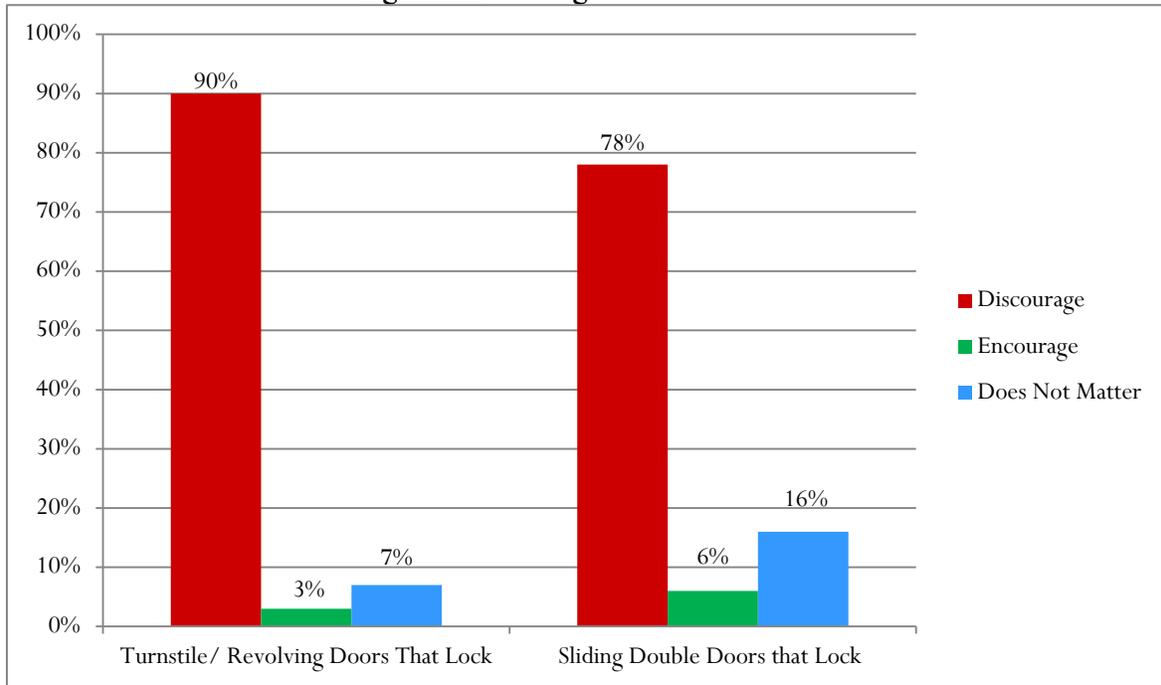
Two different type of locking door mechanisms were presented to offenders to comment on—each of which could be triggered by a staff member upon the offenders exit from the store. As Figure 19 demonstrates, both options were evaluated by offenders as effective deterrents with numerous caveats about the logistics of properly operating such mechanisms and preventing unintended threats to customer safety.

- “The one with the holding area, oh yeah, that’s like a jail on site. That’s bad. [laughs] That would be discouraging...”
- “That would make a huge difference. That’s why Rite-Aids aren’t hit. They have sliding doors, and the sliding doors lock. And it’s also bullet proofed. That’s the biggest fear of any criminal, bein’ trapped...that’s the worst thing in the world.”
- “It would depend on how good it would block him in, because if you block some crazy guy in there with a gun and he starts shootin’ people, that’s not gonna be good.”

⁵ Offenders were asked separate questions about alarm usage (shown here in Figure 18) and signage advertising usage of alarms. The findings were essentially identical and for that reason are not shown here.

Whether or not Rite Aid actually uses such mechanisms is irrelevant (though the offender in the above example perceived that they do) as the purpose of the question was to learn if such mechanisms would be viewed as effective deterrents.

Figure 19. Locking Door Mechanisms

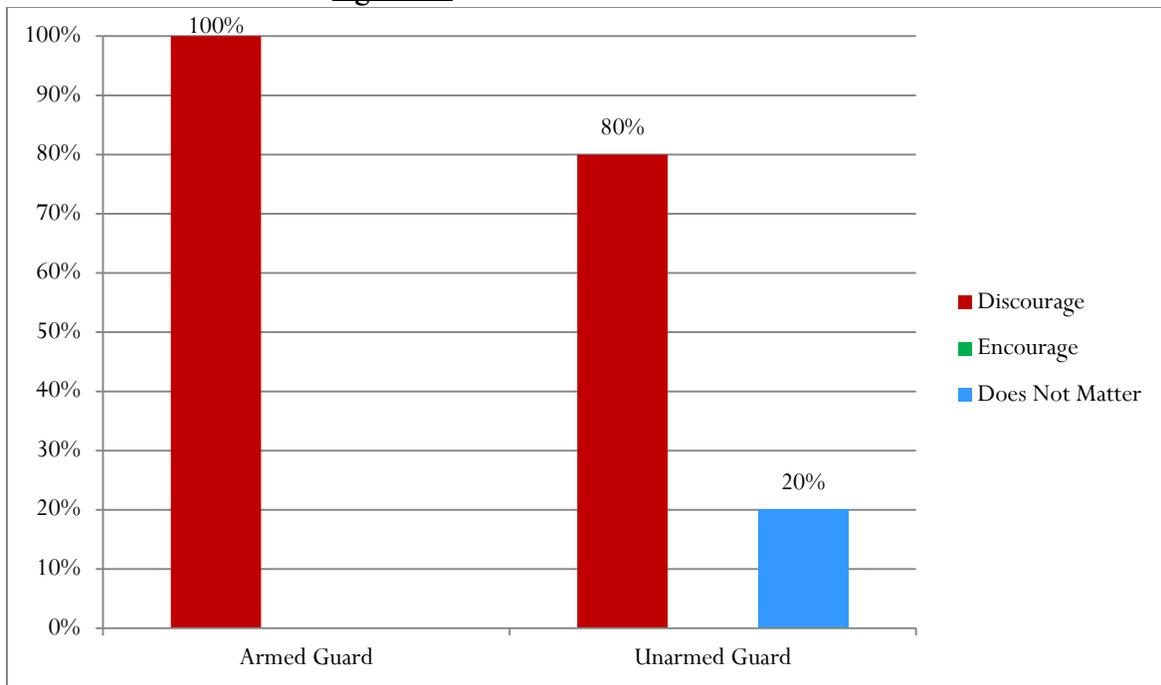


Guards

Though an expensive security option, I asked offenders to comment about the deterrent effect of guards on target selection (see Figure 20). During this discussion many offenders repeatedly noted that pharmacies need to model their security after banks particularly in the use of guards. Not expectedly, the presence of an armed guard at a pharmacy would deter 100% of the offenders, whereas an unarmed guard would deter 80%, with 20% noting it would not matter. For those to whom it would not matter, some indicated that they would bring a weapon to overpower an unarmed guard or out of desperation they may still target a pharmacy to overcome “dope sickness.”

- *“It’s better than banks because the security is not the same... You’re not sitting there with an armed guard like banks do.”*
- *“That’s discouraging but a desperate person might try it.”*
- *“No. If I knew he had pepper spray or somethin’ like that, I would not have went up there, but if he didn’t have nothin’, it don’t matter. I’d fight him. Who cares?” [laughs]*

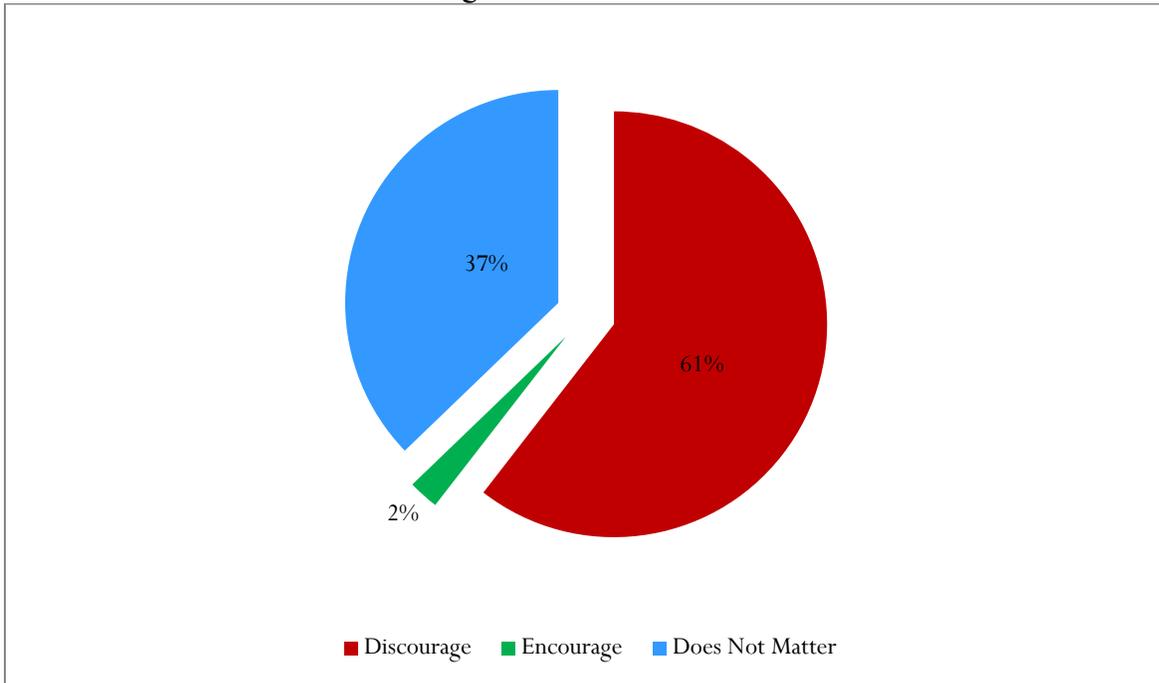
Figure 20. Armed versus Unarmed Guards



Police Patrols

As shown in Figure 21, 61% of offenders reported that the presence of police patrols in the form of random preventative patrol would discourage them from targeting a pharmacy though most offenders reported it was “rare” to see any form of police patrol around pharmacies. Several offenders suggested that patrol officers park their cars in pharmacy lots in between calls for service or while on break.

Figure 21. Police Patrols



The Pharmacy Counter

Most pharmacies or stores tend to place the pharmacy counter in the back of the store to provide privacy for customers, but also presumably to serve as a deterrent to robbery, as offenders would have to travel a longer distance to escape from the store. Some pharmacies have also moved to raising the height of their counters to prevent access and “counter jumpers.” Given these trends/safety tactics CSCJ queried offenders about their deterrence effects.

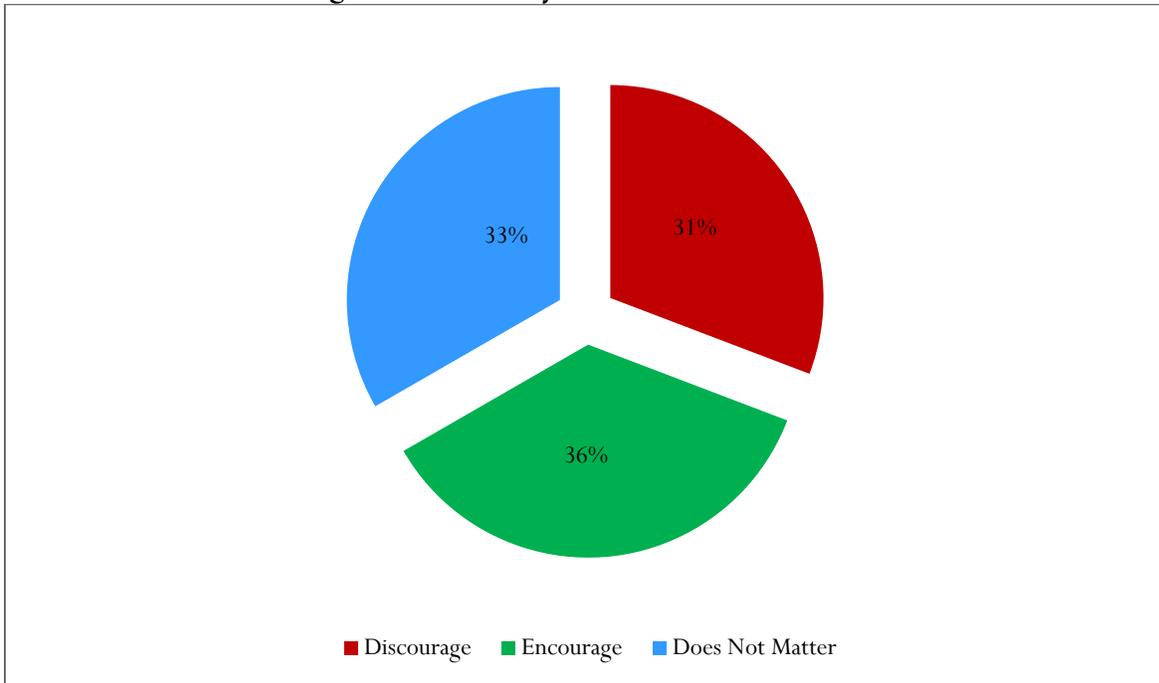
Rear Placement of Pharmacy Counter

I asked offenders to evaluate the placement of the pharmacy counter in the back of the store and received mixed results with a fairly even amount (i.e., 30%) of offenders noting it either discouraged, encouraged, or did not matter (see Figure 22). One reason for these divergent findings is somewhat related to the type of offender. Those indicating it would encourage them were more likely to be hybrids/entrepreneurs as they used the remote location of the pharmacy counter to facilitate and conceal their crime. Indeed, they had little concern about the time to escape via the front door, as they already had a time clock in mind for the full execution of the crime. Those reporting it did not matter were a blend of addicts in which the pharmacy counter could be anywhere and they would target it for “a fix” and entrepreneurs who are more brazen and confident in their crime skills and tactics. Those who answered that the placement of the counter in the back of the store would deter them were most often addicts with few crime skills and

sometimes hybrids who knew the delay from the back of the store to the front door increased risk of apprehension. Consider the following quotes to demonstrate offender preferences regarding this topic.

- *“I just walked out, smiled at the guy at the front and told him to have a nice day. He had no idea.”*
- *“If you were trying to stop robberies, I would think you’d put it out there in the open in the front where the widows are at, nobody would really rob nothin’ right in the open.”*
- *“He had no idea, ‘cause I got this trash bag. I jumped over and I got this trash bag, and he looked right at me, he looked into my face, and I’m like... ‘Hey, what’s up, man? I got the trash.’ So people are just thinkin’, ‘Oh, he just works here, he’s taking out the trash.’ And I walk right out the front, gone. Simple as that.”*

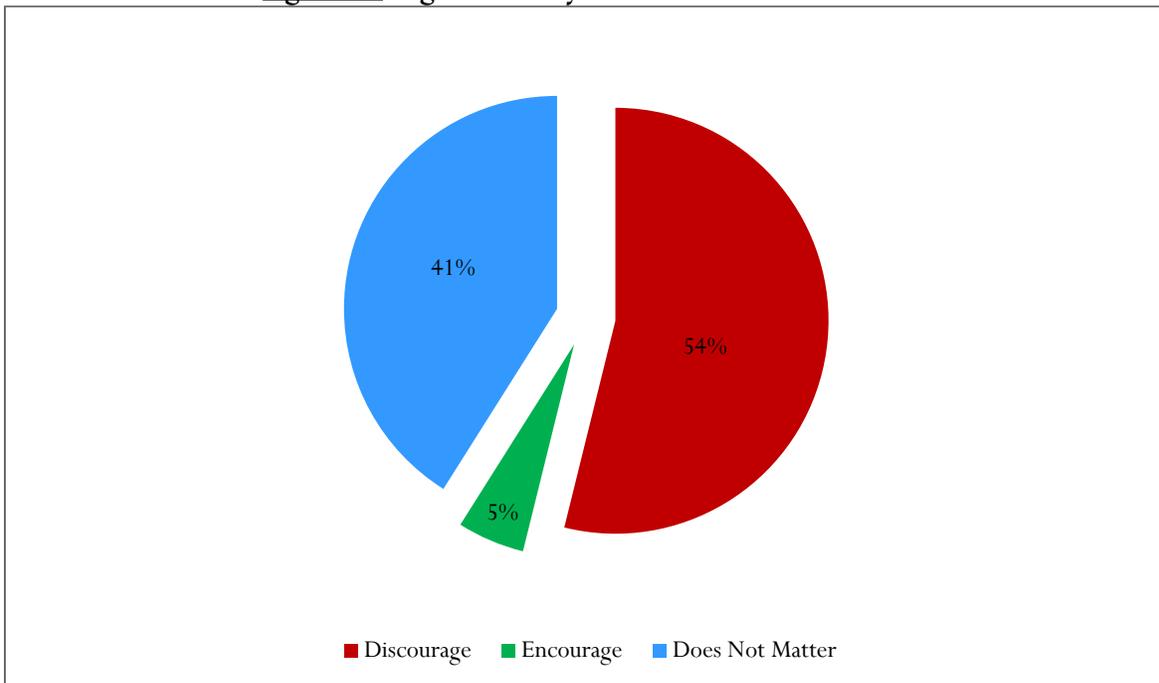
Figure 22. Pharmacy Counter in Back of Store



Height of Pharmacy Counter

I asked offenders if raising the height of a pharmacy counter would factor in their selection of a pharmacy to target. Some 54% reported that it would discourage them, while 41% reported it does not matter and 5% indicated it would encourage them. Of those reporting it would not matter, it was a mixed assortment of addicts (who are not considering such factors), and hybrids/entrepreneurs who are more likely to be armed and unconcerned about the height of the counter. For the 5% who reported that a high pharmacy counter would encourage them, most justified this due to their belief that “they could jump anything” or they had a plan to use the height of the counter to conceal the robbery as described below in the offender quote below.

Figure 23. High Pharmacy Counter to Prevent Access



A few of the entrepreneurs and hybrids reported that they used (or could use) the height of a counter to their own benefit. For example, after jumping over a medium high counter one offender reported that once over and crouched down that no one from the other side could detect him giving him a perceived advantage.

- *“So she gets down, and the counters sit up so high that if you crouch down, you can’t—nobody can see you. There could be somebody sittin’ right there waitin’ to pick up a prescription, you can’t be seen because there’s no mirrors behind it showin’ that view of the safe. Obviously they don’t want people to look over and say, “Oh, OK, that’s where they keep their safe...I have all the time I wanted back there, really.”*

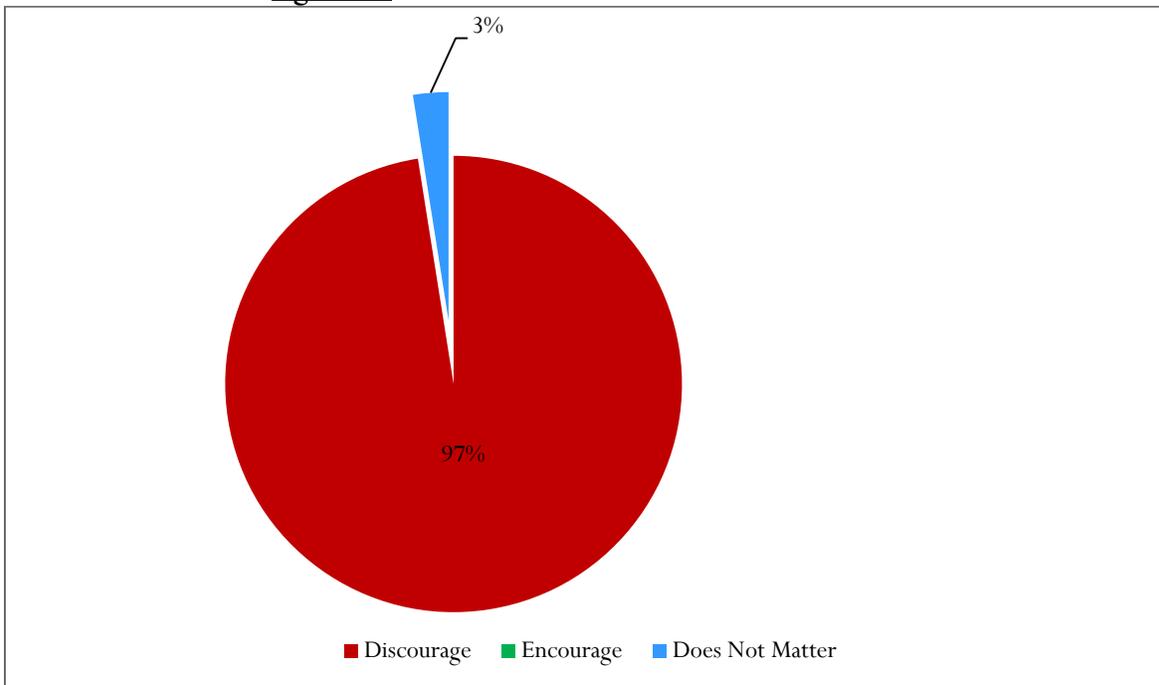
Blocked Access to Pharmacy Area

Offenders were asked to comment on a number of security measures that would in one way or another block or limit access to the pharmacy area/counter. This ranged from the use of bullet-resistant glass around pharmacy areas to the use of gas station style pass-through drawers to exchange product and money. Offenders also came up with other types of blocked access discussed below.

Bullet Resistant Barriers

It is apparent that the use of bullet-resistant barriers is viewed as an effective deterrent for pharmacy robberies, as 97% of offenders indicated this mechanism would discourage them from targeting a specific pharmacy. The small amount of offenders that indicated it would not matter said so because they said they were too “*dope sick*” to let that factor into their decision-making processes.

Figure 24. The Use of Bullet Resistant Glass Barriers



These following quotes are representative of the typical responses we received from offenders regarding this use of bullet resistant barriers.

- “You know, those women that gave me a problem last time probably would have flipped me the bird. That’d make me go away. They could do whatever they want back there. They could laugh at you and do whatever. That could work.”
- “But I think they need to go to the way of the gas stations in the ghettos, ya know what I mean? In the hood, fucking like the bullet proof glass in the front so that way you can’t just run in, jump over the counter, and force anybody to get ‘em.”

Steel Cages

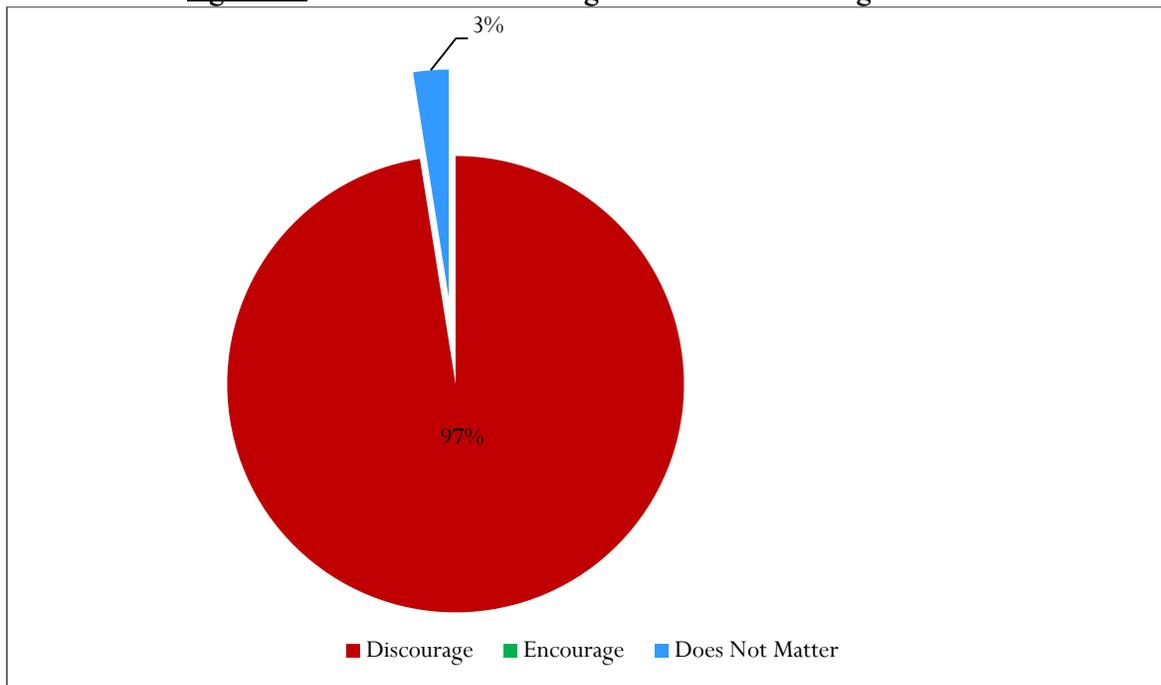
While having a conversation about bullet-resistant glass barriers, one offender (a hybrid burglar) commented on the current use of steel cages after hours.

- *“They pull that steel cage down over the counter, it’s really pointless. You can jump on that counter. That is what I did. I jumped on the counter and I removed a ceiling tile out of the way and I just climbed up into the ceiling and dropped down to the other side. I think I left there with nine bottles of Lortabs, 500 each.”*

Pass Through Drawer

As shown in Figure 25 below, it is apparent that the use of pass-through drawers produces a similar deterrent effect as bullet-resistant barriers since once again 97% of offenders indicated such drawers would discourage them from targeting a specific pharmacy that utilized this as a security mechanism. As before, the small amount of offenders indicating it does not matter said so because they said they were too “dope sick” to let that factor into their decision-making processes.

Figure 25. The Use of Pass Through Drawers to Exchange Product



Though most offenders indicated the use of pass-through drawers would essentially make them go away, hybrids and entrepreneurs were quick to report that some offenders (including themselves) might escalate their tactics and use violence to obtain prescription drugs through the use of hostages and explosive devices.

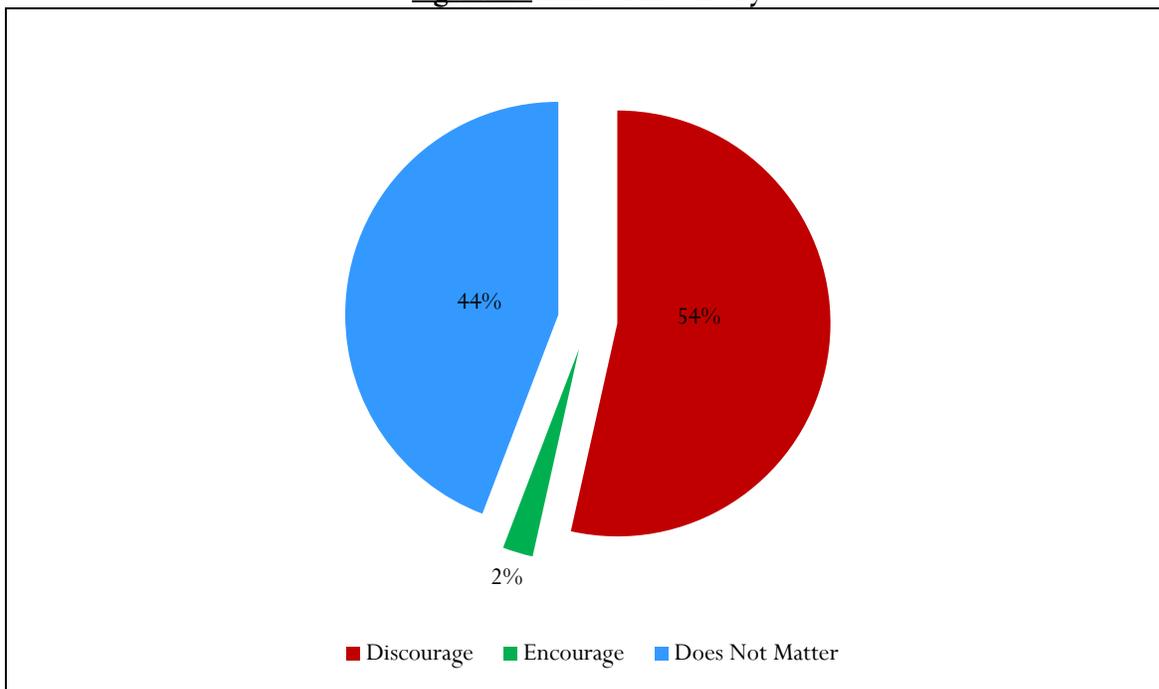
- *“The biggest thing is a turnstile for the money and the drugs and bullet proof glass. With that, then you have no way of robbin’ it. The only way would be if your slipped in a note and put a shoebox up there and said, “This is a bomb, I’m gonna blow you all to fuckin’ hell.” Or if you literally grabbed someone in the store and put a gun to their head. You’d have to go to drastic measures.”*

Limited Inventory of Prescription Drugs

Some pharmacies have limited or are considering limiting their inventory of controlled prescription drugs that they perceive to be most often targeted in a robbery or burglary. As shown in Figure 26, we asked offenders if such a practice would influence the likelihood of targeting a particular pharmacy. Many (54%) indicated that such a policy would discourage them from targeting a specific location while a notable 44% reported that it would not matter as they viewed it as a highly unlikely that a pharmacy would give up an opportunity to (1) make money and (2) serve the needs of their customers. With this rationale in mind they were suspicious of pharmacies that advertised not carrying specific products. Others reported that they were unconcerned with such a practice as they would take any available opiate if their drug of choice was not available, or they would just go to another pharmacy. The following quotes exemplify the range of responses from offenders regarding the possibility of pharmacies not carrying certain products or limiting their inventory.

- *“Well, the doctors are just gonna keep writin’ ‘em, so it does not matter.”*
- *“We know so many people got prescriptions, and they gotta get the pills from somewhere. So we figure if they don’t have it...we’ll leave and go to the next one.”*
- *“It doesn’t matter. I’m gonna take all the products...I’m gonna get 15 different kinds of opiates.”*
- *“That could be discouraging. It depends if you’re on a money thing or if you’re on a drug fueled rage. Sometimes it’s easier just to wait outside pain clinics and follow ‘em, and when they come out of the pharmacy, get ‘em.”*
- *“Then they’re talking about all the money they’re going to lose. [laughs] It’s a catch!”*

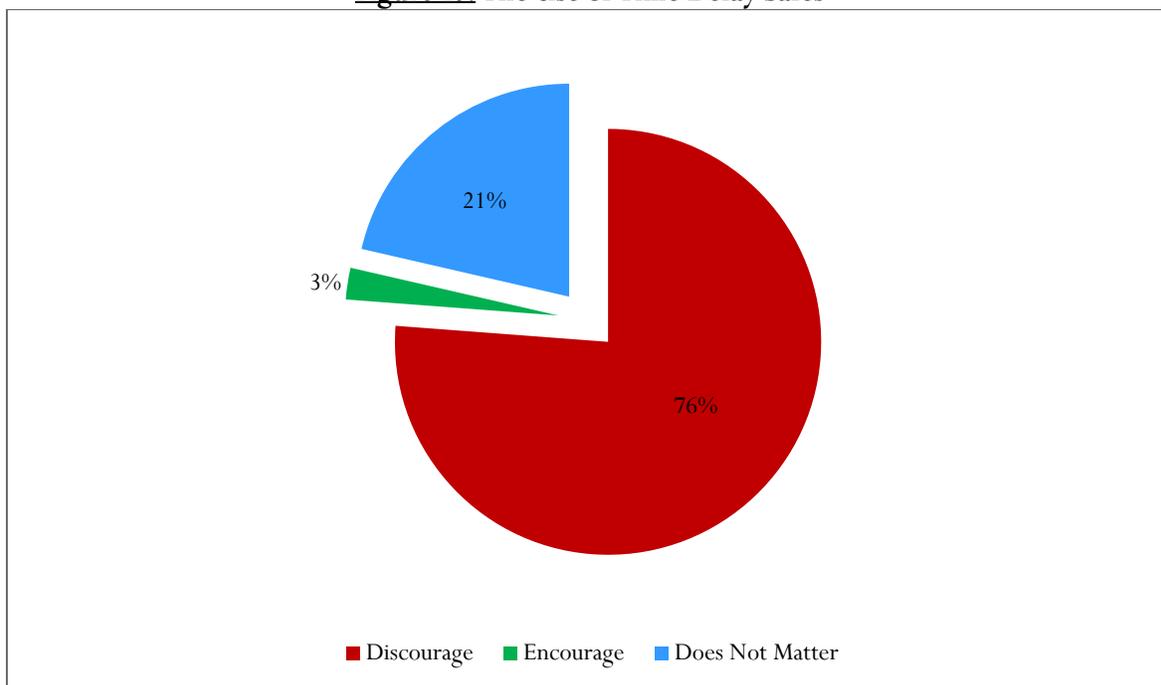
Figure 26. Limited Inventory



Time Delay Safes

Offenders were asked their opinion about the use of time-delay safes in pharmacies to delay pharmacist access to product. Though the overwhelming majority of offenders (76%) indicated it could be an effective deterrent, most agreed only with serious caveats about substantial safety risks to staff and customers. Some noted the need for constant advertising of the use of such safes to eliminate the possibility for event escalation when an unsuspecting offender encounters such a safe (see quotes below). Twenty-one percent of offenders reported that time delay safes would not matter as “*all safes have overrides,*” and, if necessary, they would use force and intimidation of pharmacy employees to gain access. For the 3% of offenders who indicated that the use of time-delay safes would encourage their targeting of the pharmacy, their rationale was the use of such safes was an advertisement that the pharmacy had the product they wanted and in large quantities.

Figure 27. The Use of Time Delay Safes



As shown in the following quotes, offenders had numerous reactions to the use of time-delay safes.

- “...if you don’t advertise it and no one knows about it, there’s no sense havin’ it, cause then you’re just puttin’ people’s lives at risk.”
- “Someone that wants a big shot of dope and you’re telling ‘em no, that’s a dangerous son of a bitch... It would piss them off, but see, that’s a buffer. You’re goin’ ‘hold on, hold on, hold on. You’ve only got to wait two minutes.’ They start sweatin’, and 99% of ‘em are gonna say, Fuck it. Let’s get the hell out.”
- “I’d probably panic. That would probably cause some people to panic, and then when they panic, it ain’t good. Sometimes a person will get scared and run away, but some people start getting’ frustrated and start hurtin’ people.”
- “I may not believe she’s complying. I really don’t care if I live or die if I’m committin’ this crime, so I would say that’s a bad one.”
- “...doesn’t matter...there is always an override... After the first robbery, he got the manager’s book...he took the book when he robbed the pharmacy and studied it...”
- “Your average street thug, they don’t care...thugs don’t want to hear that...pow, pow, pow.”
- “I would be forced to leave. I’m not about to have a standoff situation with the police. That never turns out well.”

Offenders also reported that the placement of the safe (whether a time-delay or not) is important, as safes hidden behind and directly underneath the pharmacy counter make it easy for the offender to conceal their crime to the passerby (provided that the offender is able to gain access behind the counter via counter jumping or some other tactic). One offender also reported that materials regarding safe operations are often left near the safes and can be used to facilitate a crime—though in the case discussed below it may have saved the staff member from harm.

- *“So she tries to hit in the combo and it went red, so she did it again and it went red. I don’t know if they do this, but I’ve had multiple safes... if you do the combination wrong three times, it locks. So when she does the second time wrong, automatically I’m thinkin’ she’s tryin’ to lock the safe on me. So I tell her, ‘You’re gonna open up this safe’ ...So I know the safe’s combo is right there in the three-ring binders. She opens it, she takes it out, she puts it on the floor, she opens it, she says, ‘No, this is the combo right here. This is the combo.’ I said, ‘Do it real slow.’ So she did. And boom! It opened.”*

Bottle Tracking

Given recent developments in bottle tracking technology and its relatively recent use as a strategy by the pharmaceutical industry, pharmacies, and law enforcement, the offenders in this study were not specifically queried about the deterrent effect of their use. However, several offenders (without prompting) recommended them as a crime prevention strategy.

Figure 28. Offender Views about Bottle Tracking

“They should have dummy bottles, fake bottles with the dye packs. When they come, give ‘em them bottles and let ‘em go. That is the best thing. They think they got somethin’, and then once they get out of the parkin’ lot or whatever, it blows up and they are marked.”

“If they could design some kind of sensor on the pharmaceutical bottles, that would be like On-Star in the car. If they could put it on the bottles, and only the pharmacist could remove those from the bottles, and once they left that store, that sensor would go off, that would discourage just about everybody, once they knew about that. I don’t see where that would be much of a problem doin’ it with all the technology they’ve got out there now.”

“Knowing that if I take these bottles out of this area, say if they blow up like a dye pack from a bank, that would really discourage me.”

CUSTOMERS AND STAFF

This section contains a series of questions posed to offenders about the potential deterrence effect of customers and staff presence, pharmacy staffing trends, customer and staff behaviors, and possible crime precipitators.

Customers

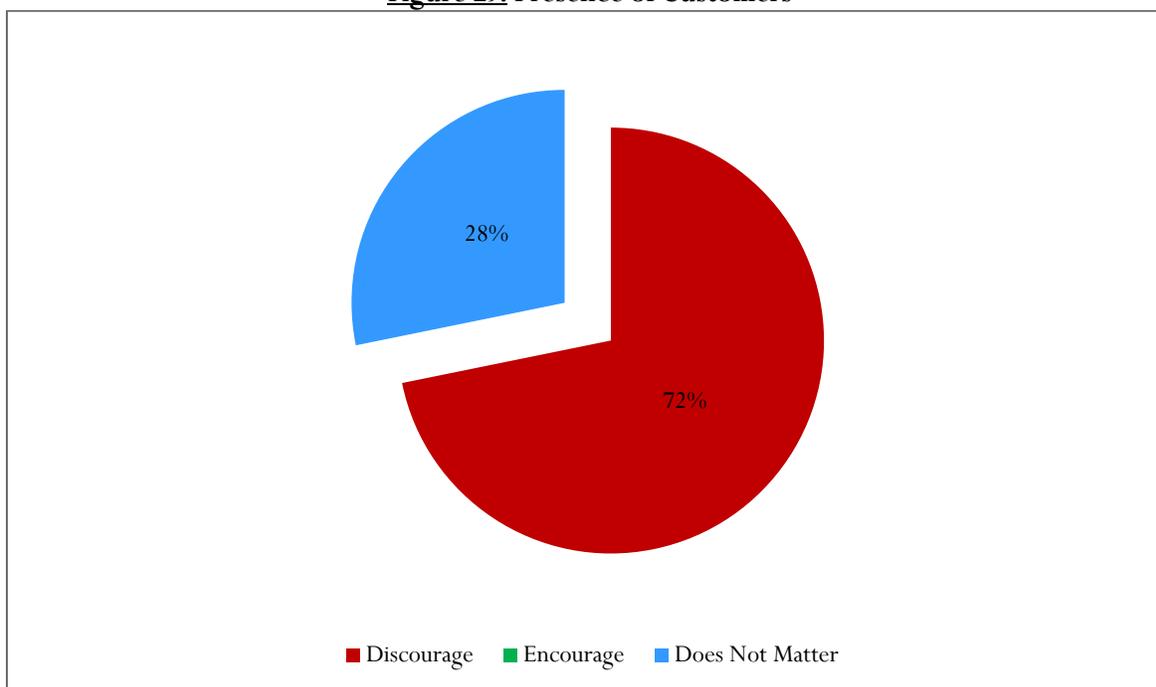
We asked offenders a few questions regarding the deterrent effect of customer presence in the pharmacy area or the potential for their interference and how they would respond to interference.

Customer Presence

As shown in Figure 29, most offenders (72%) reported that the presence of customers was a discouraging factor when deciding to target a particular pharmacy. The reasons provided varied from concerns about customers becoming witnesses against them to interference in the crime event (see also Figure 30). Twenty-eight percent reported it would not matter as they could “control customers” or they were either “too high” or “dope sick” for the presence of customers to register as problematic.

- *“I’m more fearful of the customers than I am anybody else. Customers are likely to just be nosy, not knowin’ what’s actually goin’ down... Staff knows what’s goin’ on. They’re gonna get out of your way.”*
- *“Cops get their prescriptions filled too and that was my biggest fear.”*

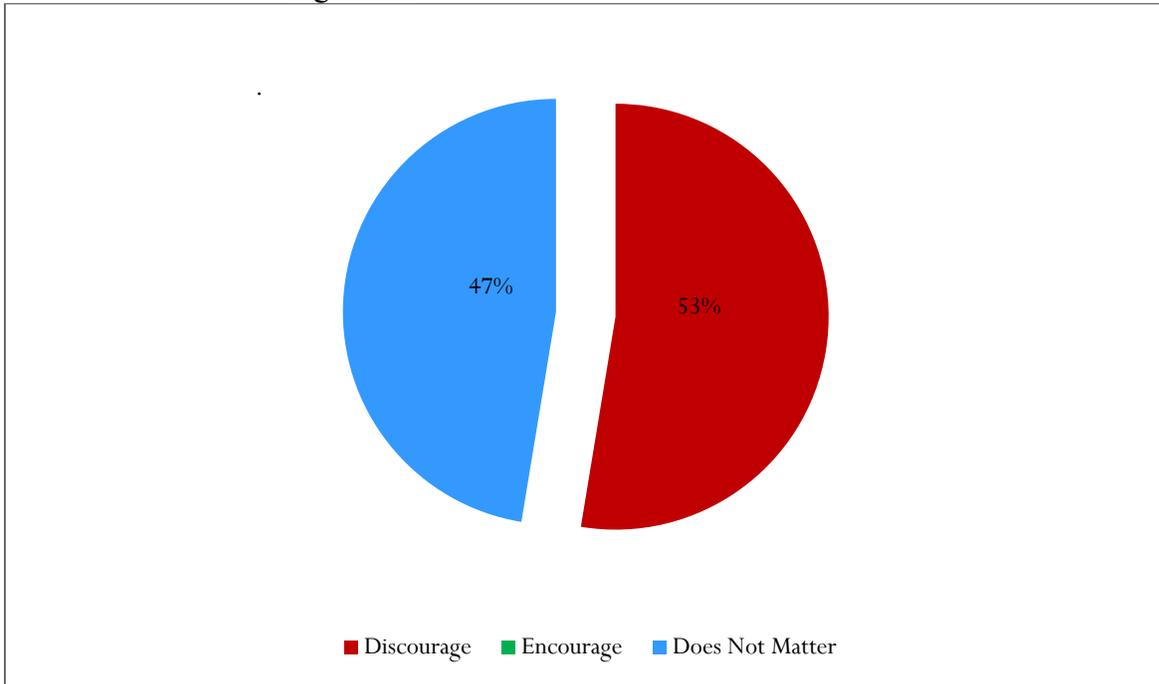
Figure 29. Presence of Customers



As shown in Figure 30, 53% of offenders reported concerns about the possibility of customers interfering with the crime event and thus, they took steps to avoid targeting pharmacies with a high volume of customers. It is notable that 47% reported it would not matter and of these offenders, many (particularly entrepreneurs and hybrids)

indicated that they would take steps to control interference via violence while addicts reported that they did not give much thought to customer behavior they were either “too high” or “dope sick.”

Figure 30. Possible Interference from Customers



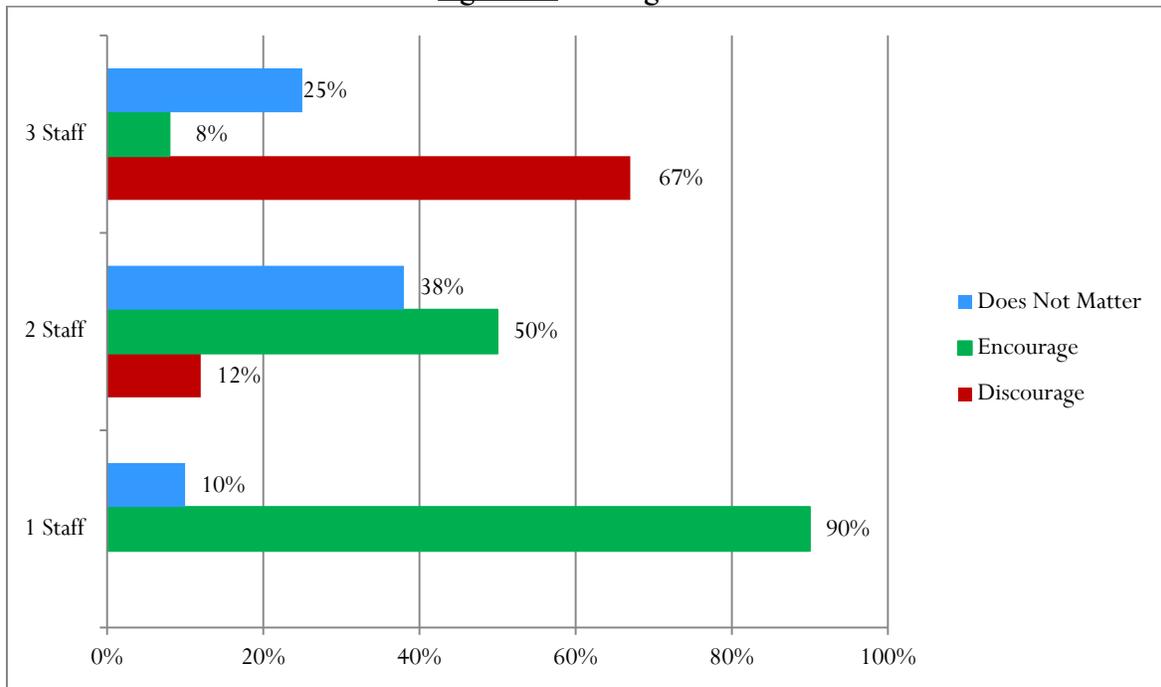
Staffing

Offenders were asked to report their opinion about staffing levels as well as to provide feedback about the gender of staff members working in the pharmacy area to determine whether such factors were relevant for targeting a specific pharmacy.

One to Three Staff Members

Figure 31 denotes offender responses to various staffing configurations for the pharmacy area. As one would expect, the most vulnerable configuration is the lone staff member working, with 90% of offenders indicating that this was a strong encourager. Having three staff members in the pharmacy served as a deterrent for 67% of offenders. Of interest is the variation of responses for a configuration of two staff members, with 50% of offenders indicating that two staff members working would still encourage them to target the pharmacy. As before many of the “does not matter” responses were from addicts who rarely consider such factors or hybrids/entrepreneurs who felt they could overcome most staffing levels.

Figure 31. Staffing Levels



The following quotes exemplify the range of offender views on staffing levels.

- *“So I waited till—it was late. I remember I kept drivin’ around to see how many cars were in the parking lot. It was late, like, 2:30, I think, between 2 and 3 in the mornin’. And what I noticed was, there’d be two or three pharmacists durin’ the daytime workin’, and then at nighttime they’d only have one.”*
- *“A lot of people working behind the counter. That’s the one thing you don’t want...because then you cannot control the situation.”*

Staff and Gender

In addition to staff configurations, we were also interested in learning if offenders perceived the gender of the staff member as an encourager or discourager in target selection. Most offenders reported no preference (66%),⁶ 25% indicated that a female staff member was an encourager as female staff as were perceived to be more “vulnerable,” and 5% indicated they preferred a male worker because these offenders perceived females as more likely to resist or cause problems.

- *“Females are a deterrent because they give attitude and I do not have time for attitude and games. The men, they just hand it over.”*
- *“Winn-Dixie. They were probably the most vulnerable out of all of ‘em. They’re just askin’ for it. One little female, and you could see all the way—the pharmacy’s wide open. You could see in there. The pharmacy part of the store is so small, you could see right in there.”*

⁶ The interviewer in the majority of the interviews was female, and thus, it is possible that some of those noting “no preference” may have really viewed a female staff member as an “encourager” but did not want to disclose it to a female interviewer.

Problematic Staff and/or Customer Behaviors

During our discussion with offenders about pharmacy characteristics, security mechanisms, and staffing issues, offenders raised additional issues worthy of discussion that ranged from careless and improper storage of controlled prescription drugs, being unaware of or untrained about crime threats in the pharmacy area, and an assortment of behaviors that some criminologists have coined as crime precipitators whereby victims can unwittingly escalate the crime event (see e.g., Miethe, 1985; Von Hentig, 1941; Wolfgang, 1958). The intention of Victim Precipitation Theory is not to “blame the victim,” but rather to understand crime, particularly violent crime, as an interactive event with multiple outcomes. Each of these topics will be discussed in great detail in the subsequent subsections.

Storage Issues

During the previous discussion of time-delay safes, a number of offenders noted that controlled substances were not kept in locked cabinets but were readily available and sometimes in “plain view” of the customer. These accounts were not restricted to any one type of pharmacy and were applied to national, regional, and locally-owned facilities.

Consider the following exchange:

- *“They were on a shelf in front of them, yes.”*

Interviewer: (So they were literally right there?)

“Yeah, literally right there, grabbable. They grabbed ‘em and put ‘em in the bag.”

“...and they typically keep the safes unlocked, the CVS’s do, because they fill so many prescriptions in a day, it’s just not efficient to keep dialing them.”

“When I seen ‘em pull it off the shelf, I thought, Why are these people doing this, as bad as this drug is, keepin’ it out in the open like that? They had bottles of it, I seen 10 or 15 bottles, the 20s, the 40s, the 80s. I thought, ‘How easy would it be to just jump over there and just grab ‘em?’”

Offenders also reported that when controlled prescription drugs were stored in cabinets they were often “not locked.”

- *“It was a cabinet by itself that was probably a locking cabinet, and that’s where all the stronger narcotic pharmaceuticals were kept. It was unlocked, I just opened it up...”*

These are just two examples of numerous accounts about controlled prescription drugs being left out in plain view and in unlocked cabinets or safes, suggesting that this is not a random occurrence and an area worthy of additional exploration and staff training.

Staff Not Aware of Surroundings or Threats

Offenders repeatedly noted that staff were often distracted, unaware of their surroundings and as a result often had no idea there was an impending crime threat. Consider the following account as an example of this pattern.

- *“So I walk in, I went straight back to the pharmacy, and it was a lady, and she was on the computer and she had her back turned. So I jumped usin’ my knuckles, and she was talkin’ on her cell phone when—she was on the computer, but she was talkin’ on the phone. So I’m, like, standin’ behind her, and she didn’t even know, and I’ve got this knife out...But I’m thinkin’ she might hear my feet, but she’s talkin’ on the phone and doin’ her business. So I’m standin’ behind her for, I don’t know, five, 10 seconds, and the only thing I’m thinkin’ is, I can’t get caught at the scene. So she must have felt my presence and turned around, and she screamed.”*

Staff and/or Customer Precipitation

Pharmacy staff and customers are the victims and/or witnesses of pharmacy robbery and occasionally a burglary in progress. Thus, criminologists often study crime through the lens of the victim's perspective and consider their role in the crime event. More specifically, Von Hentig (1941) viewed crime as an interaction between a victim and offender that can involve victim behaviors that provoke offenders in a way that precipitates or escalates crimes. For example, a robbery can escalate into a homicide given a victim's reaction. It may be useful to keep this theoretical perspective in mind when reading the following offender comments about staff and customer behavior. It must be reemphasized that the intention of Victim Precipitation Theory is not to "blame the victim," but rather to better understand crime, particularly violent crime, as an interactive event with multiple outcomes.

The majority of the offenders reported that customers and staff were cooperative and did not interfere with the crime event; however, a number of offenders reported that this was not always the case. When customers and/or staff did resist they most often resisted verbally, although some engaged in physical resistance. Moreover, most offenders were confounded by such behavior as they reasoned that (1) the prescription drugs did not belong to the staff/customer (with the exception of ma/pop pharmacists), (2) many offenders are highly unreliable since they are "strung out" or "dope sick," and (3) one never knows what type of offender (or offender reaction) one might receive in response to such resistance. Indeed some pharmacists have been shot and killed by offenders (none in the current sample) suggesting that this is an important topic for further study. With this discussion in mind, consider the following reports of staff and/or customer resistance.

- **Verbal resistance:** "...she kept tellin' me that she didn't know where the OxyContin was, and I'd seen 'em before take 'em off the shelf, and I said, 'hey're right there on the shelf behind you.' And she said, 'if you want 'em, come and get 'em.'"
- **Verbal resistance:** "I handed her the note. The lady was like—she said something like, 'are you serious?' I said, 'pretty much. She said, 'get the fuck out of here.'"
- **Verbal resistance:** "I said 'All I want are the Oxys. Take me to where they are and put 'em in this bag, and I'll wait.' And he said, 'I'm not given you nothin', kill me.'"
- **Physical resistance:** "He attacked me, that's where I got the aggravated battery. He was trying to pull the bag of pills. And I had a Buckmaster, the same knife that was in the movie Rambo...I hit him enough to split him and he collapsed."
- **Physical resistance:** "Anyway, they're like, 'Grab him, grab him, he's robbing us!' So he gets like a hand on me, and then they all, the other two pharmacy guys, they both rush me. We all go flyin' through the door and I'm tryin' to shake 'em, get loose. Now remember, at the exact moment when the customer saw the gun, he was like, 'Oh, shit, he's got a gun!' 'You stupid jackass, why didn't you see that a minute ago and back up? So anyways, basically everybody jumps on me and attacks me and the gun gets dislodged from my hand. The one pharmacist starts chokin' me. I couldn't even wait for the police to get there. I was so happy they came. [laughs] These guys—'You tried to rob me! I kill you!'"

In lieu of the accounts discussed above, it is also useful to consider offender reactions to how they would handle resistance from customers and/or staff.

- **Escalation:** "...first thing I'm gonna do is, I'm probably going to shoot him. I'm gonna show him his own blood first. I'm not even gonna have to ask for nothin', just take it. If I go into a drug store, I normally pull my gun out and fire it. And instantly when people hear gunshots, they get down."
- **Escalation:** "... the way you look at staff is, if they're stupid, you're just gonna shoot 'em."
- **Escalation:** "I would probably pistol-whip somebody. Generally a loaded weapon in someone's face, it terrorizes people...I've had people lose their functions, urinate on themselves. But I've always thought about what I would do. I figured I would just get to that when that happened, but I would pistol-whip somebody before I'd shoot 'em." That's why we carried the pistols, was for the hero, really, an off-duty police officer."

- **Deescalation:** *“I had already made the decision that if they decided not to give me it, I was just gonna leave anyway. I’ve never stabbed anybody or hurt anybody in my life...”*

It should be noted that addicts were more likely to report that they would walk away from the crime scene if they faced resistance; however, hybrids and entrepreneurs were much more likely to report the willingness to use violence. Indeed, some of the offenders in the sample did respond with violence and without hesitation.

OTHER EMERGENT ISSUES

During the interviews offenders often raised their own thoughts and ideas about the nature and extent of pharmacy crime as well as what to do about it. Thus, this final section reviews some of these offender identified themes followed by a discussion of offender ideas and suggestions for responding to this challenging problem.

Additional Themes Regarding the Nature and Extent of Pharmacy Crime

In this section, offenders discussed the need for security and customer service, the role of the media, repeat victimization, crime displacement, and the need for multiple parties to share responsibility for pharmacy crime.

Security versus Customer Service

Offenders were well aware of the dilemma pharmacies may find themselves in as they attempt to bolster security without sacrificing customer service. In fact, many offenders actively exploit this dilemma.

- *“...regular people aren’t gonna like these security measures. They are not gonna like ‘em, so I don’t know how they’re gonna ever mix.”*

Even so, some offenders felt that it was important for pharmacies to try to increase security nonetheless.

- *“Those places need to just be prepared. They need to do all these things that you’re sayin’. They know that a robbery’s just a matter of time.”*

Media

Offenders occasionally disclosed that the media played a role in their decision to commit pharmacy robbery or burglary as well as the specific pharmacy they chose to target and the tactics they used during the crime.

- *“The media really kind of gives out way too much information on how to get away with crimes. Like, I learned how to do my stuff. I know if I do this, that’s gonna get me caught, so I better go ahead and figure out a better way.”*
- *“Yeah, the media’ll give you all the best tips for doin’ the crimes, if you just learn from all the mistakes.”*

Some offenders took notice that although the news media was quick to highlight pharmacy crimes (particularly pharmacy robberies), they rarely covered the arrests of those responsible for the crimes. This led some to believe that pharmacy robbery was a crime easy to get away.

- *“At the time there had been maybe 20 or 30 pharmacy robberies, and they were always lookin’ for the guy.”*

Repeat Victimization of Target

During the interviews, several offenders noted that they targeted the same location multiple times, although this was not the norm across all offenders. The fact that some offenders actively repeatedly targeted the same pharmacy corresponds with broader criminological literature on repeat victimization. According to Weisel (2005), repeat victimization occurs when the same type of crime is experienced by the same victim or target over a particular period of time (e.g., a year or less is often used by researchers to assess repeat victimization). One reason repeat victimization incidents occur is related to the idea that some targets possess desired characteristics (e.g., lax security) or a geographic profile that attracts the same (or other) offenders. The following quote exemplifies the idea of repeat victimization in the context of pharmacy crime.

- *“Cause like I said, Winn-Dixie I hit in X, and then I came back on X, same MO, same everything. And they didn’t have anything different. They didn’t do anything different.”*

Crime Displacement

The majority of offenders noted that pharmacies should adopt security mechanisms and policies to help decrease the likelihood of becoming a target (or a repeat target); however, they strongly cautioned that many of the previously discussed mechanisms (e.g., higher and enclosed pharmacy counters, pass through drawers, etc.) will not automatically resolve or eliminate the occurrence of pharmacy crime. Indeed, many offenders suggested that enhanced security mechanisms could produce unintended consequences that might include (1) an increase in attempted (i.e., unsuccessful) robberies and burglaries, (2) the displacement of crime to a different pharmacy with less security, and (3) the transfer of the crime to another source entirely (e.g., supply chain and home invasions). In other words, enhanced security will not entirely eliminate the crime problem as offenders (particularly the hybrids and entrepreneurs) will change tactics and targets accordingly. The following quotes represent a sample of offender predictions and concerns related to inadvertent consequences:

- **Supply Chain:** *“You know what’s gonna happen? Even if they button down like a bank vault, you know what’s gonna happen, which it already does, but not near as much as it will? The delivery system is gonna get it...then it’ll be the pharmaceutical factories that are bein’ hit.”*
- **Supply Chain:** *“That’s the next big thing, waiting for the guys to come stock these things. I know a guy in county, they hit the delivery van. They come in real nonchalant little vans.”*
- **Home Invasions:** *“I would go to the manager’s house, wait for him to get up in the morning, take him on a trip, “This is where we’re goin’.” Other people do not think like me, they do not think it’s that serious yet. But it’ll come to that point...them people gotta think of themselves as drug dealers. You’re sought-after. They need to take more precautions. I think all of ‘em should carry pistols. They should. That’s what’s comin next. The home invasions, that’s what’s comin next on the pharmacies.”*
- **Home Invasions:** *“If I was desperate enough or that evil enough, I could see your name, and I could watch when you leave and be like, ‘Oh, she’s the manager,’ and then just follow you home and then wait and break into your house at night, tie the family up. ‘You’re gonna come. We’re gonna go open that up. You’re gonna take the alarm off. We’re gonna walk in the back. You’re gonna give me the fuckin’ drugs and we’re gonna leave.’”*

Sharing Responsibility

The majority of offenders took responsibility for their crime; however, many also argued that others were “*partially responsible*” for pharmacy robbery and burglary trends. Offenders identified numerous partially responsible parties that ranged from the pharmaceutical industry, pharmacies and their dispensing practices, dirty doctors/medical staff, pill mills, legitimate doctors/medical professionals who are well meaning but uneducated about pain management and addiction, hospitals/ER staff, the insurance industry, unprepared treatment providers, and the police.

Offenders argued that if the abovementioned parties fully understood the partial role they play in producing pharmacy crime (knowingly and unknowingly), then it might be feasible to address the problem. Some offenders were quick to point out that they were highly skeptical that corporate pharmacies and the pharmaceutical industry would do much to help resolve this issue as they felt the industry was solely motivated by profits, with little concern for addiction and other collateral damage (i.e., pharmacy robbery or burglary).

- *“Well, you could tell your pharmacy backers—I mean, they know what they got. They know they’re turnin’ out addicts left and right.”*
- *“This is what it’s all about. These people that make these pills, they’re bankin’. They don’t care... They want that money. That’s what it’s all about. Everything’s about that.”*

Addressing the Problem

In this section, offenders offered a number of recommendations for how to address the problem of pharmacy crime that ranged from adjusting pain management practices, education and training, regulation, and offering pharmacy staff crime prevention trainings.

Crime Prevention Training for Pharmacy Staff

The majority of offenders reported that pharmacy staff members were uninformed and untrained to handle robbery and burglary for controlled prescription drugs. As noted earlier in the report, staff were often distracted and unaware of their surroundings, did not take offenders seriously, and attempted to confront, chase, or even fight off offenders. Regardless of whether offenders observed or experienced these behaviors, most were concerned for the safety of pharmacy staff and called for crime prevention training specific to this topic.

- *“I told her, “Hurry up.” So she came back and gave ‘em to me, and I said, “The note, too.” I wasn’t gonna get the note at first, but when she did that to me, I was like, from then on I always got the note. So she was scared. They need more training in that kind of thing. But it was kind of still new to ‘em, I guess.”*

One offender even lamented that crime prevention training was becoming a necessary part of a pharmacist’s preparation for work in the profession.

- *“It’s a shame that a pharmacist would have to attend classes or do things to prevent crime from happening or even to turn him from wantin’ to even enter that profession. It’s a twisted situation.”*

A small handful of the more hardened offenders (in particular the entrepreneurs) were doubtful that pharmacy staff could be taught what was needed to prevent pharmacy robbery and burglary.

- *“You can’t teach the street life to pharmacists. [Laughs] You can walk into a pawn shop and you can look someone in the eye and you can see they know what time it is. But a pharmacist is dumb. They’re lost, and you see it all over their faces. [Laughs] When you go in there, you know what you’re looking at. You got you a lame duck, and you’re gonna do what you do. That’s it. That’s the problem. You can’t teach that part to people. You have to live it.”*

Regulation

It was not uncommon to learn of illegal behavior and questionable medical practices among physicians, pain management clinics, and pharmacies associated with or located near pain management clinics. As a result, many of the offenders indicated the need for significant regulation of pain management clinics (particularly in Florida) due to permissive or outright illegal practices.

- *“They did a MRI, but it’s rigged, you know what I mean? I don’t really have a bad back.”*
- *“You break a damn nail, you go to a doctor and get a prescription for Roxicodone.” and “The doctors are really crooked and so are the MRI clinics. They’re all in cahoots.”*
- *“Oh, my God, you’re the only legitimate guy I’ve had.” He said it took him 30 minutes just to fill out papers, because he said it right to me, I couldn’t believe it, he says, “This is the only legitimate case I got,” or somethin’. And I didn’t think I heard it right, but it’s what he said.”*

Consider this exchange with one offender:

- *“I had to get my MRI, and they said I had a bulging disk.”*

Interviewer: (Do you have a bulging disk?)

“I don’t believe it for a minute.”

Interviewer: (Did you get a prescription?)

“I got it.”

While most offenders discussed increased regulation of pain management clinics and doctors’ prescription processes, some also called for more attention on suspicious pharmacies.

- *“No, that’s what I’m telling you. These places just crop up for one reason. It’s to fill these prescriptions from these bogus doctors. There’s no aisles, no nothin’. Yeah, you can get some other drugs there, but the primary thing is filling Xanax, Roxys, Oxys.”*

Pain Management Practices, Addiction Awareness, Education and Treatment

Some offenders viewed the solution to pharmacy robbery/burglary as larger than a “security issue” or the need for more regulation but rather a solution that calls for fundamental shift in pain management practices that would involve all responsible and/or affiliated parties. The following quotes exemplify what offenders meant by a “fundamental shift in pain management practices.”

- *“You can put every wall up that you want, but if they don’t rob that pharmacy, they’re gonna rob your neighbor, they’re gonna rob your grandmother...it doesn’t matter what you put up. The problem is there is a physical dependency...and you have to be medically taken off of it.”*
- *“I think there just has to be a fundamental change in how we treat pain to honestly solve this problem. And until we do that, we’re gonna continue to have this.”*
- *“No, nobody ever asked. Nobody cared.”*

In addition to a general discussion about pain management practices, offenders recommended increasing education for all medical providers, first responders, and patients concerning pain management as well as increasing awareness about potential addiction and enhancing treatment options for addicts. As one offender put it *“It’s a same old song and dance. Education on the subject...prevention.”*

Medical Providers—Recall that many of the offenders began using prescription drugs to manage pain associated with an illness (14%) or an accident/injury of some kind (76%). As such, the majority of offenders felt that there was need for significant pain management education in the medical profession (e.g., doctors, nurses, physician assistants, nursing assistants, etc.). This was an important topic for many offenders who reported that they felt it was okay to take prescribed medication but that their doctor did not brief them about the possibility of abuse and addiction until it was too late. Some even went as far as to say that the doctors themselves were creating the problem due to careless and/or uniformed prescription writing practices.

- “...these doctors are creating an epidemic by overwriting prescriptions and writing prescriptions to people who don’t need them.”
- “I was the first victim in this crime...I was overmedicated by these doctors.”

Offenders also noted that some well-meaning doctors who recognize signs of addiction engaged in abrupt cutoffs with patients (i.e., stopped writing prescriptions and/or stopped seeing the patient altogether) rather than reducing their medication slowly, referring them to another provider, and/or recommending a treatment program for their addiction. These practices reportedly put offenders into a tailspin that they believe eventually led to a pharmacy crime—most often a robbery. Consider the following examples:

- “He calls me up that Thursday and says I can’t come to my appointment on Saturday because I’m gonna be—because the police’ll be there if I come. So I’m detoxin’ really bad... I was convinced I was dyin’ ...so I figured I would just go get ‘em...so I just went into the pharmacies that I had actually been goin’ to for the past year. What he should have did was tell me to come on in and got me some help, give me a prescription to come off of the stuff, is what he should have did...I don’t know how many people are in my shoes that did the crime simply because the doctor canceled. That’s the only reason I’m sittin’ in here.”
- He said that he [his doctor] couldn’t see me no more...this is where it all went south.
- But you can make a big difference if you focus on the people that are bein’ prescribed the pills in heavy amounts, that’s trouble brewing. That’s a raging bull. So if any of those people get canceled, you’re gonna have problems.”

First Responders—Many offenders indicated that when interacting with the police, paramedics or with medical professionals working in emergency rooms that they were treated as a “joke” or with outright disdain with first responders allegedly ignoring, belittling, or behaving in a demeaning manner to addicts experiencing withdrawal symptoms. These negative interactions were reported by some offenders as a precipitating factor to their decision to commit a robbery. Thus, offenders recommended that first responders (and their support staff) should receive education on this subject since they are in the unique position to detect and refer addicts to appropriate services.

- “The operator actually laughed and said something about me being a junkie and taking my own pills and trying to report them stolen.”
- “...the fire paramedics come, and I tell ‘em, I’m on the couch, and I say, “I’m in severe opiate withdrawals. I’ve been on the stuff for two years. I’m dyin’. I feel like my muscles are rippin’ off my bones. Help me, please.” They get me in the ambulance, ‘cause they gotta take you to the hospital regardless, and the guy says, “I can’t believe you called us out here ‘cause you ran out of medication.”
- “They’d take me to hospitals. Nobody would help me. And when I say that, it might sound like it’s not true, but I’m tellin’ you, just like if you were a doctor and I walk in and I tell you exactly is goin’ on with me, and it’s on deaf ears, like nothin’.”
- “So I went to the hospital and tried to get something to help me withdraw, and they wouldn’t give it to me, and I was already high, and I said, “To hell with it” and went to the pharmacy and got what I wanted.”
- Interviewer: (Did they [the hospital] ever refer you to a treatment program?)
“Never ever to anywhere. I begged ‘em, “What do I do? Don’t release me! Help me!” Everything. To no avail.”

Some of the offenders acknowledged that first responders and those working in emergency medical settings likely behave negatively toward addicts as they are “*weary*” of interacting with addicts who often engage in manipulative tactics and other drug seeking behaviors to get a prescription for their drug choice. Indeed, some offenders openly acknowledged regularly engaging in over-exaggeration, deception, and even self-mutilation; however, numerous offenders reported visiting the hospital or calling the police as a true “*cry for help*” rather than having ulterior motives.

Concluding Remarks

In January of 2010, the Center for the Study of Crime and Justice (CSCJ), Department of Sociology at Colorado State University received a grant from Purdue Pharma L.P. to conduct a multi-year study on the diversion of controlled prescription drugs that occur as a result of robbery or burglary. As previously noted, there were several goals informing this research project:

- Understand the nature and extent of pharmaceutical diversion that occurs as a result of robbery or burglary of retail pharmacies.
- Interview convicted offenders to document their perspective about pharmacy crime.
- Collect information to help prevent pharmacy crime and enhance pharmacy safety.

To address these stated research goals, the Center for the Study of Crime and Justice (CSCJ) designed and implemented a four-phased and mixed methods research study with each phase informing the next. The research design included a longitudinal analysis of RxPATROL data and NIBRS data (analysis not available in this abbreviated report) to help inform the selection of sites to conduct offender interviews.

The resulting study revealed that though there is no all-encompassing publicly available database like the Uniform Crime Reports (UCR) or the National Crime Victimization Survey (NCVS) to help researchers and practitioners understand the nature and extent of pharmacy crime in the way we are able to study general crime trends—both RxPATROL and NIBRS do offer helpful (and similar) trend data on the topic despite the fact that neither constitute a full census of law enforcement agencies, both over/underrepresent law enforcement agencies from different states, and both add new reporting agencies annually. Moreover, each database offers features and information that do not exist in the strictly controlled DEA Form 106 data, which is limited to summaries of thefts and losses related to controlled prescription drugs without any information on offender-specific information, victim characteristics, and detailed location characteristics where the loss occurred.

To my knowledge, this is the first study to systematically track the nature and extent of pharmacy crime using longitudinal data from two independent sources of data that both suggest that pharmacy crime is on the rise. It is also the first study of which we are aware that interviewed convicted offenders about their views on the subject. Indeed, the offender interviews revealed that pharmacy crime is complex and that there are no quick fixes to the problem. Many of the offenders struggled with significant addiction problems that contributed to their crimes, and it appears that current interventions and responses do not go far enough. Medical professionals and first responders need timely information and education about prescription drug abuse as they are often the first line of defense to help detect and help a person in need who could become the next pharmacy robber or burglar. The study also revealed that (1) pharmacies should adopt a number of security mechanisms, (2) staff are in need of crime prevention training, and (3) staff need reminders regarding the proper storage of controlled prescription drugs. Most importantly, the study revealed that pharmacy robbery and burglary are not entirely in the domain of one responsible party (i.e., the offender) but consist of a mosaic of parties that must all work collaboratively to (1) reduce the occurrence of prescription drug abuse and addiction and (2) respond to the various forms of pharmaceutical diversion using multiple strategies that extend beyond traditional responses.

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