Dispensing narcotics and other highly abused prescription drugs, pharmacies have always been potential targets for robbery and burglary. But a series of violent crimes over the past year and a half — including the killing of a pharmacist, a teenage clerk and two customers in Medford, N.Y., in June, as well as the murders of a pharmacist in Trenton, N.J., and a store clerk in Sacramento, Calif. — have thrown a spotlight on the dangers faced by pharmacy workers and customers, and have galvanized public opinion for tougher laws.

Over the past five years, pharmacy armed robberies have jumped 81%, according to the Drug Enforcement Administration. Driving the jump in crime: the ballooning street value of stolen prescription drugs and a steady rise in the abuse of prescription drugs, particularly among teens.

Among the most heavily abused drugs by teens are schedule II and III narcotics like OxyContin and Vicodin. According to the Office of National Drug Policy, prescription painkillers now are abused more heavily than any drug except marijuana.

“Substance abuse is the single largest contributor to crime in the United States,” noted DEA administrator Michele Leonhart in the DEA’s 2011 “Drugs of Abuse” report. “The use of illicit drugs and the nonmedical use of prescription drugs directly led to the death of 38,000 Americans in 2006.”

Pharmaceutical retailers and manufacturers are responding. OxyContin-maker Purdue Pharma, which is behind the RxPatrol crime data and education program, has boosted funding for the Crime Stoppers reward program to $2,500, said Purdue VP and chief security officer Mark Geraci. In cases of murder committed during violent pharmacy crimes, Purdue also has begun offering a $10,000 reward for apprehension. In November, Purdue also announced the creation of Twitter.com/Rx-PATROL, which will allow pharmacy staff, law enforcement officials and loss-prevention personnel to follow updates about pharmacy robberies, burglaries and potential threats in their area and nationwide. The tweets also will include safety and security tips.

Drug chains like Walgreens and CVS also are investing in a safer pharmacy environment — and it’s making a difference, said Walgreens spokeswoman Tiffani Washington. “Over the last 12 months, we have seen a 25% decline in robberies ... despite operating approximately 500 more drug stores,” Washington told Pharmacy-Tech News. “We credit much of this drop to loss-prevention programs and investments we’ve made over the last two years.”

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By Jim Frederick
For instance, she said, “We’ve invested millions of dollars in high-resolution video technology over the last year to upgrade and add cameras to the inside and outside of our stores. This enables store staff to provide police with a high-resolution video and photographs of suspects immediately after an incident occurs, as well as share these images with local Crime Stoppers and RxPatrol. We have also invested in training our store employees on how to detect and react to potential robberies.”

In addition, Washington said, “In some markets hit hardest by pharmacy robberies, we proactively installed time-lock security cabinets in our pharmacies as a way to protect our employees by securing inventory of OxyContin and other select medications. It has been a very successful tactic in reducing robberies at Walgreens.”

Purdue’s Geraci acknowledged “there are some changes that require some funding,” like technology investments. But some changes don’t take capital so much as a common-sense shift in the way things are done, he said. It can be as simple as wiping down counters frequently to make it easier for law enforcement to pull fingerprints from a robbery, and keeping dumpsters and anything else thieves could use to climb onto the roof away from the building. Store lighting, he added, “has a tremendous deterrent effect on a burglar.”

In mid April, the Obama administration weighed in with “Epidemic: Responding to America’s Prescription Drug Abuse Crisis,” a plan to cut drug diversion and abuse through tougher monitoring of the drug pipeline, improved drug disposal methods, new ways to educate patients and health providers on preventing diversion, and a crackdown on pill mills and doctor shopping. In addition, the Food and Drug Administration unveiled another weapon to help prevent diversion and abuse by announcing its final Risk Evaluation and Mitigation Strategy, or REMS, requirements for all extended-release and long-acting opioid medicines.

Pharmacy organizations like the National Association of Chain Drug Stores also have swung into action. “NACDS and member companies … are actively engaged with allies — from local law enforcement to the federal government — to help fight the drug abuse that is at the heart of much crime,” said a representative. “These approaches range from steps intended to ensure that purchases of certain medications are only for the intended purposes of these products,” to awareness abuse campaigns.

In March, the American Pharmacists Association announced a partnership with Cardinal Health and the Ohio State University College of Pharmacy, through which pharmacists can obtain training to speak publicly on prescription drug abuse in community settings.

The National Community Pharmacists Association has been an active participant in Purdue’s RxPatrol program since the two groups joined forces three years ago to launch the “Protect Your Pharmacy Now!” initiative. “We’ve had a kit for members since 2008, with resources, discounts on security equipment, etc., and we’ll have programming at this year’s annual convention” on pharmacy crime, said NCPA spokeswoman Valerie Briggs.

One lawmaker to take up the cause is New York Democratic Sen. Chuck Schumer. On April 27, Schumer unveiled a legislative plan to crack down on prescription drug theft with tougher sentences for robbing pharmacies of controlled substances. “Federal penalties for pharmacy theft are lenient and do not provide federal law enforcement with all the tools they need,” Schumer noted.

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**NPLEx gaining strength in battle against meth**

**By Michael Johnsen**

More and more, the diversion of non-prescription pseudoephedrine is being halted at the pharmacy counter in real time thanks to tools like the National Precursor Log Exchange, funded entirely by members of the Consumer Healthcare Products Association and now active in 17 states.

NPLEx is already operational in most of the states with the greatest number of operational meth labs — 78% of meth lab incidents in 2010 were concentrated across 11 states stretching from Alabama to Michigan, according to an El Paso Intelligence Center National Seizure System survey published in August. And NPLEx is active in all but four of those states. In all states where NPLEx is operational, 47,866 PSE sales were blocked each month over first quarter 2011, representing 4.1% of all sales. In non-NPLEx states over that quarter, 19,535 sales were blocked, representing 1.4% of sales, according to a CHPA document.

In the past year, as many as 16 states have been considering more radical legislation — mandating that common cough-cold products containing PSE be available only by prescription. It’s a move that significantly hampers legitimate consumer access to cough-cold relief and at the same time increases healthcare costs by requiring a doctor’s visit for the common cold, argued the CHPA. According to the CHPA, as many as 100 bills concerning the sale of PSE products have been filed across 24 states and 12 localities — including 26 bills to install electronic tracking mandates and 43 bills to re-classify PSE as prescription-only.

The Virginia State Crime Commission in September identified four states where Rx-only laws are still under consideration: Alabama, Nevada, Oklahoma and Tennessee. All together, 19 states have electronic tracking mandates. An NPLEx bill in Georgia will be revisited in 2012. Rx-only legislation will likely return for debate in 2012 in four states: California, Hawaii, Kentucky and Oklahoma. In Michigan and Tennessee, Rx-only legislation currently stands before committees. In the remaining states where Rx-only legislation had been considered this year, that legislation is no longer active.
A worldwide flood of counterfeit and unsafe medications is seeping into the United States and other developed countries via the Internet and porous borders, threatening public health and the security of the pharmaceutical supply chain. In response, federal drug safety overseers and such drug manufacturers as Pfizer are working to shore up the integrity of drug supplies and stop production of fake and adulterated pharmaceuticals at their source.

According to Peter Pitts, director of the Center for Medicine in the Public Interest, global drug counterfeiting is growing at 12% to 16% a year, and in 2010 generated as much as $75 billion in worldwide revenues. In some third-world countries, counterfeit medicines now account for as much as half the total drug supply, the World Health Organization reported.

“It is shocking to realize that in some parts of the world, somewhere between 30% and 50% of drugs to treat serious diseases are actually counterfeit,” said Food and Drug Administration commissioner Margaret Hamburg, who added that the problem “is growing every day.” Americans also are at risk. “Even in countries generally considered ‘safe’—such as Canada, the United States and [much] of the European Union

Counterfeit threat intensifies

By Jim Frederick

Cargo theft, display swiping behind increase in retail crime

By Michael Johnsen

The problem with shoplifting these days isn’t Little Johnny pocketing a pack of bubblegum, Joe LaRocca, senior asset protection adviser for the National Retail Federation, recently told CNBC’s “Squawk on the Street” during a broadcast interview. No, it’s a lot of Little Johnnies who are systematically swiping the entire gum display that’s becoming the problem.

It’s organized retail crime, and it’s costing American retailers as much as $30 billion in lost sales annually, according to a Congressional Research Service report issued earlier this year. Those shoplifters feed a clandestine supply chain of stolen retail goods with hot selling items like over-the-counter pain relievers, blood-glucose monitor testing strips and infant formulas that are either unloaded directly through outlets like flea markets or are sold to “cleaners,” who—after removing security tags and refreshing the packaging—will sell them back to unsuspecting retailers.

According to NRF’s “2011 Organized Retail Crime Survey,” nearly 85% of the senior loss prevention executives polled said organized retail crime activity in the United States has increased in the last three years. And half of all retailers have been victims of cargo theft in the past 12 months, losing entire trailers of merchandise that were en route from the distribution center to the store.

* Complete list includes 72 items
Source: National Retail Federation’s “2011 Organized Retail Crime Survey”
counterfeit medicines have entered the legitimate supply chain, including counterfeit Lipitor, Norvasc, Viagra, Zithromax and Celebrex,” Pfizer noted. “During 2010, authorities from 53 countries seized almost 8.4 million tablets, capsules and vials of counterfeit Pfizer medicines.”

The FDA estimated the number of drug products made outside the United States but consumed domestically doubled from 2001 to 2008. As much as 40% of finished drugs are now manufactured abroad, according to the agency, and 80% of active ingredients and bulk chemicals in U.S. drugs come from other countries.

“Increasingly, the United States relies on drug manufacturing in developing countries — mainly China and India,” Pew Charitable Trusts noted in a July report. “Globalization, increased outsourcing of manufacturing, the complexity of pharmaceutical distribution and the existence of criminal actors willing to capitalize on supply chain weaknesses have created the potential for counterfeit or substandard medicines to enter the system and reach patients.”

U.S. pharmacy buyers should be selective of sources, said Patrick Ford, senior director for Pfizer Global Security. “The further you go down the food chain in the secondary wholesale market, [the] greater risk of discovering a counterfeit,” he told PharmacyTech News. “But if you can buy directly from an authorized distributor of a manufacturer, you can be pretty sure you’re not getting a counterfeit.” Ford’s recommendation: “Know who your supplier is. And be familiar with the packaging.”

Although “the incidence of counterfeits in the legitimate supply chain is very rare,” he added, drug counterfeiters are taking full advantage of the Internet to circumvent U.S. Customs and Border Protection and FDA oversight. Patients who buy pharmaceuticals through a website not certified by the National Association of Boards of Pharmacy’s Verified Internet Pharmacy Practice Site program “run a very high risk of getting a counterfeit,” Ford asserted.

In a recent analysis of 8,000 rogue websites, NABP concluded that 96% of them were out of compliance with U.S. pharmacy laws, and 85% didn’t require a valid prescription.

Among the most notorious incidences of adulterated drugs in recent times are those involving the blood thinner heparin. Beginning in 2007, as many as 149 U.S. patients undergoing dialysis suffered severe allergic reactions to doses of contaminated heparin produced in China.

The FDA has adopted a global strategy for assuring the safety of the U.S. supply chain. That includes creation of an office to oversee import safety, with stepped-up powers to interdict incoming drug shipments into the United States, collaborate with regulatory agencies in other countries and order recalls of unsafe products. The agency also is calling on manufacturers to improve their own screenings of raw materials produced outside the United States — and has begun ranking more than 1,000 active drug ingredients to assess their “respective risk of economically motivated adulteration,” according to Hamburg.

Congress also has stepped in with legislation, including the Drug Safety and Accountability Act of 2010 and the FDA Globalization Act. The move in many states to adopt drug pedigree laws also could help button up the supply chain and improve safety.