

Burglary-Robbery-Diversion Prevention



Partners in Prevention



What's our Goal?



- ① To prevent the illicit diversion of pharmaceuticals by creating a reduction in prescription fraud and the burglary and robbery of pharmacies

How will we Accomplish this?

- ① Gain an increased awareness of current trends in pharmaceutical diversion
- ① Increase your awareness of how to physically protect your pharmacy and employees
- ① Enable your staff to decrease the diversion of pharmaceuticals
- ① Address any concerns you may have
- ① Improve your ability to identify persons that need substance abuse treatment.

Pharmaceutical Investigations

- For years the Drug Enforcement Community has down played the perilous situation of Pharmaceutical abuse.
- Due to the different dynamics of Pharmaceutical Diversion cases, Policy Makers and Law Makers have relegated Pharmaceutical Diversion Cases to a **NON-URGENT STATUS.**

Pharmaceutical Investigations

- This “non-urgency”
approach has transferred to
the way that Federal, State
and local Law Enforcement
investigated Pharmaceutical
Diversion Cases for many
years.

Pharmaceutical Investigations

- The term that agents used to referred to Pharmaceutical Controlled Substances was:

“KIDDY DOPE”

They were correct....



What was dispensed in 2014?

- Hydrocodone – 2,031,993 prescriptions totaling 103,399,692 dosage units
- Alprazolam – 565,606 prescriptions totaling 33,438,099 dosage units
- Oxycodone – 444,044 prescriptions totaling 29,754,627 dosage units

- Clonazepam – 344,233 prescriptions totaling 19,151,334 dosage units
- Amphetamine – 420,631 prescriptions totaling 18,108,645 dosage units
- Zolpidem – 448,944 prescriptions totaling 14,081,579 dosage units

What was dispensed in 2015?

- Hydrocodone – 1,945,033 prescriptions totaling 115,569,392 dosage units
- **Note: Hydrocodone became a Schedule II Controlled Substance under Federal law on October 1, 2014**
- Alprazolam – 580,414 prescriptions totaling 34,174,330 dosage units
- Oxycodone – 537,107 prescriptions totaling 35,582,992 dosage units

- Clonazepam – 363,332 prescriptions totaling 20,253,752 dosage units
- Amphetamine – 534,528 prescriptions totaling 23,193,752 dosage units
- Zolpidem – 444,011 prescriptions totaling 13,961,237 dosage units

Current Trends

- Traditional Diversion via Call-Ins and Forgeries
- “Doctor Shopping”
- Burglaries and Robberies
- Organized Groups versus Individuals
- Prescriber Malfeasance
- Internal Diversion within Hospitals, Clinics and Pharmacies
- Overdoses

Prescription “Washing”

- Utilizing a solvent such as acetone or alcohol to wash dye based ink off a prescription
- Avoid the use of ball point or felt tip pens or Sharpies
- Use gel based pens to prevent this (Uniball207, Pilot G2, Papermate Element)

“Doctor Shopping”

- Patient visits multiple prescribers and obtains duplicate medications.
- Prevented by prescriber or pharmacy identifying the activity (PMP usage).
- Detected after the fact by law enforcement or compliance.



Burglary versus Robbery

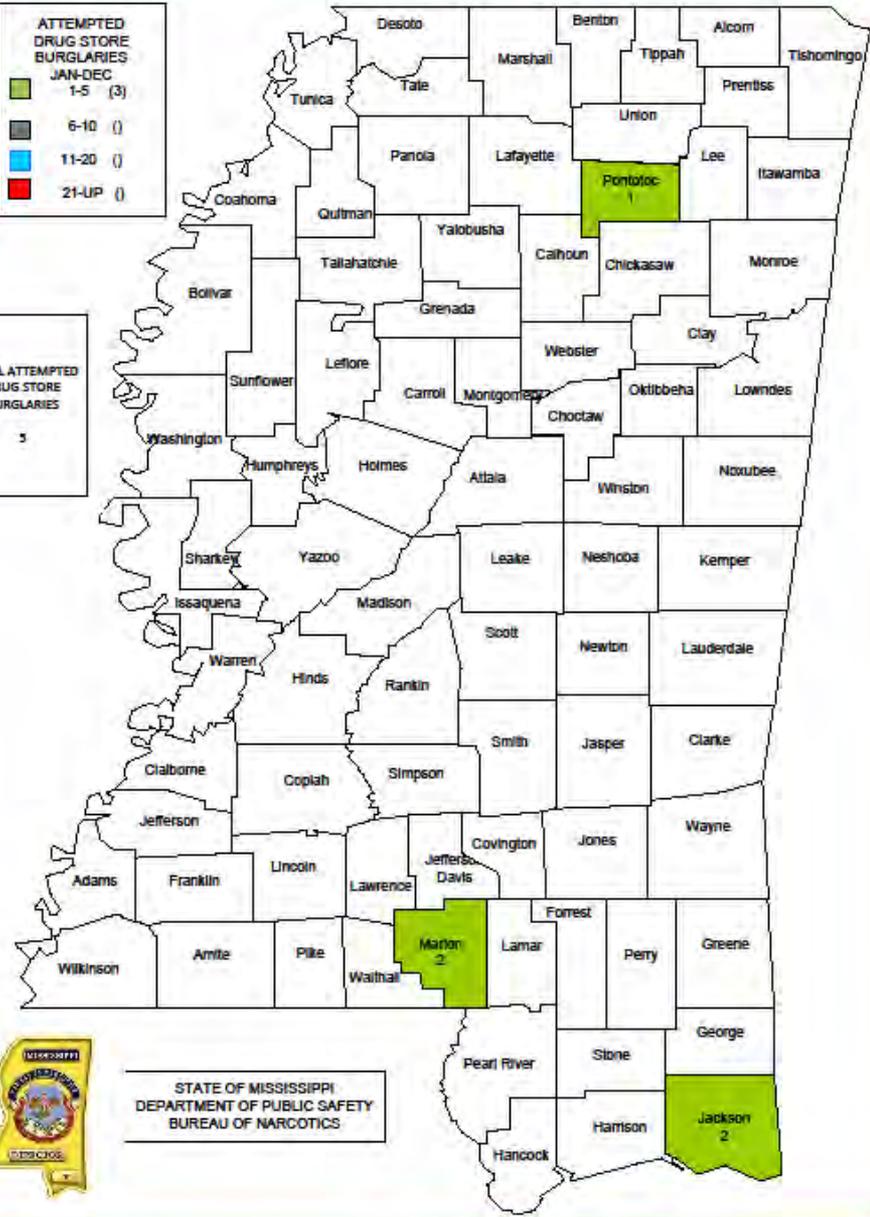
- Burglary – “entry into a building illegally with intent to commit a crime, especially theft” – normally a property crime
- Robbery – “taking the property of another, with the intent to permanently deprive the person of that property, by means of force or fear.” – always a violent crime

Burglaries and Robberies

- 2013 – 62 burglaries and 3 robberies in Mississippi
- 2014 – 44 burglaries and 1 robbery in Mississippi
- 2015 – 45 burglaries , 4 armed robberies, and 23 burglaries attempts in Mississippi



TOTAL ATTEMPTED
DRUG STORE
BURGLARIES
5



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF NARCOTICS

Organized Groups Versus Addict Burglars

- Organized groups often operate in multiple states and commit multiple burglaries for profit
- Addict burglaries are typically committed by one or two people for the purpose of feeding a narcotic addiction

Organized Groups

- “Trash Bag Gang,” “Bandana Group,” “Blue Tub Group,” “Interstate Group”
- These groups often commit multiple burglaries with commonalities i.e. targeting a specific chain
- The crimes typically happen in multiple jurisdictions
- Motive is most often financial

Addict Burglaries

- These are normally less sophisticated and target pharmacies which the addict is familiar with already.
- A specific class of drug may be targeted.
- Motive is typically addiction.
- The robberies committed in Mississippi are most often addicts as well.

● Surveillance Camera Video

Methods of Operation

- Front door breach
- Exterior wall breach
- Ceiling breach
- Armed robbery

Pharmacy Burglaries



Pharmacy Burglaries



Exterior wall breach

06/12/2014

Pharmacy Burglaries



Exterior wall breach

06/12/2014

Pharmacy Burglaries



Pharmacy Burglaries



Pharmacy Burglaries

Ceiling breach



Pharmacy Burglaries



Ceiling breach

Pharmacy Burglaries



Ceiling breach

Pharmacy Burglaries



Front door breach

Pharmacy Burglaries



Front door breach

Pharmacy Burglaries



Front door breach

Pharmacy Burglaries



Prescriber Issues

- ◎ “Pill Mill” Clinics
- ◎ A “Pill Mill” is a doctor’s office, clinic or health care facility that routinely conspires in the prescribing and dispensing of controlled substances outside of the prevailing standards of medical practice in the community or violates the laws of the state of Mississippi regarding the prescribing or dispensing of controlled prescription drugs.

What Time do they Open?



- ⦿ Report suspected problem practitioners to MBN, DEA or the Board
- ⦿ All of our state licensure boards DEA and MBN are actively working together to address pain clinics that do not follow the required protocols.
- ⦿ Remember that the pharmacist has the right to utilize his or her professional judgement when deciding whether to fill a prescription.

Internal Diversion or Theft

- ⦿ This occurs when employees of medical facilities or pharmacies take drugs for distribution or personal consumption.
- ⦿ Pharmacists, Techs or other employees
- ⦿ Report any suspected theft to the Board immediately

Remember that you have a duty to report any loss to the Board and DEA

Burglary, robbery or internal loss

Report may be completed online

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. **OMB APPROVAL No. 1117-0001**

Complete the front and back of this form in replicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the replicate copy for your records. Some states may also require a copy of this report.

1. Name and Address of Registrant (include ZIP Code) ZIP CODE 2. Phone No. (include Area Code)

3. DEA Registration Number 4. Date of Theft or Loss 5. Principal Business of Registrant (Check one)

1. Pharm. 2. Practitioner 3. Manufacturer 4. Hospital/Clinic 5. Distributor 6. Methadone Program 7. Other (Specify)

6. County in which Registrant is located 7. Was Theft reported to Police? Yes No 8. Name and Telephone Number of Police Department (include Area Code)

9. Number of Steals or Losses Registrant has experienced in the past 24 months 10. Type of Theft or Loss (Check one and complete items below as appropriate)

1. Night break-in 2. Armed robbery 3. Employee pilferage 4. Customer theft 5. Other (Explain) 6. Lost in transit (Complete Item 14)

11. Armed Robbery, was anyone killed? No Yes (How many) _____ injured? No Yes (How many) _____ 12. Purchase value to registrant of Controlled Substances stolen? \$ _____ 13. Were any pharmaceuticals or merchandise taken? No Yes (Est. Value) \$ _____

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier B. Name of Consignee C. Consignee's DEA Registration Number

D. Was the carton received by the customer? Yes No E. If received, did it appear to be tampered with? Yes No F. Have you experienced losses in transit from this same carrier in the past? No Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no period is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA - 186 (11-03) Previous editions obsolete **CONTINUE ON REVERSE**

Overdose Deaths



- 2013 – 150 reported overdose deaths in Mississippi
- 2014 – 154 reported overdose deaths in Mississippi – 124 were prescription drug related

What can the PMP do for you?



What is the MSPMP?

- The Mississippi Prescription Monitoring Program (MSPMP) is an electronic controlled substance tracking program managed by the Mississippi Board of Pharmacy.
- Pharmacies are required to report every 24 hours or next business day all controlled substances and listed drugs of concern dispensed

REPORTING REQUIREMENTS

- ⦿ Anyone dispensing controlled substances in, or into, the state of Mississippi is required to report if it is more than a 48 hour dosage
- ⦿ Samples are not required to be reported

FOR PHYSICIANS:

- ⦿ ****DISPENSING** – when a patient leaves the office with medication (other than samples).
- ⦿ ****PRESCRIBING** – when a patient leaves the office with a prescription (usually on paper)

Prescription Monitoring Profile

- Data reported includes name, date of birth, address, prescriber information, dispenser information and drug quantity, days supply, Rx number, refill information, strength, date dispensed, and payment information. It is a complete snapshot.

Who has a PMP?

- 49 states have active PMPs
- Washington DC is currently implementing
- Missouri passed legislation in 2015 authorizing a PMP program but it has a long way to go before implementation

PMP is making strides

- ⦿ Patients crossing state lines – Mississippi is currently sharing with 10 states – TN, AR, ND, AZ, IL, KS, MN, NM, MI, ID. Working on more
- ⦿ Technical incompatibility and varied statutes prevent sharing with some states (AL and LA)
- ⦿ VA pharmacies are presently not required to report but are slowly registering
- ⦿ Physicians, Pharmacists, and Nurse Practitioners are now all required to register
- ⦿ Working towards a solution to capture prescriber specialties

The PMP and Prevention efforts

- ⦿ Deter drug seekers by posting signs announcing PMP usage
- ⦿ Actively check the PMP on new patients and patients that arouse suspicion
- ⦿ Understand the PMP is a tool. Data is exactly what is reported by the pharmacies
- ⦿ Communicate with regulatory boards and law enforcement regarding a suspicious patient or prescriber. They will take it from that point.

PMP queries and usage

- Approximately 600,000 prescriptions per month are submitted to the clearinghouse
- With around 8,500 users, approximately 2,500 users are logged in per month
- There are currently 5,876 MDs, 2,438 NPs, and 2,540 RPHs registered,
- Approximately 888,000 patient queries by prescribers and 237,000 patient queries by pharmacists so far. Averaging 3,000/day.
- Insurance is the top payment type for these prescriptions with cash being a distant second.

Mississippi BOARD OF MEDICAL LICENSURE
Required all Physicians to register in 2013

MISSISSIPPI BOARD OF NURSING

*Required CNPs, CNMs, pain clinic CRNAs to
register in 2014*

***REGISTRATION BY PHARMACISTS is now
required by December 31, 2015**

WHAT ARE THE RULES?

- ⦿ *Absolutely no password sharing
- ⦿ *Delegates are allowed – Technicians can be delegates with a Pharmacist supervisor
- ⦿ *Current patient of the practitioner or potential new patient
- ⦿ *Audit trail
- ⦿ *HIPAA – you can talk to any prescriber or dispenser on that report

ATTESTATION:

- I affirm that all information in my online data requesters registration is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes. All data obtained from the site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained. Additionally, **I understand that inappropriate access or disclosure of patient profile information received from the MS PMP database is a violation of state law, and may result in disciplinary action by my licensing board, criminal charges and /or revocation of my database access privileges. I agree I will not share my login information with anyone.** I understand the information in the MS PMP database may contain errors resulting from the reporting of information received. The MS PMP staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary. I understand that in some cases two prescriptions attributed to a patient for a single day may be the result of an unresolved insurance claim at the pharmacy level. I understand it is a violation of HIPAA and patient's right to privacy to discuss the contents of a report with individuals who are not directly involved in providing treatment to the subject.



for PMP information:

[*www.mbp.state.ms.us*](http://www.mbp.state.ms.us)

Prescription Monitoring

(bottom left)

MS PMP AWARE - training videos and link to registration

CONTACT US:



- Dana Crenshaw, PMP Director
- PRESCRIPTION MONITORING PROGRAM
- Mississippi Board of Pharmacy
- MSPMPassist@mbp.ms.gov
- dcrenshaw@mbp.ms.gov
- 601-899-0138

The PMP is only
effective when it is
utilized

**Regulatory
Compliance**



DEA REGISTRATION DATA INPUT

- It is very important when filling out a prescription for a controlled substance that the correct prescriber and DEA Registration number are assigned to that prescription.
- This is a violation of DEA Regulations if the correct prescriber is **not** assigned.
- Results of incorrect data input can be: prescription fraud, an incorrect PMP prescriber profile, patient profile incorrect. This could lead to a visit by DEA.

Compliance Agents

- Gerald Pugh- North Mississippi
- Susan McCoy- East central
- Sid Seal- South/Southwest Central
- Raymond Keith- South Mississippi
- Cheri Atwood
- Wyatt Smith

Board E-Mail

- ⦿ LOSSES OF CONTROLLED SUBSTANCES
- ⦿ Article XXV, Paragraph 1., for the Pharmacy Practice Regulations requires that if a facility has a loss of controlled substances by **BURGLARY**, that such incident shall be reported directly to the Board **IMMEDIATELY**. Investigations of these burglaries is a priority of the Mississippi Bureau of Narcotics. Please **IMMEDIATELY** contact Lieutenant John Harless with MBN **IMMEDIATELY ON DISCOVERY** at 601-466-5471, **day or night**.

Board E-Mail continued

- Please contact the Board of Pharmacy as soon as possible at 601-899-8880. This does not prelude reporting of the burglary to your local law enforcement agency.

Robbery, Burglary, or Loss

- We will hand out instructions for all reporting requirements for loss of any controlled substance.

Responsibility of Pharmacist –In-Charge

- Each Pharmacist while on duty shall be responsible for the security of the Pharmacy, including provisions for effective control against theft or diversion of Drugs and/or Devices.
- The pharmacist-in-charge shall be responsible for adequate security being maintained on drugs in all areas of the permitted facility at all

Responsibility of Pharmacist –In-Charge continued

- times and is responsible for reporting any loss or suspected loss of controlled substances or legend drugs directly to the Board immediately(this does not relieve any pharmacist who discovers a loss from the requirement of reporting the loss directly to the Board).

- **It is the responsibility of the discovering pharmacist to report losses or suspected losses of controlled substances or prescription drugs directly to the Board.
(601) 899-8880**

Article VIII

- In the dispensing of drugs from a pharmacy, it shall be the responsibility of the supervising pharmacist to prevent the pharmacy technician from performing those functions relative to dispensing which are functions based on judgement for which the pharmacy technician has not been prepared by education or authorized by law or regulation.

Article VIII continued

- ⦿ The pharmacist shall be responsible for all activities of the pharmacy technician in the preparation of the drug for delivery to the patient.
- ⦿ A pharmacist shall not be assisted by more than two pharmacy technicians.

Article VIII Continued

In all instances where the services of pharmacy technicians are utilized in the preparation of a drug for delivery to a patient a pharmacist shall be present and personally supervising the pharmacy technician

ARTICLE V

ACTION AGAINST PHARMACIST LICENSE

- ⦿ Termination of employees suspected of theft of pharmaceuticals or merchandise contacting the Board prior to termination
- ⦿ Failure to report directly to the Board, losses or suspected losses of controlled substances or medical devices from a permitted facility >>>>> will activate the release of the BOARD MONSTERS

Director Frank Gammill



Director Frank Gammil



Wyatt Smith



Wyatt Smith



Cheri Murtagh Atwood



Cheri Murtagh Atwood



Susan McCoy



Susan McCoy



SID SEAL



SID SEAL



ARTICLE V-ACTION AGAINST PHARMACIST LICENSE- CONTINUED

- ⦿ Knowing or suspecting that a Pharmacist or Pharmacy Intern is incapable of engaging in the Practice of Pharmacy or that a Pharmacy Technician is incapable of assisting in the Practice of Pharmacy, with safety to the public, is diverting or abusing controlled substances or prescription drugs and failing to report any relevant information to the Board of Pharmacy.

- As pharmacists we may feel that the responsibility of researching the PMP and determining legitimate medical purpose of controlled substance prescriptions is the responsibility of the prescriber. That is not always true....

CODE OF FEDERAL REGULATIONS

TITLE 21 SECTION 1306.04

- A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner,
- **BUT.....**

CODE OF FEDERAL REGULATIONS

TITLE 21 SECTION 1306.04

- **....A CORRESPONDING RESPONSIBILITY RESTS WITH THE PHARMACIST WHO FILLS THE PRESCRIPTION.**

Building Solutions Together



What can be done?

- ① Utilize the PMP and communicate with providers any time there is a question about the validity of a prescription
- ① Communicate with the Board and law enforcement about any suspected prescription forgers
- ① Build a reputation for detecting illicit prescriptions

What to do with a Fraudulent RX

- If it is a call in, contact law enforcement once the prescription is verified to be illicit. Law enforcement will assist in determining the proper course of action.
- If it is a walk in with a fraudulent prescription, contact law enforcement to report the crime.

- ⦿ Attempt to copy the prescription and the subject's identification.
- ⦿ Law Enforcement may ask you to attempt to delay the subject if possible.
- ⦿ DO NOT fill the prescription.
- ⦿ Attempt to identify the person's vehicle and obtain tag information.

- ⦿ If the provider states that the prescription is valid and has not been altered, you may still refuse to fill it.
- ⦿ You may make a copy of the prescription, but you cannot keep the original if the person requests it be returned to them.

Burglary Prevention

- Take preventative action:
- Cut hedges
- Insure external and security lights work
- Have the alarm system and all sensors checked – vertical motion detectors
- Utilize a cellular telephone backup for alarm
- Insure all cameras are functioning and recording – be wary of cameras that have been moved
- Make sure all doors are secured

Burglary Prevention

- Avoid leaving bottles of popular drugs sitting out (ie 500 oxycodone on the front counter)
- Consider purchasing a gun/fire safe to store controls in overnight
- Verify who your alarm company calls first – preferably law enforcement
- Place height stickers or markers near doors to aid in identifying suspects

Burglary Prevention

- Be aware of unusual behavior of patrons ie “casing” the store
- Be wary of multiple “false” alarms within a few days – checking response time and how alarm works
- Pay attention to any strange questions such as weekend hours, opening or closing times, etc
- If outside workers are present at the pharmacy, request of identities (Omnicare)
- If in doubt, contact DEA, MBN or other law enforcement to conduct a site visit and make recommendations



What to do if you are burglarized?

- Avoid tampering with any potential evidence – fingerprints, DNA, video
- Contact law enforcement and the Board
- Conduct inventory and complete DEA form 106
- Be cognizant that burglars will victimize the same store multiple times if it is an easy target

Why contact DEA or MBN if my local law enforcement agency is there?

- MBN and DEA maintain information on all reported burglaries not only in Mississippi, but in adjoining states
- MBN and DEA analyze information and looks for trends in burglaries that cross jurisdictional lines
- MBN and DEA attempt to identify organized groups and their methods
- MBN and DEA attempt to link other law enforcement agencies with each other if there is evidence that burglaries are connected

Armed Robbery



How to react to a robbery?

- ① Stay calm and remember that the safety of you, your employees and patrons is the priority
- ① Provide the perpetrator what he/she wants within reason
- ① If another employee reacts poorly because of fear, insure the bad guy that you will handle their demands

Armed Robbery



- ⦿ Rather than being a hero, focus on being the best witness possible
- ⦿ Observe and remember physical characteristics such as height, weight, race, gender, hair color, age, voice, mannerisms, etc
- ⦿ Observe clothing, weapons, what they place the drugs into, anything that they touch
- ⦿ Observe any vehicles that are used

- ① Avoid allowing anyone to leave with the suspect if at all possible
- ① Once the suspect(s) leave, secure the doors and contact law enforcement immediately
- ① Do not disturb any potential physical evidence
- ① Be willing to provide or undergo any appropriate follow up counseling

- ① After you have reported the burglary or robbery to local law enforcement, contact MBN Lieutenant John Harless at 601-466-5471 or DEA TFO Francisco Altieri at 769-230-5400.
- ① Be prepared to provide law enforcement with a copy of any security footage.

Disposing of Unused Medications

- DEA Sponsored Drug Take Back Days
- Disposal safes are located at each Highway Patrol Troop Office (9 total)
- Advise patrons to dispose of unneeded medications immediately to avoid theft or misuse

The Reality of Diversion

- ① The pharmacist is the “gate keeper” in the fight against diversion and prescription drug misuse.
- ① As medical professionals, you have a responsibility to do everything possible to insure that controlled substances are dispensed in the proper manner.

- ⦿ There is a “slippery slope” in allowing even minor violations of the law and regulations.
- ⦿ The ramifications of violations include fines, loss of registration and license and potential criminal sanctions.

Who to Contact

- Mississippi Board of Pharmacy
- 601-899-8880
- Drug Enforcement Administration
Jackson
- 601-965-4400
- Mississippi Bureau of Narcotics
- 1-800-844-6272



That's all Folks!
Any Question?