



Mike Donohue's Crown Hill pharmacy has been hit three times by robbers seeking drugs; the pharmacist now keeps a gun close by

IS YOUR DRUGSTORE SAFE?

Local pharmacies are being hit—hard—by robbers seeking OxyContin, and pharmacists are wondering what they can do to protect themselves and their customers

BY ELIZABETH M. ECONOMOU

LATE LAST WINTER, just hours after he returned from downtown Seattle where he had been assisting police with an ongoing investigation of a robbery at his pharmacy, Mike Donohue, owner of Bob Johnson's Pharmacy, found himself embroiled in yet another robbery at his Crown Hill drugstore. The suspect, a 27-year-old male, presented a note to one of Donohue's employees, stating he had a gun, and

demanded OxyContin, a wildly popular prescription painkiller also known as hill-billy heroin or Oxy.

Donohue—who was not seen by the suspect—checked the pharmacy's video surveillance cameras and saw that the perpetrator appeared to have something in his pocket. Assuming it was a firearm, he checked to make sure no other employees or customers were in harm's

way, retrieved his semi-automatic Glock pistol and then confronted the suspect, directing him to "Get down on the floor, now!" The suspect raced out the front door, and Donohue followed, recording the license plate number on the getaway vehicle. In this case, his efforts paid off: The suspect was in police custody 15 minutes after the incident.

Donohue, 52 and a pharmacist for three decades, never expected that "vigilante" would become part of his job description. He concedes that drawing a weapon isn't always the best strategy. "There are times when the best thing to do is give them the drugs and let them leave." But he's grown accustomed to packing heat, especially as opiate-related robberies—where perpetrators are on a tear for prescription pain meds like OxyContin—locally and statewide have become epidemic. Since 2004, Donohue's mom-and-pop drugstore has been hit five times: "I knew there were pharmacists who had guns; I didn't think



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that was something I was going to need to do," says Donohue (who has received extensive firearms training).

Though Donohue—who first started bringing a gun to work at the urging of his son in late October 2006—says he's never seriously considered leaving his career due to the rise in pharmacy robberies, he knows several pharmacists who have left the profession. "I know that [being robbed] could happen at any time, but I don't walk around thinking about that all day long," he says. Still, the upbeat Donohue doesn't believe that untrained pharmacists should carry firearms.

A new report by the University of Washington's Alcohol and Drug Abuse Institute claims that abuse of prescription drugs is the leading cause of drug-related deaths in King County and that abuse of prescription opiates—such as OxyContin—caused 153 out of 256 drug-related deaths in King County in 2008. The pull of this drug is likely one reason that robberies are increasing.

According to Ruth Carter, who oversees prescription drug investigations for the Seattle office of the federal Drug Enforcement Administration (DEA), the number of pharmacy robberies in Washington state has been rising steadily, from 36 in 2007 to 71 in 2008. As of July 31, 2009, 59 robberies were logged so far this year in Washington, and close to 90 percent were opiate-related. At this rate, the state is on track to see nearly 101 robberies this year, which would mean an increase of almost 29 percent from 2008, and 64 percent from 2007. National drug retailer Walgreens says that its Washington state pharmacies are hit by more robberies than its pharmacies in any other state.

"It's really hard to pinpoint the exact reasons [for the surge in pharmacy robberies]," says Carter. "A pharmacy robber is going to be either a desperate pill addict or a drug dealer looking to exploit the current market trend," she says, with the latter motivated by the potential for large profits.

Detective Michael Magan, a 23-year veteran of the Seattle Police Department (SPD), says most of the robberies in King County occur at large chains that are open around the clock, something that Carter affirms: "Walgreens and Rite Aid

have about 20 percent of the market share in the entire state, but basically 65 percent of the successful robberies have occurred at those two chains."

These robberies are especially worrisome because the danger level to the pharmacist—and whoever else gets involved—is especially high. "As far as I'm concerned, the person who is doing pharmacy robberies for OxyContin is the most dangerous person you'll ever come across," says Magan. "The drug is overly addictive, and they [perpetrators] will do anything to get to it." A seasoned robbery investigator, Magan is all too familiar with just how far perpetrators will go for Schedule II narcotics like OxyContin—classified as such

introduce a bill to the state Legislature in January that—if passed—will categorize these types of crimes as first-degree robberies, which carry a much stiffer sentence of up to three and a half years in prison.

Washington state's unusually high rate of opiate-related pharmacy thefts is common knowledge to the SPD's Magan. He attributes the rise in prescription drug robberies, in part, to pharmacies being soft, target-rich environments. Perpetrators—who are users and sellers—can score a large quantity of Schedule II drugs, such as OxyContin, Percocet and fentanyl, with little or no resistance, he says.

And stealing these drugs is very lucrative. A single milligram of OxyContin,

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by the DEA for their high abuse potential. (The DEA also restricts the dissemination of Schedule II drugs by requiring a written prescription, while phone-in scripts are not allowed, and refills are not permitted.)

Last spring, Magan worked a case in which the suspect—who was being paid in cocaine by a third party—committed 16 armed robberies in Seattle, Lynnwood, Bellevue, Kirkland, Puyallup and Portland, Oregon, before being arrested. The combined street value of the OxyContin taken in those incidents was more than \$450,000, according to the police report.

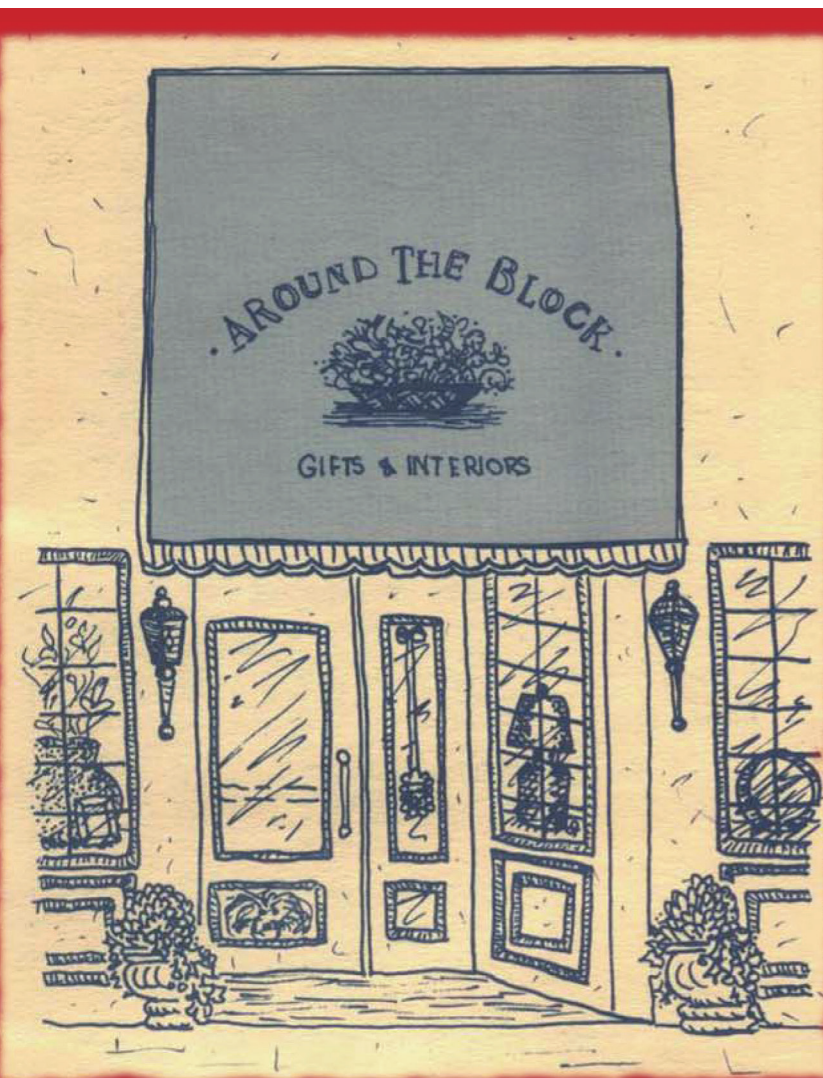
King County Prosecutor Dan Satterberg says his office sees two to three pharmacy robberies every month. The vast majority are cases where the perpetrator hands the pharmacist a note or verbally demands drugs without having a weapon. (Most pharmacies—with obvious concern for their employees—have policies dictating that employees hand over drugs, no questions asked, whether or not they're threatened with a weapon.)

Under state law, this type of crime is considered second-degree robbery and carries a mere three-month sentence for a first-time offense. Satterberg plans to

for example, has a street value in Seattle of about \$1, and there are anywhere from 1,000 to 8,000 milligrams per vial. In other words, one bottle of OxyContin can fetch as much as \$8,000.

Donohue, meanwhile, is so vigilant about protecting his pharmacy from even more robberies that he's installed eight video surveillance cameras in his modest 850-square-foot pharmacy. "When a gun gets pointed in your face and you actually see the terror in the eyes of your employees, then you know you got to have protection," says Donohue.

Installing surveillance cameras is also a step that's been taken statewide by Walgreens, according to company spokesman Robert Elfinger. The national pharmacy chain operates 111 stores in Washington state, 22 of which are open 24/7. Between September 2008 and May 2009, the behemoth drug retailer, headquartered in Deerfield, Illinois, was robbed a staggering 45 times in this state. According to Elfinger, over the last year, all Walgreen stores have been outfitted with surveillance cameras and profile cameras that take snapshots of individuals as they enter the store. The company also recently installed time-delay lock safes in all of its Washington state



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pharmacies, in which to store OxyContin and other drugs. The safes, which do not open immediately, ensure that no one has immediate access to the drugs and are meant to deter thieves.

Magan, Satterberg and Carter all think pharmacies can take steps to minimize their risk of being robbed, and protect employees and customers. Among those steps: installing security systems with cameras and alarms (Magan emphasizes the vital role good pictures play in solving robbery crimes); educating pharmacists and other staff on what to look for in a perpetrator; calling law enforcement immediately after a robbery occurs so that evidence can be collected before it's tampered with; redesigning pharmacies to move pharmacists from the back of the store to the front; and greeting and engaging customers as soon as they walk into the store, much in the way banks do. The DEA's Carter also says that pharmacies should have less stock of OxyContin available.

Despite the rising tide of opiate-related pharmacy robberies locally and statewide, there is some guarded optimism: No one—at least in recent memory—has been hurt or killed, according to the DEA. But that could be only a matter of time. “The safety of our patients and pharmacy personnel is our utmost concern,” says Jeff Rochon, chief executive officer of the Washington State Pharmacy Association (WSPA), which is working with members to improve pharmacy security and safety. The organization, he says, “is extremely concerned about the alarming increase of pharmacy robberies.”

And while there have been no deaths or injuries reported so far, there have been psychological ramifications. Rochon notes that victims of pharmacy robberies often need counseling and support. And Magan says that the victimization of pharmacists, pharmacy technicians and even some customers is being overlooked. “Some are going to grief counseling, many feel stigmatized, and others just write it off,” he says.

As for Donohue, he's more resolute than ever. “People need to have a means for protecting themselves. If a chain pharmacy doesn't want someone to carry a weapon, that's fine, but they should have security systems in place that make it safe enough,” he says. **S**

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