

**REDUCING BURGLARY:
a study of chemists' shops**

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CRIME PREVENTION UNIT: PAPER 1
LONDON: HOME OFFICE

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First published 1984

Crime Prevention Unit Papers

The Home Office Crime Prevention Unit was formed in 1983 with a view to promoting preventive action against crime. Included in its remit is a particular responsibility for the dissemination of information on crime prevention topics. The present series of occasional papers, while based largely upon research material, has been established primarily for practitioners whose work has a direct bearing on the reduction of crime.

ISBN 0 86252 154 8

Foreword

This paper is the first in a series of occasional papers by the Crime Prevention Unit. The series has been started as a means of disseminating research and development information to the police, local authorities, and others with an interest in crime and its reduction. As such it forms an integral part of the Home Office crime strategy.

The paper reports the effects of measures taken to give retail pharmacies greater protection against burglary ('target hardening'). Following advice from police crime prevention officers, significant reductions were achieved in both the loss of controlled drugs and in burglary generally. The results provide welcome evidence, that when preventive measures are implemented, crime can be reduced.

The bulk of the data presented was originally collected by the Home Office on behalf of the Advisory Council on the Misuse of Drugs. Their consultative report was published earlier this year and recommends changes in the procedures associated with the management and storage of controlled drugs. The recommendations regarding retail pharmacies draw on the best in current police practice; they are to be welcomed.

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October 1984

Acknowledgements

I am grateful to Superintendent Graham Needham, Deputy Director of the Home Office Crime Prevention Centre, Stafford, for suggesting that this paper be written and to Kevin Heal, Head of the Home Office Crime Prevention Unit, for his advice and support.

Thanks are also due to the Advisory Council on the Misuse of Drugs under whose auspices the bulk of data was collected and to the police officers in England, Scotland and Wales for their efforts in providing the information.

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REDUCING BURGLARY: a study of chemists' shops

Gloria Laycock: Home Office Crime Prevention Unit

Introduction

An obvious method of reducing crime is to make it more difficult to commit – to lock the doors and windows, to introduce unbreakable glass, to fit steering column locks to cars – in other words to 'harden the target'. This common-sense approach has, indeed, met with success in relation to some offences. So, for example, the Post Office virtually eliminated theft from public call boxes in the 1960's by the use of less vulnerable steel coin boxes and steering column locks have led to a marked reduction in the loss of motor vehicles (Clarke and Mayhew, 1980).

In its extreme form there can be little doubt that target hardening also works in preventing burglary – the most obvious example is the rarity of burglaries from banks, which now merit headline news. The effects on burglary of less extreme forms of action have been difficult to demonstrate; in relation to domestic burglary, for example, there are major difficulties in persuading householders to adopt even the most elementary strategies or to take simple precautions (see Mayhew, 1984, for a review of the evidence). A useful opportunity to investigate target hardening of a less extreme kind – following police crime prevention advice – has arisen from attempts to protect controlled drugs during burglary of retail pharmacies.

Briefly, security of controlled drugs in retail pharmacies is governed by the Misuse of Drugs (Safe Custody) Regulations, 1973. These Regulations deal with the physical security arrangements for controlled drugs when stored at various premises not covered by a direction under Section 11 of the Misuse of Drugs Act, 1971. Under Regulation 3 controlled drugs kept at pharmacies, nursing homes and similar institutions must be stored in a cabinet, safe or room complying with detailed specifications laid down in Schedule 2 of the Regulations. Regulation 4 permits retail pharmacists to apply to the local chief constable for a certificate of exemption if they consider that their security arrangements, whilst not complying with the schedule, are nevertheless adequate. If after inspecting the premises the police agree that security is adequate they may issue a certificate exempting the pharmacist from the requirements of Schedule 2. This certificate must be renewed annually. The advantage of this procedure to the pharmacists is that they then do not have to go to the trouble and possible expense of altering their arrangements.

These arrangements were reviewed recently by the Advisory Council on the Misuse of Drugs (ACMD). The Council also considered the security of controlled drugs in a variety of other settings, for example, surgeries and hospital pharmacies and made recommendations which have now been published by the Home Office. In the course of their deliberations data were collected from chief constables, in the form of a questionnaire, on the extent to which pharmacists apply for exemption certificates, the criteria under which they might be exempted and the incidence of the loss of controlled drugs from exempted and non-exempted premises. These data are presented in the remainder of this paper along with additional data collected more recently from forces in England and Wales: reference is also made to possible displacement effects¹ and the results are discussed in relation to the developing role of the crime prevention officer

Exemption practice

In their replies to the questionnaire of the Advisory Council five of the 43 police forces in England and Wales reported that they do not issue certificates of exemption. Ten of the remaining 38 forces did not report the criteria for exemption in their replies, nor the procedure adopted when considering applications for exemption. Of the remainder, 26 send along a crime prevention officer to inspect the premises and two send a drugs branch officer.

In England and Wales the criteria applied when considering an application for exemption are stricter than those required under the Regulations. This is a reflection of the view that the security arrangements outlined in Schedule 2 of the Regulations were considered by the police to be inadequate; the Regulations only considered the cabinet in which the drugs were to be held and not the physical security of the premises themselves. The police argue that there is little point in keeping drugs in a secure cabinet if a thief can easily break into the pharmacy and then attack the cabinet at leisure. Thus the advice of the police officers and their visits to the premises, whilst focussing upon the security arrangements for controlled drugs, also take account of the general physical security, and the issuing of a certificate of exemption is generally dependent upon the pharmacist taking the recommended security precautions. They may, for example, offer advice on the installation of a burglar alarm or on the improvement of window security. The comprehensiveness of this advice varies but all forces require the controlled drugs to be locked in a safe or cabinet of a level of security equal to or greater than that provided under the Regulations.

¹One criticism of target hardening, or more generally of situational crime prevention, is that any measurable reduction in offending is not the result of a 'real' reduction in crime but is caused by the displacement of offending from the offence under consideration to another offence. For a full discussion of possible displacement effects see Reppetto (1976).

In Scotland all eight forces reported issuing exemption certificates. Of these, seven outlined the criteria used (which were similar to those used in England and Wales). Six of these seven also reported the procedure adopted; four forces issue certificates on the advice of the crime prevention officer, one on the advice of the crime prevention officer and drugs branch officer and one on the advice of the drugs branch officer alone. The exemption procedure in Northern Ireland is supervised by the Department of Health and Social Security and will not be covered in this paper.

Exempted and non-exempted shops compared

The police claim that their advice, when acted upon, effectively reduces burglary. The data collected on behalf of the Advisory Council makes it possible to test this claim in relation to the loss of controlled drugs from exempted and non-exempted chemists' shops. Chief constables provided information on the number of certificates issued and the number of burglaries from exempted and non-exempted shops resulting in loss of controlled drugs in 1981. Twelve of the 43 police force areas in England and Wales were unable to provide full data and five do not issue certificates. This left a working sample of 26 forces with between them 4488 pharmacies; they had issued 320 exemption certificates in 1981 – thus approximately 7% of pharmacies were exempt. In Scotland complete figures were unavailable for two force areas; the remaining six Scottish areas had between them 940 pharmacies and had issued 83 exemption certificates – a rate of approximately 9%. Table 1 shows the number and percentage of successful burglaries in which controlled drugs were taken during 1981 for each category of pharmacy.

Table 1

Burglaries from exempted and non-exempted pharmacies involving loss of controlled drugs (CD)

	No. of non-exempted pharmacies	No. of burglaries involving loss of CD (rate)	No. of exempted pharmacies	No. of burglaries involving loss of CD (rate)
England and Wales	4168	563 (14%)	320	7 (2%)
Scotland	857	166 (19%)	83	2 (2%)

The data from both England and Wales and from Scotland are highly statistically significant and support the assertion that the rate of loss of controlled drugs from exempted chemists' shops is considerably less than that from non-exempted premises.

It would seem, therefore, that the advice of police officers in the form of target hardening has led to a reduction in the loss of controlled drugs from burglary.

Alternative explanation

It could be argued that the lower burglary rate of the exempted chemists' shops was not due to the efficacy of target hardening but to the fact that exempted chemists' shops have always been less likely to be burgled – for other reasons. They may be located next door to a police station for example, or in a remote area. In order to investigate this possibility police forces, in England and Wales only, were asked to provide information on those pharmacies issued with their *first* certificate of exemption in 1980. They were asked to indicate whether the premises had been the victims of burglary in the 12 month period from 1 January 1979 and in the 12 month period from 1 January 1981 *ie*, in each calendar year before and after first exemption.

Two of the 43 forces did not reply to the questionnaire but the remaining 41 forces identified 23 pharmacies (from 11 different forces areas) as having received their first exemption certificate in 1980. The burglary data for these chemists' shops are shown in Table 2. As can be calculated from the table the burglary rate in the pre-exemption period was 48%: in the post-exemption period it fell to 13%. It is thus difficult to maintain the argument that exempted chemists' shops are somehow less likely to be burgled than their non-exempted counterparts – they are, it seems from this sample, highly vulnerable as indeed some police officers had suggested. A further four chemists' shops, whilst not having been the victims of burglary during 1979, were burgled during 1980 prior to exemption.

Table 2

Burglaries of chemists' shops before and after the issuing of first exemption certificate in 1980

		Burgled at least once in the period 1.1.79 – 31.12.79		
		Yes	No	Total
Burgled at least once in the period 1.1.81 – 31.12.81	Yes	2	1	3
	No	9	11	20
Total		11	12	23

²These figures are not directly comparable to the data presented in Table 1 which refer only to those burglaries in which controlled drugs were taken. The comparable post-exemption figure for the burglary rate resulting in the loss of controlled drugs for shops in Table 2 is 4%, *ie*, one of the three chemist shops burgled also lost controlled drugs

It is possible to conclude from these data that there is a significant drop in burglary rate following the issue of certificates of exemption ($p=0.01$). A further two forces, although unable to identify any premises first exempted in 1980 were able to provide data on seven pharmacies first exempted in 1981; they provided burglary data for 1980 and 1982. These data showed five pharmacies to have been burgled before exemption and one after. Again this provided statistically significant evidence of the effect of target hardening.

It is stressed that these data refer to any burglary – not simply to burglaries involving the loss of controlled drugs. There is a tendency to attribute the earlier data taken from the evidence presented to the Advisory Council as demonstrating the power of a safe over a cabinet. The latter data goes further in suggesting that chemists' shops can be protected successfully from burglary following advice from the police. They therefore provide evidence of target hardening in perhaps a more significant sense than that offered in Table 1.

Possible displacement effects

It is sometimes argued that reducing crime will simply lead to its displacement to another area, time, place or target (Repetto, 1976). Whilst this possibility can scarcely be invoked as an argument against attempting to reduce burglary from chemists' shops, it is perhaps as well to be aware of possible displacement effects and to guard against them whenever feasible. In relation to the loss of drugs, particular controlled drugs, there are a number of alternative sources to which the would-be thief might turn. For example, data provided by chief constables (again, to the ACMD) shows the number of robberies of chemists' shops in England and Wales (excluding the Metropolitan Police area for which the information was not available) to have risen; there were two in 1977 and 1978, nine in 1979, 11 in 1980 and seven in 1981. However there is no evidence to suggest that it is the exempted chemists' shops which are the victims of robbery as might be expected. Of the pharmacies considered in Table 1 there were five robberies of non-exempted premises and none of exempted premises; in Scotland there were ten robberies all of non-exempted premises.

An alternative source of drugs is the hospital or surgery; burglaries from hospitals and surgeries have risen from 168 to 224 per year during the period 1977-1981 (again, excluding the Metropolitan Police area). Similarly, thefts of controlled drugs from doctors' cars in England and Wales have risen from ten in 1977 to 56 in 1981. These rises could reflect a displacement effect; the contemporaneous data on burglaries from chemists' shops shows a decrease from 864 in 1977 to 749 in 1981.

The report of the ACMD on the security of drugs thus considered the broad spectrum of premises and opportunities in making its

recommendations on increasing security. They considered security in relation to probably every legitimate holder of controlled drugs in this country – from the manufacturers to the chemists' shops, doctors surgery or hospital.

Discussion

The data presented in this paper have sought to show that the kind of target hardening advice provided by crime prevention officers can be effective. In Derbyshire, for example, the successful burglary rate for non-exempted premises was 15% whilst for exempted premises it was zero. Some chief constables were able to report that the crime prevention officers' advice had led to fewer burglaries and this was substantiated by the small study on shops exempted in 1980.

It is perhaps fair to say that some pharmacists seeking a certificate had already introduced good physical security measures perhaps to protect the many goods they sell with a higher intrinsic value than the controlled drugs. It thus needed no more than the rubber stamp of the crime prevention officer to obtain a certificate, This does not detract, nevertheless, from the effects of target hardening as an important aspect of a crime prevention policy.

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