

ALBERTA COLLEGE OF PHARMACY

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING THE CONDUCT OF

RYAN YOUNG

Registration Number 11920

DECISION OF THE HEARING TRIBUNAL ON MERITS

June 8, 2023

I. INTRODUCTION

The Hearing Tribunal held a hearing into the conduct of Ryan Young, Pharmacy Technician, on April 18, 2023. The Hearing Tribunal members were Jennifer Teichroeb, Pharmacy Technician and Chair, Tiana Cunningham, Pharmacy Technician, Naz Mellick, Public Member and Doug Dawson, Public Member.

The hearing took place via video conference. The hearing was held under the terms of Part 4 of the *Health Professions Act*, RSA 2000, c. H-7 (the “HPA”).

In attendance at the hearing were: Ms. Annabritt Chisholm and Ms. Monica Tran, legal counsel from Shores Jardine LLP for the Complaints Director and James Krempien, Complaints Director for the Alberta College of Pharmacy (the “College”). Mr. Ryan Young attended the hearing without a representative.

Jason Kully of Field LLP attended as independent legal counsel for the Hearing Tribunal. Margaret Morley attended as the virtual hearing administrator but took no part in the hearing.

Mr. Young confirmed he understood his right to engage legal counsel to assist him. He said he was prepared to proceed with the hearing without legal representation.

There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with the hearing.

II. ALLEGATIONS

The Notice of Hearing listed the following allegations that were referred to hearing concerning Mr. Young:

IT IS ALLEGED THAT, between March 22 and March 27, 2022, while you were a registered Alberta pharmacy technician employed at the Royal Alexandra Hospital (the “Hospital”), you:

1. Diverted cocaine powder from the Hospital’s narcotic inventory on one or more of March 22, 2022, March 24, 2022, March 26, 2022 and March 27, 2022;
2. Created false Narcotic Vault Access records to facilitate and attempt to conceal your diversion of cocaine from the Hospital; and
3. Misused approximately 1.25 grams of cocaine during the period in which you continued to work at the Hospital and provide professional services.

IT IS ALLEGED THAT your conduct in these matters:

- a. Breached your statutory and regulatory obligations to the Alberta College of Pharmacy as an Alberta pharmacy technician;
- b. Undermined the integrity of the profession;
- c. Decreased the public's trust in the profession;
- d. Created the potential for patient harm; and
- e. Failed to exercise the professional and ethical judgment expected and required of an Alberta pharmacy technician.

IT IS ALLEGED THAT your conduct constitutes a breach of the following statutes and standards governing the practice of pharmacy:

- Sections 31(2)(a) and 38 of the *Pharmacy and Drug Act*;
- Section 4(1) of the *Controlled Drugs and Substances Act*;
- Standard 1 (subsections 1.1 and 1.2) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
- Principles 10(1), 10(2), 11(1), 11(2), 11(3), 11(4) and 11(5) of the Alberta College of Pharmacy's Code of Ethics.

and that your conduct set out above and the breach of some or all of these provisions constitutes unprofessional conduct pursuant to the provisions of sections 1(1)(pp)(ii), 1(1)(pp)(iii) and 1(1)(pp)(xii) of the *Health Professions Act*.

At the hearing, Mr. Young made a verbal admission to the three allegations set out in the Notice of Hearing.

III. EVIDENCE AND SUBMISSIONS

While Mr. Young made a verbal admission to the allegations, the parties did not submit an agreed statement of facts or a written admission.

A "Book of Exhibits" was entered by the agreement of the parties as Exhibit 1. Ms. Chisholm and Mr. Young verbally agreed that the materials in the Book of Exhibits were being entered for the truth of their contents. Mr. Young confirmed that he understood that this meant the Tribunal could rely on the documents in the Book of Exhibits as evidence to decide if the allegations of unprofessional conduct had been established.

No witnesses were called to testify, and no additional evidence was entered.

The Book of Exhibits contained the Complaints Director's Record of Decision, dated December 12, 2022, referring the complaint for a hearing, as well as investigation records from the investigation into the complaint, which included:

- Email from ████████ to J. Krempien dated June 13, 2022 providing Notification of Unprofessional Conduct and enclosing Letter from ████████ to J. Krempien dated June 13, 2022 regarding notification of unprofessional conduct.
- Complaint Referral Form dated June 13, 2022.

- Memo from J. Krempien to file dated June 13, 2022 regarding decision to conduct an investigation.
- Memo from J Krempien to file dated June 13, 2022 regarding conversation with [REDACTED]
- Letter from J. Krempien to R. Young dated June 14, 2022 regarding request for response and enclosing initial complaint documents.
- Letter from J. Krempien to [REDACTED] dated June 14, 2022 regarding request for documentation.
- Memo from J. Krempien to file dated June 15, 2022 regarding conversation with R. Young.
- Email from [REDACTED] to J. Krempien dated July 4, 2022 regarding requested documentation and enclosing:
 - Drug Diversion at the Royal Alexandra Hospital, Pharmacy Edmonton Zone Report, dated June 15, 2022;
 - Royal Alexandra Hospital Audit Log; and
 - Email from R. Young to [REDACTED] dated May 12, 2022 with enclosed letter regarding resignation.
- Email from J. Krempien to [REDACTED] dated July 18, 2022 confirming receipt of documents.
- Email from J. Krempien to R. Young dated July 19, 2022 requesting status of written response.
- Canada Post Tracking Information retrieved July 21, 2022.
- Email from J. Krempien to R. Young dated July 21, 2022 confirming extension of time to submit a written response.
- Letter from J. Krempien to R. Young dated June 14, 2022 regarding request for response and enclosing initial complaint documents.
- Email from J. Krempien to [REDACTED] dated July 22, 2022 requesting copy of surveillance footage recordings.
- Emails from [REDACTED] to J. Krempien dated July 25, 2022 attaching surveillance footage recordings from March 22, 2022, March 24, 2022, March 26, 2022 and March 27, 2022.

- Email from J. Krempien to [REDACTED] dated July 25, 2022 confirming receipt of videos A, B, C, E, G, H, I.
- Email from J. Krempien to [REDACTED] dated August 18, 2022 confirming receipt of videos D and F.
- Email from R. Young to J. Krempien dated August 19, 2022 attaching written response to complaint.
- Email from J. Mosher to R. Young dated August 24, 2022 regarding meeting request.
- Memo from J. Mosher to file dated August 26, 2022 regarding conversation with R. Young and Microsoft Teams meeting information for September 6, 2022.
- Emails between J. Mosher and R. Young dated August 30-31, 2022 acknowledging meeting scheduled for September 6, 2022.
- Email from J. Mosher to R. Young dated September 6, 2022 requesting confirmation of attendance.
- Memo from J. Mosher to file dated September 6, 2022 regarding voicemails left with R. Young.
- Letter from J. Mosher to R. Young dated September 13, 2022 regarding consequences of non-cooperative conduct and meeting request.
- Memo from J. Mosher to file dated September 14, 2022 regarding conversation with R. Young and Microsoft Teams meeting information for September 15, 2022.
- Emails between J. Mosher and [REDACTED] dated September 15-16, 2022 regarding meeting request.
- Memo from J. Mosher to file dated September 16, 2022 regarding phone call with R. Young.
- Emails between [REDACTED] and J. Mosher dated September 19-21, 2022 regarding meeting request.
- Memo from J. Mosher to file dated September 21, 2022 regarding virtual meeting with [REDACTED]
- Email from [REDACTED] to J. Mosher dated September 21, 2022 regarding updates on investigation.
- Memo from J. Mosher to file dated September 21, 2022 regarding virtual meeting with [REDACTED] and emails confirming meeting information.

- Email from [REDACTED] to J. Mosher dated September 21, 2022 regarding privacy audit.

The evidence in the Book of Exhibits can be summarized as follows:

- The Complaints Director received a complaint from [REDACTED] Pharmacy Director, at the Royal Alexandra Hospital on June 13, 2022. The complaint reported that Alberta Health Services (AHS) completed an investigation into a drug diversion involving Mr. Young on March 30, 2022 and that Mr. Young had resigned from his position in the middle of the investigation. The complaint indicated Mr. Young had diverted cocaine from the AHS pharmacy supplies at the Hospital on four separate occasions and that video recordings showed Mr. Young opening and accessing the narcotic safe and removing cocaine from the drawer where cocaine and Kadian is stored. There was also a privacy breach concern reported in the complaint.
- At the time of receiving the complaint, Mr. Young was registered with the College as a Pharmacy Technician.
- On March 30, 2022, AHS identified that 1.25 grams of cocaine was missing from the Hospital. The Hospital keeps one bottle of pharmaceutical cocaine on site. It is found in powder form in a tamper sealed amber bottle which is kept in Bin 1 of the C2 safe within the dispensary. The C2 safe is a large set of lockers, controlled by a computer which requires a fingerprint and a reason code before someone is granted access. The reason code is what prompts a specific locker door to open. Pharmaceutical cocaine is used to prepare sterile eye drops and a topical solution for nose bleeds. Prior to August 2021, the pharmacy at the Hospital would often have a partial bottle of cocaine powder on hand as they were compounding sterile cocaine eye drops which only required small amounts of cocaine powder per recipe. In August 2021, the compounding of sterile cocaine eye drops was moved to the University of Alberta Hospital. When preparing the topical solution for nose bleeds the standard practice is to use a whole bottle to prepare 10 bottles of 10% topical solution. On December 9th, 2021, the 4500 mg partial bottle remaining from when the pharmacy made sterile cocaine eye drops was used to make 9 bottles of 10% topical solution. After December 9th, 2021, there was no longer going to be partial bottles of cocaine on site.
- On March 10, 2022, the cocaine in the C2 safe was accessed in order to prepare the topical solution for a nosebleed. Prior to preparing the solution, the powder was weighed, and it was determined that approximately half the bottle was missing and that the tamper seal was removed. This bottle had been received on January 26, 2022. There were no transactions in the system that would reasonably explain the partial bottle of cocaine. This concern was brought forward, and the bottle of cocaine was destroyed on March 10, 2022. A new bottle of cocaine was ordered and received on March 11, 2022.

- The bottle of cocaine was inspected on March 21, 2022 by Hospital Protective Services. It was unopened and the seal was intact.
- On March 30, 2022 at approximately 9:00 a.m., during the weekly vault count, it was noticed that the tamper seal on the bottle of cocaine from the C2 safe was broken and had fallen off. The bottle was immediately weighed, and it was discovered that 1.25 grams of the cocaine was missing.
- The Narcotics Audit Sheet and Narcotics Vault Access Report were reviewed dating back to March 21, 2022. It was noted that Mr. Young made several withdrawals from Bin 1 of the C2 safe during this time and that these withdrawals were unusual. Mr. Young made several entries into Bin 1 of the C2 safe between the dates of March 21 and March 30, 2022. He had used the reason code “inventory by med” and the med being inventoried was identified as Kadian. The code “inventory by med” is used when counting the stock to confirm the count is accurate. Mr. Young should not have any reason to be accessing Kadian as a regular part of his duties during the specific shift he was working at the time.
- On March 22, 2022, Mr. Young worked a U4 shift from 7:30 a.m. to 3:45 p.m. This shift would not require him to work with narcotics and he should not have been accessing the C2 safe. However, at 1:32 p.m. Mr. Young accessed the C2 safe using the “inventory by med” reason code. When reviewing the VAX activity for this time frame, no medications were dispensed to patients and the “inventory by med” is only required if a medication count is suspected to be off. As Mr. Young did not have any previous medication transactions, there was no reason for him to complete an inventory count. Video surveillance footage was reviewed from this time on March 22, 2022. Mr. Young was observed removing an amber bottle from Bin 1 with his left hand, placing the bottle into his front left pockets of his pants, closing the door, and walking out of frame. Approximately three minutes later, the Narcotics Vault Access Report indicated that Mr. Young accessed the C2 safe with the reason code “inventory by med”. Footage was reviewed for this timeframe and Mr. Young was seen removing the amber bottle from his front left pocket and placing it back into Bin 1.
- On March 24, 2022, Mr. Young was scheduled to work a Dispensary Triage shift from 7:00 a.m. to 3:15 p.m. but he left work at 11:30 a.m. The Narcotics Vault Access Report identified Mr. Young accessing Bin 1 to retrieve Kadian with the reason code “send/re-order meds”. This was identified as a true transaction. However, when reviewing the camera footage, Mr. Young was seen removing the amber bottle from Bin 1 and placing it in his front left pant pocket at approximately 7:20 a.m. Approximately three minutes later, the Narcotics Vault Access Report indicated that Mr. Young accessed the C2 safe with the reason code “inventory by med”. Footage was reviewed for this timeframe and Mr. Young was seen removing the amber bottle from his front left pocket and placing it back into Bin 1. Of note, Kadian is dispensed in unit dose packaging and looks quite different from the pharmaceutical cocaine which is stored in an amber glass bottle.

- On March 26, 2022, Mr. Young worked a float shift from 1:00 p.m. to 9:15 p.m. At approximately 1:34 p.m., the Narcotics Vault Access Report identified Mr. Young accessing Bin 1 of the C2 safe with the reason code “inventory by med”. Surveillance footage from this time shows Mr. Young removing an amber bottle from Bin 1 with his left hand, placing the bottle into his front left pockets of his pants, closing the door, and walking out of frame. Approximately three minutes later, the Narcotics Vault Access Report indicated that Mr. Young accessed the C2 safe with the reason code “inventory by med”. Footage was reviewed for this timeframe and Mr. Young was seen removing the amber bottle from his front left pocket and placing it back into Bin 1.
- On March 27, 2022, Mr. Young worked a float shift from 1:00 p.m. to 9:15 p.m. At approximately 4:54 p.m., the Narcotics Vault Access Report identified Mr. Young accessing Bin 1 of the C2 safe with the reason code “inventory by med”. Surveillance footage from this time shows Mr. Young removing an amber bottle from Bin 1 with his left hand and putting it in the pocket of his smock. Approximately three minutes later, the Narcotics Vault Access Report indicated that Mr. Young accessed the C2 safe with the reason code “inventory by med”. Footage was reviewed for this timeframe and Mr. Young was seen removing the amber bottle from his smock pocket and placing it back into Bin 1.
- The Hospital scheduled a meeting with Mr. Young for him to provide a response to the issues identified. He stated that he could not make it due to conflicting priorities. A further meeting was scheduled for May 13, 2022. Mr. Young resigned on May 12, 2022 so the meeting did not occur.
- On August 19, 2022, Mr. Young wrote an email to the Complaints Director. Mr. Young stated that he diverted cocaine powder four times over the period of one week, specifically on March 22, 24, 26 and 27, 2022. He stated he removed approximately 0.25 to 0.3 grams each time and that he removed it from the electronic safe while accessing another narcotic. He stated the diversion was for personal use and he did not gain financial or try to sell the narcotic.
- There was no evidence to indicate Mr. Young had a prescription for cocaine.
- Ms. Jennifer Mosher, who was appointed by the Complaints Director as an investigator into the complaint, met with Mr. Young by video conference on September 15, 2022. Mr. Young stated:
 - He had been charged criminally with theft under \$5,000.
 - His first use and subsequent uses of cocaine were from the Hospital stock as alleged in the complaint, being March 22, 2022, for a total of four times between March 22-27, 2022. He had not used any other illegal drugs.
 - During the time of the cocaine diversions, [REDACTED] [REDACTED] [REDACTED]. He was “afraid to go to sleep”, “afraid to go to work” and was not sleeping. [REDACTED]

For Allegation 2, Mr. Young also admitted to this as he said he would access the cupboard by entering an inventory count for another narcotic stored in the same cupboard as the cocaine.

With respect to Allegation 3, Mr. Young admitted to removing the cocaine and using it four times between March 22 and 27, 2022. While Mr. Young stated he would only use cocaine at home and not at work, the admitted allegation was that he used cocaine four times, over a five-day period, in which he was attending at work at the Hospital and continuing to provide professional services while misusing a controlled substance.

Ms. Chisholm submitted this conduct was unprofessional conduct. Pursuant to s. 4(1) of the *Controlled Drugs and Substances Act*, no person shall possess a substance included in Schedule 1 and cocaine is a Schedule 1 drug. In addition, s. 31(2)(a) of the *Pharmacy and Drug Act* states that Schedule 1 drugs may only be compounded, dispensed or sold pursuant to a prescription. The evidence indicated that Mr. Young took the cocaine from the pharmacy without a prescription. In addition, it was an offence to contravene the *Pharmacy and Drug Act*. Ms. Chisholm submitted that Standards 1.1 and 1.2 of the Standards of Practice for Pharmacists and Pharmacy Technicians required Mr. Young to uphold the legislation that governs the profession both in letter and in spirit. As he contravened both the *Controlled Drugs and Substances Act* and the *Pharmacy and Drug Act*, he failed to uphold these standards. In addition, he contravened Principle 10 of the Code of Ethics which also requires compliance with both the letter and the spirit of the law.

In addition, Principle 11 of the Code of Ethics requires a Pharmacy Technician to demonstrate responsibility for self and other health professionals, including not misusing or abusing substances, promptly declaring to appropriate individuals any circumstances that could call into question his fitness to practice, or that would bring the pharmacy profession into disrepute. Ms. Chisholm submitted that diverting and using cocaine would certainly do that, and that Mr. Young should not have been practicing, and that in diverting cocaine he did not protect his personal well-being, and that he did not seek assistance from colleagues.

In closing, Ms. Chisholm submitted that Mr. Young engaged in unprofessional conduct under s. 1(1)(pp)(ii) and (iii) of the HPA as he contravened the HPA, the Code of Ethics, and Standards of Practice, as well as another enactment that applies to the profession, including the *Pharmacy and Drug Act* and the *Controlled Drugs and Substances Act*. Ms. Chisholm also submitted that Mr. Young engaged in conduct that harms the integrity of a regulated profession and was unprofessional conduct under s. 1(1)(pp)(ix) of the HPA. Ms. Chisholm submitted that a pharmacy technician, or any regulated member, cannot be permitted to divert controlled drugs, like cocaine, from a pharmacy for their personal use without consequence or a finding against them.

Mr. Young did not make any submissions.

IV. FINDINGS

During the hearing, the Hearing Tribunal verbally advised the parties that it accepted Mr. Young's verbal admissions of unprofessional conduct and that it found that the allegations were proven and amounted to unprofessional conduct.

The evidence in the Book of Exhibits supports the admissions of unprofessional conduct made by Mr. Young, both at the hearing and during the investigation of the complaint.

The evidence indicates that, as of March 2022, the Hospital had one bottle of pharmaceutical cocaine on site. It was stored in a tamper sealed amber bottle kept in Bin 1 of the C2 safe within the dispensary. The C2 safe is a large set of lockers, controlled by a computer which requires a fingerprint and a reason code before someone is granted access. The reason code is what prompts a specific locker door to open. Pharmaceutical cocaine is found in a powder form and was kept on site to be used in a topical solution for nose bleeds.

While the Hospital had concerns about missing cocaine prior to March 2022, there is no evidence to connect Mr. Young to any issues that arose prior to March 2022.

A new bottle of cocaine was received by the Hospital on March 11, 2022. This bottle was inspected on March 21, 2022 and it was determined that the bottle had not been opened and that the tamper proof seal was intact. On March 30, 2022, it was discovered that the tamper seal on the bottle was broken. The bottle was weighed, and it was determined that 1.25 grams of cocaine was missing from the bottle. It is clear that the 1.25 grams of cocaine went missing sometime between March 21, 2022 and March 30, 2022.

The Narcotic Vault Access Report records and the video surveillance evidence demonstrate that Mr. Young accessed the C2 safe using the “inventory by med” or “send/re-order meds” reason codes on March 22, 24, 26, and 27, 2022. On all these occasions, Mr. Young was seen removing an amber bottle from Bin 1 of the C2 safe, placing it in his pocket, and then walking out of frame. Similarly, on all the occasions, Mr. Young was seen putting the amber bottle back into the C2 safe minutes later after using the “inventory by med” reason code to access the safe. As the pharmaceutical cocaine is stored in an amber bottle in Bin 1 of the C2 safe, the logical conclusion is that Mr. Young was removing the cocaine bottle on each of these four occasions. Mr. Young confirmed that he removed the cocaine bottle on March 22, 24, 26, and 27, 2022 and that he took the bottle to the compounding area where he put a “couple of taps” of the cocaine into an ointment jar prior to returning the cocaine bottle. This is consistent with the evidence.

Accordingly, the Tribunal found that Mr. Young diverted cocaine powder from the Hospital’s narcotic inventory on one or more of March 22, 2022, March 24, 2022, March 26, 2022 and March 27, 2022 and that Allegation 1 is proven.

Mr. Young used the “inventory by med” reason code to access the C2 safe in order to remove the bottle of cocaine. He stated he used Kadian as the other narcotic. An “inventory by med” is only required if a medication count is suspected to be off. The medication count was not suspected to be off on the four occasions that Mr. Young accessed the C2 safe to remove cocaine. This incorrect reason code was used to facilitate the diversion of the cocaine and was an attempt to hide his access of the cocaine. Accordingly, the Tribunal found that he created false Narcotic Vault Access records to facilitate and attempt to conceal his diversion of cocaine and that Allegation 2 is proven.

Regarding Allegation 3, the Tribunal determined that the evidence established, on a balance of probabilities, that Mr. Young misused 1.25 grams of cocaine during the March 2022 period in which he continued to work at the Hospital and provide professional services.

Mr. Young acknowledged that this was true and acknowledged that he was using cocaine during this time in late March 2022 due to concerns with [REDACTED]. In addition, the evidence indicates that 1.25 grams of cocaine was diverted by Mr. Young while he continued to provide services at the Hospital. While Mr. Young stated he only used cocaine at home and not at work and there is no evidence to indicate that Mr. Young engaged in any unusual behavior while at work, the evidence demonstrates that Mr. Young misused cocaine at home on four occasions over a five-day period while providing professional services at the Hospital.

The Hearing Tribunal considered whether Mr. Young's proven conduct amounted to unprofessional conduct. Section 1(1)(pp) of the HPA defines unprofessional conduct to include (ii) contraventions of the HPA, a code or standards of practice; (iii) contraventions of another enactment that applies to the profession; and (xii) conduct that harms the integrity of the profession.

The Hearing Tribunal concluded that Mr. Young's established conduct contravened Standards 1.1 and 1.2 of the Standards of Practice for Pharmacists and Pharmacy Technicians as well as other applicable legislation. The standards required Mr. Young to practice in accordance with the law and comply with its letter and spirit. Mr. Young took cocaine, which is a Schedule 1 controlled drug under the *Controlled Drugs and Substances Act*, into his possession without a prescription and then misused it. This is contrary to the *Pharmacy and Drug Act*, s. 31(2)(a), and contrary to the *Controlled Drugs and Substances Act*, s. 4(1). Mr. Young's proven conduct also contravened Principle 10 of the Alberta College of Pharmacy's Code of Ethics, which requires individuals to act with honesty and integrity. Compliance with laws governing the practice of pharmacy and controlled drugs is a basic expectation of the public for regulated members of the College. Mr. Young breached these standards repetitively.

In addition, Principle 11 requires pharmacy technicians to demonstrate responsibility for self and other health professionals. Mr. Young breached this requirement by misusing a controlled substance and by providing professional services in close proximity to his misuse of cocaine. While Mr. Young may not have been incapacitated at work, he used cocaine on four occasions over five days while still attending work and providing professional services. He failed to ensure he was completely fit to practice and failed to protect and enhance his own personal health and well-being or to seek the assistance of his colleagues.

As Mr. Young breached the Standards of Practice for Pharmacists and Pharmacy Technicians and the Alberta College of Pharmacy Code of Ethics, he engaged in unprofessional conduct under s. 1(1)(pp)(ii) of the HPA. As Mr. Young also breached the *Pharmacy and Drug Act* and the *Controlled Drugs and Substances Act*, he engaged in unprofessional conduct under section 1(1)(pp)(iii) of the HPA.

Diversion of cocaine, a Schedule 1 medication, from the Hospital without a prescription is dishonest conduct that undermines the integrity of the profession. Such conduct decreases the public's trust in the profession. Pharmacy technicians have access to these kinds of drugs because they can be used as part of effective medical treatment. They are entrusted to only use the drugs for such legitimate medical treatment, not for illicit personal use. Mr. Young's conduct also demonstrated that he allowed his professional judgment to be

impaired and compromised by his self-interest as he diverted the drug for his personal use, while also trying to cover up the fact that he had removed the cocaine. The public should be entitled to expect that pharmacy technicians will not allow their own interests to take precedence over their professional obligations and judgment.

This case involves four occasions where Mr. Young diverted cocaine for his personal use. The diverting of cocaine on multiple occasions, is conduct contrary to the trust, authority, and responsibilities bestowed on the profession of pharmacy technicians. Mr. Young misused his position as a trust employee, with direct access to the Hospital's narcotic inventory, to input incorrect reason codes into the Hospital's C2 safe in order to facilitate and conceal his diversions. He did so until they were detected. This was not an isolated incident or a single mistake. Mr. Young repeated his conduct and attempted to hide his conduct by using the incorrect reason codes. This demonstrates it was not a spontaneous or impulsive decision.

Accordingly, Mr. Young's conduct harmed the integrity of the profession and is unprofessional conduct under section 1(1)(pp)(xii) of the HPA.

V. ORDERS

As the parties were advised at the hearing, the Hearing Tribunal will receive submissions on sanction. The Tribunal invites the parties to discuss how submissions on sanctions will be provided, including whether they will be provided in writing or if an oral hearing is necessary.

If the Complaints Director or Mr. Young believes that an oral hearing on sanctions is necessary, they may write to the Hearing Tribunal, by way of the Hearings Director, to request an oral hearing and the Tribunal will consider such requests.

If the parties are agreeable to proceeding by written submissions on sanction the Tribunal is prepared to accept submissions on sanction in writing. The parties are encouraged to reach an agreement on the timeline for sanctions and such a timeline should be provided to the Hearing Tribunal, by way of the Hearings Director. If the parties cannot reach an agreement on timelines for written submissions, the parties should advise the Hearing Tribunal of this, and the Tribunal will set timelines.

The parties should advise the Hearing Tribunal within 14 days of receipt of this decision of the agreed upon timelines for written submissions (or if the parties are unable to reach agreement on timelines) or whether an oral hearing is necessary.

Signed on behalf of the hearing tribunal by the Chair on June 8, 2023

Per: *Jennifer Teichroeb*
[Jennifer Teichroeb \(Jun 8, 2023 08:33 MDT\)](#)
Jennifer Teichroeb