OPCC File No. 2015-11249

IN THE MATTER OF THE POLICE ACT R.S.B.C. 1996, C. 367 AS AMENDED

AND IN THE MATTER OF A REVIEW ON THE RECORD

ORDERED WITH RESPECT TO CONSTABLE GEOFFREY YOUNG OF THE DELTA POLICE DEPARTMENT

TO: Constable Geoffrey Young

AND TO: Mr. Kevin Woodall, Counsel for Constable Young

AND TO: Mr. Brock Martland, Commission Counsel

AND TO: Chief Constable Len Goerke, Discipline Authority

AND TO: Mr. Stan Lowe, Police Complaint Commissioner

DECISION ON A REVIEW ON THE RECORD
PURSUANT TO SECTION 141 POLICE ACT, R.S.B.C. 1996, c. 267

BACKGROUND OF THIS REVIEW:

On November 8th, 2015, Constable Geoffrey Young attended at the Peace Arch General Hospital and was given a prescription for hydromorphone. He altered that prescription by increasing both the strength of the drug and the number of tablets prescribed. When he attempted to fill the prescription, the pharmacist contacted the Royal Canadian Mounted Police. Later that day when he was interviewed by the RCMP, Young gave a false statement. An investigation under the *Police Act* was instigated and during the course of that investigation, Young confessed to other occasions on which he had altered and then filled prescriptions for hydromorphone. On the 9th of April, 2018, Chief Constable Goerke, the Discipline Authority, found that the following disciplinary defaults had been substantiated.

a) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on April 30, 2015, Constable Young falsified a prescription. (The date of this offence was later corrected to reflect the fact that the incident happened on April 27th, 2015.)

b) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know,

would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on November 8, 2015, Constable Young falsified a prescription.

c) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on November 8, 2015, Constable Young provided false information to members of the RCMP during a criminal investigation.

d) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on April 3, 2015, Constable Young falsified a prescription.

e) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on April 17, 2015, Constable Young falsified a prescription.

f) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on April 24, 2015, Constable Young falsified a prescription.

g) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on May 1, 2015, Constable Young falsified a prescription.

h) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on May 12, 2015, Constable Young falsified a prescription.

i) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on May 21, 2015, Constable Young falsified a prescription.

j) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on May 26, 2015, Constable Young falsified a prescription.

k) *Discreditable Conduct* pursuant to section 77(3)(h) of the *Police Act,* which is, when on or off duty, conducting oneself in a manner that the member knows, or ought to know, would be likely to bring discredit on the municipal police department. Specifically, in relation to the allegation that on July 6, 2015, Constable Young falsified a prescription.

On April 27th, 2018 the Discipline Authority filed his decision on the corrective and disciplinary measures to be imposed. He dealt with each of the ten counts of altering and presenting forged prescriptions by directing a written reprimand and then imposing a number of conditions for drug abuse counselling and monitoring. The third instance of misconduct, lying to the RCMP during the course of their investigation, resulted in a four-day suspension.

The results of these disciplinary proceedings were provided to the Police Complaint Commissioner. Upon reviewing them, he found that there was not a reasonable basis to believe that the Discipline Authority's determination as to whether the misconducts had been proven was incorrect pursuant to section 125(1) of the *Police Act.* He was, however, of the view that the Discipline Authority's application of section 126 was incorrect. Accordingly, on June 6th, 2018 he ordered a Review on the Record of this matter pursuant to section 137(2) and 141 of the *Police Act.* The scope of that review was limited to a consideration of the disciplinary and corrective measures that should be imposed for the incidents of misconduct which have been substantiated.

CIRCUMSTANCES GIVING RISE TO THE MISCONDUCT

Constable Young is 41 years of age. He has been a member of the Delta detachment since 2009. Prior to that, he worked as an officer with the Transit Police for about two years. Young's

medical history is extensive and is relevant to this inquiry. He experienced his first attack of ulcerative colitis at the age of 22. It was so serious that the attending specialist recommended removal of the large intestine. Young's mother, an intensive care nurse, was mindful of the severe limitations that a young man would face spending his future with a colostomy bag. After consulting with her, Young opted for more conservative management. The initial flare up was brought under control.

Two years later he had a second bout. He lost 50 lbs and was bleeding so heavily that he required multiple transfusions. He was admitted to the local hospital and for some time all nourishment had to be provided intravenously through his carotid artery.

This flare up of ulcerative colitis was followed within a year by a bout of pyoderma gangrenosum. This is a type of flesh-eating disease which sometimes occurs in those who suffer from ulcerative colitis. In Young's case the ulcers circled his left ankle. The condition was excruciating and the required treatment at times exacerbated the pain.

By 2014, Young's ulcerative colitis diagnosis had been upgraded to one of Crohn's Disease. He had not had a flare up for four years but early in 2014 he developed yet another related condition. He had been in Disneyland and upon his return went directly to the emergency department of the Peace Arch Hospital suffering from the worst pain he had experienced in his life. The source of the pain was a perianal abscess the size of his fist. He underwent surgery and was in hospital for two weeks being given regular doses of hydromorphone every four hours and also using an intravenous pump to deal with break through pain particularly when his dressing was being changed or he had to go to the bathroom. He was released from hospital on an extended release hydromorphone as well as a short term fast acting hydromorphone which he was instructed to take half an hour before the nurse arrived to change his dressings each day. He was home for only a week when he was readmitted because he had a C-difficile infection. He was in hospital for another two weeks.

Over the next thirteen months there were twelve abscesses. Six or seven of them had to be surgically, removed or drained. The smaller ones tended to open up, drain and resolve themselves. During this time, he was on hydromorphone during his hospital stays. Upon discharge the attending physicians at the hospital would give him a prescription for the drug and then this pain management regime would be carried on by his family physician.

Dr Paul Farnan, a specialist in Addiction Medicine, was retained by Great West Life to do an assessment of Young's drug use. He gave evidence in this matter and said that the opioids being prescribed to Young in the year prior to the incidents of misconduct had been two and a

half times the "watchful dose" established in 2010 and was over ten times the standards set by the College of Physicians in 2016.

In the circumstances, it is not surprising that during his hospitalization in February 2015, Young experienced withdrawal symptoms when his medication was not administered in the flexible way he had become accustomed to when he was self-dosing.

RESPONSES TO ADDICTION:

Young's wife had been concerned for a few months about the number of pills he was taking but it was only at this point that Young faced the fact that he was addicted to his pain killers. When nursing staff brought this to the attention of [redacted], the prescribing physician, [redacted] response was to cut the dosage of hydromorphone in half. By this time, Young knew that he was in trouble. He sought the assistance of a pharmacist and with [redacted] help, come up with a schedule designed to wean him off the drugs. [redacted] was shown this plan and accommodated the process by prescribing the tapering dose Young and the pharmacist had plotted out.

Things did not go as they had hoped. Young found the withdrawal symptoms and the anxiety related to anticipating them more than he could cope with. It was at this point that he altered a prescription for the first time. Over the course of the month Young changed several more prescriptions. On April 27[h], [redacted] became aware that one of [redacted] scripts had been altered. [redacted] confronted Young who said he had not been successful in tapering his drug use and needed help. [redacted] said [redacted] would have to get a new doctor and that [redacted] was no longer prepared to treat him. [redacted] offered no advice or suggestions relating to the patient's plea for help.

For the next couple of months Young relied on walk-in clinics. Typically, the doctors there were conservative in their response. They prescribed low dosages and a small number of tablets. Young falsified several of these prescriptions by increasing both the number and strength of the pills that had been ordered.

In June, [redacted], agreed to take him on as a patient. [redacted] prescribed large quantities of hydromorphone but Young altered some of these prescriptions by increasing the strength of the tablets. He discussed his desire to wean himself off the opioid with [redacted] and the doctor prescribed clonidine, a drug that is sometimes used to counteract the withdrawal symptoms patients experience. Young did not do well on this drug. It lowered his blood pressure significantly and he had fainting spells. On one occasion when he lost consciousness and fell, he broke his thumb. He ceased taking the clonidine after only three days.

Young's wife was a patient of [redacted], [redacted]

[redacted]. [redacted] was prepared to take Young on as a patient. Impressed by [redacted] claims, Young decided [redacted] might be a better fit for him so he transferred his file to [redacted]. [redacted] offered little by way of guidance. [redacted] expected [redacted] patient to self-manage and gradually wean himself off the drug. [redacted] was generous in [redacted] prescriptions but Young's tolerance had increased and the withdrawal symptoms were coming on sooner and sooner. He came back for more medication earlier than he should have had to on several occasions. Once he explained his shortage by saying he had dropped some tablets in the sink. [redacted] was only in [redacted] office three days a week and in November, Young ran out of pills days before he could get an appointment with [redacted]. He attended at the Peace Arch Hospital and was given a prescription for six 1mg tablets. He altered that to read sixty 4mg tablets. When he attempted to fill the prescription at the [redacted] Pharmacy, the pharmacist was suspicious and contacted both the hospital and the police. Young left the pharmacy empty handed but later that day attended Peace Arch Hospital again hoping to get another prescription. There he was met by officers from the Royal Canadian Mounted Police who were in the process of investigating the complaint that had been reported earlier in the day. When the police realized Young was back at the hospital they took him aside and questioned him. He was given the usual warnings and knew that he had a right to remain silent and contact a lawyer but instead he gave a false statement, claiming that he had lost the last prescription and denying that he was the person who had attended at the [redacted] Pharmacy. He was allowed to leave. By the time Inspector Newt of his own detachment called him the next day, Young had told his wife about his transgressions and was ready to discuss what he had done in an honest and straightforward manner. He invited Newt to his home and made a clean breast of it.

POST ARREST:

Young had expected to be fired but Newt assured him that they wanted to help. Young says that Inspector Newt and Chief Dubord were very supportive but this was a new situation for them. There were no policies in place and no one was very clear about what the next step might be. In the course of discussions, Newt did mention the possibility of getting Young into residential treatment. That had not been suggested by any of the medical practitioners but once the inspector raised the possibility, Young recalled a fellow he had worked with back at [redacted] who seemed to have some connection to a treatment centre and had been an advocate for recovery. It had been many years since Young had worked with this man but he reached out and found the help he needed. This old workmate was able to lay out the steps that Young would have to take. They involved getting coverage from his insurer Great West Life and to do

that they would need an assessment. Working with the Human Resource personnel in his detachment, Young was then able to start the process. He had a lot of help along the way. [redacted] Once the doctor's assessment and recommendation for residential treatment was received, it had to be reviewed by Great West Life. The money involved exceeded the limit that the local office could authorize so Young was told that it had to be sent to their office in the east. It would take awhile. At this point his Chief stepped up and said the detachment would pay for it and sort things out with Great West later.

Young reported to the Cedars Treatment Centre on December 14th, 2015, just over a month after his supervisors first learned of his addiction and the resulting criminal behaviour. He started a six-day detox session and was given Suboxone to ease withdrawal symptoms. I think it is fair to say that its effectiveness exceeded all Young's expectations. He could not understand why this had not been prescribed by any of the three physicians he had asked for help. He successfully completed the program at the Cedars and was discharged on February 5th, 2016.

He began monitoring with Alliance Medical Monitoring on February 10, 2016. His plan involved participation in several SMART or NA groups each week. He also connected with a group specifically for law enforcement professionals. In September he tested positive for alcohol and was sent back to Farnan for reassessment. Young originally rationalized the glass of wine he had with his wife as unrelated to this addiction but Farnan explained that the two different substances affected the neurological transmitters in a very similar way. He recommended counselling with a practitioner he had found effective in providing this kind of education and support. When he re-evaluated Young again in April 2017, he learned that Young had followed his suggestion and paid for this counselling himself since it was not covered under his extended medical. In the report he submitted after this visit, Farnan advised Great West that, in his professional opinion, Young's substance dependence was in stable abstinent remission and that he was capable of returning to work as a police officer on unrestricted duties.

By this time Young had admitted the facts upon which the criminal charges were based and had entered into a diversion agreement which required him to do ten hours of volunteer work at a local animal shelter. The crown had entered a stay of the charges. The disciplinary proceedings under the *Police Act* which had been suspended because of the outstanding criminal charges were reactivated. During the course of that investigation, the list of alleged misconducts was expanded to include additional incidents of altering prescriptions which had not been part of the original investigation but which Young had admitted to.

ANALYSIS:

Section 146(2) of the *Police Act* provides that aggravating and mitigating circumstances must be considered in determining just and appropriate disciplinary or corrective measures in relation to the misconduct of a member of a municipal police department including, without limitation… Addressing those considerations as they apply to Young I make the following findings.

(a)the seriousness of the misconduct:

The misconduct was serious. On ten occasions over a 7-month period, Young altered prescriptions and presented the forged documents to various pharmacies. This was criminal behavior and if the addiction that drove it was not Young's fault, the "remedy" was one he chose. At the time, however, he saw few choices available to him. His criminal conduct did not occur during his course of duty or even during a period of time when he was working. There was no one harmed by his misconduct.

(b)the member's record of employment as a member, including, without limitation, her or his service record of discipline, if any, and any other current record concerning past misconduct:

Until these issues arose, Young had a spotless record. Not only had there been no prior disciplinary findings but in his eight years as an officer he had never been the subject of a complaint.

(c)the impact of proposed disciplinary or corrective measures on the member and on her or his family and career:

Commission counsel suggests that the appropriate disposition in these proceedings is dismissal. Obviously, if this position were to be adopted, Young would lose his livelihood. His background is in related fields so his chances of finding alternate employment would be slim. In his case the loss of extended health benefits would probably be as crippling as the loss of a monthly income.

(d)the likelihood of future misconduct by the member:

Farnan says research shows that the protocol he has recommended and Young is following has a 75% success rate after five years. Still, despite his exemplary progress there is still a possibility that another medical crisis might leave Young fighting addiction again. If this were to happen, however, it would not go unnoticed. Young has agreed to continued monitoring. His colleagues and those in his support groups are now aware of his vulnerability and any aberrant behaviour is likely to be recognized and confronted quickly.

Most significantly, the compassionate response he encountered in the work place and contacts that Young has established during his recovery, make it unlikely that he

would try to go it alone and resort to the self help if problems did arise. He now knows how to access help if he needs it.

Finally, and this is something Farnan stresses, whether a patient succeeds or falls back into addiction is very much related to his or her history of illegal activity prior to the addiction. There is no such criminal background in Young's case. He can truly be said to have acted out of character as a result of a physical dependency that he had acquired through no fault of his own.

Commission counsel seems to agree that Young is unlikely to become addicted to opioids again but says that does not fully address the risk of future misconduct. Noting that Young acted with premeditation and committed dishonest acts over a period of seven months, counsel says that under stressful situations he is likely to lose his moral compass and behave in a dishonest fashion again. This totally ignores Young's good conduct for all but these seven months of his nine years as a police officer. It fails to take into account his two years as a corrections officer and his three years in the armed forces. All of these are high stress jobs. There is not a scintilla of evidence to suggest that Young, when not in the grips of his addiction, was ever dishonest.

(e)whether the member accepts responsibility for the misconduct and is willing to take steps to prevent its recurrence:

Young accepted responsibility for the misconduct and has been diligent in seeking out help to remedy the problem. He is committed to following the wellness plan recommended by Farnan.

(f)the degree to which the municipal police department's policies, standing orders or internal procedures, or the actions of the member's supervisor, contributed to the misconduct:

The municipal police department's policies, standing orders or internal procedures, or the actions of the member's supervisor, did not contributed to Young's misconduct

(g)the range of disciplinary or corrective measures taken in similar circumstances:

Despite the assistance of very capable counsel, I have been unable to find any disciplinary decisions dealing with an incident of misconduct by a member who has become addicted to opiates as a result of medical treatment he or she was receiving for a serious illness.

I was referred to several cases involving officers who have lied during the course of criminal or disciplinary proceedings. Some, though far from all of these, have resulted in dismissal of the member. In situating Young's misrepresentation when he was questioned at the hospital on the scale of seriousness provided by these cases,

I would place it at the lower end of the range. Commission counsel has said it cannot be compared with the lies offered by an officer who has been drinking and is pulled over in a roadblock. With respect, I see marked similarities. In both cases this is off duty conduct. The questions they answer are being asked in the context of a criminal investigation and in either case the member could elect to remain silent. Most importantly, in both situations, the confrontation with authority is unanticipated. There is no time to give the matter proper consideration. Young's story, like that of the impaired drivers, was never likely to be believed. Objective evidence was readily available to disprove it and as with the impaired driver, it was evidence that would have been gathered anyway. The RCMP were not particularly inconvenienced. No one else was blamed or involved.

This conduct does not come close in seriousness to those unfortunate cases where officers lie to their superiors during the course of an investigation, alter their notes on a case file or even give perjured evidence in court.

(h)other aggravating or mitigating factors:

There are no aggravating factors.

By way of mitigation, I note Young's lack of any record of disciplinary complaints, his successful completion of the Cedars treatment program and his compliance with recommendation for follow up care.

His innocent addiction to opioids reduces his moral culpability for the illegal drug seeking behaviour. Farnan explained the physical and chemical changes that take place in the brain as a result of the addiction. More opioid receptors are developed, increasing the cravings at the very time that damage to the prefrontal cortex compromises the individual's impulse control and judgment. Farnan and Young describe the opioid withdrawal symptoms. They include muscle aches, twitching and restless legs and arms. There is sweating and a burning sensation as well as nausea, vomiting and sleeplessness. On a psychological level, Young said he was isolated and ashamed. The fear of going into withdrawal caused extreme anxiety. Even without reference to the science of addiction, the reasonable person understands that physical and psychological pain can impact behaviour.

Our criminal law makes allowances for this in some circumstances. Section 17 of the Canadian Criminal Code provides for a defence to a crime that is committed under duress from threats of death or bodily harm. Though obviously not applicable to this case it is an acknowledgement that an individual's volition can be compromised by fear of pain. Throughout history torture has been used to overcome the resistance of those who might have information. Sleep deprivation, pain, and other types of

> bodily distress lead men to divulge information in a way that would be treasonous in other circumstances. Young became addicted to opioids through no fault of his own. He was then left without resources to deal with this problem and was faced daily with what Farnan describes as very, very unpleasant withdrawal symptoms. In my view, these symptoms would be bound to have an impact on his decision making and reduce his moral culpability with respect to the altering of his prescriptions.

Section 126 (3) provides that if the discipline authority considers that one or more disciplinary or corrective measures are necessary, an approach that seeks to correct and educate the member concerned takes precedence, unless it is unworkable or would bring the administration of police discipline into disrepute.

It is conceded that disciplinary and corrective measures, short of dismissal would not be unworkable. Young has been back at work since the end of May and his colleagues and superiors have been very supportive.

The more serious consideration is whether dismissal is required to preserve public confidence in the administration of police discipline. As Commission Counsel has noted, the breaches in this case are serious and involve a significant breach of the public trust. Because criminal charges were laid in this matter, it has received some publicity. When Young was arrested, his father, who lives in Ontario, heard about his son's offences on his evening newscast. The Delta Optimist reported on the case originally and then published a follow up article about the situation when Young returned to work this past May.

In the case of *R. v. Collins*, [1987] 1 S.C.R. 265, the court set forth the standard which should be applied when trying to determine whether a decision will bring the administration of justice into disrepute. In that case, Dickson C.J. said:

> Since the concept of disrepute involves some element of community views, the test should be put figuratively in terms of the reasonable person: would the admission of the evidence bring the administration of justice into disrepute in the eyes of the reasonable person, dispassionate and fully apprised of the circumstances of the case.

Applying that direction to this case, a key provision is that the reasonable person must be fully apprised of the circumstances of the case. The charges speak for themselves in terms of outlining the repeated pattern of forgeries over the seven- month period from April till November of 2015 and the false statement given to the RCMP. What, I think is bound to change perceptions of these incidents is the fact that Young suffered from serious medical problems and was subject to extraordinary pain throughout 2014. Over a 13-month period he was hospitalized seven or eight times. He had multiple surgeries to remove or drain recurring

perianal abscesses. To combat the pain, he had been prescribed hydromorphone at more than ten times the dosage which would now be permitted. In February 2015 he was released from hospital, told that he was addicted and provided with no guidance about how to get off of these drugs. His doctor, realizing that his prescription practises had made a drug addict out of his patient, simply cut the dosage in half.

Young approached three different doctors seeking help but this was a new phenomenon for them. They did not seem to know what to do about the problem. Young was not a recreational drug user who had been buying drugs illegally and now was dependent on them. Physicians had been misled by drug manufacturers and had believed there was no risk of addiction with these new manmade opioids. Now they found their prescribing habits under scrutiny by the College of Physicians and they did not know what to do with patients who had become addicted under their former regime.

Young faces the possibility of losing his job because as a police officer he holds a position of public trust. Ironically, that very position in society limited him as he sought help. One doctor told him that he could buy his drugs off the street or go to a methadone clinic. It is conceded that it would not be acceptable for a police officer to be on a methadone maintenance program. Because of the stigma attached to drug addiction, Young did not feel he could discuss it with anyone. He even tried to hide his withdrawal symptoms from his wife. Once he was charged and the secret addiction was revealed, options opened up almost immediately but this was not something he or most people in his position would have anticipated.

It is my view that our hypothetical "reasonable person fully apprised of the circumstances of the case" would be moved to ask, "What would I do if one day I woke up and found I was a drug addict." I am not suggesting that the inevitable answer would be to falsify prescriptions but these would be totally uncharted waters. What would you do? Would you have any idea of where to turn for help? Would admitting you were addicted jeopardize your marriage, your job or your standing in the community? If you had the strength to quit on your own, how could you weather the withdrawal period without those around you knowing about it? Would there be a legal way to get enough drugs to ease yourself off? Could you afford a treatment centre? How would you arrange to get the time required to attend?

It would be a nightmarish situation, and I am sure it was that for Young back in 2015. It would be neither fair nor reasonable to ignore the rest of his 41 years and judge his character based on his behaviour during that seven-month period.

Young has been welcomed back to work. His Sergeant and two of his squad mates attended court with him for this hearing. Crown counsel dealt with the criminal charges in a

compassionate way. Our provincial government has launched a class action lawsuit against forty manufacturers of opioids alleging negligence and corruption in the way they marketed their product. The general public is well aware of the crisis that has been created and, in my view, would not be lose respect for a police disciplinary process that failed to dismiss an otherwise good officer who found himself in the position that Young did.

CONCLUSION:

Section 141(9) of the Police Act states that the standard of review under this section is correctness. The Supreme Court of Canada in Dunsmuir v. New Brunswick, 2008 SCC 9, at para. 50 offered guidance in this regard.

> When applying the correctness standard, a reviewing court will not show deference to the decision maker's reasoning process; it will rather undertake its own analysis of the question. The analysis will bring the court to decide whether it agrees with the determination of the of the decision maker; if not, the court will substitute its own view and provide the correct answer. From the outset, the court must ask whether the tribunal's decision was correct.

Having undertaken my own analysis of the question raised on this review I agree with the disciplinary and corrective measures imposed by Chief Constable Goerke and affirm his decision.

With respect to each allegation of altering a prescription (Counts 1,2,4,5,6,7,8,9,10 and 11) the disciplinary or corrective measure is:

a) Written reprimand
b) Ongoing participation in the program of 3rd party monitoring until January 2019 as outlined in the Supplementary Investigation Report and reporting his status as directed to the Officer in Charge of Human Resources Branch or designate.
c) In consultation with the Department's Human Resources Branch, taking reasonable steps to maintain himself in stable abstinent remission by participating in a treatment program or regime specific to addiction.
d) Taking such medical, psychological, or other treatment or medication specific to his addiction as recommended or prescribed, except that he is not required to submit to any treatment or medication to which he does not consent.

e) If Young does not consent to the medical treatment or medication which is recommended or prescribed, he will forthwith report his non-consent to the Officer in Charge of the Human Resources Branch or designate.

f) For a period of two years, Young will provide all treatment providers, including but not limited to his family physician, addiction specialist, treatment centre, monitoring agencies, peer-group sponsors and his spouse with a copy of these conditions and the name and contact information of the Officer in Charge of the Human Resources Branch or designate. He shall instruct those persons or entities to advise the Officer in Charge of the Human Resources Branch or designate of any refusal of treatment, failure to keep appointments, failure to attend meetings, or failure to successfully complete any monitoring task or test.

With respect to allegation 3, discreditable conduct by lying to the RCMP, there will be a four-day, (4X10 hour) suspension.

Delivered this 12th day of October, 2018

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Carole Lazar, retired judge.