

THE COLLEGE OF PHARMACISTS OF MANITOBA

In the matter of: *The Pharmaceutical Act, C.C.S.M., c.P60*

And in the matter of: Scott Putz, a pharmacist registered with the
College of Pharmacists of Manitoba



DECISION AND ORDER OF THE DISCIPLINE COMMITTEE

Pursuant to the Amended Notice of Hearing (the “Notice”) dated December 2, 2024, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the “College”) at the College’s Offices, 200 Tache Avenue, Winnipeg, Manitoba, R2H 0Z2 on December 10, 2024, with respect to charges formulated by the College alleging that Scott Putz (“Mr. Putz”), being a pharmacist under the provisions of *The Pharmaceutical Act, C.C.S.M. c.P60* (the “Act”) and a registrant of the College, is guilty of professional misconduct, conduct unbecoming a member, having displayed a lack of knowledge or lack of skill or judgment in the practice of pharmacy or the operation of a pharmacy, or any of the above, as described in section 54 of the Act, in that, at Northway Pharmacy Broadway, 618 Broadway Avenue, Winnipeg, Manitoba (the “Pharmacy”), in the capacity of a pharmacist, Mr. Putz:

1. on multiple occasions, Mr. Putz removed from pharmacy stock and diverted for his own personal use amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, in contravention of subsections 2(3) of the Act; subsections 69(1) of The Pharmaceutical Regulation, Man Reg 185/2013 (the "Regulation"), sections C.01.041(1), G.03.002, and G.03.012 of the Food and Drug Regulations, C.R.C., c. 870 (the "FDRs"), and Statements VIII and X of the Code of Ethics (the "Code"), or any of them;
2. on or about March 21, 2021, Mr. Putz added ramipril into a stock bottle of dextroamphetamine in order to conceal an inventory discrepancy caused by his diversion of dextroamphetamine, in contravention of Statements VII and VIII of the Code, or any of them;
3. on multiple occasions, Mr. Putz diverted patient-returned controlled substances for personal use in contravention of section G.03.002 and G.03.012 of the FDRs, section 2.1 of the Health Canada Guidance Document: Handling and destruction of post-consumer returns containing controlled substances, and Statements VIII and X of the Code, or any of them;
4. on multiple occasions, Mr. Putz removed from pharmacy stock and diverted for his own personal use Dexedrine® 15mg, Adderall XR® 30mg, Viagra® 100mg, and Cialis®.20mg, or any of them, via manual inventory adjustments in contravention of sections C.01.041(1), G.03.002 and G.03.012 of the FDRs, and Statements VIII and X of the Code, or any of them;
5. on multiple occasions, Mr. Putz processed prescriptions for amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, without a valid prescription in contravention of subsection 2(3) of the Act, subsection 69(1) of the Regulation, and Statements VIII and X of the Code, or any of them;

6. on multiple occasions, Mr. Putz falsified patient profiles, by processing fraudulent prescriptions on their patient profile record in contravention of subsection 2.1.3 the College's Practice Direction Patient Profiles Records and Information, and Statements VII, VIII and X of the Code, or any of them;
7. on multiple occasions, Mr. Putz consumed unprescribed amphetamine XR and dextroamphetamine while licensed and working as a pharmacist at the Pharmacy in contravention of Statements I, VII, and X of the Code, or any of them; and,
8. Mr. Putz failed to report to the Registrar of the College that he was suffering from an addiction to drugs that might interfere with his ability to practice in a safe and effective manner in contravention of subsections 4(f), 5, 14(f), and 16 of the Regulation, and Statements I, VII, and X of the Code, or any of them.

The hearing into the charges convened on December 10, 2024. Mr. Jeffrey Hirsch ("Mr. Hirsch") and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Mr. Putz was self represented and Mr. David Marr ("Mr. Marr") appeared as counsel to the Discipline Committee (the "Panel").

A statement of Agreed Facts (the "Statement") was filed, in which Mr. Putz admitted:

I. Jurisdiction, Service and Panel Composition

1. his membership in the College;
2. a Notice of Hearing was issued on June 3, 2024;
3. count 6 was to be amended to refer to the Practice Direction: Records and Information instead of the Practice Direction: Patient Profiles;
4. valid service of the Notice and Amended Notice and that the College has complied with the requirements of sub-sections 46(2) and 46(3) of the Act;
5. has no objection to any of the Panel members nor to legal counsel to the Panel on the basis of bias, a reasonable apprehension of bias or a conflict of interest.

II. Practice and Discipline History:

6. he graduated with his pharmacy degree from the University of Manitoba in 2010;
7. he has been registered as a pharmacist under the Act since July 12, 2010;
8. his known employment history is as follows:
 - a) July 2010 to November 2011: He was employed as a pharmacist at Safeway Pharmacy #729 at 654 Kildare Ave E in Winnipeg, Manitoba;
 - b) November 2011 to March 24, 2021: He was employed as a staff pharmacist at Broadway Pharmacy (subsequently called Northway Pharmacy Broadway) at 618 Broadway in Winnipeg, Manitoba (the "Pharmacy"); and

- c) April 2024 to present: He is employed at Meyers Drugs Ltd. at 483 William Avenue in Winnipeg, Manitoba.
9. his pharmacist license was interim suspended on March 24, 2021. His license was reinstated on April 4, 2024. Upon his return to practice, he had the following conditions placed on his license:
- a) he must limit his practice hours to a maximum of three shifts, each shift not exceeding eight hours, for a maximum of 24 hours of practice weekly;
 - b) he must submit for drug and alcohol screen for a minimum of four hair samples annually and 26 urine samples annually;
 - c) he must not engage in sole practice and must be accompanied by at least one other pharmacy staff person at all times, with reporting from his pharmacy manager to the College on a monthly basis;
 - d) he must participate in bi-weekly addiction and mental health counselling sessions with the Addictions Foundation of Manitoba ("AFM"), with reporting to the College on a monthly basis;
 - e) he must submit confirmation of bi-weekly attendance with Secular Organizations for Sobriety with reporting to the College on a monthly basis;
 - f) he must ensure that his pharmacy manager conducts and documents a complete narcotic and controlled drug reconciliation on a monthly basis, any discrepancies are investigated and reported to Health Canada and the College;
 - g) he may not be a pharmacy manager or preceptor; and
 - h) he may not order or sign for drugs covered under the Controlled Drugs and Substances Act.
10. he entered into a Monitoring Program Undertaking with respect to his practice on January 2, 2024.
11. he entered into a revised Monitoring Program Undertaking with respect to his practice on August 1, 2024.
12. he has no previous complaint outcomes.

III. Admissions and Plea

13. he has reviewed the Amended Notice as well as this Statement of Agreed Facts. He admits the truth and accuracy of the facts in this Statement and that the witnesses and other evidence available to the College would, if called and otherwise tendered, be substantially in accordance with these facts.

14. he tenders no evidence and makes no submissions on the issue of professional misconduct, other than to admit that the conduct hereinafter described demonstrates professional misconduct as described in section 54 of the Act.
15. he agrees to enter a plea of guilty to all counts set out in the Amended Notice. His admissions and plea are voluntary, informed and unequivocal. He confirms that he understands that by pleading guilty, he is giving up his right to contest the factual accuracy of the allegations made against him in the Amended Notice.

IV. Facts and Background

16. On or about March 22, 2021, ██████████, pharmacy manager at the Pharmacy, was made aware of a discrepancy in the inventory of Act-Dextroamphetamine SR 15mg at the Pharmacy. While investigating this discrepancy, ██████ identified that a different drug, ramipril, was in the stock bottle.
17. ██████████, who was part owner of the Pharmacy, found that the most recent prescription filled for Act-Dextroamphetamine SR 15mg had been processed as cash after pharmacy hours, was unpaid for, and did not have a valid prescription. Mr. Putz's initials were associated with this prescription. Upon further investigation and after questioning Mr. Putz, ██████████ found other prescriptions for amphetamine products which gave rise to similar concerns, and suspected that Mr. Putz was participating in fraudulent activity.
18. ██████████ and ██████████ met with Mr. Putz to discuss these concerns, and, as Mr. Putz could not provide an explanation, he was suspended from his employment with the Pharmacy.
19. On or about March 22, 2021, ██████████ contacted the College with respect to ██████ suspicions that Mr. Putz had been diverting prescription drugs from the Pharmacy.
20. On March 23, 2021, Dr. Brent Booker, Assistant Registrar, Review and Resolution, sent a letter to Mr. Putz requiring him to appear at the College on March 24, 2021.
21. On March 24, 2021, Mr. Putz met with Dr. Booker and the Deputy Registrar of the College, Ms. Rani Chatterjee-Mehta, and acknowledged that he had processed prescriptions for controlled substances under patient profiles without a valid prescription or transmission to the provincial Drug Program Information Network ("DPIN") and subsequently removed these substances from the pharmacy for his own consumption. Mr. Putz admitted that he had been engaging in this conduct for approximately three to four years, and advised that he was suffering from substance abuse issues.
22. On March 24, 2021, the College suspended Mr. Putz's license on an interim basis.
23. On March 30, 2021, Ms. Susan Lessard-Freisen, the then-Registrar of the College, referred the matter to the College's Complaints Committee (the "Committee") (the "Referral").
24. On April 12, 2021, the interim suspension of Mr. Putz's pharmacist license was upheld by the Committee. On the same date, the Committee ordered an investigation connection with the Referral.

25. [REDACTED]
26. [REDACTED]
27. [REDACTED]
28. [REDACTED]
29. The investigation was ultimately assigned to College staff investigator, Ms. Emily Kaminsky, in February 2024 who provided an Investigation Report on May 9, 2024.
30. On May 15, 2024, the Committee directed that the matter be referred to the College's Discipline Committee.
31. The Notice was issued on June 3, 2024.
32. [REDACTED]
33. In October 2021, Mr. Putz contacted the AFM and in November 2021 he started a 10-week treatment program there. He continues to attend counselling twice per month. Mr. Putz also attends twice weekly sobriety support group meetings. [REDACTED]

Counts 1 & 2

34. Count 1 alleges that Mr. Putz, on multiple occasions, removed from pharmacy stock and diverted for personal use amphetamine XR (Adderall XR®), dextroamphetamine (Dexedrine®), Viagra® and Cialis®, in contravention of subsection 2(3) of the Act, subsection 69(1) of the Pharmaceutical Regulation, Man Reg 185/2013 (the "Regulation"), sections C.01.041(1), G.03.002 and G.03.012 of the Food and Drug Regulations, C.R.C., c. 870 (the "FDRs") and Statements VIII and X of the Code of Ethics (the "Code"), or any of them.
35. Subsection 2(3) of the Act requires that a pharmacist may only dispense a drug pursuant to a prescription, and in accordance with the Act, the standards of practice, the Code, and any relevant practice directions.

36. Subsection 69(1) of the Regulation requires that a drug not be dispensed unless a practitioner has authorized the prescription in writing or verbally.
37. Subsection C.01.041(1) of the FDRs require that no person shall sell a prescription drug unless they are entitled to do so under the laws of a province to dispense prescription drugs, and they sell it pursuant to a verbal or written prescription.
38. Sections G.03.002 and G.03.012 of the FDRs require that no pharmacist may sell or provide a controlled drug to any person unless the pharmacist has first been provided with a prescription for it, and that a pharmacist must take all reasonable steps necessary to protect controlled drugs under his control against loss or theft.
39. Count 2 alleges that Mr. Putz, on or about March 21, 2021, added ramipril into a stock bottle of dextroamphetamine to conceal an inventory discrepancy caused by his diversion of dextroamphetamine, in contravention of Statements VII and VIII of the Code, or either of them.
40. Statement VII of the Code requires pharmacists to hold the health and safety of each patient to be of primary consideration. Statement VIII of the Code requires pharmacists to act with honesty and integrity.
41. Amphetamine XR and dextroamphetamine are stimulant medications used to treat attention-deficit hyperactivity disorder ("ADHD"). Amphetamine medications have a known potential for abuse and diversion.
42. On or about March 21, 2021, pharmacy assistant, [REDACTED], discovered an inventory discrepancy of 40 capsules of dextroamphetamine. [REDACTED] was working with Mr. Putz and notified him of the discrepancy. It was normal procedure at the Pharmacy for pharmacists to investigate discrepancies, and Mr. Putz informed [REDACTED] that he would look into the issue.
43. The Pharmacy utilized a "Narcotic Control Count Program" ("NCCP"), which was developed within the Pharmacy by one of the staff pharmacists in or around 2019. This program integrated with the Kroll software used by the Pharmacy and required staff to "sign-in" and "sign-out" medication kept in the Pharmacy's safe. Inventory changes would be automatically updated in an Excel sheet for that particular medication. The program kept track of all prescriptions filled, medications ordered in and would also allow for back counts to be verified.
44. On March 21, 2021, the NCCP showed a discrepancy for ACT dextroamphetamine SR 15mg, where the perpetual inventory showed a count of 156 capsules, but a physical count revealed that there were only 116 capsules present within the Pharmacy.
45. On or about March 22, 2021, [REDACTED] became aware of the discrepancy and conducted an internal investigation. [REDACTED] learned that a different drug, ramipril, was in the stock bottle for the ACT-dextroamphetamine. [REDACTED] involved pharmacy part-owner, [REDACTED], who ran a monthly usage report for ACT-dextroamphetamine. In the monthly usage report, it was discovered that a prescription for ACT-dextroamphetamine 15mg (with Mr. Putz' initials) had been filled on March 11, 2021, was processed straight to cash and was not paid for.

46. ██████ questioned Mr. Putz and he said that he had delivered the medication directly to the patient and that the patient had paid cash.
47. ██████ pulled the patient profile for the patient who had been issued the March 11 prescription, patient ██████. She noticed that the prescriber, ██████, was a pediatrician, but the patient was over 18. ██████ also noticed that the prescriptions issued to ██████ were primarily for amphetamine and dextroamphetamine and were all billed to cash. ██████ accessed DPIN to confirm the prescriber's license and determined that the prescriber had retired in 2019.
48. The most recent prescription for the patient had been filled on Sunday, March 21, 2021, at 3:45 p.m., which was after store hours. ██████ reviewed the video footage for the Pharmacy for the date and identified that Mr. Putz removed the drug from the safe and left the store.
49. The Pharmacy submitted a loss and theft report to Health Canada with respect to the 40 capsules of ACT-dextroamphetamine SR 15mg.
50. In reviewing the prescriptions issued to ██████ from 2018 onward, the Investigator learned that all prescriptions, except for one, were indicated as having been paid in cash, but that those prescriptions were not paid for.
51. During the course of the investigation, the Investigator reviewed video footage provided by the Pharmacy of the dispensary on March 11, 2021, March 12, 2021 and March 21, 2021. The video footage shows Mr. Putz processing fraudulent prescriptions and diverting amphetamine XR and dextroamphetamine.
52. In particular:
 - a) On March 11, 2021, the video footage shows Mr. Putz retrieving ACT-Dextroamphetamine SR 15mg stock bottle from his jacket in the Pharmacy, counting out the medications, and placing the capsules in his pocket. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for ██████ for this order.
 - b) On March 12, 2021, the video footage shows Mr. Putz taking medication from the safe, placing it into a paper bag, and bringing it to the front of the Pharmacy. Mr. Putz counts out some of the medication and appears to place it into his pocket. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for patient ██████ for this order.
 - c) On March 21, 2021, the video footage shows Mr. Putz attempting to remove a seal on a stock bottle of medication that came from the safe. Mr. Putz has since confirmed that it was likely that this stock bottle was for dextroamphetamine. He then takes a bottle of medication from the Pharmacy shelf and adds some of that medication into the stock bottle from the safe. It then appears that Mr. Putz attempted to reseal the stock bottle. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for ██████ for 30 capsules of Sandoz-Amphetamine XR 15mg and a fraudulent prescription for ██████ for 32 capsules of Apo-Amphetamine XR 25mg.

53. ██████ discovered that there were ramipril capsules in the stock bottle of dextroamphetamine when ██████ was investigating the discrepancy in the dextroamphetamine inventory. Mr. Putz placed the ramipril into the stock bottle to conceal his diversion of the medication.
54. ██████ each stated to the Investigator that they had suspicions that Mr. Putz may also have been removing Viagra® from the Pharmacy. Mr. Putz admitted to the Investigator that he had processed fraudulent prescriptions for both Viagra® and Cialis® and had diverted these medications from the Pharmacy for personal use.
55. Mr. Putz would often process these prescriptions before or after the Pharmacy's opening hours and would process the prescriptions straight to cash.

Count 3

56. Count 3 alleges that Mr. Putz, on multiple occasions, diverted patient returned controlled substances for personal use in contravention of section G.03.002 and G.03.012 of the FDRs, section 2.1 of the Health Canada Guidance Document: Handling and destruction of post-consumer returns containing controlled substances (the "HC Guidance Document"), and Statements VIII and X of the Code, or any of them.
57. Section 2.1 of the HC Guidance Document requires pharmacists to be responsible for post-consumer returns until they are destroyed.
58. As noted above, Statement VIII of the Code requires pharmacists to act with honesty and integrity. Statement X of the Code requires pharmacists to respect and honour the profession of pharmacy.
59. Mr. Putz began abusing amphetamines by taking controlled substances from the Pharmacy by way of patient returns. He told the Investigator that this was because of life stressors.
60. The Pharmacy dealt with high volumes of controlled drugs, and there were many returns of drugs from group homes and individual patients. Patient returns for destruction would commonly come as deliveries back to the Pharmacy. For non-controlled substances, the staff would put the medication in a bin for disposal. Targeted and controlled substances would be given to the pharmacy manager for destruction. It was the responsibility of the staff pharmacist on duty to handle patient-returned drugs appropriately. This system allowed Mr. Putz to divert medications by receiving a delivery of patient-returned drugs and then not logging it for destruction.
61. The Pharmacy maintained a "Narcotic/Controlled Drugs & Methadone Disposal Policy and Procedure" which was effective as of March 2019. The Procedure document indicates that controlled substances returned to the Pharmacy were to be identified and separated by drug, strength and brand. The disposal occurred approximately once per week.
62. Beginning in or around 2012 or 2013, Mr. Putz diverted amphetamine XR, dextroamphetamine, and possibly Concerta® and Biphentin®, when they were returned to the Pharmacy by patients. The Investigator was unable to verify the extent of the medication removed from the Pharmacy using this method, as a record of these returned medications to the Pharmacy would not have been made.

63. The controlled substances diverted by Mr. Putz using this method were for his personal use and were not distributed or sold to anyone else.

Counts 4, 5 & 6

64. Count 4 alleges that Mr. Putz, on multiple occasions, removed from pharmacy stock and diverted for personal use Dexedrine® 15mg, Adderall XR® 30mg, Viagra® 100mg, and Cialis® 20mg, or any of them, via manual inventory adjustments in contravention of sections C.01.041(1), G.03.002 and G.03.012 of the FDRs, and Statements VIII and X of the Code, or any of them.
65. Count 5 alleges that Mr. Putz, on multiple occasions, processed prescriptions for amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, without a valid prescription, in contravention of subsection 2(3) of the Act, subsection 69(1) of the Regulation, and Statements VIII and X of the Code, or any of them.
66. Count 6 alleges that Mr. Putz, on multiple occasions, falsified patient profiles by processing fraudulent prescriptions on their patient profile record in contravention of section 2.1.3 of the College's Practice Direction — Records and Information (the "Records PD"), and Statements VII, VIII and X of the Code, or any of them.
67. The Records PD requires that all records maintained by the pharmacy must be current and accurate with respect to the pharmacist's or pharmacy's activities.
68. In March 2021, █████ continued to investigate potential fraudulent activity and diversion by Mr. Putz. By reviewing the point-of-sale system within the Pharmacy, █████ discovered that, for three patients, there were outstanding balances for prescriptions filled but unpaid. █████ also noticed that none of these transactions had a valid prescription.
69. Mr. Putz would process fraudulent prescriptions for amphetamine XR and dextroamphetamine for patients who no longer attended the pharmacy and who had received the medication in the past. Mr. Putz engaged in this misconduct beginning in or around 2014, with the misconduct increasing in frequency after the COVID-19 pandemic began, as the Pharmacy was receiving fewer patient-returned medications.
70. Mr. Putz fraudulently dispensed controlled substances without prescriptions under patient files as cash only transactions to account for the removal of controlled substances from the Pharmacy inventory, and to prevent a record in a third-party system. Mr. Putz would process these prescriptions at a time when the Pharmacy was not open, or when there were fewer staff present.
71. During the investigation, Ms. Kaminsky reviewed the transactions completed under three patients: █████, █████ and █████.
72. The Investigator generated a report of prescriptions filled for █████ dating back to January 1, 2012. █████ began receiving prescriptions for dextroamphetamine and amphetamine at the Pharmacy in or around 2012. The prescriptions issued to █████ between 2012 and 2016 were legitimately issued. Mr. Putz began to fraudulently process prescriptions using █████ patient profile in or around 2018.

73. The Investigator generated a report of prescriptions filled for ■ dating back to January 1, 2012. ■ had a valid prescription for dextroamphetamine in 2015. For ■, Mr. Putz issued a fraudulent prescription in July 2016, and then not again until January 2018. Fraudulent prescriptions were processed by Mr. Putz twice in 2018 and then began more consistently in 2019, continuing until March 21, 2021.
74. The Investigator generated a report of prescriptions filled for patient ■ dating back to January 1, 2012. ■ had valid prescriptions for dextroamphetamine in 2018. This patient stopped receiving legitimate prescriptions at the Pharmacy in 2018, and fraudulent prescriptions began to be processed by Mr. Putz in 2019. The last fraudulent prescription for this patient was issued March 5, 2021.
75. Mr. Putz was also shown a Patient Medical Expense Report for each of patients ■, ■ and ■ with a notation of when the Investigator believed the fraudulent prescriptions to have started for each patient. Mr. Putz did not deny responsibility for any of the fraudulent prescriptions.
76. In total, the Investigator found 264 likely fraudulent prescription transactions for dextroamphetamine and amphetamine XR completed by Mr. Putz. These fraudulent prescriptions were processed between September 12, 2014, and March 21, 2021. Mr. Putz was shown a summary chart of the fraudulent transactions during his interview with the Investigator, and did not dispute any of those transactions as being fraudulently processed by him.
77. The total quantities of amphetamine XR and dextroamphetamine capsules for which Mr. Putz processed fraudulent prescriptions are as follows:

Medication	Quantity (tablets/capsules)
Dextroamphetamine 10mg	148
Dextroamphetamine 15mg	2242
Amphetamine XR 10mg	42
Amphetamine XR 15mg	277
Amphetamine XR 20mg	186
Amphetamine XR 25mg	60
Amphetamine XR 30mg	2951

78. Mr. Putz also processed fraudulent prescriptions for both Viagra® and Cialis®. During the investigation, the Investigator reviewed the patient file of ■, under whose name Mr. Putz fraudulently processed these prescriptions.
79. ■ had prescriptions processed for Cialis® 20mg and Viagra® 100mg beginning in 2016 and up until February 24, 2021. Mr. Putz processed 13 fraudulent prescriptions for a total of 10 tablets of Cialis® 20mg and 36 tablets for Viagra® 100mg during this time. There were no valid prescriptions for these orders.

80. Mr. Putz made a high number of manual adjustments to the inventory for Cialis® 20mg and Viagra® 100mg at the Pharmacy. These manual adjustments were made between October 26, 2014 and March 21, 2021. A total of 687 tablets of Cialis® 20mg and 459 tablets of Viagra® 100mg were manually removed from the computer inventory by Mr. Putz during this time period.
81. Mr. Putz made at least some of the manual adjustments to Cialis® 20mg and Viagra® 100mg inventory to conceal his diversion of these medications from the Pharmacy for personal use.
82. After discovering the manual adjustments which had been made by Mr. Putz to conceal the diversion of Cialis® 20mg and Viagra® 100mg, the Investigator generated a report detailing all manual adjustments to inventory made for narcotic, targeted and controlled drugs from January 1, 2012 and March 24, 2021. The Investigator reviewed manual adjustments made by Mr. Putz.
83. Mr. Putz made manual inventory adjustments for Adderall XR® 30mg and Dexedrine® 15mg, in a greater number than were being made by other staff within the Pharmacy.
84. Mr. Putz made at least some of the manual adjustments to Adderall XR® 30mg and Dexedrine® 15mg inventory to conceal his diversion of these medications from the Pharmacy for personal use.
85. The controlled substances diverted by Mr. Putz were for his personal use and were not distributed or sold to anyone else. The patients under whose profiles he fraudulently processed prescriptions were unaware that he was doing so.

Count 7

86. Count 7 alleges that Mr. Putz, on multiple occasions, consumed unprescribed amphetamine XR and dextroamphetamine while licensed and working as a pharmacist at the Pharmacy in contravention of Statements I, VII and X of the Code, or any of them.
87. Statement I of the Code requires pharmacists to maintain a high standard of professional competence throughout their practice.
88. Mr. Putz began using stimulant medication in or around 2014 or 2015, primarily by diverting patient returned medication. When patient returns lessened due to the pandemic, he began processing fraudulent prescriptions on a more frequent basis to obtain the medication. Over time, Mr. Putz developed an addiction to stimulant medication as well as alcohol.
89. Mr. Putz's use of alcohol and amphetamines escalated to a state of addiction whereby his use was daily. This became a cycle of drinking to fall asleep at night, taking doses of long-acting amphetamines to get through the day, and abusing higher doses of amphetamines at night, in addition to alcohol. Mr. Putz would occasionally take amphetamine medications prior to a shift at the Pharmacy.

Count 8

90. Count 8 alleges that Mr. Putz failed to report to the College that he was suffering from an addiction to drugs that might have interfered with his ability to practice in a safe and effective

manner, in contravention of subsections 4(f), 5, 14(f) and 16 of the Regulation, and Statements I, VII and X of the Code, or any of them.

91. Subsection 4(f) of the Regulation requires applicants for registration as a pharmacist to satisfy the board that they do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with their ability to practice in a safe and effective manner. Subsection 5 of the Regulation requires that, if the information provided pursuant to subsection 4(f) changes, a member must report the change to the Registrar without delay.
92. Subsection 14(f) of the Regulation imposes the same requirement on applicants for a pharmacist license as subsection 4(f). Subsection 16 allows a pharmacist to have their license renewed on the basis that they meet the requirements of section 14.
93. Mr. Putz was a registered pharmacist in Manitoba and held a license with the College between July 2010 and March 2021.
94. Prior to March of 2021, Mr. Putz had never declared on his license renewals with the College, or otherwise informed the College, that he had an addiction to alcohol or drugs which may have impaired his ability to engage in pharmacy practice in a safe and effective manner.

V. Disposition

Legal counsel for the College and Mr. Putz made a joint submission in respect of an appropriate disposition on penalty, with which the Panel is in agreement. Having found Mr. Putz guilty of professional misconduct as described in section 54 of the Act, the Panel orders pursuant to sections 55 and 56 of the Act that Mr. Putz:

1. be suspended from practice for eighteen (18) months, with credit of seventeen (17) months for the time during which he was interim suspended between March 2021 and December 2023. The remaining one-month suspension is to be completed by no later than March 31, 2025;
2. pay a fine of \$15,000.00;
3. pay a contribution towards costs of the investigation and hearing in the amount of \$10,000.00;
4. pay the fine and costs to the College within one (1) year of the date hereof;
5. have restrictions on his practicing licence for a period of five (5) years, to be effective from the date of his return to practice following his suspension:
 - a) he cannot be a pharmacy manager or preceptor;
 - b) he is prohibited from the sole practice of pharmacy and cannot work in a pharmacy without another person present in the dispensary;
 - c) he will continue to participate in counselling;

- d) he will continue to submit, at his cost, to random drug and alcohol screening, to the satisfaction of the College;
 - e) he will be required to advise the pharmacy manager in all pharmacies who employ him in some capacity that monthly reconciliation counts of narcotics, controlled drugs and targeted drugs must occur; and
 - f) he will be required to advise the pharmacy manager in all pharmacies who employ him in some capacity that he has restrictions placed on his license as set out above;
6. The decision of the Panel will be published and made available to the public pursuant to s.58 of the Act.


In arriving at its decision, the Panel considered:

- 1. the Agreed Statement of Facts and the joint recommendation on disposition;
- 2. Mr. Putz has been a member of the College since 2010 and has no prior complaints;
- 3. Mr. Putz's admission to the charges, thereby accepting responsibility and saving the time and expense of what would have been a lengthy hearing; and
- 4. Mr. Putz's efforts to overcome his lengthy history of addiction, including his completion of addiction and mental health counselling programs, and the efforts he continues to make to control his addiction.

The Panel is satisfied that this disposition adequately provides a specific deterrence to Mr. Putz, as well as a general deterrence to dissuade members of the profession from partaking in similar conduct. Additionally, it serves as a denunciation of Mr. Putz' conduct as a punishment to him while, at the same time, providing for his rehabilitation. Overall, the Panel is satisfied that this decision will serve to ensure that the public's interest is protected and will maintain the public's confidence in the profession's ability to properly govern the conduct of its members.

DATED at Winnipeg, Manitoba this 20th day of January, 2025.

THE COLLEGE OF PHARMACISTS OF MANITOBA

Per: 

Glenda Marsh
Chair, Discipline Panel