August 5, 2025

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF NEW YORK

In re:
PURDUE PHARMA L.P., ET AL.,
DEBTORS

Chapter 11

Case No – 19-23649

EXPERT TESTIMONY O[redacted] Pro Se Claimant

I. Employment Background & Institutional Experience

- During the 1980's, before the advent of retail pain-management and the routine use of long-acting opioids such as OxyContin, Fentanyl patches and the other long-acting opioids created to profit off the expanded pain market; I worked as a Pharmacy Support Person, in retail and institutional settings. I assisted the Pharmacists in every function of pharmacy operations, except in the clinical care decisions of patients. At that time, opioids were used cautiously: reserved for the ER, anesthesia, post-surgical pain, cancer, or end-of-life care. Short-term use was prescribed for acute injuries or minor surgery.
- In institutional settings, narcotics were strictly controlled—not because of patient misuse, but to guard against diversion by staff. Unit-dose packaging played a critical role in this safety protocol. It prevented tampering, enabled accountability, and made inventory tracking easier.
- I witnessed cases where unit-dose packaging, left behind, helped expose internal drug diversion. Discrepancies in usage or billing were easier to catch because inventory was more precise, and the physical packaging itself provided a chain of

custody that safeguarded patients. Packaging was a critical layer of defense to aid accountability and prevent tampering.

- I played an integral role at two institutions to assist in transitioning from paper-based pharmacy operations to early computerized inventory and billing systems, helping to implement the first use of computers at the institution I worked at. Later, in a different setting, I negotiated and purchased bulk pharmaceuticals for a pharmacy management company that held contracts for multiple hospitals, several long-term care facilities, and the prison system in the state I was in at the time.

II. Personal Medical History & Patient Danger

- Years later, as a patient myself, I was offered long-term opioid therapy to postpone back surgery. I was prescribed fentanyl patches, Oxycontin, long-acting morphine, Dilaudid, and other narcotics due to chronic pain for well over fifteen years. My original injury was the result of the faulty epidural I received during the birth of my son. After suffering for several years, I sought help from a specialist and became a Pain Patient, trapped in a chemical prison. I was prescribed multiple medications and sent home with **bulk bottles of loose narcotics**, with no concern for the safe administration and consumption of them by someone experiencing the side-effects to memory and cognition. Please remember that I didn't have the benefit of knowing a lot about these drugs as they were used infrequently during the years I worked but the professionals, across all domains did and they participated in the enablement of the crisis, as did the governmental agencies responsible for their regulation.
- Under the influence of these drugs—which impair memory and cognition—I became over-medicated, taking them as directed. That impairment caused me to make repeated mistakes in self-administration, not due to illicit intent, but due to the combined side effects of all the medications. It was all a fog, and my children became like blurry objects I needed to avoid, to protect. I survived for over fifteen years, accepting my plight of misery yet desperate for relief from the ever-present

constantness of pain. The use of long-acting opioids made my pain worse, whenever I attempted to reduce the use.

- But God..., He is the reason I survived. He gave me a soft heart, and I have learned that He already gave humanity the ability to heal, given the proper environment. Living in a chemical soup is not a healing environment in which to thrive. Hippocrates is quoted as saying "let food be your medicine" and "first, do no harm". At some point the Pharmaceutical Industry captured the Healthcare System and turned it into a "Sickcare System" while ignoring centuries of plant/food wisdom that humanity had gained over the ages. With God, anything is possible, and He is what is missing in the lives of those who desperately resort to illegal drugs to escape the pain of life. It is well past time to acknowledge the responsibility that the System has in creating the Opioid Crisis and enabling our cities to be decimated by the drugged decline of civilization and hold them accountable. It is not just the Sackler family, although they are foundational to the opioid crisis; they have become scapegoats to allow the System to continue its illusion of healing. Again, it's the System, not necessarily the individual providers who, actually do care but are indoctrinated or trapped in the System to make a living.

- I was hastily discharged from the Pain Clinic, that had evolved out of the fancy spine center, after I refused to have five procedures on my back based on a four-year-old MRI. I was basically asked to leave and given a letter of discharge with a one-month prescription for Dilaudid. I was not even complaining of increased pain! I was seeking help to wean myself off the opioids and the doctor reacted by stating, "I'm the doctor, if you don't want to follow my recommendation then you can leave." I left, in shock as to what had just happened! I know that the careless treatment I received is what has happened to many people. My saving grace is that I already knew Jesus Christ and so I determined to follow His Wisdom and Guidance; putting all my energy and faith into healing, with His help.

III. CLINICAL JUSTIFICATION FOR UNIT-DOSE PACKAGING

1. Patient Cognitive Impairment and Self-Administration Risk

The **CDC's 2016 Guideline for Prescribing Opioids for Chronic Pain** highlights cognitive impairment—including sedation, confusion, and memory disruption—as a known side effect of opioids. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 | MMWR

- These effects make it unreasonable and negligent to expect patients to properly track or manage their dosing schedules without error. Patients with chronic pain may already be experiencing sleep deprivation, emotional distress, or concurrent medication side effects. When opioids are dispensed loose, in bottles, they place full responsibility for accurate self-dosing onto individuals least capable of it. This obvious flaw in the safe management of prescription narcotics should no longer be tolerated, given the evidence of survivor testimony in this foundational case.

2. Evidence That Packaging Improves Adherence and Reduces Risk

Numerous studies support the conclusion that **unit-dose packaging improves safety and medication adherence**:

- A 2015 meta-analysis of 52 studies involving over 22,000 patients found that **packaging interventions (e.g., blister packs) increased adherence rates by an average of 8%**, demonstrating measurable patient benefit (Conn VS et al., *Curr Med Res Opin*, 2015). (attached)

II. OBSERVATIONS FROM INSTITUTIONAL EXPERIENCE

In my Pharmacy Support role within institutional settings, I witnessed how medication packaging directly influenced safety and accountability. Accutane was manufactured in bulk bottles when it was first released. After the high incidence of dangerous fetal development risks, the packaging was changed to patient-friendly Unit-Dose packaging to improve patient compliance. It worked and the risks were dramatically reduced.

Birth control pills are a perfect example of how packaging can improve patient compliance and be a visual aid to account for dosage administration.

Hospitals and long-term care facilities require **unit-dose packaging** for many medications because it reduces errors, enhances traceability, and limits opportunities for diversion or taint. This not only ensures proper administration but also reveals when medication goes missing.

Loose pills dispensed in bulk bottles offer no such safeguards.

At the retail level, however, these protections vanish, for the most part. Opioids and other narcotics—despite their risks—are still commonly dispensed loose, in bottles. For patients already impaired by pain and cognitive side effects, this poses a serious safety concern, which facilitated the over-medication and death of millions. There is no visual aid to easily track individual doses, no tamper-proof packaging, and no built-in consumption guidance to assist a patient experiencing the serious side-effects of the drug.

IV. Why Bulk Packaging of Prescription Narcotics Is Negligent

- The pharmaceutical industry has long had the capability to offer **patient-friendly, unit-dose packaging** for controlled substances and other drugs. They are routinely used in institutional settings, yet these safeguards are rarely applied to retail prescriptions of narcotics. This is not a technological limitation—it is a policy failure; enabled by the Systems being relied upon to implement the Solutions to the crisis they helped create.
- Given the known risks, the continued use of loose bulk packaging constitutes a breach of the pharmaceutical duty of care. Had appropriate packaging been mandated earlier, many adverse events—like those I experienced—might have been mitigated.
- Institutional protocols use unit-dose packaging to support accurate dose tracking by clinical staff; this level of safety is absent in outpatient retail dispensing.

- Given the documented cognitive effects of narcotics, especially opioids, it is negligent to expect patients to self-manage them without structural supports like patient-friendly, unit-dose packaging.
- Pain makes you vulnerable to suggestions by those who proclaim to care. Desperation sets in and relief becomes your overwhelming concern. It must be stated that Providers are the only ones prescribing drugs, of any sort. They stand at the front door, waving desperate people in, under the guise of care while the legal system stands waiting at the back door for the eventual wave of victims, slaves to addiction and dysfunction. Physical pain should not go untreated, but it should be cared for in the safest manner possible. Safe packaging should be a baseline safety feature in the continued use of narcotics, especially opioids.

V. RECOMMENDATION TO THE COURT

As part of this bankruptcy proceeding, the Court has an opportunity to address not just the financial liability of the opioid crisis but the **systemic failures** that allowed it to proliferate.

To achieve meaningful abatement of opioid-related harm and improve patient safety, I respectfully urge the Court to mandate, as part of this landmark case:

1. **Mandatory unit-dose packaging** for all prescription narcotics, retail and institutional.
2. **Tamper-evident, patient-friendly packaging** that visually assists with self-dosing.
3. **Industry-wide standards** for packaging that reflect the true risk of these drugs.
4. **Impose a requirement to force** existing Systems to make changes that include affordable, non-pharmaceutical treatments for pain and disease.

These changes would impose minimal cost compared to the immense burden of opioid-related harm and would meaningfully improve patient safety.

Since the introduction of Oxycontin and other long-acting opioids is foundational to the implementation of retail pain management and the proliferation of opioids being used long-

term to treat pain; this Court should settle this here, once and for all. If not addressed now with some type of accountability imposed to prevent future harm to patients; then the Court is culpable to the ongoing negligence, in my opinion.

VI. CONCLUSION

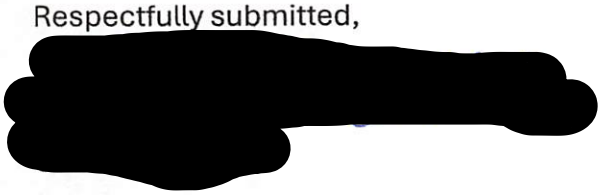
I offer this testimony as someone uniquely positioned—having seen both the "before" and "after" of the institutional safeguards and I experienced the personal patient-level failures. The absence of unit-dose packaging of narcotics in outpatient settings has obviously contributed to systemic harm. My hope is that this testimony will result in the correction of that obvious oversight and ensure patients are protected by the same methods used to aid professionals in accounting for dosage and administration of powerful drugs.

This intervention would prevent diversion, improve patient safety, and reduce harm among vulnerable populations prescribed controlled substances. It would also reduce the potential for taint by keeping legitimate drugs in tamper-evident packaging. Drug users would, at least, know that the drug they are taking is legitimate, if packaged in tamper-evident packaging.

This report is submitted in support of a forward-looking remedy that reduces future harm. Safer packaging of prescribed opioids is an overdue safeguard—one that is common sense, evidence-based, and easily implemented.

I respectfully ask this Court to consider the real-world patient experience and the clinical evidence when evaluating the terms of this bankruptcy plan and the effects it will have on the healthcare system, overall.

Respectfully submitted,



Individual Claimant and Expert Witness

CERTIFICATE OF SERVICE

I, [redacted] a Pro Se Claimant, certify that the above referenced document and associated attachments were presented by email and mail on August 5, 2025, to the following:

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Meta-Analysis Curr Med Res Opin. 2015 Jan;31(1):145-60. doi: 10.1185/03007995.2014.978939.
Epub 2014 Nov 4.

Packaging interventions to increase medication adherence: systematic review and meta-analysis

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Abstract

Objective: Inadequate medication adherence is a widespread problem that contributes to increased chronic disease complications and health care expenditures. Packaging interventions using pill boxes and blister packs have been widely recommended to address the medication adherence issue. This meta-analysis review determined the overall effect of packaging interventions on medication adherence and health outcomes. In addition, we tested whether effects vary depending on intervention, sample, and design characteristics.

Research design and methods: Extensive literature search strategies included examination of 13 computerized databases and 19 research registries, hand searches of 57 journals, and author and ancestry searches. Eligible studies included either pill boxes or blister packaging interventions to increase medication adherence. Primary study characteristics and outcomes were reliably coded. Random-effects analyses were used to calculate overall effect sizes and conduct moderator analyses.

Results: Data were synthesized across 22,858 subjects from 52 reports. The overall mean weighted standardized difference effect size for two-group comparisons was 0.593 (favoring treatment over control), which is consistent with the mean of 71% adherence for treatment subjects compared to 63% among control subjects. We found using moderator analyses that interventions were most effective when they used blister packs and were delivered in pharmacies, while interventions were less effective when studies included older subjects and those with cognitive impairment. Methodological moderator analyses revealed significantly larger effect sizes in studies reporting continuous data outcomes instead of dichotomous results and in studies using pharmacy refill medication adherence measures compared with studies with self-report measures.

Conclusions: Overall, meta-analysis findings support the use of packaging interventions to effectively increase medication adherence. Limitations of the study include the exclusion of packaging interventions other than pill boxes and blister packs, evidence of publication bias, and primary study sparse reporting of health outcomes and potentially interesting moderating variables such as the number of prescribed medications.

Keywords: Intervention; Medication adherence; Medication compliance; Meta-analysis.

Figures

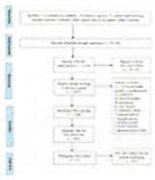

Figure 1 Flow diagram

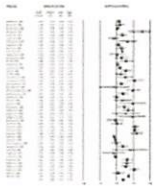

Figure 2 Forest plot for treatment vs....

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Packaging interventions to increase medication adherence: Systematic review and meta-Analysis

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