

June 17, 2021

[REDACTED]

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Chapter 11; Case No. MPURDUE PHARMA
L.P., et al., Debtors

Dear Honorable Judge Robert D. Drain

Please give serious consideration to my enclosed victim statement. I have included citations from Practical Pain Management to reinforce my suggestions.

At one time I believed that the opiate crisis was such a big problem that it would take innovative, big solutions to fix and no individual should receive money because everyone has suffered somehow. Sadly, I am seeing this case handled as usual, whereby big corporations take advantage of suffering people and the victims receive little recompense while all of the lawyers working the case get paid large fees. It truly is sad to see. I had hoped that innovation would rule the day since this problem is so big and affects everyone! I filed a claim because I feared something like this would happen and I wanted to at least get something for myself so that I could share it with people in my community trying to do good work to help victims of addiction. I also hope to shine a light on the "silent" victims of the opiate crisis so that there are accessible options to pharmaceuticals in rural communities decimated by the crisis, all victims. Perhaps the states will implement innovative solutions...

I appreciate the court's willingness to read this and I pray that you will accept my input with grace as I am providing my perspective which is different than most that are publicly shared due to the stigma created by the exclusive focus on the illegal use of opiates. I should have known better than to allow myself to be placed on long-term opiate therapy in the first place but when you're suffering you become very vulnerable and you trust doctors too much.

Thank you for your consideration.

Sincerely,

[REDACTED]
Enc.

Drugs or Shrugs...

I would like to share my experience as a patient being treated for chronic pain with long-term opiate therapy for over 15 years.

First, I give God all the Glory, Honor and Praise for preserving my life and delivering me from Bondage to these drugs and doctors 2½ years ago. He is the only reason I am willing to share this. I had a beautiful life as a stay-at-home mom to two young children when I began to have constant pain in my back from a previous injury. I eventually sought help from a “spine specialist” at a fancy spine clinic, he was actually an Anesthesiologist. I had no idea that Pain Management had morphed into a big retail operation during my stay-at-home years.

As a student I had worked in retail pharmacy. That was back in the early 80s, before the explosion of opiates and Pain Management. The little storage area we had for controlled drugs or narcotics was very small and we hardly ever dispensed any drugs from it. Even later as a technician in different institutional settings, I witnessed minimal and appropriate narcotic use. I have never been in trouble for anything and I worked within the Healthcare/Pharmacy world for over ten years. I performed the billing, invoicing, and generally supported the pharmacists in all of their duties so I was familiar with which drugs were being used frequently. I didn’t have any actual knowledge about pharmaceuticals, just outdated familiarity with their names and general uses. I was proud to be a healthcare worker and I had Faith that the system was working to help people.

I was out of the work force for about ten years while raising my children when I sought help for constant pain so I wasn’t expecting long-term opiates to be any type of a solution. Too soon I was offered the “solution” of long-term opiate therapy as a viable alternative to postpone back surgery. The recommendation by a physician that I needed the strongest drugs available for my pain actually just reinforced my belief that the pain I was experiencing was unbearable! Rather than demystifying my suffering to decrease the stress of it all and help me to heal, the introduction of long-acting opiates into my care raised my psychological Fear of pain to pathological levels. I became so afraid of experiencing the inevitable increases in pain because I was already taking the strongest thing available! I became fearful, isolated, sluggish and consumed with myself and my own suffering. The use of Long-acting opiates long-term only reinforced the negative effects of chronic pain and prevented me from having access to parts of myself. The parts that had Faith in God and Fight to live. My acceptance and

submission to the “experts” that I needed the strongest level of pain medication actually caused me to give all of my power over to them rather than trusting my own common sense and faith in God. I just jumped in like it was something I could manage and I thought I was okay because it was prescribed by the doctor. I thought I needed those drugs but I had developed a damaged perception of pain from taking opiates for so long. God eventually healed that perception though!

I was prescribed fentanyl patches early on and many other opiates for breakthrough pain over the years. I actually thought patches would be safer than pills since I had young children in the home. I didn’t know about breakthrough pain but that “thought bubble” just increased my obsession with pain and my own suffering. The more medication I took, the less able I was able to participate in my own healing and rely on faith in God! I was also prescribed benzodiazepines, antidepressants, muscle relaxers, Gabapentin, you name it! I was a true believer in the power of medication but I was naïve to my own oblivion and denial! I had misplaced my trust in a healthcare system that had been corrupted by greed rather than turning to God for His Healing and provision of grace. I take responsibility for continuing to seek help for my chronic pain and for continuing to take drugs that were prescribed for me, despite the fact that they did not help me. I was in an opiate fog of delusion.

Within a few years of beginning long-term opiate therapy, my children came home from school one day and found me unresponsive in my bed. I went from their active mom to a drug addled replacement just trying to survive the effects of pain and the drugs that I was taking. The combination of it all was debilitating and I lost myself in the process. I could have easily lost everything if my husband had not been supportive of me. I was living in a fog and my children became like blurry objects I had to try and keep from running into to protect them. They have little memory of the good years prior to all of this and they still refuse to talk about it.

I had mistakenly taken several long-acting opiates at the same time instead of laxatives. I was too confused and over-medicated for too long to properly manage the consumption of so many different, powerful drugs **while experiencing the side-effects of them**. My bowels emptied at some point and I woke up in an ICU bed at a big hospital. I had only four respirations per minute in the ambulance ride to the original hospital. There is no telling how many hours I was deprived of enough oxygen due to so few respirations but my children got home around four and my ambulance ride wasn’t until about seven. Could have been all day. I didn’t realize the damage to my

brain until I tried to use it at a part-time secretarial job that I eventually had to leave due to damage to my memory and the effects of opiates.

In my experience, the worst part of chronic pain is the ever-present constantness of it. Over time it wears you down and makes it hard to just exist and breathe deeply. Opiates are the best medicine for acute pain and suffering. Having taken long-acting opiates and opiates long-term, I believe they are NOT appropriate for **chronic** pain and they actually made it harder for me to cope with sustained suffering.

I never did weird things with my drugs or abused them. I did, however, become confused and I often suffered memory loss which caused a lot of mistakes, especially when combined with the effects of other prescription drugs. I remember looking down the "barrel of the bottle of pills" and wondering when I took my last dose because I was still in so much pain! I became sloppy.

The use of a pill minder finally helped me to keep better track of my medication intake. It was a slow process of changing my habits but God was lighting my way and I kept the bulk of my medications locked up and only took what was in the pill minder. Due to that experience, I believe that patient-friendly **Unit-Dose** packaging, similar to Accutane would help prevent mistakes and it would make diversion more difficult too. Patient compliance is known to improve with special packaging, such as birth control pills and Accutane. If space is a concern, it is only because there are entirely too many opiates still being prescribed for chronic pain. The goal should be to get people healthy and off of drugs, not just to find new and different drugs to put them on. There should be reasonable end dates to MAT drugs for patients to work toward as they heal their minds, bodies, and spirits in my opinion.

Just prior to weaning myself off of opiates, I was terribly mistreated by a new doctor at the clinic I used. At my first appointment with him, he said I needed five procedures on my back based on a four-year old MRI report. I did not even complain of increased pain and I had given him a copy of goals and objectives I wrote for myself to help me get off of opiates. He didn't care and just wanted to do the procedures and continue the opiates. When I stated that I didn't want any more procedures and I wanted to do my goals and objectives, he got mad and made me leave with a release! Fortunately, it was a Blessing in disguise because I chose to fully rely on God and He gave me the Grace to be delivered. God empowered me to wean myself off of opiates with His provision. Patients need encouragement and local help to become empowered to cope with chronic pain, not become over-medicated long-term with drugs that will

have side-effects. Sitting in a doctor's office far from home is not the best solution for chronic pain. When a doctor cuts a person off irresponsibly like I was, it can lead to illegal use

Are we actually going to plan on selling opiates to fund opiate abatement using partial opiates and other drugs while Big Pharma gets to continue developing their current line-up of new and different drugs as a result of the opiate crisis? They are both the creator of the crisis and now the solution... We are being given pharmaceutical solutions to the problems pharmaceuticals have created in the first place, with the help of the Healthcare Industry.

The legal, over-prescribing of Long-acting opiates is the underlying cause of the whole opiate crisis and if that aspect is not fixed, opiate drug use will never ever actually abate. The entire scam needs to be fixed! The criminal justice system is critical to helping people trapped in the use of illegal drugs. The healthcare system is critical to prevent **new** victims by offering **alternatives** to pharmaceuticals for chronic pain and illness. As a patient I need local access to affordable alternative options, not another wing or institute at the state's medical school.

Opiate task forces have recommended the types of services I have been advocating for to be offered in **rural** communities. Treating chronic pain appropriately, is central to diminishing opiate use within the healthcare industry and leaders should ensure alternative options are affordable and available in rural health systems for future plans. Here are two examples of articles written about their recommendations.

- *“Restorative movement therapies.* Physical and occupational therapy, massage therapy, aqua therapy
- *Interventional procedures.* Different types of minimally invasive procedures can be important for both acute and chronic pain
- *Complementary and integrative health.* Acupuncture, yoga, tai chi, meditation

Behavioral health/psychological interventions. Coping skills, cognitive behavioral therapy”

HHS Inter-Agency Task Force Calls For Patient-Centric Pain Management

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- “The consideration of acupuncture, mindfulness, movement therapy, art therapy, massage therapy, manipulative therapy, yoga, and Tai Chi as non-opioid treatment options.”

**HHS Inter-Agency
Task Force Urges
New Ways to Limit
Opioid Use and
Addiction**



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The Purdue Pharma bankruptcy is a case that is supposed to be about prescription opiates and by continuing to allow the commonplace use of **long-acting** opiates for chronic pain there will remain a never-ending supply of people needing treatment. Perhaps that is by design. Not all addicts end up in the criminal justice system but many started out in a doctor's office. If alternative options were **affordable** and offered locally, patients could be directed to healthier ways of managing chronic pain/illness to avoid the need for drugs in the first place. People in acute pain should not have to go without relief because doctors are afraid and those with chronic pain should be provided real, accessible, alternative options for pain. I hope that there can one day be better treatment for chronic pain in local community health systems so that doctors have something to offer patients besides drugs or shrugs..."

Thank you for reading my opiate experience and I hope that through this testimony patient health and wellness may once again be the priority over greed. There is Hope for people living with chronic pain but it doesn't come in a bottle. Not everyone is using opiates illegally but the results are equally debilitating to the lives of those using them and those who love them. I hope and pray that people suffering from addiction and pain will realize there is Hope in Jesus Christ and turn to His Power and Provision rather than the imperfect power of the system that enabled this crisis. Thank you.