CLAIM NUMBER [redacted]

May 10, 2021
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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Chapter 11; Case No. 19-23649

PURDUE PHARMA L.P., et al., Debtors

Dear Honorable Robert D. Drain

I am writing to appeal to the court to consider my objections to the Bankruptcy plan published as part of the Purdue Opiate lawsuits. I am a survivor of being prescribed opiates for chronic pain for over 15 years. Opiates were presented to me as a safe, long-term solution to chronic pain, to avoid surgery. I filed a claim against Purdue after it was announced that individuals were allowed to file a claim for damages. I do not believe that the court provided adequate time for individuals to respond with input and I ask that you please read and consider this letter.

I do not have a lawyer because I am advocating for increased rural access to alternative options for treating chronic conditions/pain. Rather, I provided, as a partial remedy to my damages to have 40% of their debt to me to be used as seed money for some type of Regional Community Health and Wellness Resource Center for my rural county in Arkansas. In order for me to have the best chance at managing my continued recovery and pain without traditional pharmaceuticals, I need easy access to alternative options that will enable me to maintain a certain level of function and receive any long-term care I need at home. There is very little access to alternative therapeutics in many rural communities. Everyone in my area would benefit.

It seems that most of the solution in the Disclosure document is geared towards maintaining perpetual drug use rather than preventing or getting rid of it. On top of that, the misguided belief that MAT (Medication Assisted Treatment) opiates and opiates in general, are safe for lifelong use by the Pharmaceutical/Healthcare industry is only perpetuating the problem with no provision for alternative options. Prevention needs to be part of the bankruptcy plan so I also ask that the court instruct states to grant a significant percentage of their award into Rural Community Health and Wellness Fitness Resource Centers for providing increased access to services and facilities for patients with chronic conditions/pain, including addiction.

I was able to wean myself off of opiates using recently legalized Medical Marijuana when it became available over two years ago. In my experience taking opiates, I believe they should really only be used for acute, post-operative, and cancer pain, trauma, and hospice. I request that efforts be made to go back to the prescribing guidelines of the 1980's, before the pharmaceutical/healthcare industry decided to put the population in bondage. I have had horrible side-effects to my body that are permanent and my children/family have suffered greatly also. I request that funding be made available to research the beneficial properties of Medical Marijuana for people suffering from **chronic** pain/illness, and that there should be increased availability and funding of it rather than relying only on the provisions in the plan for MAT opiates; such as Suboxone and Methadone, especially for patients like myself who were prescribed opiates long-term and did not abuse illegal drugs.

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The SAMHSA website actually states that the opiates being used for Medication Assisted Treatment (MAT) are safe for a lifetime while at the same time, demonizing marijuana. https://www.samhsa.gov/medication-assisted-treatment, https://www.samhsa.gov/marijuana. Have we not learned yet that opiates are NOT safe for long-term use? I see the need for MAT opiates in limited cases to potentially get illegal drug users off the street and keep people from being sick for a limited duration but for chronic conditions/pain, opiates are wrong and there are other, less dangerous options. Opiates are addictive, dangerous and cause permanent side-effects. They keep you in bondage to the healthcare provider prescribing them. The counseling is good but getting off of MAT opiates is just as physically difficult, if not more so than opiates in general, and the patient may continue to suffer from the pain that caused them to be prescribed the drugs in the first place. It is simply a system of perpetual control. More drugs surely cannot be the main answer provided for in this bankruptcy plan for this huge problem!!

By approving a method to perpetuate the physical bondage of people suffering from pain or addiction due to the actions of Purdue and other pharmaceutical companies, you will be participating in the continued, widespread abuse of the public. It is abusive to put people in chains made by the pharmaceutical/healthcare industry when the best interests of the people are to go back to the 1980's prescribing guidelines.

MAT clinics run primarily by nurse practitioners have become commonplace in rural areas as one of the primary solutions to drug addiction. There is no real access to healthier, alternative options for chronic pain patients in rural communities. What has been created by the Support Act and will be perpetuated by this bankruptcy plan is tantamount to medical tyranny. This plan does nothing to decrease the over-prescribing of opiates to the general public for chronic or non-acute pain, **besides** more opiates. There are many other alternative options for dealing with chronic pain and those should be made widely available to patients at lower cost, especially in rural areas like mine as part of the state settlements.

There are four main areas I see as solutions that should be considered with the current bankruptcy plan.

1. Add a requirement of Unit-Dose Distribution and Dispensing of all controlled substances
    a. Patient Friendly packaging, clearly labeled
        i. Cards of 10-30 pills, easy to open and keep count
            1. Similar to Accutane or cards used in Institutions such as nursing homes
            2. Allows for an easy count
            3. Improve patient compliance
            4. Reduce accidents and/or diversion
            5. Sufferer of side-effects will manage dosing better
2. Require, as part of the plan for states to provide funding for Alternative Options to Pharmaceuticals in rural communities as part of local healthcare systems.
    a. Provide grants to fund Rural Community Health and Wellness, Step-down Fitness and Resource Centers to improve local access to alternative options.

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i. Non-pharmaceutical options for chronic pain, victims of opiates, and others
    1. Biofeedback training
    2. CBT
    3. Step-down Fitness Center/classes; Maintenance classes
    4. Counseling
    5. Group meetings
    6. Patient Education center
    7. Massage/Cranio-Sacral Massage
    8. Needling/Acupuncture
    9. PT, OT, post-therapy maintenance, step-down
    10. Life Coaching services
    11. Personal Trainer services
    12. Music/art Therapy
    13. Recreational Therapy Services
    14. Etc.

b. Purdue and other Pharmaceutical/Healthcare companies should have to fund these types of facilities/services as they all participate in the drugging of America. Continued marketing and prescribing of opiates for chronic conditions/pain can't be THE main answer, please…

3. Medical Marijuana for chronic conditions/pain
    a. Systems should be put in place so that chronic pain patients still receiving opiates can experiment to see if they get adequate relief from their pain using Medical Marijuana without being subjected to mistreatment by the healthcare industry's Pain Management System.
    b. SAMHSA and other agencies should reevaluate their information for MAT opiates and opiates in general to include the serious side-effects of long-term use and the difficulty people have in getting off of them. They ARE NOT safe to take for years or a lifetime in my experience of taking them. The drug companies are responsible for providing agencies like them accurate information on their drugs. The CDC has been repeatedly proven wrong in their recommendations over the years.
        i. "Buprenorphine, methadone, and naltrexone are used to treat opioid use disorders to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. These MAT medications are safe to use for months, years, or even a lifetime. As with any medication, consult your doctor before discontinuing use."
        *https://www.samhsa.gov/medication-assisted-treatment
            1. The gastrointestinal side-effects alone are extremely detrimental, not to mention the cognitive deficits they cause!
    c. Stop demonizing Marijuana by the Pharmaceutical/Healthcare industry and governmental agencies, such as: SAMHSA. *https://www.samhsa.gov/marijuana

i. An entire page on the risks of marijuana yet the same SAMHSA website extols the safety of lifelong opiate use.

d. Fund studies into the benefits of Medical Marijuana to increase access to it for chronic pain patients as part of the plan to correct the wrong done by pushing opiates as the primary medication for all pain and stop demonizing a plant.

4. Revert back to prescribing practices whereby opiates were only prescribed for acute pain and NOT for chronic pain.

There is absolutely a need to help states deal with the drug problem caused by Purdue and other drug companies but it should not be lost on the court that individuals who actually took these prescribed drugs should receive significantly more consideration than illegal drug users. Community Healthcare systems should have healthier options to offer their rural citizens to keep them from needing pain medicine for chronic conditions/pain better treated with non-pharmaceutical, alternative options.

The pharmaceutical/healthcare industry has proven themselves unreliable to keep patients as the priority over dollars. The fact that the current "plan" is putting masses of people on MAT opiates, for even a lifetime, is distressing to me! There should be plans for healthier, alternative options for treating chronic conditions/pain available to citizens in rural areas.

It seems that lawyers and institutions always get millions of dollars and very little ever gets filtered down to rural communities. Zoom is nice but people need people, not perpetual isolation. The metro areas get more and more while rural areas continue in their drug induced decline. I hope my area's new healthcare system will become one that is supported with healthier alternative options for chronic conditions/pain rather than just another one focused on keeping a good supply of sick people to keep it running. I hope for my county to become an oasis of health and wellness for those seeking healthy alternatives to pain and suffering in addition to providing quality traditional healthcare options.

The goal should be to decrease opiate use not just reorganize the distribution of it. Also, the prescribing guidelines need to change. Patient friendly Unit-dose distribution should be implemented. The current bankruptcy plan seems to just provide the means to perpetuate the drugging of America, under the guise of Mental Health and Substance Abuse Treatment rather than cut back on the overprescribing practices of the past several decades and provide alternatives.

Thank you for your consideration. Please accept this letter as a formal objection to the current plan as outlined in the Disclosure documents provided by the clerk.

Sincerely,

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Enc.