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IN THE SUPERIOR COURT OF GUAM
HAGATNA, GUAM

TERRITORY OF GUAM,

Plaintiff,

vs.

PURDUE PHARMA L.P.; PURDUE
PHARMA INC.; THE PURDUE
FREDERICK COMPANY, INC.; and
PURDUE TRANSDERMAL
TECHNOLOGIES L.P.,

Defendants.

CIVIL CASE NO. CV

CV 1020-19

COMPLAINT

The Territory of Guam, acting by and through its Attorney General, ("Plaintiff" or "Territory"), files this Complaint against Defendants PURDUE PHARMA L.P.; PURDUE PHARMA INC.; THE PURDUE FREDERICK COMPANY, INC.; and PURDUE TRANSDERMAL TECHNOLOGIES L.P. ("Defendants" or "Purdue").

I. INTRODUCTION

1. Guam has an opioid problem. Although it may not receive the attention of other forms of substance abuse on the island, there are members of our community dealing with opioid addiction.

2. From 2015 through 2019, there were over 97,821 opioid prescriptions dispensed in Guam.¹

3. From 2018 through today, the Guam Memorial Hospital Authority ("GMHA") dispensed nearly 200 doses of Naloxone, a medication used to reverse opioid overdoses.

4. The opioid problem in Guam is in part due to Defendants' unlawful business practices. While there are certain types of pain that require opioid treatment, including severe acute pain, end-of-life pain, and cancer pain, Defendants developed drugs such as OxyContin and marketed them as safe and effective for the management of minor types of pain.

5. Through their deceptive marketing campaign, Defendants knowingly misrepresented to both the medical community and patients that opioids were safe and effective for more people at higher doses and for longer periods of time than they had ever been prescribed before.

6. Defendants' deceptive practices have led many people to addiction, overdose, and in some cases, death.

7. This enforcement action, brought on behalf of the Territory, seeks to stop Defendants' deceptive practices and hold them accountable for the impact that their scheme has had on the island population.

¹2015-2018 Guam Prescription Drug Monitoring Program data.

II. PARTIES

8. This enforcement action is brought by Attorney General Leevin Taitano Camacho, through the Consumer Protection Division and Litigation Division, in the name of the Territory, and in the public interest, pursuant to the Deceptive Acts and Prohibited Practices statute and the powers vested in him at common law. *See* 5 GCA, Chapter 32; *See also* 5 GCA § 30103 (2005) (“The Attorney General shall have, in addition to the powers expressly conferred upon him by [Title 5 Chapter 30], those common law powers which include, but are not limited to, the right to ... bring action on behalf of the Territory representing the citizens as a whole for redress of grievances which the citizens individually cannot achieve, unless expressly limited by any law of Guam to the contrary.”).

9. Defendant **Purdue Pharma L.P.** is a foreign limited partnership organized and existing under the laws of Delaware that engages in business in the Territory, but has not designated and does not maintain a resident agent within the Territory. Defendant Purdue Pharma L.P.’s principal office is One Stamford Forum, Stamford, Connecticut.

10. Defendant **Purdue Pharma Inc.** is a foreign corporation organized and existing under the laws of the State of New York that engages in business in the Territory, but has not designated and does not maintain a resident agent within the Territory. Defendant Purdue Pharma Inc.’s principal office is One Stamford Forum, Stamford, Connecticut.

11. Defendant **The Purdue Frederick Company, Inc.** is a foreign corporation organized and existing under the laws of New York that engages in business in the Territory, but has not designated and does not maintain a resident agent within the Territory. Defendant The Purdue Frederick Company Inc.’s principal office is One Stamford Forum, Stamford, Connecticut.

12. Defendant **Purdue Transdermal Technologies L.P.** is a foreign limited partnership organized and existing under the laws of Delaware that engages in business in the Territory, but has not designated and does not maintain a resident agent within the Territory. **Purdue Transdermal Technologies L.P.**'s principal place of business is One Stamford Forum, Stamford, Connecticut.

III. JURISDICTION

13. The Court has jurisdiction over this action as provided by 5 GCA, Chapter 32 of the Deceptive Acts and Prohibited Practices statute, because it is based on Defendants' acts, omissions and false, misleading and deceptive practices.

IV. FACTUAL ALLEGATIONS

Defendants' Drugs and their Effects

14. Opioids are a class of central nervous system depressant drugs that attaches to nerve receptors.

15. Opioids are highly addictive and susceptible to abuse. Once a patient starts opioid treatment, it can be extraordinarily difficult to stop. Patients using opioids for more than a few days can experience severe withdrawal symptoms, including anxiety, insomnia, pain, blurry vision, chills, panic attacks, nausea and vomiting.

16. Opioid pain medication use presents serious risks, including overdose and opioid use disorder – a technical term for addiction.

17. Opioid medication comes in two basic formulations: immediate release and extended release. Immediate release opioids are designed to immediately deliver their full dose. The immediate release opioid market is heavily generic. Extended release opioids or long-acting opioids are designed to release an active ingredient slowly over time.

1 18. Defendants' opioids comprise a large share of the extended release
2 market. Specifically, Defendants manufacture, market, advertise and distribute
3 the following opioid brands: OxyContin, MS Contin, Butrans, Hysingla and
4 Dilaudid.

5 Defendants' Promotional and Marketing Tactics

6 19. Opioids have been recognized as highly-addictive and dangerous.
7 Based on their potential for abuse, opioids have generally been categorized as a
8 Schedule II or III controlled substance under federal and local law.

9 20. Traditionally, medical professionals limited opioid prescriptions to
10 cancer-related pain, end-of-life pain or acute, short-term severe pain.

11 21. Defendants designed, financed and waged a campaign to mislead
12 prescribers, patients and the public into believing that their opioid drugs were safe
13 to treat pain on a long-term basis.

14 22. Upon information and belief, in promoting its long-acting opioids,
15 Purdue minimized or omitted discussion with doctors of the risk of opioid
16 addiction and misrepresented the potential for abuse of its opioid prescription
17 drugs with purportedly abuse-deterrent formulations.

18 23. Upon information and belief, Purdue also funded or sponsored a
19 variety of publications and third-party groups, like the American Pain
20 Foundation ("APF"), as part of its aggressive campaign to push its highly addictive
21 opioids to the masses while downplaying the risk of addiction.² APF was almost
22 entirely funded by Purdue and other drug companies.³ Purdue sponsored APF's

23 ² Charles Ornstein & Tracy Weber, *American Pain Foundation Shuts Down as Senators Launch Investigation*
24 *of Prescription Narcotics*, PROPUBLICA (May 8, 2012 at 8:57 AM), <https://www.propublica.org/article/senate-panel-investigates-drug-company-ties-to-pain-groups> [hereinafter *APF Shuts Down*]; Charles Ornstein & Tracy
25 Weber, *The Champion of Painkillers*, PROPUBLICA (Dec. 23, 2011 at 9:15 AM) (last visited August 20, 2019),
<https://www.propublica.org/article/the-champion-of-painkillers> (last visited August 20, 2019).

³ *Id.*

1 "Treatment Options: A Guide for People Living with Pain," a publication that
2 touted prescription opioids as under-used pain treatment options and omitted
3 mention of the risk of addiction, even in instances when the drugs are used as
4 directed under medical supervision.

5 24. Purdue also sponsored APF's "A Policy Maker's Guide to
6 Understanding Pain & Its Management," which claimed that "symptoms of
7 physical dependence can often be ameliorated by gradually decreasing the dose of
8 medication during discontinuation," while failing to mention common
9 complications that might occur, such as withdrawal.

10 25. Purdue sponsored APF's "Treatment Options: A Guide for People
11 Living with Pain," a publication that asserted that some patients "need" a larger
12 dose of an opioid, regardless of the dose currently prescribed. Through this
13 publication, Purdue disseminated the astounding claim that its powerful opioid
14 medications have "no ceiling dose," i.e., *there is no upper dosage of an opioid that*
15 *is unsafe*, and that opioids are the most appropriate treatment for severe pain.
16 APF's "A Policy Maker's Guide to Understanding Pain & Its Management"
17 asserted dosage escalations are "sometimes necessary," even unlimited ones, but
18 failed to disclose the risks associated with the use of high-dose opioids.

19 26. Upon information and belief, Defendants also published branded
20 advertisements in medical journals for its opioid drugs, including the *Journal of*
21 *American Medical Association*.

22 27. Purdue misrepresented the danger of addiction by introducing the
23 concept of "pseudoaddiction" into its marketing campaign.

24 28. Purdue falsely represented that many individuals who exhibited
25 signs of addiction to opioids were actually experiencing "pseudoaddiction." The
term "pseudoaddiction" was coined by Dr. David Haddox, who later became

1 Purdue's Vice President, to describe the purported inaccurate interpretation of
2 drug-seeking behaviors in patients with ineffectively treated pain.

3 29. As recently as 2011, Purdue published a pamphlet entitled "Providing
4 Relief, Preventing Abuse," which deceptively instructed health care providers to
5 focus on less common manifestations of OxyContin addiction, while downplaying
6 the more common signs of addiction associated with OxyContin. Purdue sought to
7 create the false impression that addiction stemmed only from illicit use of opioid
8 medications. Upon information and belief, Purdue sales representatives distributed
9 thousands of these pamphlets to prescribers nationwide.

10 30. Another publication sponsored by Purdue, titled "Responsible Opioid
11 Prescribing," asserts behaviors such as requesting drugs by name, being
12 demanding or manipulative, seeing multiple doctors to obtain opioids, and
13 hoarding drugs are all signs of "pseudoaddiction," rather than true addiction.

14 31. Upon information and belief, in 2010, Purdue introduced a
15 reformulation of OxyContin and discontinued its original formulation. The 2010
16 reformulation instituted what Purdue referred to as an "abuse deterrent"
17 formula.

18 32. Purdue represented to health care providers that its abuse-deterrent
19 formula ("ADF") prevented abuse despite the lack of scientific evidence to support
20 that claim.⁴

21 33. There is no scientific evidence that supports Purdue's claim that
22 ADF opioids reduce the risk of abuse compared to other opioid medications.

23 ⁴ Strong Track Record of Addressing Prescription Drug Abuse and Diversion, PURDUE PHARMA,
24 http://www.purduepharma.com/wpcontent/pdfs/Purdue_Pharma_Strong_Track_Record_of_Addressing_Prescription_Drug_Abuse_and_Diversion.pdf (last visited May 10, 2018); Statement of Purdue Pharma L.P. Regarding FDA's Approval of Reformulated OxyContin® (oxycodone HCl controlled-release) Tablets, PURDUE PHARMA (April 15, 2010), <http://www.purduepharma.com/news-media/2010/04/statement-of-purdue-pharma-l-p-regarding-fdas-approval-of-reformulated-oxycontin-oxycodone-hcl-controlled-release-tablets/> [hereinafter Statement of Purdue Pharma].

1 According to the Centers for Disease Control's ("CDC") Guidance, no reliable
2 studies have established that ADFs of Extended-Release/Long-Acting opioids, such
3 as OxyContin, are effective at risk mitigation for deterring or preventing abuse.⁵
4 Similarly, the CDC states ADFs "do not prevent opiate abuse through oral intake,
5 the most common route of opioid abuse, and can still be abused by nonoral routes"
6 and "do not prevent overdose through oral intake."⁶

7 34. Purdue's misrepresentations about Oxycontin's "abuse deterrent"
8 properties were inaccurate, continuous, and effective.

9 National Opioid Epidemic

10 35. The overprescribing of opioids—and the carefully-orchestrated
11 marketing efforts to downplay their risks—have caused a serious national public
12 health crisis. On average, 115 Americans die each day from an opioid overdose,
13 and two-thirds of all drug overdose deaths in the United States involve an opioid.⁷
14 Drug overdose deaths and opioid-involved deaths continue to increase in the
15 United States.⁸ In 2016, the number of overdose deaths involving opioids
16 (including prescription opioids and heroin) was five times higher than in 1999.⁹
17 From 2000 to 2016, more than 600,000 people died from drug overdoses.¹⁰

18 36. Prescription opioids are a driving factor in the 16-year increase in

19 ⁵ Deborah Dowell, Tamara M. Haegerich & Roger Chou, *CDC Guideline for Prescribing Opioids for Chronic*
20 *Pain—United States, 2016*, 65 CDC MORBIDITY & MORTALITY WKLY REP.: RECOMMENDATIONS &
21 REPS., March 18, 2016, at 1, 10–11, 31. <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>
[hereinafter CDC Guideline], at 21–22.

22 ⁶ *Id.*

23 ⁷ Opioid Overdose Crisis, NAT'L INST. ON DRUG ABUSE, [https://www.drugabuse.gov/drugs-](https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis)
24 [abuse/opioids/opioid-overdose-crisis](https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis) (last visited May 13, 2018); see Rose A. Rudd, Puja Seth, Felicitia David &
25 Lawrence Scholl, Increases in Drug and Opioid-Involved Overdose Deaths—United States, 2010–2015, 65
CDC MORBIDITY & MORTALITY WKLY REP. 1445–52 (2016),
<https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm650501.pdf>.

⁸ *Opioid Overdose—Understanding the Epidemic*, DIV. OF UNINTENTIONAL INJURY, CTRS. FOR
DISEASE CONTROL & PREVENTION (Aug. 17, 2017),
<https://www.cdc.gov/drugoverdose/epidemic/index.html> [hereinafter *CDC Opioid Overdose*].

⁹ *Id.*

1 opioid overdose deaths. According to the CDC, the amount of prescription opioids
2 sold by pharmacies, hospitals, and doctors' offices nearly quadrupled between
3 1999 and 2010,¹¹ yet at the same time, there was no overall change in the amount
4 of pain that Americans reported. Deaths from prescription opioids—drugs like
5 oxycodone, hydrocodone, and methadone—have more than tripled since 1999.¹²
6 The vast increases in prescription opioid availability have resulted in severe
7 consequences related to their abuse.

8 37. Prescription opioids present a serious abuse and addiction risk. In
9 2013, the FDA found that most opioid drugs have a “high potential for abuse” and
10 that opioids are associated with a substantial risk of misuse, addiction, overdose,
11 neonatal complications, and death.¹³

12 38. A major cause of the increase in opioid availability is Purdue. In the
13 1980s, Purdue marketed the first long-acting opioid medication, MS Contin, in
14 the United States.¹⁴ MS Contin, which contains morphine, was primarily used for
15 pain relief in patients that suffered from cancer and terminal illnesses.¹⁵ In the
16 early 1990s, Purdue used the same timed-release mechanism in MS Contin to
17 create OxyContin, which contains oxycodone, an opioid that is twice the strength
18 of morphine.¹⁶ Purdue aimed to expand OxyContin's market beyond cancer

19 ¹⁰ *Id.*; Puja Seth, Lawrence Scholl, Rose A. Rudd & Sarah Bacon, Vital Signs: Overdose Deaths Involving
20 Opioids, Cocaine, and Psychostimulants—United States, 2015–2016, 67 CDC MORBIDITY & MORTALITY
WKLY REP. 349, 351 (2018), <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6712a1-H.pdf>.

21 ¹¹ Leonard J. Paulozzi, Christopher M. Jones, Karin A. Mack & Rose A. Rudd, Vital Signs: Overdoses of
Prescription Opioid Pain Relievers—United States, 1999–2008, 60 CDC MORBIDITY & MORTALITY WKLY
REP. 1487, 1489 (2011), <https://www.cdc.gov/mmwr/pdf/wk/mm6043.pdf>.

22 ¹² *Id.* at 1487.

23 ¹³ Resp. to Physicians for Responsible Opioid Prescribing Citizen Pet., CTR. FOR DRUG EVALUATION &
RES., U.S. FOOD & DRUG ADMIN., No. FDA-2012-P-0818, at 1, 8 (Sept. 10, 2013),
<https://www.regulations.gov/document?D=FDA-2012-P-0818-0793>.

24 ¹⁴ Christopher Glazek, *The Secretive Family Making Billions from the Opioid Crisis*, ESQUIRE (Oct. 16,
2017), <https://www.esquire.com/news-politics/a12775932/sackler-family-oxycontin/>; Sam Quinones,
DREAMLAND: THE TRUE TALE OF AMERICA'S OPIOID EPIDEMIC 155–59 (2015) (ebook).

25 ¹⁵ *Id.*

¹⁶ *Id.*

1 treatment and terminal illnesses.¹⁷ Purdue then marketed OxyContin as an
2 opioid that, according to its label, could be taken every twelve hours to treat
3 moderate to severe chronic pain.¹⁸ It was the first of the oral extended-release
4 opioid drugs indicated for moderate to severe chronic pain and was soon a
5 blockbuster for Purdue, generating over \$30 billion in revenue in the last twenty
6 years.¹⁹ As it launched OxyContin in the marketplace, Purdue ramped up
7 marketing efforts to health care providers, disseminating the message that pain
8 was undertreated; that opioids were non-addictive; that patients deserved to be
9 pain free; and that its opioids were superior to non-opioids for pain relief.

10 The Prescription Opioid Impact in Guam

11 39. Guam has not escaped the prescription opioid epidemic. According to
12 a study published in 2019, the oral morphine milligram equivalent (“MME”) total
13 distribution of 10 opioids (buprenorphine, codeine, fentanyl, hydrocodone,
14 hydromorphone, meperidine, methadone, morphine, oxycodone, and
15 oxymorphone) in Guam steadily rose from 2006 reaching a peak of a 140%
increase in 2013.²⁰

16 40. Additionally, the United States Drug Enforcement Administration’s
17 (“DEA”) Automation of Reports and Consolidated Orders System (“ARCOS”) was
18 used to report on various opioids. ARCOS is the DEA’s automated, comprehensive
19 drug reporting system, monitoring the stream of controlled substances from
20

21 ¹⁷ *Id.*

22 ¹⁸ *Id.*: Patrick Radden Keefe, *The Family that Built an Empire of Pain*, THE NEW YORKER (Oct. 30, 2017),
<https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain>; Harriet Ryan, Lisa
23 Girion & Scott Glover, *‘You Want a Description of Hell?’ OxyContin’s 12-Hour Problem*, L.A. TIMES (May 5,
2016), <http://www.latimes.com/projects/oxycontin-part1/> [hereinafter *OxyContin’s 12-Hour Problem*].

24 ¹⁹ *Id.*

25 ²⁰ Cabrera FF, Gamarra ER, Garcia TE, Littlejohn AD, Chinga PA, Pinentel-Morillo LD, Tirado JR, Chung
DY, Pande LJ, McCall KL, Nichols SD, Piper BJ. 2019. Opioid distribution trends (2006_2017) in the US
Territories. PeerJ 7:e6272 <http://doi.org/10.7717/peerj.6272> at page 4. The statistical analysis was completed
to the total oral MME standard and converted to kilogram for ten opioids expressed per year. The oral MME
was calculated to correct for the relative potency of each opioid relative to morphine.

1 manufacturing to dispensing by hospitals, retail pharmacies, practitioners, mid-
2 level practitioners, and teaching institutions.²¹ Based on ARCOS data, the
3 following is the cumulative distribution of Oxycodone in Guam from 2006 through
4 2014:²²

5 Chart 2: ARCOS Cumulative Distribution of Oxycodone in Guam from 2006-2014

6

Year	Total Grams	Grams/100K Population
2006	2,416.44	1,560.96
2007	2,781.13	1,796.54
2008	2,613.62	1,688.33
2009	2,730.04	1,763.53
2010	2,989.29	1,675.33
2011	3,249.53	1,821.18
2012	3,649.61	2,045.40
2013	4,372.76	2,450.69
2014	3,963.93	2,221.56

13

14 41. The amount of opioid distribution reached its peak in 2013 with
15 4,372.76 grams of Oxycodone distributed, equating to 2,450.69 grams per 100,000
16 individuals.

17 42. Prescription drug abuse has federal, state, and local governments
18 working to reverse the trend. Guam has implemented a prescription drug
19 monitoring program with the goal of collecting information, similar to other
20 states and territories, known as the Guam Prescription Drug Monitoring
21 Program ("GPDMP"). The GPDMP was established pursuant to Title 9 GCA,
22 Chapter 67, the "Guam Uniform Controlled Substances Act," and mandates that
23 the Department of Public Health and Social Services ("DPHSS") administer the
24 GPDMP. To facilitate the regulation of prescription drugs, a central

25 ²¹ U.S. DOJ, DEA, Diversion Control Division. <https://www.deadiversion.usdoj.gov/arcos/index.html>

1 computerized database was created to collect, monitor, and analyze data on
2 dispensed Schedule II-V controlled substances.

3 43. The DPHSS has reported under the GPDMP that nearly 100,000
4 opioid prescriptions were dispensed between the years 2015 and 2019²³:

5 Chart 1: Opioid Prescriptions Dispensed from 2015-2019

Year	Opioid Prescriptions Dispensed
2015	25,952
2016	19,047
2017	20,209
2018	20,891
2019	11,746
	Total: 97,845

11 44. According to the 2010 United States Census, Guam's population was
12 159,358.²⁴ In 2018, over 20,891 opioid prescriptions were dispensed.²⁵ This would
13 mean that in 2018, there were 131 opioid prescriptions dispensed for every 1,000
14 Guam residents.

15 **Government of Guam Services to Combat the Opioid Impact**

16 45. The Guam Behavioral Health and Wellness Center ("GBHWC")
17 provides comprehensive inpatient and community-based outpatient alcohol and
18 drug programs and services for the people of Guam.²⁶ From 2016 through 2017,
19 GBHWC provided services to 21 people struggling with opiate and prescription
20 medication addiction.

21 46. The drug "Naloxone (also known as Narcan) is a medication called
22

23 ²² *Id.*

24 ²³ 2015-2019 Guam Prescription Drug Monitoring Program data

25 ²⁴ 2010 US Census

²⁵ 2018 Guam Prescription Drug Monitoring Program data

²⁶ Title 10 GCA, Chapter 86.

1 an 'opioid antagonist' used to counter the effects of opioid overdose. . . ."²⁷ In
2 2018, GMHA dispensed 37,995 doses of opioids and administered 137 Naloxone
3 doses as a means to counteract opioid overdoses.²⁸

4 47. From January 2019 through July 2019, GMHA dispensed 15,161
5 doses of opioids and administered 58 Naloxone doses as a means to counteract
6 opioid overdoses.²⁹

7 **Purdue's Opioid Presence in Guam**

8 48. The GPDMP reports that Purdue sold and marketed extended-
9 release opioids, including blockbuster opioid drug, OxyContin. Purdue's presence
10 is supported by DPHSS's GPDMP data collected between 2015 through 2019.

11 49. This GPDMP report indicates that 1,071 prescriptions of Purdue's
12 opioids were dispensed between 2015 and 2019.

13 **V. FIRST CAUSE OF ACTION** **(Violations of the Deceptive Acts and Prohibited Practices)** **(5 GCA § 32201)**

14 50. The Territory incorporates and adopts by reference the allegations
15 contained in each and every preceding paragraph of this Complaint.

16 51. The Territory alleges violations by Defendants of 5 GCA § 32201(a)
17 and (b).
18

19 52. Defendants as alleged and detailed above have, in the conduct of
20 trade or commerce, engaged in false, misleading, or deceptive acts or practices in
21 violation of 5 GCA § 32201(a) and (b) including and not limited to:

22 a. Misrepresenting the risk of addiction to prescription opioids.

23
24 ²⁷ Harm Reduction Coalition. <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

25 ²⁸ 2018 Guam Memorial Hospital Authority Pharmacy Department trending sheet

²⁹ 2019 Guam Memorial Hospital Authority Pharmacy Department trending sheet (as of July 2019)

- i. Falsely representing that prescription opioids pose a low risk of addiction and that patients who had not previously experienced addiction would not become addicted to opioids;
 - ii. Falsely representing that many individuals who exhibit signs of addiction to opioids are actually experiencing pseudoaddiction and that doctors should treat this pseudoaddiction by increasing the patient's opioid dose;
 - iii. Misrepresenting the signs of addiction and the ease in preventing addiction; and
 - iv. Misrepresenting that doctors and patients could increase opioid dosages indefinitely without risk and failed to disclose the increased risks to patients when taking prescription opioids at high doses.
- b. Misrepresenting the benefits of the use of prescription opioids.
- i. Misrepresenting that abuse-deterrent properties of some of their prescription opioids could curb addiction and abuse;
 - ii. Misrepresenting that their prescription opioids were superior to nonsteroidal anti-inflammatory drugs ("NSAID") by focusing on the side effects of NSAIDs at the same time minimizing the side effects and risk of addiction to prescription opioids;
 - iii. Misrepresenting that their prescription opioids were superior to NSAIDs because opioids had no dose ceiling;
 - iv. Misrepresenting the risk of taking high dosages of prescription opioids; and

1 v. Falsely representing that OxyContin's abuse-deterrent
2 formula reduces the risk of misuse, abuse, diversion,
3 overdose, or addiction.

4 c. Misrepresenting the efficacy of prescription opioids.

5 i. Misrepresenting that prescription opioids are the best first
6 line treatment for chronic pain;

7 ii. Misrepresenting that long-term treatment with opioids is
8 effective in the treatment of chronic pain;

9 iii. Falsely representing that long-term treatment with opioids
10 increases functionality; and

11 iv. Falsely representing that prescription opioids were more
12 effective than non-opioid prescription drugs in the
13 treatment of chronic pain.

14 53. Defendants, through their actions in (1) misrepresenting the risk of
15 addiction to prescription opioids, (2) misrepresenting the benefits of the use of
16 prescriptive opioids, and (3) misrepresenting the efficacy of prescription opioids,
17 violated 5 GCA § 32201(a) and (b) by:

18 a. Engaging in false, misleading, or deceptive acts or practices in
19 violation of the 5 GCA § 32201(a);

20 b. Causing confusion or misunderstanding as to affiliation,
21 connection, or association with, or certification by, another, in
22 violation of 5 GCA § 32201(b)(3);

23 c. Representing that goods or services have sponsorship, approval,
24 characteristics, ingredients, uses, benefits, or quantities which
25 they do not have, or that a person has a sponsorship, approval,

1 status, affiliation, or connection which he does not have, in
2 violation of 5 GCA § 32201(b)(5);

- 3 d. Representing that goods or services are of a particular standard,
4 quality, or grade, or that goods are of a particular style or model, if
5 they are of another, in violation of the 5 GCA § 32201(c)(1); and
6 e. Failing to disclose information concerning goods or services which
7 was known at the time of the transaction if such failure to disclose
8 such information was intended to induce the consumer into a
9 transaction which the consumer would not have entered had the
10 information been disclosed in violation of 5 GCA § 32201(c)(17).

11 **VI. SECOND CAUSE OF ACTION**
12 **(Fraud)**

13 54. The Territory incorporates and adopts by reference the allegations
14 contained in each and every preceding paragraph of this Complaint.

15 55. That the acts alleged constitute fraud.

16 56. That Defendants committed fraudulent or deceptive acts that will be
17 proven at trial.

18 57. As a result of the fraudulent acts of Defendants, the Territory has
19 been damaged.

20 58. Pursuant to 20 GCA § 2120, the Territory is entitled to exemplary or
21 punitive damages.

22 //

23 //

24 //

VII. PRAYER FOR RELIEF

WHEREFORE, the Territory prays:

1. After due notice and hearing, a TEMPORARY INJUNCTION be issued; and upon final hearing a PERMANENT INJUNCTION be issued, restraining, and enjoining Defendants, Defendants' officers, agents, servants, employees, attorneys and any other person in active concert or participation with any or all Defendants from engaging in the following acts or practices:

- a. Directly or indirectly disseminating information to persons not employed by Defendants about their opioid-containing prescription products excluding that required by regulatory agencies or information related solely to product pricing;
- b. Directly or indirectly disseminating information to persons not employed by Defendants about the treatment of pain with opioid-containing prescriptions or the advantages to treating pain with opioid-containing products excluding that required by regulatory agencies or information related solely to product pricing;
- c. Providing funds and or grants to third parties that directly or indirectly disseminate information to persons about opioid-containing products or the treatment of pain with opioid-containing products;
- d. Directly or indirectly offering any discounts, coupons, rebates or other methods which have the effect of reducing or eliminating a patient's co-payments or the cost of prescriptions for any opioid-containing product;
- e. Providing financial support to any third-party that offers discounts, coupons, rebates, or other methods which have the effect of reducing

1 or eliminating a patient's co-payments or the cost of prescriptions for
2 any opioid-containing product;

3 f. Representing, directly or indirectly, that prescription opioids have
4 characteristics, approvals, uses, or benefits, or qualities which they do
5 not have and making any written or oral statement about an opioid-
6 containing prescription product, opioids generally, or the treatment of
7 pain that is false, misleading and/or deceptive; and

8 g. Failing to state any facts relating to any opioid-containing
9 prescription product, the omission of which would be material to a
10 health care provider or consumer.

11 2. The Territory further prays that this Court award judgment for the
Territory as follows:

12 a. Ordering Defendants to pay civil penalties to the Consumer
13 Protection Fund for each violation of 5 GCA § 32201(a) and (b) up to a
14 total of \$5,000 per each violation;

15 b. Ordering Defendants to disgorge all ill-gotten gains; and

16 c. Ordering Defendants to pay exemplary or punitive damages as the
17 Court deems just and proper.

18 3. The Territory further prays that upon final hearing, this Court order
19 Defendants to pay Territory's attorneys' fees and costs of court.

20 4. The Territory further prays that this Court grant all other relief to
21 which the Territory is entitled.

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VIII. DEMAND

The Territory hereby requests a trial on all the issues raised in this complaint pursuant to 5 GCA § 32106.

Respectfully submitted this 20th day of August, 2019.

OFFICE OF THE ATTORNEY GENERAL
Leevin Taitano Camacho, Attorney General

By: _____

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