LAWRENCE G. WASDEN
ATTORNEY GENERAL
STATE OF IDAHO

BRETT DELANGE (ISB #3628)
Division Chief
Consumer Protection Division

JANE HOCHBERG (ISB #5465)
W. SCOTT ZANZIG (ISB #9361)
Deputy Attorneys General
IDAHO OFFICE OF THE ATTORNEY GENERAL
954 West Jefferson Street, 2nd Floor
P.O. Box 83720
Boise, Idaho 83720-0010
Tel: 208.334.2400
Fax: 208.334.4151
brett.delange@ag.idaho.gov
jane.hochberg@ag.idaho.gov
scott.zanzig@ag.idaho.gov

Attorneys for State of Idaho

ROBERT S. LIBMAN (*pro hac vice* to be sought)
MINER, BARNHILL & GALLAND P.C.
325 North LaSalle Street, Suite 350
Chicago, Illinois 60654
Tel: 312.751.1170
Fax: 312.751.0438
rlibman@lawmbg.com

JAY EDELSON (*pro hac vice* to be sought)
EDELSON PC
350 North LaSalle Street, 14th Floor
Chicago, Illinois 60654
Tel: 312.589.6370
Fax: 312.589.6378
jedelson@edelson.com

[Additional counsel listed on the signature page.]

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

STATE OF IDAHO, through ATTORNEY GENERAL LAWRENCE G. WASDEN,

Plaintiff,

v.

PURDUE PHARMA L.P., PURDUE PHARMA INC., RICHARD SACKLER, THERESA SACKLER, KATHE SACKLER, JONATHAN SACKLER, MORTIMER D.A. SACKLER, BEVERLY SACKLER, DAVID SACKLER, and ILENE SACKLER LEFCOURT,

Defendants.

Case No.: CV01-19-10061

COMPLAINT

DEMAND FOR JURY TRIAL

The State of Idaho, by and through Attorney General Lawrence G. Wasden, brings this Complaint and Demand for Jury Trial against Purdue Pharma L.P. and Purdue Pharma Inc. (collectively, "Purdue") and Richard Sackler, Theresa Sackler, Kathe Sackler, Jonathan Sackler, Mortimer D.A. Sackler, Beverly Sackler, David Sackler, and Ilene Sackler Lefcourt (collectively, the "Sacklers" or "Sackler Family"), and alleges as follows:

NATURE OF THE ACTION

1. Prescription opioids are devastating communities throughout the country. In 2015, over two million Americans had a substance abuse disorder involving prescription opioids. In the last two decades, there have been more than 351,000 reported opioid-related deaths in the United States, increasing from approximately 8,000 in 1999 to more than 47,000 in 2017. Since then, the White House declared the opioid crisis a public health emergency, one that has been described as the worst drug epidemic in American history.

2. The State of Idaho has not been spared. Between 1999 and 2017, Idaho's opioid-related death rate nearly tripled. In 2015 alone, approximately 1.3 million opioid prescriptions were written in Idaho—nearly one prescription for every man, woman, and child in the State.

3. This crisis and its consequences could and should have been avoided.

4. Before the 1990s, opioid painkillers were prescribed in only rare circumstances, because it was correctly understood that their use involved serious risks—including addiction, withdrawal, and overdose—that were not justified by the benefits.

5. But beginning in the late 1990s, Purdue and the Sackler Family set out to change that narrative by devising and executing what became one of the deadliest marketing campaigns in history. For two decades, Purdue and the Sackler Family campaigned for sweeping changes in the public's and medical community's perception of opioids, by both downplaying the risks

associated with opioid use and aggressively encouraging much broader use of the drugs than medically necessary or appropriate. This marketing campaign, in turn, misled and deceived doctors into prescribing more of Purdue's opioids, in increasingly dangerous doses, and for longer periods of time, while persuading doctors and patients alike to forego safer alternatives. These efforts led to a dramatic increase in opioid prescriptions, which in turn led to a dramatic rise in opioid abuse, addiction, overdose, death, and diversion from legitimate users to illicit use.

6. Purdue executed this campaign throughout Idaho, deploying its sales force to market and promote their dangerous opioids to Idaho doctors and pharmacists tens of thousands of times with false, misleading, and deceptive statements about the benefits and risks of these drugs. Even when Purdue and the Sacklers knew, or should have known, that a staggering number of people were overdosing on its drugs throughout Idaho, they continued to target doctors and patients with false information in order to sell more of its drugs and at higher doses reaping more revenue and profit.

7. The tragic loss of life and heartbreaking impact on families from this epidemic is only one aspect of Idaho's opioid crisis. Idaho has spent significant taxpayer money to combat opioid abuse and addiction, including substantial excess expenditures on law enforcement, criminal justice, treatment, and emergency medical services. And it has spent taxpayer dollars paying for opioids that would not have been prescribed but for Purdue's deceptive marketing campaign.

8. These injuries were a direct and foreseeable consequence of Purdue's and the Sackler Family's deceptive practices.

9. The State of Idaho, through Attorney General Lawrence G. Wasden, brings this lawsuit to stop Defendants' unlawful practices, protect the people of Idaho from further harm,

recover restitution, damages and civil penalties from Defendants for their unlawful conduct, and require the Defendants to pay for the costs the State has incurred and will continue to incur to abate the harm the Defendants foreseeably caused.

PARTIES

10. Attorney General Lawrence G. Wasden brings this action in the public interest in the name of Plaintiff State of Idaho and in the State's sovereign capacity.

11. Defendant Purdue Pharma L.P. is a limited partnership organized under the laws of Delaware with its principal place of business in Stamford, Connecticut. At all times relevant to this Complaint, Purdue Pharma L.P. has been in the business of manufacturing, advertising, promoting, marketing, selling and/or distributing prescription opioids throughout the United States, including in Idaho, directly or as the general partner of a partnership engaged in those activities. Defendant Purdue Pharma L.P. is controlled by Defendant Purdue Pharma Inc.

12. Defendant Purdue Pharma Inc. is incorporated in New York with its principal place of business in Stamford, Connecticut. At all times relevant to this Complaint, Purdue Pharma Inc. has been in the business of manufacturing, advertising, promoting, marketing, selling and/or distributing prescription opioids throughout the United States, including in Idaho, directly or as the general partner of a partnership engaged in those activities. Defendant Purdue Pharma Inc. is the general partner of, and controlled by, Defendant Purdue Pharma L.P.

13. Defendants Beverly Sackler, Kathe Sackler, and Jonathan Sackler reside in Connecticut. Defendants David Sackler, Ilene Sackler Lefcourt, Theresa Sackler, and Mortimer D.A. Sackler reside in New York. Defendant Richard Sackler resides in Florida.

14. For all or part of the time period relevant to this Complaint, Defendants Richard Sackler, David Sackler, Theresa Sackler, Kathe Sackler, Jonathan Sackler, Mortimer D.A.

Sackler, Beverly Sackler, and Ilene Sackler Lefcourt have been members of the Board of Directors of Purdue Pharma Inc.

15. Purdue and the Sackler Family are collectively referred to in the singular as "Purdue," unless otherwise indicated.

JURISDICTION AND VENUE

16. This Court has jurisdiction over the subject matter of this action, and personal jurisdiction over each Defendant pursuant to Idaho Code § 48-606, § 5-514, and § 52-205.

17. Venue is proper in Ada County pursuant to Idaho Code § 5-402, § 5-404, § 48-606(2).

FACTUAL ALLEGATIONS

I. Opioids Are Highly Addictive, Inappropriate For Long-Term Use, And Deadly.

18. Opioids are a class of drugs and analgesic (*i.e.*, pain-relieving) agents that include prescription pain relievers such as oxycodone, hydrocodone, codeine, morphine, and fentanyl, as well as the illegal drug heroin. Upon ingestion, opioids attach to specific proteins called "opioid receptors," which are distributed throughout the body's central nervous system. When activated, these receptors produce analgesic effects and a sense of euphoria in the user.[1]

19. Opioids are highly addictive. Repeated exposure to escalating dosages of opioids alters the brain so that it functions more or less normally when the drugs are present and abnormally when they are not. As time goes by, the opioid user needs more and more opioids to feel "normal," produce pleasure comparable to prior opioid uses, and to avoid any negative symptoms of withdrawal.

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[1] *See* Hasan Pathan & John Williams, *Basic Opioid Pharmacology: An Update*, 6 British J. of Pain 11 (2012).

20. Accordingly, opioid use can readily lead to misuse, dependence, and abuse. Untreated, opioid addiction can be deadly. Opioids restrict breathing and can ultimately lead to asphyxiation.[2] People who take opioids at high doses and for longer periods of time face increasing risk of addiction, overdose, and death.[3] And for some people, even short-term opioid use or exposure to opioids can lead to addiction, overdose, or death.

21. Opioids have a demonstrated, scientifically-proven use in treating acute cancer-related pain, and the short-term prescription of opioids for that purpose has, for years, been part of the medical consensus.[4]

22. On the other hand, the efficacy of long-term opioid use for chronic non-cancer pain has never been reliably demonstrated through sufficient evidence or high-quality scientific research.[5]

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[2] Laura Sanders, *Opioids kill. Here's how an overdose shuts down your body*, Sci. News, https://www.sciencenews.org/article/opioid-crisis-overdose-death (last visited June 3, 2019).

[3] *Opioid Prescribing*, U.S. Dep't of Health and Human Servs. Centers for Disease Control and Prevention, https://www.cdc.gov/vitalsigns/opioids/index.html (last visited June 3, 2019).

[4] Hasan Pathan & John Williams, *Basic Opioid Pharmacology: An Update*, 6 British J. of Pain 11, 15 (2012). Opioids' use as a predictable, effective source of short-term pain relief has even been called into question. A 2004 meta-analysis of literature published between 1996 and 2003 on opioids and pain relief found that, in patients taking doses for periods of up to eight weeks, opioid use only reduced reported pain by 2 points on a "1 to 10" pain scale, or a 30 percent reduction of pain compared to patients taking placebos. For some conditions, opioids provided either an insignificant reduction in pain over a placebo or failed to provide at least a 30% reduction in pain. Thus, Dr. Andrea Rubinstein, MD, concludes that even short-term opioid efficacy is a "far cry from the 'complete relief' expected by many patients." *See* Andrea Rubinstein, *Are We Making Pain Patients Worse?*, Sonoma Mag. (Fall 2009); *see also* Eija Kalso, et al., *Opioids in Chronic Non-Cancer Pain: Systemic Review of Efficacy and Safety*, 21 PAIN 372 (2004).

[5] *Id*.

23. As one 2006 study bluntly found: "it is remarkable that *opioid treatment of chronic non-cancer pain does not seem to fulfill any of the key outcome goals: pain relief, improved quality of life, and improved functional capacity*."[6]

24. Nevertheless, over the last two decades "opioids [have been] frequently prescribed within the [medical] community, where codeine, oxycodone and buprenorphine are commonly used for chronic pain treatment."[7]

25. As described below, this did not occur by chance. Purdue and the Sacklers drove the rapid and deadly expansion of opioid prescriptions for chronic pain treatment by engaging in a deliberate marketing campaign to deceive doctors, patients, and the public, all for the purpose of generating increased revenues and profits.

II. Purdue Engaged In A Sophisticated Marketing Campaign To Deceive Doctors And The Public About Opioids.

26. While physicians (for decades) reserved notoriously-addictive opioids for treating short-term severe cancer pain, and for patients who were terminally ill, Purdue ignored history and science in a quest for profits.[8]

27. In the 1990s, feeling hampered by the limited use for its products, Purdue sought to expand the opioid marketplace and catapult the company's revenues. It used its new drug—

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6 Jorgen Eriksen, et al., *Critical Issues on Opioids in Chronic Non-Cancer Pain: An Epidemiological Study*, 125 Pain 172, 176–77 (2006) (emphasis added).

7 Hasan Pathan & John Williams, Basic Opioid Pharmacology: An Update, 6 British J. of Pain 11, 15 (2012).

8 Harriet Ryan, Lisa Girion & Scott Glover, *'You want a description of hell?' OxyContin's 12-hour problem*, L.A. Times (May 5, 2016), https://www.latimes.com/projects/oxycontin-part1/.

OxyContin—as the catalyst. As a Purdue marketing executive stated during a 1995 meeting: "we do not want to niche OxyContin just for cancer pain."[9]

28. To do so, Purdue designed and implemented a scheme to deceive doctors and patients about the benefits and risks of Purdue's dangerous opioids in order to convince doctors to prescribe higher doses and to maintain their patients on the drugs for longer and more dangerous periods of time. At the same time, Purdue peddled falsehoods to keep patients away from safer alternatives, and took extensive measures to conceal its misconduct.

A. Purdue Deceived Doctors and Patients to Get More and More People on Its Dangerous Drugs.

29. Purdue always knew that its opioids carried grave risks of addiction and death. Yet Purdue obscured and made false statements about those risks. In its oral and written promotion of opioids, Purdue falsely stated and implied that "appropriate" patients won't get addicted.

30. In a pamphlet for doctors, *Providing Relief, Preventing Abuse: A Reference Guide To Controlled Substance Prescribing Practices*, Purdue wrote that addiction "is not caused by drugs." Instead, Purdue assured doctors that addiction happens when the wrong patients get drugs and abuse them: "it is triggered in a susceptible individual by exposure to drugs, most commonly through abuse."

31. Purdue promoted its opioids to Idaho patients with a marketing campaign designed to falsely minimize the risk of addiction and conceal the fact that Purdue had designed the campaign. Purdue created a website, *In The Face of Pain*, which promoted pain treatment by urging patients to "overcome" their "concerns about addiction." Testimonials on the website that

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[9] *Id.*

were presented as personal stories were in fact by Purdue consultants whom Purdue had paid tens of thousands of dollars to promote its drugs.

32. Another Purdue publication, the *Resource Guide for People with Pain*, falsely assured patients and doctors that opioid medications are not addictive:

> "Many people living with pain and even some healthcare providers believe that opioid medications are addictive. The truth is that when properly prescribed by a healthcare professional and taken as directed, these medications give relief – not a 'high.'"

33. Purdue falsely denied the risk of addiction, falsely implied that addiction requires patients to get "high," and falsely promised that patients would not become addicted if they took opioids as prescribed.

34. Purdue funded and distributed many more publications that were similarly misleading. For example, *Exit Wounds: A Survival Guide to Pain Management for Returning Veterans and Their Families* misleadingly claimed: "Long experience with opioids shows that people who are not predisposed to addiction are unlikely to become addicted to opioid pain medications."

35. *Opioid Prescribing: Clinical Tools and Risk Management Strategies* told doctors that "addiction is rare in patients who become physiologically dependent on opioids while using them for pain control."

36. *Responsible Opioid Prescribing* told doctors that only "a small minority of people seeking treatment may not be reliable or trustworthy" and not suitable for addictive opioid drugs.

37. Purdue falsely told Idaho doctors and pharmacists that they could give opioids to "trusted" patients without risk of addiction. Purdue pushed the myth that addiction is a character flaw, and "trustworthy" people don't get addicted to drugs. Purdue's campaign of misinformation resulted in Idaho doctors and medical providers changing their prescribing

practices. Purdue's campaign also altered the drug environment and changed how opioids were historically viewed in the medical community. Doctors and medical providers began writing more and more opioid prescriptions for non-cancer pain, including minor and major surgical procedures, to more and more patients of all ages: adolescents, adults, and the elderly.

38. A Purdue sales representative reported meeting with an Idaho doctor where the Purdue representative pushed the doctor to get "elderly, trusted customers" on opioids:

> "I asked him to focus on those few elderly, trusted patients . . . he said he will."

39. Purdue sales representatives also implied that only "bad" people become addicted to opioids. As one Purdue sales representative reported about a discussion with an Idaho doctor:

> "the pill is just that—it's a pill. The only "good" and "bad" that enters the picture is in relation to the person that [has] access to the pill."

B. Purdue Deceived Doctors and Patients to Use Higher and Higher Doses.

40. For patients, taking higher doses of opioids increases the risk of addiction and death. But for Purdue, higher doses mean higher profits. So Purdue deceived doctors to prescribe, and patients to use, higher and higher doses of its opioids.

41. Purdue earns more money every time a patient moves to a higher dose. For example, Purdue's 2015 prices increased dramatically as patients move to higher doses:

OxyContin Prices

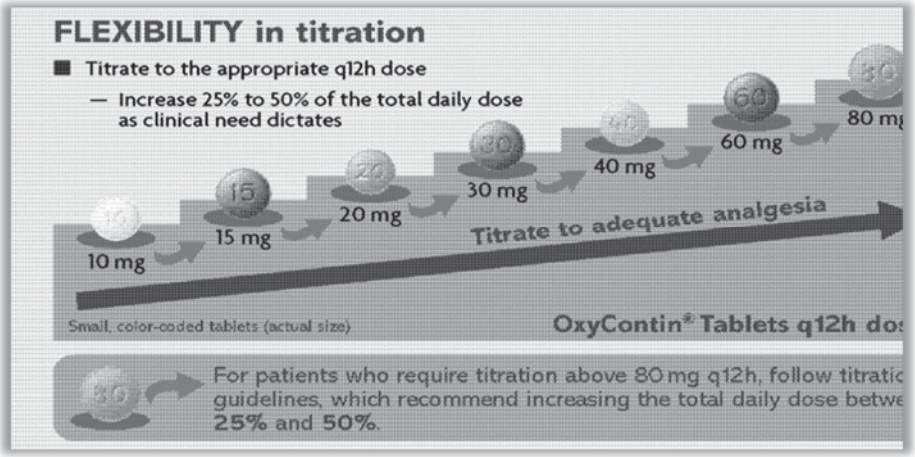
bottle of 100 tablets (10 mg)	**$269.17**
bottle of 100 tablets (15 mg)	**$396.28**
bottle of 100 tablets (20 mg)	**$501.99**
bottle of 100 tablets (30 mg)	**$698.15**
bottle of 100 tablets (40 mg)	**$859.72**

bottle of 100 tablets (60 mg)	**$1,217.22**
bottle of 100 tablets (80 mg)	**$1,500.18**

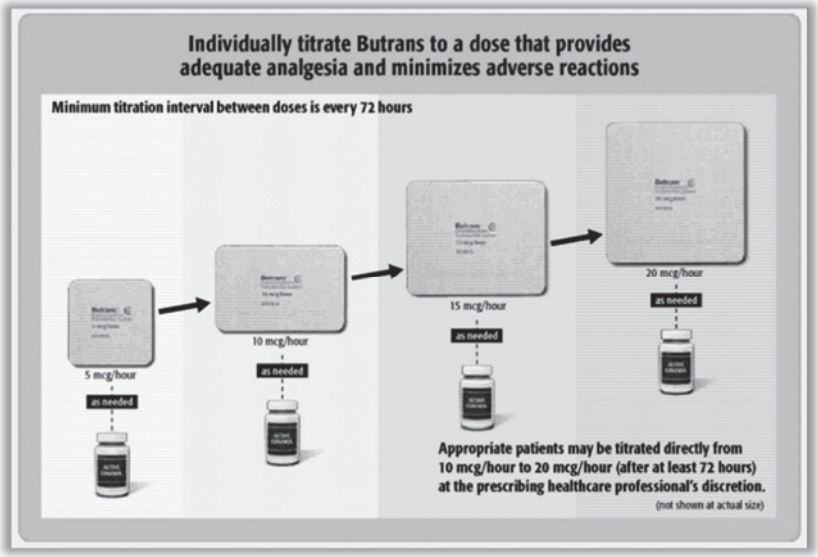
42. A patient taking the lowest dose pill twice a day for a week earns Purdue $38. But if the patient instead takes the highest dose, Purdue collects $210—an increase of 450%.

43. To get that revenue, Purdue designed its sales tactics to increase doses. Purdue created a campaign for OxyContin around the slogan, *Individualize The Dose*, because Purdue determined that it would *Increase The Dose.*

44. Purdue trained its sales representatives that increasing a patient's dose (called "titration") was a key move when making sales. Figures 1 and 2 below show Purdue's marketing materials instructing doctors to increase doses of opioids.



(**Fig. 1.**)



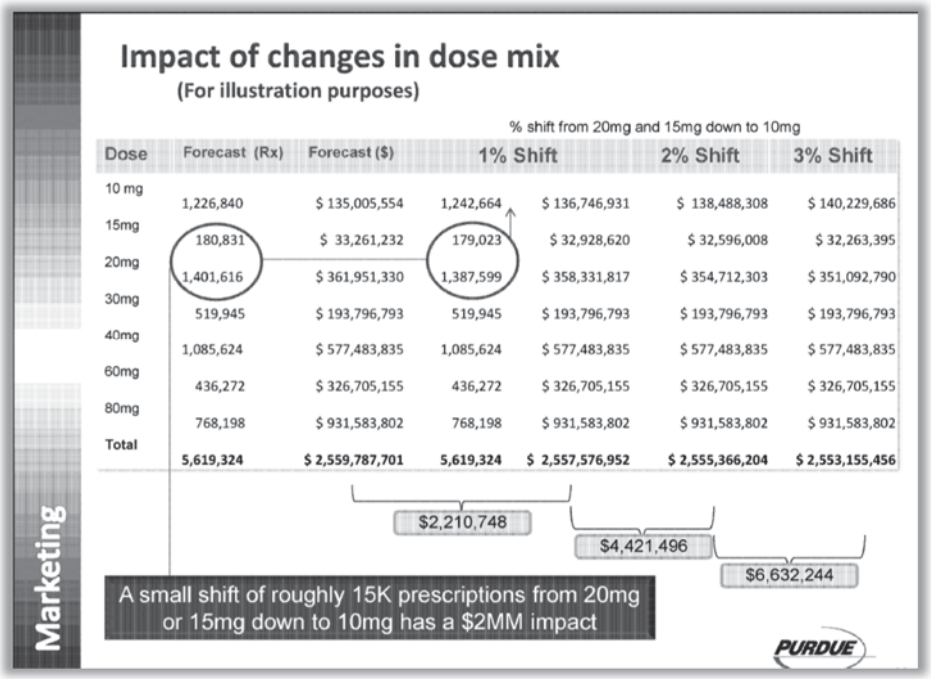
(**Fig. 2.**)

45. Purdue tracked whether its sales representatives were getting patients on higher doses and warned staff when doses were not increasing enough: "Titration up to higher strengths, especially the 40mg and 80mg strengths, is declining." Purdue required its sales representatives to "practice verbalizing the titration message" to get patients' doses up.

46. Purdue knew its promotion would drive patients to higher doses (which it did) and this was important to Purdue's bottom line. Purdue's internal analysis "found that there is greater loss in the 60mg and 80mg strengths (compared to other strengths) when we don't make primary sales calls." Purdue's business plans emphasized that "OxyContin is promotionally sensitive, specifically with the higher doses, and recent research findings reinforce the value of sales calls." In 2014, when public health experts tried to save patients' lives by warning against high doses of opioids, Purdue pursued a "strategic initiative" to fight back and "maintain 2013 dose mix."

47. Purdue's deception about the risk of higher doses was deliberate. Purdue claimed that "dose was not a risk factor for opioid overdose," even while it admitted in internal documents that it was "very likely" that patients face "dose-related overdose risk."

48. Purdue analyzed, down to the last dollar, how much of its profit depended on patients taking higher doses of opioids. Figure 3 below is an internal Purdue marketing slide, reminding staff that a shift to lower doses, which reduces the health danger to patients, would be bad for Purdue's bottom line.



(**Fig. 3.**)

49. When the United States Centers for Disease Control ("CDC") issued a national warning against the highest and most dangerous doses of opioids, Purdue studied prescription data to calculate how much profit it would lose if doctors followed the CDC's advice. Purdue determined that the amount at stake in Idaho was $4,439,777.

C. Responding to Addiction by Increasing the Dose.

50. When patients showed signs of addiction to Purdue's opioids, Purdue urged doctors to respond by *increasing* the opioid dose. To convince doctors to increase the dose for addicted patients, Purdue peddled the false notion that patients suffered from what Purdue labeled "pseudoaddiction."

51. A Purdue presentation for doctors titled *Medication Therapy Management* recited what had been the consensus view for decades: "Many medical students are taught that if opioids are prescribed in high doses or for a prolonged time, the patient will become an addict." Purdue then assured doctors that this traditional concern about addiction was wrong—that patients instead suffer from "pseudoaddiction" because "opioids are frequently prescribed in doses that are inadequate."

52. A Purdue pamphlet titled *Clinical Issues in Opioid Prescribing* urged doctors to look for pseudoaddiction:

> "A term which has been used to describe patient behaviors that may occur when pain is undertreated. Patients with unrelieved pain may become focused on obtaining medications, may 'clock watch,' and may otherwise seem inappropriately 'drug-seeking.' Even such behaviors as illicit drug use and deception can occur in the patient's efforts to obtain relief. Pseudoaddiction can be distinguished from true addiction in that the behaviors resolve when the pain is effectively treated."

53. Purdue again urged doctors to prescribe higher doses, stating that opioids "are frequently underdosed - or even withheld due to a widespread lack of information . . . about their use among healthcare professionals."

54. In another pamphlet, *Providing Relief, Preventing Abuse: A Reference Guide To Controlled Substances Prescribing Practices*, Purdue admonished doctors that "[u]ndertreatment of pain is a serious problem" and "pain should be treated aggressively." Purdue stated: "Facts About Addiction: 'Misunderstanding of addiction and mislabeling of patients as addicts result in unnecessary withholding of opioid medications.'"

55. Purdue released a second edition of *Providing Relief, Preventing Abuse*, which continued to urge higher doses, and added a new deception about the scientific "literature":

> "The term pseudoaddiction has emerged in the literature to describe the inaccurate interpretation of [drug-seeking] behaviors in patients who have pain that has not been effectively treated."

56. The revised pamphlet failed to disclose that none of the "literature" it cited included scientific or medical evidence supporting pseudoaddiction as a diagnosis separate from addiction. Nor did it disclose that all of the cited "literature" was linked to organizations and doctors paid by Purdue.

57. Purdue also urged doctors to prescribe higher doses in a Purdue-sponsored book, *Responsible Opioid Prescribing*, which again suggested that patients who appear to be addicted were instead "receiving an inadequate dose" and needed more drugs.

58. Purdue sales representatives were trained to educate Idaho doctors about pseudoaddiction. As one representative reported of a conversation with an Idaho doctor:

> "We discussed . . . the difference between addiction, pseudoaddiction, and physical dependence."

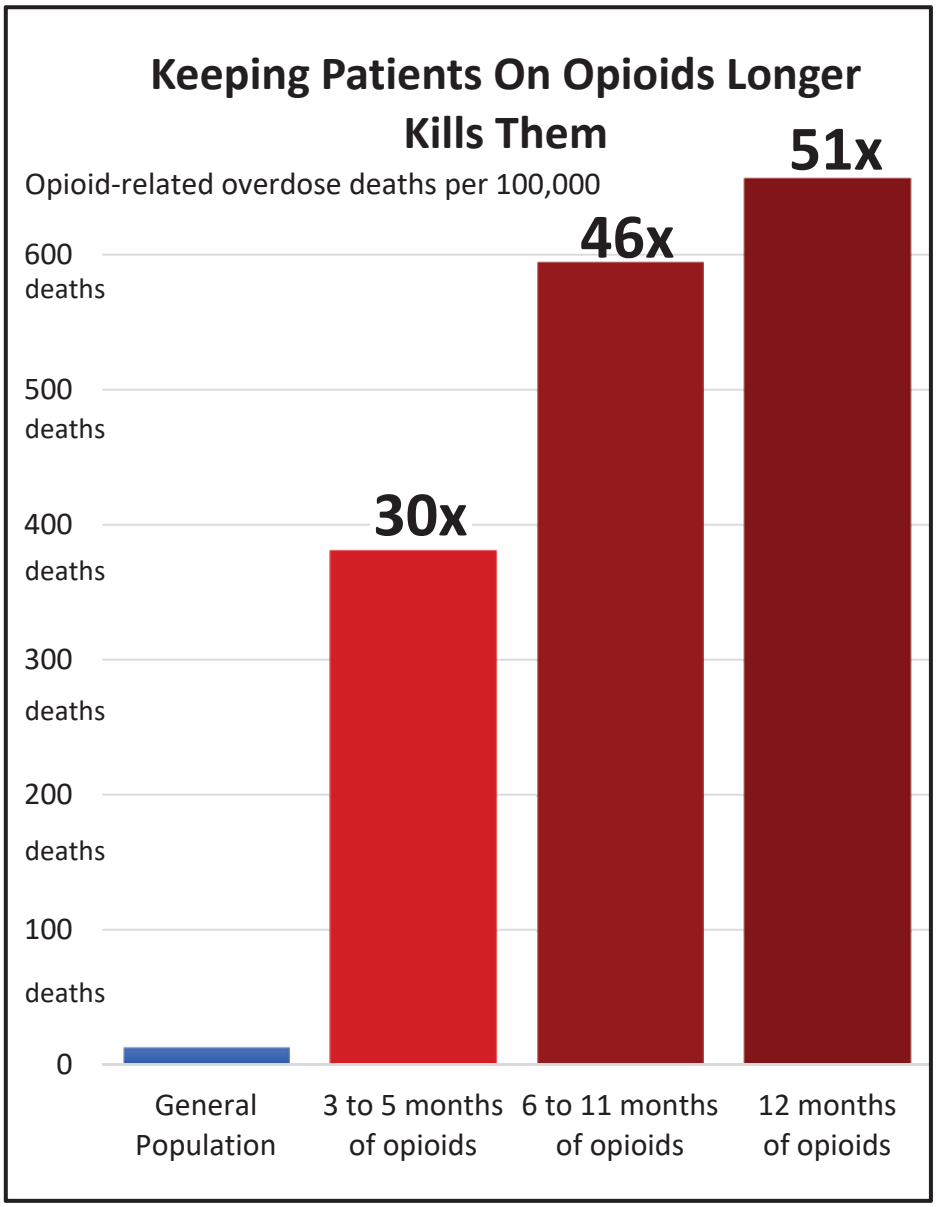
59. Purdue knew its campaign to push higher doses of opioids was wrong. Doctors on Purdue's payroll admitted in writing that pseudoaddiction was used to describe "behaviors that are clearly characterized as drug abuse." But Purdue nevertheless urged doctors to respond to signs of addiction by prescribing higher doses of Purdue's drugs.

D. Purdue Deceived Doctors and Patients to Stay on Its Drugs Longer and Longer.

60. Just as Purdue made more money by pushing patients to higher doses, Purdue increased its profits by keeping patients on drugs for longer periods of time.

61. According to Purdue's 2015 price list, a patient taking Purdue's 80mg OxyContin pill twice a day for a week earned Purdue $210. If that same patient could be kept on the drug for a year, Purdue collected far more money: $10,959.

62. Purdue's profit came at a terrible human cost. One recent study found that staying on prescription opioids longer dangerously increases the risk of overdose death. As shown in Figure 4 below, compared to the general population, a patient in that study who received three months of prescribed opioids was ***30 times*** more likely to overdose and die. A patient who stayed on prescription opioids for 6–11 months was ***46 times*** more likely to die. And a patient who stayed on prescription opioids for a year was ***51 times*** more likely to die.

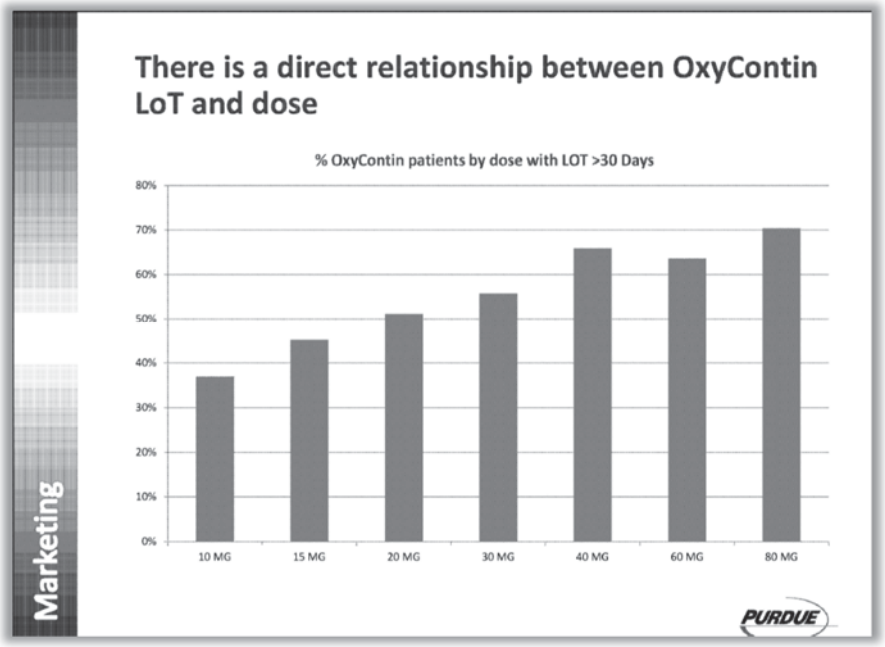


(**Fig. 4.**)

63. By getting patients addicted, Purdue greatly increased the patients' risk of harm from many drugs in the opioid class—including, heroin, fentanyl, and generic oxycodone—which share the same addictive chemistry as Purdue opioids.

64. To get patients to take that risk, Purdue deceived doctors into keeping patients on opioids for longer and longer periods of time. Purdue gave its sales representatives explicit instructions to "extend average treatment duration." Purdue's business plans valued patients by how long they could be kept on Purdue's opioids and targeted patients who could be kept on opioids for more than a year. To "drive sales and profitability," Purdue deliberately worked to keep patients on its opioids longer.

65. Purdue's internal marketing plan, shown in Figure 5, broke down exactly how getting patients on higher doses of opioids would get more patients to stay on drugs longer.



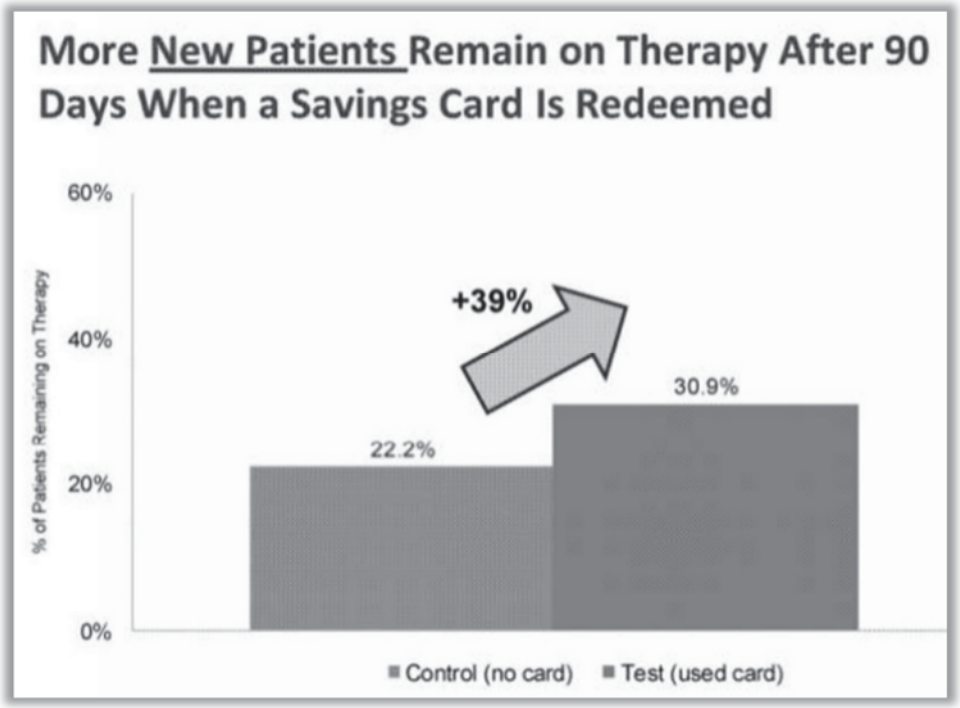
(**Fig. 5.**)[10]

[10] Purdue developed tactics specifically to keep patients hooked on opioid longer, which it called "*Improving the Length of Therapy*" (also referred to as "LoT").

66. Purdue's sales representatives promoted higher doses, but they did not tell doctors and patients that the higher doses were a scheme to trap patients on Purdue's drugs.

67. To "extend average treatment duration," Purdue deceptively claimed that patients' becoming dependent on its drugs was not dangerous or deadly, but "normal." Purdue taught doctors that: "Healthcare professionals should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction." Purdue deceptively claimed that physical dependence on its opioids was "a normal physiologic response," "an expected occurrence," and no more dangerous than "many classes of medications" that are not addictive, including drugs used to treat high blood pressure. Purdue set as one of its "key messages" the false statement that "data support the use of opioids beyond 90 days and maintained through 52 weeks."

68. One of Purdue's most powerful tactics to keep patients on opioids longer was an opioid savings card that gave patients discounts on their first prescriptions. Discounts could have cut Purdue's revenue *if* patients took opioids for a short time. But Purdue's internal 10-year plan highlighted its discovery that opioid savings cards kept patients on opioids longer: "more patients remain on OxyContin after 90 days." Purdue determined that opioid savings cards worked like the teaser rate on a long-term and very high-stakes mortgage. According to Purdue's internal analysis, the savings cards had the highest "return on investment" in the entire "OxyContin Marketing Mix." The return on investment for Purdue was 4.28, so that every $1,000,000 Purdue gave away in savings came back to Purdue as $4,280,000 in revenue because patients stayed on dangerous opioids longer.



(**Fig. 6.**)

69. As shown in Figure 6 above, keeping more patients on opioids for longer than 90 days was one of Purdue's "2011 Highlights."

70. Figure 7 shows an excerpt of an internal strategy presentation showing that Purdue aimed to "drive" patients to higher doses and longer periods on drugs so forcefully that it could control how many kilograms of opioids were taken within 2%.

(**Fig. 7.**)

71. When Purdue's sales representatives talked with doctors about how to dose its drugs, and when Purdue sent opioid savings cards to patients, Purdue did not disclose that higher doses and the savings cards were designed to keep patients on its drugs longer.

72. Purdue's campaign to "extend average treatment duration" succeeded. A national study of tens of thousands of medical and pharmacy claims records published in the *Journal of General Internal Medicine* found that two-thirds of patients who took opioids for 90 days were still taking opioids five years later.

E. Purdue Peddled Falsehoods to Keep Patients Away from Safer Alternatives.

73. Purdue not only lit the fire that killed so many patients; it also tried to block the exits that patients could have used to escape. Purdue peddled a series of falsehoods to push patients away from safer drugs and toward its dangerous and addictive opioids.

74. Purdue had no justification to steer patients away from safer alternatives, and it knew it. Purdue's internal documents admit that it "cannot represent or suggest" that its drugs are "safer" or "more effective" or make "any other sort of comparative claim," because it had no drugs with the evidence required for such a claim. In its internal documents, Purdue admitted that "making comparative statements of our product versus a competitor's product is never appropriate." (*See* Figure 8 on the following page, showing a screenshot of a Purdue Sales Training presentation.)

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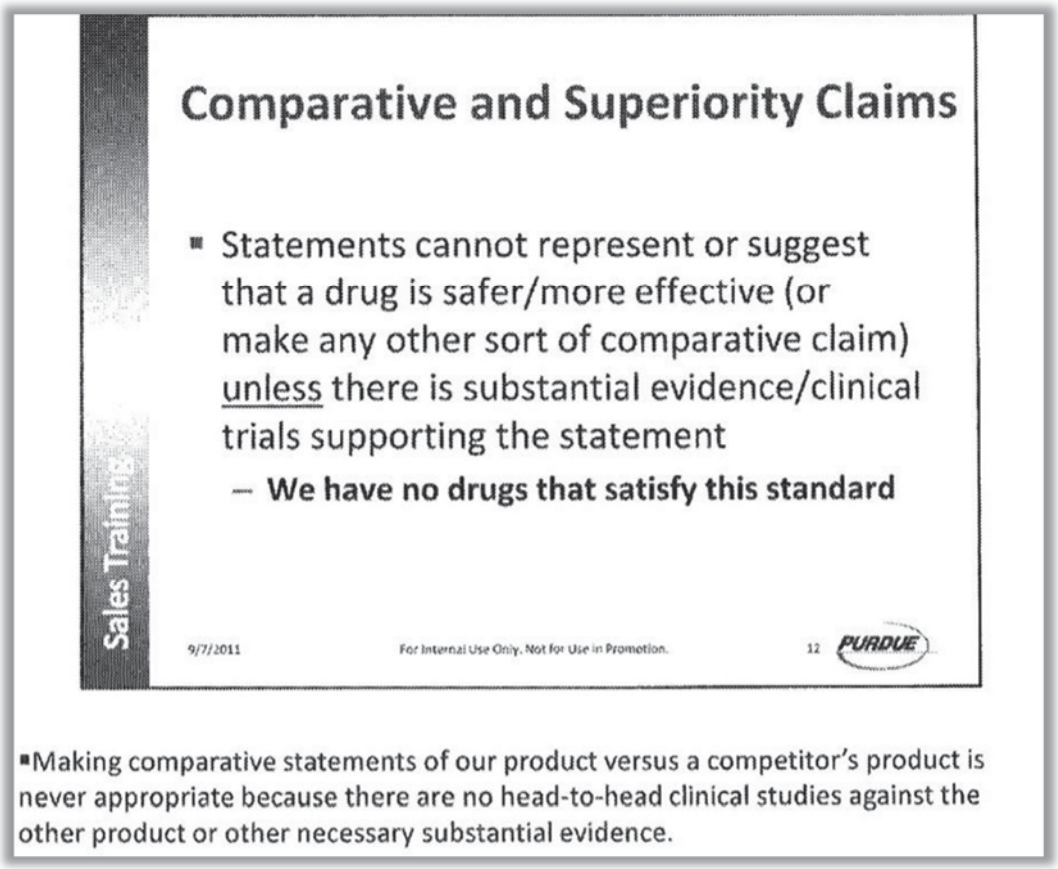

(**Fig. 8.**)

75. But Purdue went ahead and made deceptive claims to steer patients away from alternatives anyway.

i. Deception About Tylenol and Ibuprofen.

76. Purdue made deceptive claims about research by its own employees, designed to "highlight" the risks of non-opioid drugs. Purdue deceptively compared the risks of high doses of acetaminophen and NSAIDs (non-steroidal anti-inflammatory drugs, such as aspirin and ibuprofen) with its claim that opioids have "no ceiling dose," to falsely contend that opioids were safer, even though high doses of opioids pose grave risk of addiction and death.

77. Purdue paid for deceptive propaganda by groups designed to appear independent from Purdue, promoting the message that NSAIDs and Tylenol have "life-threatening" side effects, but opioids are "the gold standard of pain medications."

78. Purdue funded "switch research" to "understand what triggers prescribers to switch patients" from safer NSAIDs to more dangerous opioids. Purdue hired consultants to study how to make doctors "more comfortable" about opioids and "more cautious" about non-addictive drugs like ibuprofen.

79. Just as Purdue deceptively steered patients away from ibuprofen and Tylenol, Purdue also deceived patients and doctors by claiming that Purdue's high-dose, extended-release opioids were superior to lower-dose, immediate-release opioids that had been used for decades before the epidemic.

80. In fact, Purdue's opioids (sometimes called ER/LA or extended release/long acting) are extraordinarily dangerous. The CDC found, based on published research, that there is "a higher risk for overdose among patients initiating treatment with ER/LA opioids than among those initiating treatment with immediate-release opioids." The CDC "did not find evidence that continuous, time-scheduled use of ER/LA opioids is more effective or safer than intermittent use of immediate-release opioids or that time-scheduled use of ER/LA opioids reduces risks for opioid misuse or addiction."[11]

81. Nonetheless, Purdue deceptively claimed that its opioids provided more effective pain relief than traditional immediate-release opioids (sometimes called IROs). Purdue records show that the sales representatives repeatedly claimed that OxyContin provides better relief than

[11] *CDC Guideline for Prescribing Opioids for Chronic Pain*, Centers for Disease Control and Prevention, https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm (last visited June 3, 2019).

IROs. Purdue bolstered these misrepresentations with marketing materials that misrepresented data to indicate that Purdue drugs provided more consistent pain relief than more frequently dosed, lower-dose opioids.

82. As one Purdue sales representative reported of a conversation with an Idaho prescriber:

> "I asked him how many times a week he refills an IRO like tramadol or hydrocodone for patients. He said a few days a week. I asked him if he knows patient meets indication then why not use an ERO like butrans or OxyContin."

ii. Deception About Quality of Life.

83. Although Purdue's internal documents admit that "Purdue has no clinical studies or other substantial evidence demonstrating that a Purdue Product will improve the quality of a person's life," Purdue sales representatives repeatedly claimed the opposite (*i.e.*, that its opioids do improve quality of life). As one Purdue supervisor instructed an Idaho sales representative: "discuss quality of life for patients taking q4 or q6 meds." One Purdue sales representative reported a conversation with an Idaho doctor in which they "discussed how long acting Oxycontin could possibly give back a [patient's] quality of life." Purdue also devised and funded third-party publications to say that opioids give patients the "quality of life we deserve."

iii. Deception About Risk of Abuse.

84. Purdue also steered patients away from safer alternatives with false claims that its opioids had less risk of abuse. As more people died of addiction and overdose, Purdue created tamper-resistant versions of its drugs designed to be harder to crush. The FDA found that the changes had no effect on the most common way that the Purdue's pills were taken and abused:

by swallowing them. "The tamper-resistant properties will have no effect on abuse by the oral route (the most common mode of abuse)."[12]

85. Despite that warning, Purdue paid for and promoted articles which stated or implied that its tamper-resistant drugs were safe. For example, in 2014, Purdue placed three articles in *The Atlantic* as sponsored content, including one titled *Take My Pain Away . . . A Physician's Perspective of Prescription Opioids and Pain Management* by Dr. Gerald Aronoff. That article calls the tamper-resistant formulations "safer alternatives" and encourages physicians to "embrace these additional choices, rather than decide to leave opioid prescribing."

86. Purdue further created an unbranded marketing initiative, *Opioids with Abuse Deterrent Properties*, to encourage prescribers to switch to Purdue opioids. The initiative included a website, ads in medical journals, medical education events touting the benefits of the tamper-resistant drugs, and payments to doctors to promote Purdue opioids.

87. Purdue's deceptive marketing convinced doctors of the falsehood that Purdue drugs are less addictive. In a national survey, conducted by the Johns Hopkins Bloomberg School of Public Health, almost half of doctors believed that tamper-resistant opioids were less addictive than other opioids, when in fact they are equally addictive.[13]

88. In addition to visiting Idaho prescribers and pharmacists more than 70,000 times, Purdue distributed in Idaho thousands of copies of its deceptive publications, including *Providing Relief, Preventing Abuse*.

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[12] New Drug Application 22-272, OxyContin, Division Director Summary Review for Regulatory Action, pg. 7, US. Food & Drug Admin. (Dec. 30, 2009), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2010/022272s000MedR.pdf.

[13] *Survey: Many Doctors Misunderstand Key Facets of Opioid Abuse*, Johns Hopkins Bloomberg Sch. Of Public Health (June 23, 2015), https://www.jhsph.edu/news/news-releases/2015/survey-many-doctors-misunderstand-key-facets-of-opioid-abuse.html.

F. Purdue Deliberately Concealed its Deception.

89. Purdue used face-to-face sales visits to conceal its deceptive scheme by trying to avoid witnesses or a paper trail. When one sales representative made the mistake of writing down in an email her sales pitch to a doctor, Purdue's Vice President of Sales Russell Gasdia ordered: "Fire her now!" Purdue's leaders did not want a written record of their behavior because they knew they were breaking the law and a written record would document their culpability.

90. When staff emailed Gasdia a detailed report of illegal OxyContin trafficking, he responded: "These should not be on email. Tell [District Managers] and Reps to use fax." When the Northeast Regional Manager emailed Gasdia about the arrest of a profitable "core physician," Gasdia ordered: "Discontinue use of email on this subject." When sales staff emailed each other about how to "push" doctors, Gasdia instructed: "Please take this off line. I would prefer a face to face discussion on this."

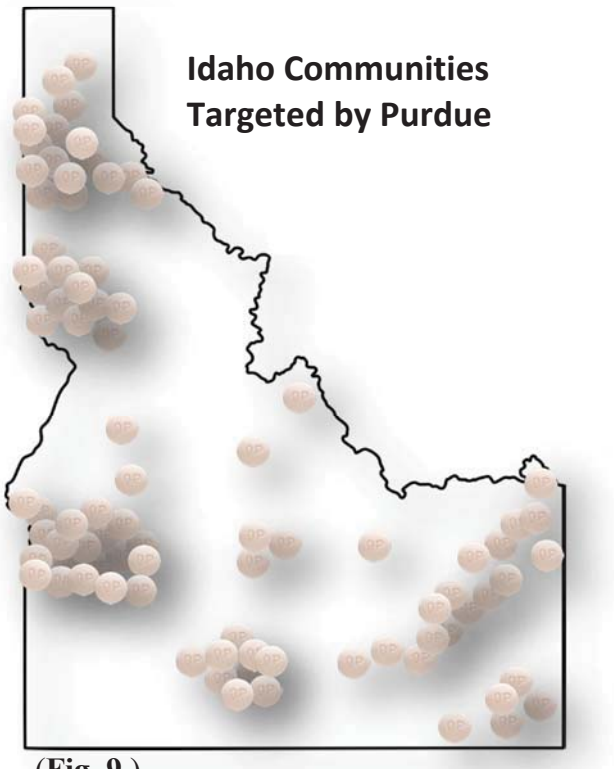
91. Purdue also used paid key opinion leaders ("KOLs") and funded organizations to pose as neutral and credible professional societies (known as "Front Groups") to push its misinformation campaign while obfuscating the source of the messaging. One of Purdue's most prominent key opinion leaders was Dr. Russell Portenoy, who has since admitted: "Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, … I guess I did."[14]

[14] Thomas Catan & Evan Perez, *A Pain-Drug Champion Has Second Thoughts*, Wall St. J., Dec. 17, 2012.

III. Purdue Deceptively Promoted And Sold Opioids In Idaho.

92. Purdue promoted its opioids throughout the State of Idaho, using an army of sales representatives to spread the misinformation and falsehoods described above, and hiring Idaho doctors as spokespersons for their drugs.

93. During sales visits to Idaho, Purdue representatives made the above-described false and misleading claims directly to the professionals who care for Idaho patients. Purdue assigned representatives to specific territories in Idaho and gave them lists of Idaho doctors to visit. Purdue targeted doctors, nurses, and pharmacists in virtually every part of the State. The map shown in Figure 9 below shows Idaho communities where Purdue promoted opioids since 2007. Each dot represents a city or town where Purdue sales representatives promoted opioids in Idaho.



(**Fig. 9.**)

94. Purdue sent sales representatives to push its opioids in Idaho doctors' offices, clinics, pharmacies, and hospitals. Since 2007, Purdue sales representatives met with Idaho prescribers and pharmacists more than 70,000 times.

95. Each of these in-person sales visits cost Purdue money. But Purdue made that money back many times over, because it convinced doctors to prescribe its addictive drugs. When Purdue identified a doctor as a profitable target, Purdue visited the doctor frequently: often weekly. Purdue rewarded high-prescribing doctors with catered lunches and cash. Purdue has given meals, money, or other gifts to more than 200 Idaho prescribers.[15]

96. In Idaho, sales representatives visited Purdue's 20 top targets an average of more than 200 times *each*. Purdue paid to lobby these doctors because Purdue knew its representatives would convince them to put more patients on opioids, at higher doses, for longer periods. Those extra prescriptions paid back Purdue's investment many times over.

97. Those extra prescriptions led many Idaho patients to become addicted, overdose, and die. Just as taking opioids increases risks to a patient, meeting with Purdue sales representatives increases the risk that a doctor will write dangerous prescriptions. Some of Purdue's top targets in Idaho lost their medical licenses because of their dangerous prescribing. Some went to prison.

98. One of Purdue's targets practiced in Boise, Idaho. Since 2007, Purdue sales representatives visited him nearly *five hundred times*.

99. Beginning in 2007, the Purdue representatives fawned over how the doctor's views aligned with their deception. As one representative reported in August 2007: "[The

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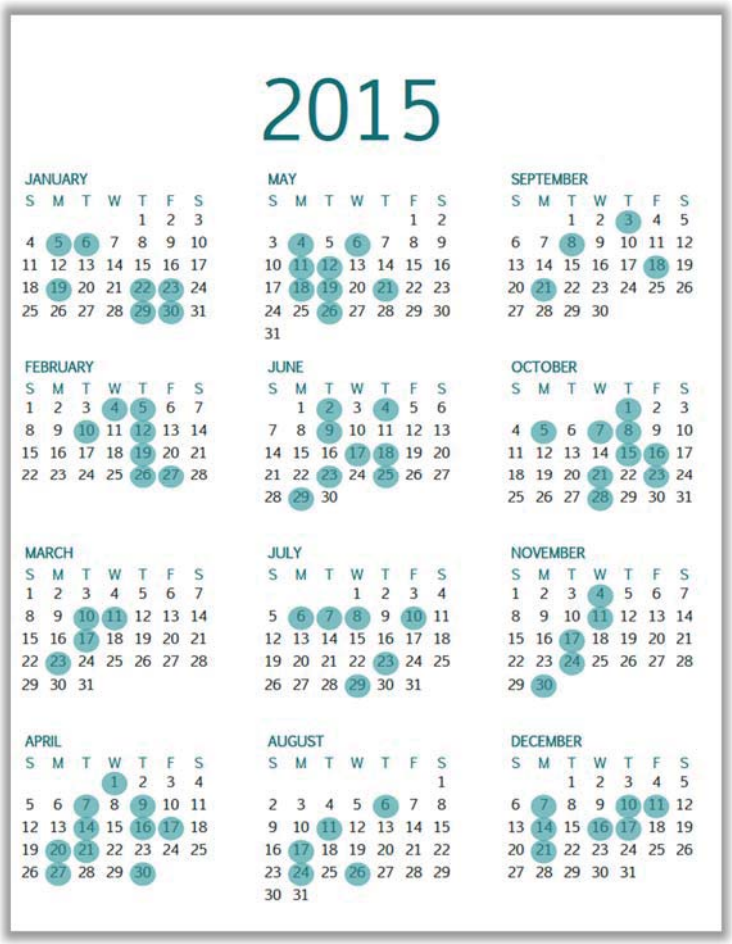
[15] *Purdue Pharma L.P.*, OpenPaymentsData.CMS.gov, https://openpaymentsdata.cms.gov/company/100000005432/general-payments (last visited June 3, 2019).

Doctor] told me he had read the Idaho Statesman discussing the abuse of OxyContin. [The Doctor] felt like most of the information in the article was false and misleading." As the years went on, the doctor was invited to hold numerous speaking events to encourage other doctors to use Purdue's drugs. In 2015, Purdue paid the doctor more than $60,000 to promote OxyContin, Hysingla, and Butrans. That year, as reflected in the calendar shown in Figure 10 below, Purdue representatives regularly visited him several times *each week*.



(**Fig. 10.**)

100. The Boise doctor was not only one of Purdue's biggest advocates in the State, but also one of its highest-value prescribers. As one Purdue sales supervisor wrote in 2012: "keep eliminating any obstacle [the Doctor] has like plans or coverage."

101. The Boise doctor delivered for Purdue. Since 2008, he prescribed more than 475,000 of Purdue's opioid pills.

102. Purdue targeted other Treasure Valley doctors. From March 2012 until June 2014—including the day before his arrest—Purdue sales representatives met with one doctor more than 40 times.

103. In May 2016, the doctor was found guilty on 80 counts of knowingly and intentionally prescribing controlled substances without a legitimate medical purpose. He was found to have primarily distributed oxycodone, including 420 oxycodone 30 mg in a single prescription—an extraordinarily high dose. His indictment included charges for specifically illegally distributing 80 mg OxyContin as well.

104. As one of Purdue's primary targets in Idaho, Purdue kept close tabs on the doctor. When Purdue heard that the doctor was changing offices in 2013, a Purdue sales supervisor instructed the representative to "follow up on what [pharmacist] finds out about [the doctor and] where he is re-locating to." On the *same day* the doctor was arrested, a Purdue sales supervisor directed the representative to "follow up more on what may have occurred with [him] and report information."

105. The doctor's arrest should have come as no surprise Purdue. By late-2012, Purdue knew or should have known that the doctor was engaged in problematic prescribing practices, keeping patients on opioids for extended periods without proper medical reason. In 2011, before any Purdue sales representative had contacted the doctor, he prescribed just over 500 pills of Purdue's opioids. In 2012, with Purdue's visits well-underway, he prescribed over 7,500.

106. In October 2012, a Purdue sales representative reported that the doctor "would like to see all of his short acting opioid [patients] on a long acting opioid if they are refilling them month after month [because the doctor] gets frustrated" with pain patients. The next month, a Purdue sales representative reported that the doctor was "stoked" to try Butrans.

107. Between 2012 and his 2014 arrest, the doctor prescribed more than 20,000 of Purdue's opioid pills. Between 2010–2011, he had prescribed less than 750.

108. Another of Purdue's top targets practices in Coeur d'Alene. Between 2009 and 2015, she was visited more than 100 times by Purdue sales representatives.

109. Like many others, the doctor initially had no reason to prescribe Purdue's drugs. As a Purdue representative reported of her seventh meeting with the doctor: "Asked [the doctor] when was the last time she switched a [patient] to OxyContin, said she didn't know it's been a long time. Said all of her [patients] are currently stable." Four years and nearly 100 visits by Purdue sales representatives later, a representative reported that the doctor "is trying to get more patients onto an extended release but has a challenge getting them to do this." When asked if the doctor was telling patients why she wanted them on extended release opioid, the Purdue representative reported the doctor said she has "not been as often as she should."

110. Between 2009 and the time the Idaho Board of Medicine entered a Stipulation and Order regarding the doctor's inappropriate prescribing practices, the doctor had prescribed more than 76,000 of Purdue's opioid pills.

111. In the end, Purdue judged its sales representatives by how many opioids they got doctors to prescribe. Sales representatives who generated the most prescriptions won bonuses and prizes.

112. Purdue reinforced its sales visits with dozens of other deceptive tactics aimed at Idaho. Purdue prepared deceptive and misleading written marketing materials and mailed them to doctors in Idaho. Purdue hired the most prolific opioid prescribers in Idaho as spokespersons to promote Purdue's drugs to other doctors.

113. In the end, Purdue's deceptive marketing campaign worked—doctors prescribed more and more opioids and Purdue's sales increased accordingly.

IV. The Sacklers Authorized or Directed the Unlawful Conduct, and Directly Participated in it.

114. Purdue is owned by the Sackler Family and was run by them for their personal profit.

115. Until recently, the Sacklers held a majority of seats on the board of directors of Purdue Pharma Inc. As members of the board of Purdue Pharma Inc. and the controlling majority, the Sacklers had the authority to (and did) direct and control Purdue's sales and marketing conduct.

116. With this authority, came a duty and responsibility to ensure that Purdue did not make false, misleading or deceptive claims to the public, including to prescribers and patients in Idaho, when selling, marketing, and promoting Purdue's opioids.

117. From 2007 (or, for David Sackler, from when he joined the board in 2012), to the present, each Sackler was acutely aware of this duty and responsibility.

118. More than a decade ago, Purdue was investigated by the United States Department of Justice and the State of Idaho, among numerous other states, for the deceptive and misleading promotion of its prescription opioids.

119. The United States' investigation, which culminated in the 2007 guilty plea of Purdue Frederick Company (a predecessor company of Purdue) and three Purdue officers to

criminal charges, put all then-current directors (Richard, Jonathan, Beverly, Theresa, Mortimer, Kathe, and Ilene Sackler) and future director (David Sackler) on notice that deceptive marketing or promotion of opioids, including misleading marketing regarding its addictive nature, the potential for abuse or diversion, and its risks or benefits as compared to other pain medications, is unlawful.

120. Defendants Richard Sackler, Beverly Sackler, Ilene Sackler Lefcourt, Jonathan Sackler, Kathe Sackler, Mortimer Sackler, and Theresa Sackler (all directors in 2007) voted that Purdue Frederick Company and the individual executives should plead guilty to a felony, pay over $634 million in criminal and civil penalties, fines, and forfeitures, and enter into a Corporate Integrity Agreement ("CIA") between the Inspector General of the Department of Health and Human Services ("HHS-OIG") and Purdue Pharma L.P. on May 8, 2007. A condition of Purdue's guilty plea was that it would not deceive or mislead prescribers or patients about its opioids in the future.

121. The CIA—which imposed certain legal requirements through 2012—put all current and future directors on notice of their responsibility to ensure that Purdue complied with the law and promoted its products in an honest and responsible manner.

122. Specifically, the CIA required the Sacklers to comply with applicable laws, regulations, and rules that prohibit false, misleading, and deceptive conduct relating to Purdue's opioids. It also required the Sacklers to undergo training on applicable rules and laws and to ensure they understood their obligations under the CIA, to report violations of the company's obligations under the CIA, to face consequences for noncompliance, and to certify in writing that they understood the CIA and would comply with it.

123. Idaho's investigation also culminated in a complaint filed in the Fourth Judicial District Court of Idaho, initiated by the State of Idaho against Purdue Pharma L.P., Purdue Pharma Inc., and the Purdue Frederick Company, Inc., and resulted in a May 10, 2007 Consent Judgment. *See State of Idaho, by and through Lawrence G. Wasden, Attorney General, v. Purdue Pharma L.P. et al.*, No. CV OC 0708195, Fourth Judicial District, County of Ada, 5-10-2007.

124. The Consent Judgment, the obligations of which continued through 2017, put all current and future directors on notice that Idaho law prohibits the unfair and deceptive marketing of opioids, including minimizing known risks of abuse, addiction and diversion, failing to warn doctors of those risks, and failure to guard against abuse and diversion. It also specifically put directors on notice of their prospective obligation to, among other things, ensure that when promoting and marketing OxyContin, Purdue would "not make any written or oral claim that is false, misleading or deceptive," would "not make misrepresentations with respect to OxyContin's potential for OxyContin's potential for abuse, addiction, or physical dependence," and would provide "only information that is truthful, balanced, accurately communicated, and not minimize the risk of abuse, addiction or physical dependence."

125. Under the Consent Judgment, among other things, Purdue and the Sacklers were also required to implement and follow an OxyContin Abuse and Diversion Detection Program and report potential abuse or diversion and to appropriate medical, regulatory, and law enforcement authorities, and to review news media stories regarding abuse or diversion of OxyContin and take reasonable measures in response.

126. Despite the Consent Judgment, and disregarding their duties and responsibilities, the Sacklers authorized, directed, and directly participated in the false, deceptive, and misleading marketing scheme described in this Complaint.

A. The Sackler Family Directed Purdue's Misinformation Campaign, and Pocketed Billions of Dollars for their Efforts.

127. Beginning in the late 1990s, the Sackler Family set out to make sweeping changes in the public's and medical community's perception of opioids.

128. The Sacklers directed and micromanaged this operation. In fact, the Sacklers' micromanagement and involvement with the day-to-day operations of Purdue's business has been so intrusive that staff begged for relief. The VP of Sales and Marketing once wrote to the CEO:

> "Anything you can do to reduce the direct contact of Richard [Sackler] into the organization is appreciated."

129. For years after the entry of the 2007 Consent Judgment, the Sacklers voted dozens of times to pay out Purdue's opioid profits to their family—in total *more than four billion dollars*. When the Sacklers directed Purdue to pay their family, they knew and intended that they were paying themselves from opioid sales, including from Idaho. Purdue and the Sacklers tracked revenue from Idaho. For example, when the CDC warned that high doses of opioids endanger patients, staff reported to the Sacklers that Idaho prescriptions of Purdue's highest doses provided $4,439,777 per year, or .5% of Purdue's high-dose sales. Prescription data on over 500,000 individual prescribers that Purdue tracked from 2007 to 2017 confirm that Idaho constituted approximately .5% of Purdue sales.

130. Even though the 2007 Consent Judgment with Purdue required it to report "potential abuse or diversion to appropriate medical, regulatory or law enforcement authorities," Purdue's self-interested failure to report abuse and diversion would continue, quarter after quarter. Instead of reporting dangerous prescribers, or even directing sales representatives to stop visiting them, the Sacklers chose to keep pushing opioids with deceptive and misleading marketing and sales tactics.

131. From 2007 until today,[16] the Sacklers ordered Purdue to hire hundreds of sales representatives to carry out their deceptive and misleading sales and marketing campaign. The impact of Purdue's sales representatives in Idaho was direct and profound. From the 2007 federal felony conviction and Idaho's Consent Judgment until 2018, Purdue sales representatives visited Idaho prescribers and pharmacists more than 70,000 times.

132. The Sacklers directed and micromanaged this operation from the beginning. In 2008, when staff proposed a plan to get pharmacies to increase their inventory of OxyContin from 2 bottles to 3 bottles, Richard Sackler demanded to know why they couldn't get up to 4 bottles or more.

133. The Sacklers also knew and intended that sales representatives would push higher doses of Purdue's opioids. Richard Sackler directed Purdue management to "measure our performance by Rx's by strength, giving higher measures to higher strengths." He copied Jonathan and Mortimer Sackler on the instruction. At the same time, Jonathan, Kathe, and Mortimer Sackler were also pushing staff about sales.

[16] For sake of completeness, Purdue claims to have cut more than half its U.S. sales staff in February 2018.

134. In April 2008, Richard Sackler sent Kathe, Ilene, David, Jonathan, and Mortimer Sackler a secret memo about how to keep money flowing to their family. Richard wrote that Purdue's business posed a "dangerous concentration of risk." After the criminal investigations that almost reached the Sacklers, Richard wrote that it was crucial to install a CEO who would be loyal to the family.

135. In May 2008, staff sent the Sacklers more ideas about ways to promote Purdue's opioids. The proposal matched the Sacklers' own plan, which Richard had written out as CEO: deflect blame from Purdue's addictive drugs by stigmatizing people who become addicted. "KEY MESSAGES THAT WORK" included this dangerous lie: "It's not addiction, it's abuse. It's about personal responsibility."

136. In October 2008, staff also told the Sacklers that the Board-ordered sales force expansion had been implemented and Purdue now employed 414 sales representatives. The Sacklers' decision to expand the sales force caused the effect they intended in Idaho. During Q3 2008, the number of sales visits to Idaho prescribers increased by 30% to more than 1,100.

137. In May 2009, staff told the Sacklers that Purdue had violated its Corporate Integrity Agreement with the U.S. government by failing to supervise its sales representatives. Because sales representatives lobbying doctors poses a high risk of misconduct (no witnesses, and the rep is paid to increase opioid sales), the United States required that Purdue managers supervise sales representatives in person at least 5 days each year. Purdue management disregarded that obligation and did not even set up a system to track it.

138. In March 2010, staff also told the Sacklers that a key selling point for OxyContin compared to a competitor's product was that OxyContin could be used by patients who had not

taken opioids before. Deceptively promoting opioids for opioid-naive patients who had not taken them before was one of the ways Purdue put patients at risk.

139. Meanwhile, staff told the Sacklers that they were pushing back against the "threat" of public health rules that would limit high doses of opioids. They told the Sacklers that Purdue would oppose precautions that asked doctors to consult with specialists before prescribing the highest doses. Emails between staff and the Sacklers show that "the Board" (the Sacklers and at that point three other directors) responded with dozens of questions and orders about the sales campaign. The Board, controlled by the Sacklers, ordered staff to provide forecasts focused on higher doses of opioids. The Board demanded details about tactics Purdue sales staff used to influence doctors that Purdue viewed as "key opinion leaders" (known as "KOLs"), who could influence other doctors to prescribe more opioids: "Provide the Board with more information on the strategy/tactics with respect to KOL's, how they are identified, how do we plan to interact with them, how do we see them helping build appropriate utilization of Butrans - and any other relevant information that will/could influence the prescribing of the product." During this time, the Sacklers discussed abuse of OxyContin. Staff told them that the most common way of abusing oxycodone, by far, was swallowing it—which a crush-proof coating on OxyContin did not affect. Staff also reported to the Sacklers that data showed far higher rates of "doctor-shopping" for OxyContin prescriptions than for any other opioid. Purdue was aware of doctor-shopping in Idaho since at least 2006, when James Heins—a Purdue spokesman—was sent an article from the Post Register in Idaho Falls that reported: "[In Eastern Idaho] abuse is escalating. Addicts shop for doctors to write prescriptions, forge them or resort to stealing to get pills."

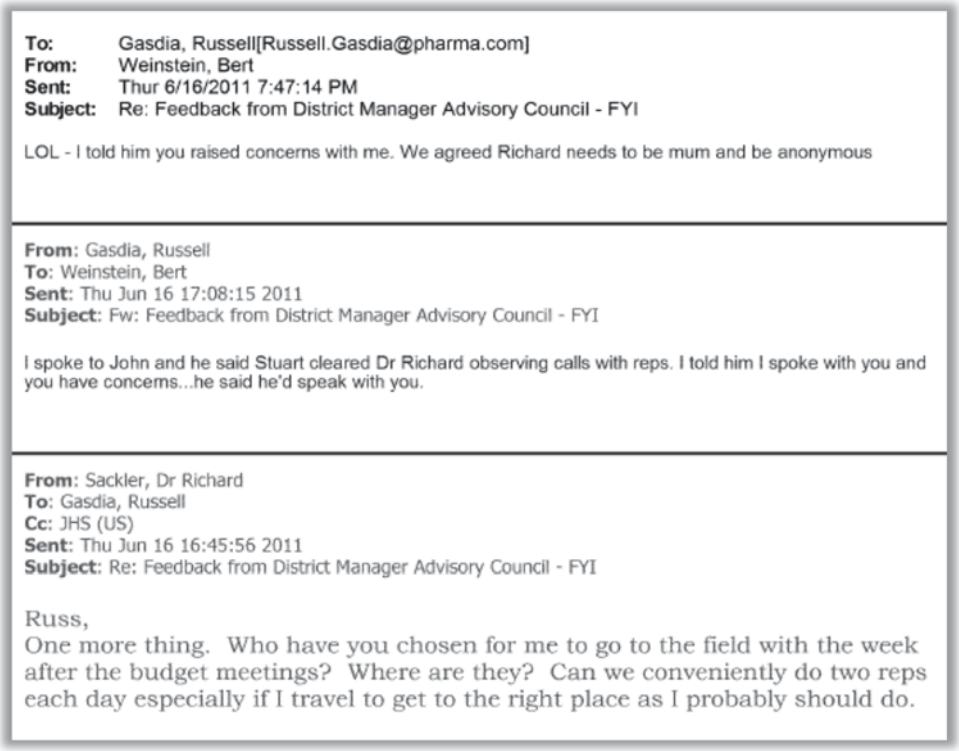
140. In February 2011, staff reported to the Sacklers that law enforcement was increasingly concerned about lawbreaking by drug companies and the resulting "danger to public safety." Staff reported to the Sacklers that Purdue tracked to individual zip codes the correlation between poison control calls for OxyContin overdose, pharmacy thefts, and prescribers Purdue suspected of abuse and diversion in *Region Zero*.

141. In March 2011, staff reported to the Sacklers on OxyContin sales and again focused on revenue from doctors in *Region Zero*—prescribers that Purdue suspected of improper prescribing but that Purdue had not reported to the authorities. Staff told the Sacklers that if *Region Zero* doctors stopped prescribing opioids, Purdue would lose almost 10% of its sales.

142. The Sacklers immediately pushed to find ways to increase sales. Richard Sackler asked Sales VP Russell Gasdia to include him in a meeting with District Managers who were the day-to-day supervisors of the sales representatives. Gasdia told Richard that Purdue instructed the sales representatives to focus on converting patients who had never been on opioids or patients taking "low dose Vicodin, Percocet, or tramadol"—all patients for whom Purdue's opioids posed an increase in risk.

143. Sales representatives reported to Purdue that they encouraged Idaho doctors to prescribe opioids to opioid-naive patients more than five hundred times in 2011.

144. To make sure his orders were followed, Richard Sackler also demanded to be sent into the field with the sales representatives. Richard wanted a week shadowing Purdue sales representatives, two representatives per day. To make sure the Sacklers' involvement in marketing stayed secret, staff instructed: "Richard needs to be mum and be anonymous." (*See* Figure 11, showing an excerpt of an internal Purdue email.)



To: Gasdia, Russell[Russell.Gasdia@pharma.com]
From: Weinstein, Bert
Sent: Thur 6/16/2011 7:47:14 PM
Subject: Re: Feedback from District Manager Advisory Council - FYI

LOL - I told him you raised concerns with me. We agreed Richard needs to be mum and be anonymous

From: Gasdia, Russell
To: Weinstein, Bert
Sent: Thu Jun 16 17:08:15 2011
Subject: Fw: Feedback from District Manager Advisory Council - FYI

I spoke to John and he said Stuart cleared Dr Richard observing calls with reps. I told him I spoke with you and you have concerns...he said he'd speak with you.

From: Sackler, Dr Richard
To: Gasdia, Russell
Cc: JHS (US)
Sent: Thu Jun 16 16:45:56 2011
Subject: Re: Feedback from District Manager Advisory Council - FYI

Russ,
One more thing. Who have you chosen for me to go to the field with the week after the budget meetings? Where are they? Can we conveniently do two reps each day especially if I travel to get to the right place as I probably should do.

(**Fig. 11.**)

145. Richard Sackler indeed went into the field to promote opioids to doctors alongside a sales representative. When he returned, Richard argued to the Vice President of Sales that a legally-required warning about Purdue's opioids wasn't needed. He asserted that the warning "implies a danger of untoward reactions and hazards that simply aren't there." Richard insisted there should be "less threatening" ways to describe Purdue opioids.

146. In July 2011, staff assured the Sacklers that Purdue prohibited sales representatives from sending their sales pitches to prescribers in email.

147. In March 2013, staff reported to the Sacklers on the devastation caused by prescription opioids. Staff told the Sacklers that drug overdose deaths had more than tripled since 1990—the period during which Purdue had made OxyContin the best-selling painkiller. Staff told the Sacklers that tens of thousands of deaths were only the "tip of the iceberg." Staff

reported that, for every death, there were more than a hundred people suffering from prescription opioid dependence or abuse.

148. Nevertheless, the Sacklers met with Sales VP Russell Gasdia about the strategy for selling higher doses. Gasdia told the Sacklers that "Titration up to higher strengths, especially the 40mg and 80mg strengths is declining." He analyzed the "Causes of OxyContin's Decline in Higher Strengths," and how Purdue would reverse that decline. He told the Sacklers that Purdue's number one tactic to sell higher doses was sending sales representatives to visit prescribers. The second tactic was a marketing campaign designed to promote high doses—Purdue's *Individualize The Dose* campaign.

149. In July 2013,[17] the Sacklers discussed "threats" to their business from data on long-term opioid use, as public health authorities reacted to the danger of keeping patients on opioids for longer periods of time. Mortimer Sackler asked for more detail on what was being done to increase sales. Staff reported to the Sacklers that a key initiative during Q3 2013 was for sales representatives to encourage doctors to prescribe OxyContin to elderly patients on Medicare. In Idaho during 2013, sales representatives reported to Purdue that they pushed opioids for elderly patients more than sixty times. The sales representatives did not disclose to doctors in Idaho that elderly patients faced greater risks of drug interactions, injuries, falls, and suffocating to death.

150. Staff also reported to the Sacklers that another key initiative during Q3 2013 was for sales representatives to promote OxyContin for patients who had never taken opioids before.

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[17] One year earlier, in July 2012, David Sackler (Richard Sackler's son) took a seat on the Board. For events after July 2012, this Complaint includes David in the "Sacklers."

In Idaho during 2013, Purdue sales representatives did not disclose to doctors that opioid-naive patients faced greater risks of overdose and death.

151. Staff reported to the Sacklers that a key initiative in 2013 was to train sales representatives to keep patients on Butrans (a Purdue opioid) longer. Staff reported to the Sacklers that marketing and sales activities generated 266,842 additional prescriptions and highlighted that opioid savings cards generate especially "high returns" by keeping patients on opioids longer.

152. At the end of 2013, staff told Richard Sackler that Butrans sales were increasing, and they suspected the increase was caused by Purdue's improved targeting, in which sales representatives visited the most susceptible prolific prescribers.

153. Meanwhile, staff contacted Richard Sackler because they were concerned that the company's "internal documents" could cause problems if investigations of the opioid crisis expanded. Early the next year, staff told Jonathan Sackler about the same concern. Jonathan studied collections of news reports and asked staff to assure him that journalists covering the opioid epidemic were not focused on the Sacklers.

154. In January 2014, staff reported to the Sacklers on how Purdue's program for complying with state and federal law compared to recent agreements between other drug companies and the government. Other companies had agreed that sales representatives should not be paid bonuses based on increasing doctors' prescriptions, but Purdue still paid representatives for generating sales. Other companies disclosed to the public the money they spent to influence continuing medical education, but Purdue did not. Other companies had adopted "claw-back" policies so that executives would forfeit bonuses they earned from

misconduct, but Purdue had not. The boards of other companies passed resolutions each quarter certifying their oversight of the companies' compliance with the law, but the Sacklers did not.

155. That same month, staff told the Sacklers that to get higher sales they had to tighten the requirements for sales representatives' pay: from then on, sales representatives would lose bonus pay if they did not visit "high value" prescribers often enough.

156. Staff also told the Sacklers that key sales priorities were again to encourage doctors to prescribe Purdue opioids for elderly patients and patients who had not taken opioids before. Nevertheless, staff told the Sacklers that they found increasing compliance concerns with Purdue's speaker programs, in which the company paid doctors to promote Purdue opioids to other doctors. These speaker programs took place throughout Idaho, including in Eagle, Idaho Falls, Meridian, Payette, Pocatello, Sun Valley, and Twin Falls.

157. In June 2014, staff sent the Sacklers an "Update on L.A. Times mitigation effort" about tactics to discourage scrutiny of Purdue's misconduct. Staff wrote to the Sacklers: "As you may recall, one of our efforts to mitigate the impact of a potential negative *Los Angeles Times* (LAT) story involved assisting a competing outlet in marginalizing the LAT's unbalanced coverage by reporting the facts before the LAT story ran. The following *Orange County Register* story, developed in close coordination with Purdue, achieved this goal."

158. The *Los Angeles Times* had studied coroner's records and revealed that overdoses killed thousands of patients who were taking opioids prescribed by their doctors, refuting the Sacklers' lie that patients who are prescribed opioids don't get addicted and die. The next year, the *Los Angeles Times* revealed that Purdue tracked illegal sales of OxyContin with a secret list of 1,800 doctors code-named *Region Zero*, but did not report them to the authorities.

159. Thus, the "mitigation effort" that the Sacklers ordered was not designed to protect patients from overdoses or from illegal prescribers, but instead to protect the Sacklers from reporters revealing the truth.

160. In July and again in August, September, and October 2014, staff warned the Sacklers that two of the greatest risks to Purdue's business were "Continued pressure against higher doses of opioids," and "Continued pressure against long term use of opioids."

161. Staff told the Sacklers that Purdue's number one opportunity to resist that pressure was by sending sales representatives to visit prescribers; and, specifically, by targeting the most susceptible doctors, who could be convinced to be prolific prescribers, and visiting them many times.

B. The Secret Plan for Purdue to Expand into the Business of Selling Drugs to Treat Opioid Addiction.

162. In September 2014, Kathe Sackler dialed in to a confidential call about *Project Tango*. *Project Tango* was a secret plan for Purdue to expand into the business of selling drugs to treat opioid addiction. In its internal documents, staff memorialized what Purdue publicly denied for decades: that addictive opioids and opioid addiction are "naturally linked." *See* Figure 12.

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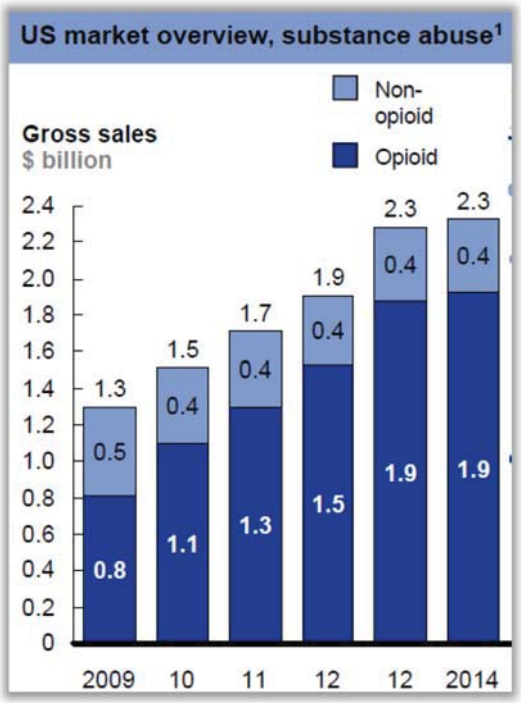
(**Fig. 12.**)

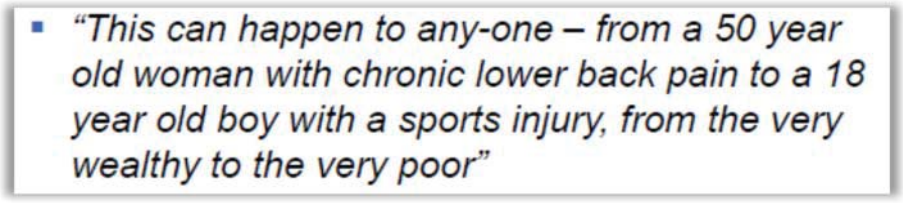
163. Kathe Sackler and the *Project Tango* team reviewed their findings that the "market" of people addicted to opioids, measured coldly in billions of dollars, had doubled from 2009 to 2014. (*See* Figure 13, showing Purdue's measure of the opioid addiction "market.")



(**Fig 13.**)

164. Kathe and the staff found that the catastrophe provided an excellent compound annual growth rate ("CAGR"): "Opioid addiction (other than heroin) has grown by ~20% CAGR from 2000 to 2010."

165. Kathe Sackler and the staff revealed in their internal documents that Purdue's tactic of blaming addiction on untrustworthy patients was a lie:



166. Kathe and the staff concluded that millions of people who became addicted to opioids were the Sacklers' next business opportunity. Staff wrote: "It is an attractive market. Large unmet need for vulnerable, underserved and stigmatized patient population suffering from substance abuse, dependence and addiction." The team identified eight ways that Purdue's experience getting patients on opioids could now be used to sell treatment for opioid addiction.

167. The *Tango* team noted the opportunity to capture customers: even after patients were done buying suboxone (a drug commonly used to treat opioid dependence) the first time, 40–60% would relapse and need it again. (*See* Figure 14, showing a Purdue presentation explaining "Project Tango" patient flow.)

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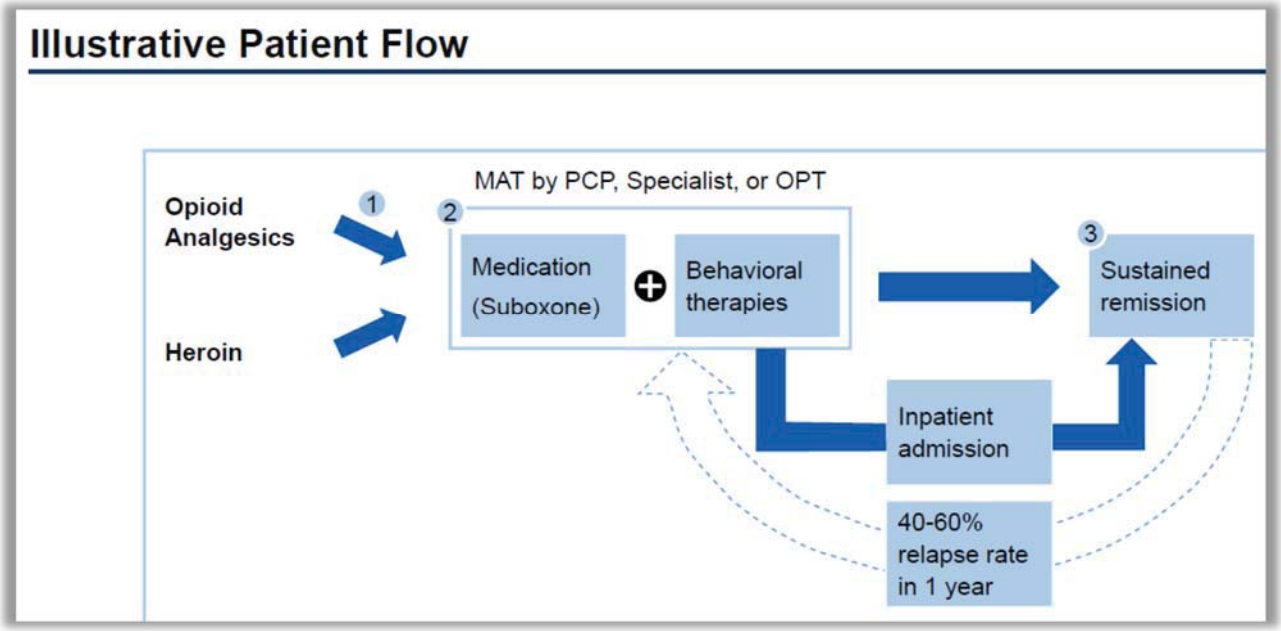

(**Fig. 14.**)

168. The next month, *Project Tango* came to an end. Kathe, David, Jonathan, and Mortimer Sackler discussed the discontinuation of the project at their Business Development Committee meeting.

C. As the Opioid Epidemic Grew and Purdue Faced Mounting Pressure, the Sacklers' Deception Continued.

169. In October 2014, staff told the Sacklers that a key tactic for 2015 would be to convert patients from short-acting opioids to OxyContin. Staff warned the Sacklers that prescribers were shifting away from the highest doses of Purdue's opioids, and toward fewer pills per prescription, and those shifts would cost Purdue $99,000,000 a year. Staff told the Sacklers that a key tactic to increase Purdue's Butrans sales in 2015 would be for Purdue sales representatives to push doctors to "titrate up" to higher doses.

170. Meanwhile, sales staff exchanged news reports of a lawsuit accusing Purdue of deceptive marketing in Kentucky. They quoted Purdue's own attorney and Chief Financial Officer stating that the company faced claims of more than a billion dollars that "would have a

crippling effect on Purdue's operations and jeopardize Purdue's long-term viability." Purdue's communications staff were delighted by the article, because it did not reveal the Sacklers' role in the misconduct. "I'm quite pleased with where we ended up. There's almost nothing on the Sacklers and what is there is minimal and buried in the back."

171. In 2015, looking ahead, staff told the Sacklers that "the 2016 investment strategy focuses on expanding the Sales Force."

172. In June 2016, the Sacklers met to discuss a revised version of *Project Tango* — another attempt to profit from the opioid crisis. This time, they considered a scheme to sell the overdose antidote NARCAN. The need for NARCAN to reverse overdoses was rising so fast that the Sacklers calculated it could provide a growing source of revenue, tripling from 2016 to 2018.

173. The Sacklers' plan called for studying "*long-term script users*" to "better understand target end-patients" for NARCAN. Likewise, they identified the same doctors who prescribed the most Purdue opioids as the best market for selling the overdose antidote; they planned to "leverage the current Purdue sales force" to "drive direct promotion to targeted opioid prescribers." Finally, they noted that Purdue could profit from government efforts to use NARCAN to save lives.

174. That same month, staff presented the 2016 Mid-Year Update, which warned the Sacklers that shifts in the national discussion of opioids threatened their plans. (*See* Figure 15, showing a screenshot of Purdue's internal 2016 Mid-Year Board Update.)

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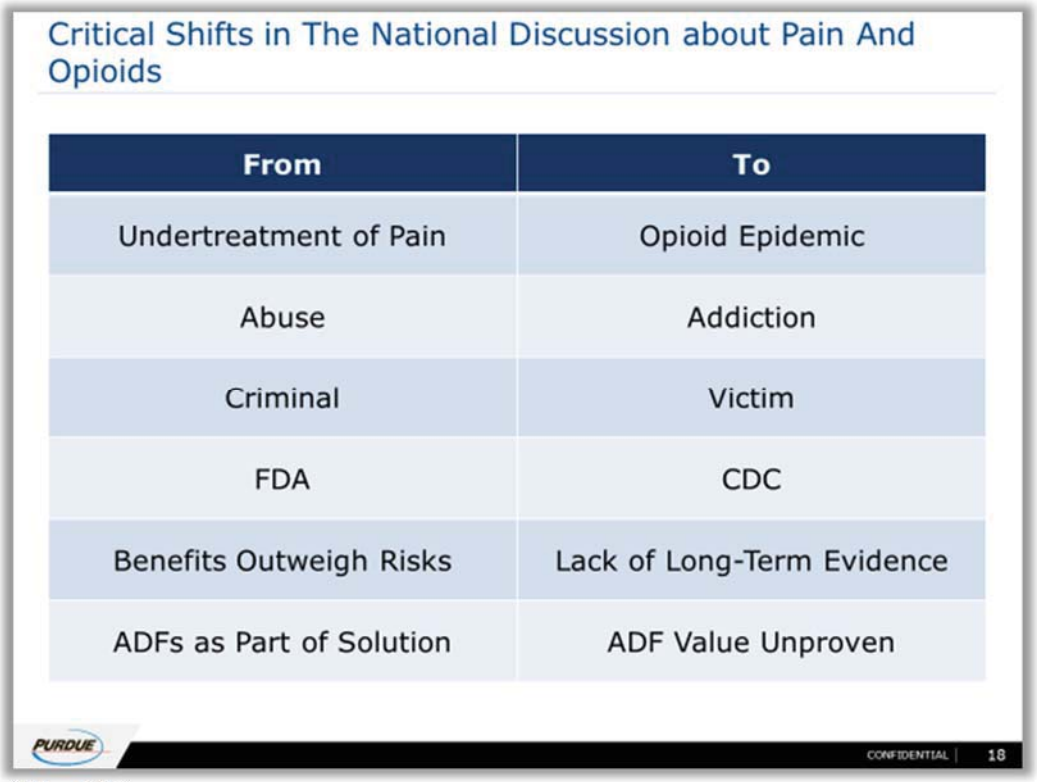


(**Fig. 15.**)

175. The Sacklers had long been determined to fight this changing narrative:

176. *First*, to convince doctors to prescribe dangerous opioids, Purdue promoted its drugs as the solution to "undertreatment of pain." Richard Sackler made sure that Purdue bought the internet domain name "*5thvitalsign.com*" so it could promote pain as the "fifth vital sign" (along with temperature, blood pressure, pulse, and breathing rate) to expand the market for opioids. But now, staff reported to the Sacklers, doctors and patients were starting to worry more about the epidemic of opioid addiction and death.

177. *Second*, to conceal the danger of addiction, Purdue falsely blamed the terrible consequences of opioids on drug abuse. One of Purdue's key messages argued: "It's not addiction, it's abuse." But now, staff reported to the Sacklers, doctors and patients were realizing that *addiction* was a true danger.

178. *Third*, to avoid responsibility for Purdue's dangerous drugs, the Sacklers chose to stigmatize people who were hurt by opioids, calling them "junkies" and "criminals." Richard Sackler wrote that Purdue should "hammer" them in every way possible. But now, staff reported to the Sacklers, Americans were seeing through the stigma and recognizing that millions of families were victims of addictive drugs. Staff told the Sacklers that nearly half of Americans reported that they knew someone who had been addicted to prescription opioids.

179. *Fourth*, the Sacklers had long sought to hide behind the approval of Purdue's drugs by the FDA. But FDA approval could not protect the Sacklers when their deceptive marketing led thousands of patients to become addicted and die. The CDC reported that opioids were, indeed, killing people. The CDC Director said: "We know of no other medication that's routinely used for a nonfatal condition that kills patients so frequently." The 2016 Mid-Year Update warned that the truth was threatening Purdue's and the Sacklers' bottom line.

180. In November 2016, staff prepared statements to the press denying the Sacklers' involvement in Purdue. Their draft claimed: "Sackler family members hold no leadership roles in the companies owned by the family trust." That was a lie. Sackler family members held the controlling majority of seats on the Board and, in fact, controlled the company. A staff member reviewing the draft knew what was up and commented with apparent sarcasm: "Love the . . . statement."

181. Some employees worried about the deception. When journalists asked follow-up questions about the Sacklers, communications staff deliberated about whether to repeat the "no management positions" claim. They double-checked that Purdue's top lawyers had ordered the statement. Then they arranged for one of the Sacklers' foreign companies to issue it, so U.S. employees would not be blamed: "The statement will come out of Singapore."

182. In December 2016, Richard, Jonathan and Mortimer Sackler had a call with staff about another revised version of *Project Tango*. The new idea was to buy a company that treated opioid addiction with implantable drug pumps. The business was a "strategic fit," because Purdue sold opioids and the new business treated the "strategically adjacent indication of opioid dependence."

183. In May 2017, staff told the Sacklers that an independent nonprofit had concluded that Purdue's reformulation of OxyContin was not a cost-effective way to prevent opioid abuse. Theresa Sackler asked staff what they were doing to fight back to convince doctors and patients to keep using the drug.

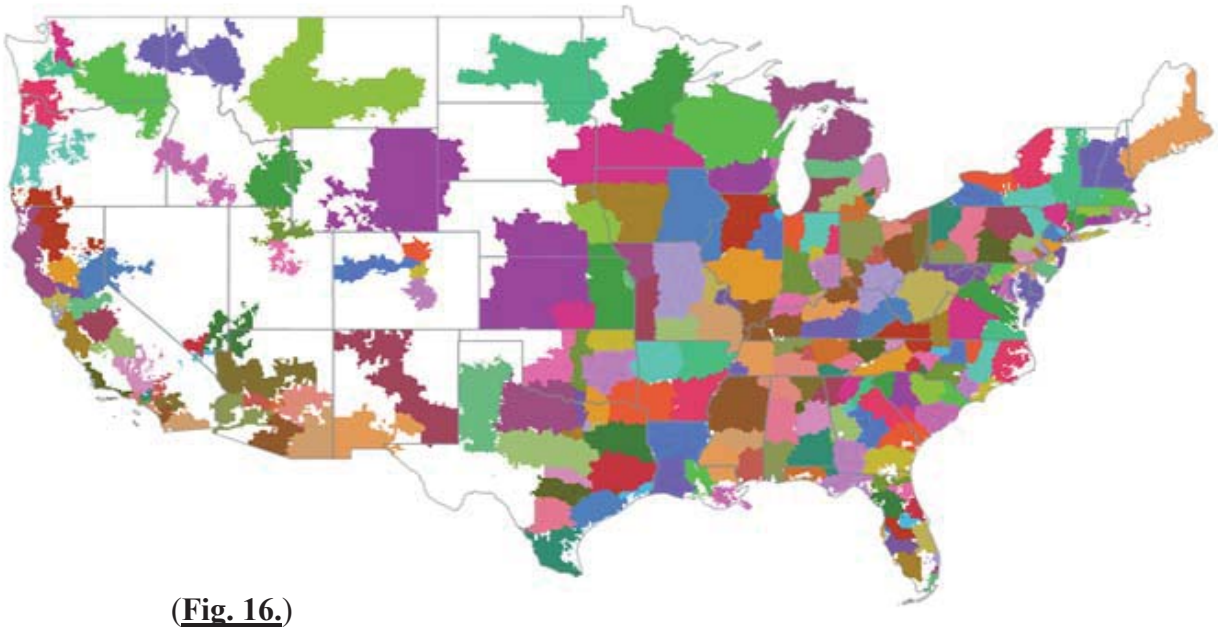
184. Staff felt the pressure of the opioid epidemic, even if the billionaire Sacklers did not. In one presentation, staff came close to insubordination and told the Sacklers: "Purdue Needs a New Approach." Their suggestion for a new direction was: "A New Narrative: Appropriate Use." The Sacklers led Purdue so far into the darkness that it was staff employees who had to propose "appropriate use" of drugs as a way to reinvent the company. Staff also suggested that the Sacklers create a family foundation to help solve the opioid crisis.

185. The Sacklers did not redirect the company toward appropriate use or create the suggested family foundation. Instead, they decided to sell harder. For 2018, the Sacklers approved a target for sales representatives to visit prescribers 1,050,000 times—almost double the number of sales visits they had ordered during the heyday of OxyContin in 2010.

186. In October 2017, Beverly Sackler served her last day on the Board. A week later, the *New Yorker* published an article entitled "The Family That Built an Empire of Pain." The story quoted a former FDA Commissioner: "the goal should have been to sell the least dose of

the drug to the smallest number of patients." The reporter concluded: "Purdue set out to do exactly the opposite."

187. In November 2017, Jonathan Sackler suggested that Purdue launch yet another opioid. Staff promised to present a plan for additional opioids at the next meeting of the Board. At the Board meeting that month, the remaining Sackler Board members (Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa) voted to cut the sales force from 582 representatives to 302 representatives. Staff even gave Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa Sackler a map of where the remaining sales representatives worked, with Idaho shaded to show that Purdue would keep visiting prescribers here, as shown in Figure 16.



(**Fig. 16.**)

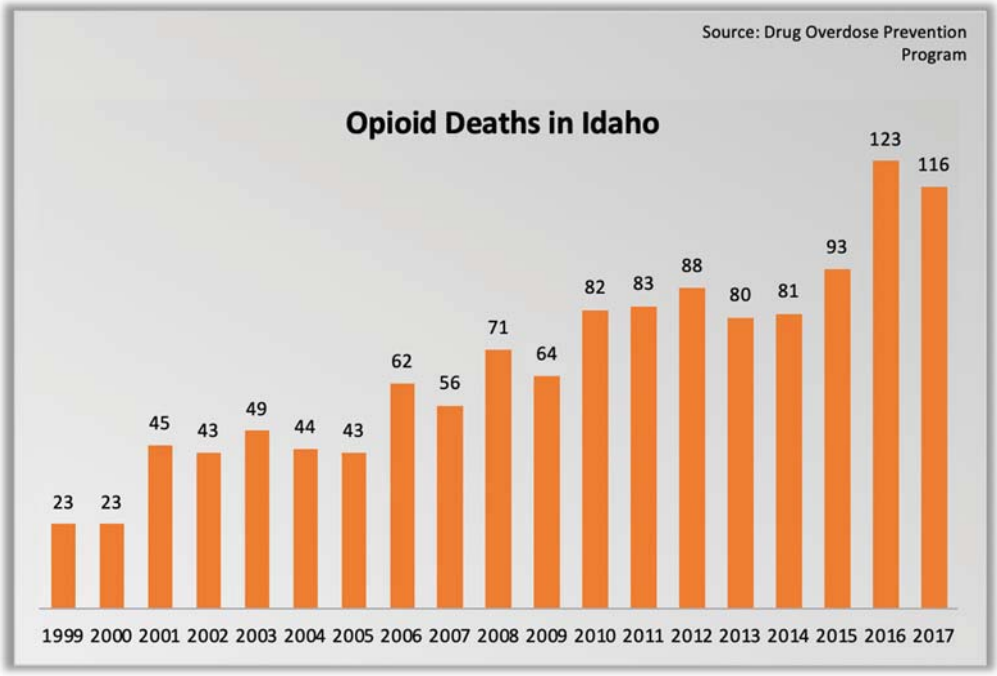
188. In January 2018, Richard Sackler received a patent for a drug to treat opioid addiction—his own version of *Project Tango*. Richard's patent application says opioids *are* addictive. The application calls the people who become addicted to opioids "junkies" and asks for a monopoly on a method of treating addiction.

189. On May 3rd and again on June 6th and 8th, 2018 all seven remaining Sacklers attended meetings of the Board: Richard, David, Ilene, Jonathan, Kathe, Mortimer, and Theresa.

190. But as pressure mounted—and just as their employees predicted, the Sacklers tried to run. Richard Sackler was the first to go: he resigned from the Board in July 2018. David Sackler quit in August 2018. Theresa Sackler served her last day in September. Ilene, Jonathan, Kathe, and Mortimer quit in early 2019.

V. Purdue's Unlawful Conduct Has Harmed and Injured Idaho and Its Citizens.

191. Purdue's unlawful conduct has foreseeably caused catastrophic harm in Idaho. In 2017, there were 116 opioid-related deaths in Idaho, up from 56 deaths a decade earlier. (*See* Figure 17 below, showing the number of opioid deaths in Idaho broken down by year.) In the past twenty years, 1,270 Idaho citizens died from opioid-related overdoses. Because 33% of drug overdose deaths during this time did not report the type of drug involved, this number is likely conservative.



(**Fig. 17.**)

192. The number of opioid-related deaths is rising faster than all other drug-induced deaths in the State, and it is estimated that 62% of all drug-induced deaths in the State are caused by opioids.

193. The number of Idaho residents addicted to opioids is far greater. There are more than 100,000 Idaho citizens who are chronic opioid users (*i.e.*, individuals who have taken opioids for more than three months without a break of at least one week). This number represents 33% of the total number of Idaho citizens that are prescribed opioids, and nearly 6% of the entire State population.

194. Idaho's opioid addiction rate is higher than that of most other states in the country. Between 2015 and 2016, Idaho ranked 5th among the 50 states for pain reliever misuse among individuals 12 and older.

195. Purdue's conduct caused a proliferation of opioids in the community, which has serious consequences to public health and safety. In addition to more incidences of addiction, overdose and death for those who are addicted to opioids, more opioids in the community leads to: (a) opioid diversion, (b) more individuals becoming addicted to illegal drugs, like heroin, and (c) overdoses, death, and harm to individuals who are exposed to the opioids of others, including first-responders, children, adults, and family members.

196. Opioid addiction carries with it high mortality rates, high incarceration rates, and a high relapse rate for those who seek treatment. Purdue's unlawful conduct has foreseeably imposed myriad financial costs on the State. One report estimates that Idaho has suffered over $1.5 billion in economic costs and losses from the opioid epidemic, with $150 million in health care costs alone resulting from the opioid crisis, making Idaho the state with the 9th highest per-capita health care costs in the country. Another report estimated the cost associated with each

death from an opioid overdose at $9.6 million. With 1,270 opioid-related deaths between 1999 and 2017, the estimated cost in Idaho is more than $12 billion.

197. Other costs foreseeably caused by Purdue's unlawful conduct include: lost productivity, increased health care costs, treatment costs for children born with Neonatal Abstinence Syndrome, increased criminal justice costs, resources for investigations, enforcements, monitoring, and administrative proceedings, increased expenditure of emergency response services, increased costs for opioid-reversal drugs, increased expenditures on social services and government funded or assisted services, increased law enforcement costs, and increased expenditures on treatments, therapies, education, and prevention measures to address opioid addiction overdose, or exposure, and treatment programs.

198. Purdue's unlawful conduct also foreseeably caused increased costs to the Idaho Medicaid program, which reimbursed millions of dollars each year to providers for Purdue's opioids, as well as the generic versions manufactured by other drug companies. But for Purdue's unlawful conduct, doctors would not have prescribed, providers would not have dispensed or submitted reimbursement claims to the Idaho Medicaid program, and the Idaho Medicaid program would not have reimbursed providers, for as many opioid prescriptions as were in fact prescribed, dispensed, and reimbursed.

199. Further, the opioid epidemic created and driven by Purdue constitutes a public nuisance, has caused enormous public harm in Idaho, and continues to jeopardize the health and safety of Idaho residents, while interfering with the comfortable enjoyment of life and property.

200. Specifically, the public nuisance Purdue created violates rights common to the Idaho public. By causing a dramatic and unnecessary influx of opioids throughout the Idaho, Purdue has caused widespread opioid abuse, addiction, overdoses, injury, crime, and mortality

throughout the State. Purdue's conduct has injuriously affected public rights, including the right to public health, safety, peace, comfort, and convenience, in communities throughout Idaho. Purdue's conduct has affected, and continues to affect, communities and a considerable number of people.

First Cause of Action
Violations of the Idaho Consumer Protection Act
Idaho Code §§ 48-601, *et. seq.*
(Against All Defendants)

201. Plaintiff hereby realleges all previous paragraphs.

202. The Idaho Consumer Protection Act ("ICPA") prohibits unfair or deceptive acts or practices in the conduct of trade or commerce. Idaho Code §§ 48-601, *et seq.*

203. Idaho Code § 48-603(5) declares that it is unlawful to "represent[ ] that goods or services have . . . characteristics [or] benefits . . . that they do not have . . . ."

204. Idaho Code § 48-603(17) declares that it is unlawful to engage "in any act or practice which is otherwise misleading, false, or deceptive to the consumer."

205. Idaho Code § 48-603(18) declares that it is unlawful to engage "in any unconscionable method, act or practice in the conduct of trade or commerce, as provided in section 48-603C, Idaho Code." Idaho Code § 48-603C in turn declares that "Any unconscionable method, act or practice in the conduct of any trade of commerce violates the provisions of this chapter whether it occurs before, during or after the conduct of the trade or commerce."

206. Idaho Administrative Code § 04.02.01.030 declares that "It is an unfair and deceptive act or practice for a seller to make any claim or representation concerning goods or services which directly, or by implication, has the capacity, tendency, or effect of deceiving or misleading a consumer acting reasonably under the circumstances. An omission of a material or relevant fact shall be treated with the same effect as a false, misleading, or deceptive claim or

representation, when such omission, on the basis of what has been stated or implied, would have the capacity, tendency, or effect of misleading a consumer acting reasonably under the circumstances. With reference to goods or services, this prohibition includes, but is not limited to, facts relating to the . . . benefit to be derived from the use of the goods or services."

207. Idaho Administrative Code § 04.02.01.031 declares that "The responsibility for truthful advertising which does not have the capacity, tendency, or effect of deceiving or misleading consumers acting reasonably under the circumstances rests with the seller. Sellers must be able to substantiate all claims or offers made before such claims or offers are advertised. Sellers must maintain sufficient records to substantiate all representations made in their advertisements."

208. Idaho Code § 48-606 declares that "Whenever the attorney general has reason to believe that any person is using, has used, or is about to use any method, act or practice declared by this chapter to be unlawful, and that proceedings would be in the public interest, he may bring any action in the name of the state against such person: (a) To obtain a declaratory judgment that a method, act or practice violates the provisions of this chapter; (b) To enjoin any method, act or practice that violates the provisions of this chapter by issuance of a temporary restraining order or preliminary or permanent injunction, upon the giving of appropriate notice to that person as provided by the Idaho rules of civil procedure; (c) To recover on behalf of consumers actual damages or restitution of money, property or other things received from such consumers in connection with a violation of the provisions of this chapter; (d) To order specific performance by the violator; (e) To recover from the alleged violator civil penalties of up to five thousand dollars ($5,000) per violation for violation of the provisions of this chapter; and (f) To recover

from the alleged violator reasonable expenses, investigative costs and attorney's fees incurred by the attorney general."

209. The Attorney General has reason to believe that Defendants are using, have used, or are about to use, methods, acts or practices declared by the ICPA to be unlawful and that proceedings would be in the public interest.

210. Pursuant to Idaho Code § 48-606(3), the Attorney General notified all Defendants of his intention to file this lawsuit and offered them a reasonable opportunity to appear before him and execute an assurance of voluntary compliance or a consent judgment.

211. By committing the acts alleged above, Defendants have violated the above statute and administrative rules.

212. Defendants knew or should have known that their conduct, as specified above, was false, deceptive, misleading or unconscionable.

213. By committing the acts alleged above, Defendants have caused harm to the State and its citizens as described in this Complaint and the Attorney General in the State of Idaho's sovereign capacity seeks legal, equitable, and remedial relief, as provided by law.

Second Cause of Action
Public Nuisance
Idaho Code §§ 52-101, *et seq.*
(Against All Defendants)

214. Plaintiff hereby realleges all previous paragraphs.

215. Idaho Code § 52-101 defines "nuisance" to include "Anything which is injurious to health or morals, or is indecent, or offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property."

216. Idaho Code § 52-102 defines "public nuisance" as a nuisance "which affects at the same time an entire community or neighborhood, or any considerable number of persons, although the extent of the annoyance or damage inflicted upon individuals may be unequal."

217. Idaho Code § 52-111 provides that "Anything which is injurious to health or morals, or indecent, or offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property, is a nuisance and the subject of an action. Section 52-111 further provides that the action "may be brought by any person whose property is injuriously affected, or whose personal enjoyment is lessened by the nuisance."

218. Idaho Code § 52-205 provides that "A public nuisance may be abated by any public body or officer authorized thereto by law."

219. By committing the acts alleged above, Defendants created and continue to create a public nuisance by, among other ways, interfering with the comfortable enjoyment of life or property of Idaho citizens as described in this Complaint.

Third Cause of Action
Negligence
(Against All Defendants)

220. Plaintiff hereby realleges all previous paragraphs.

221. Defendants owed a duty of care to the State and its citizens. That duty included, among other things, an obligation: to conduct its business of promoting, marketing, and/or distributing opioids in compliance with applicable state law; not to make false, deceptive, or misleading statements or claims about its opioids; not to omit material facts and information in its statements or claims about its opioids; and to take appropriate measures to identify, guard against, and report potential abuse and diversion of its opioids.

222. By committing the acts alleged above, Defendants breached their duty of care to the State and its citizens.

223. Defendants' breach of their duty of care has proximately caused harm to the State and its citizens as described in this Complaint.

DEMAND FOR COSTS AND ATTORNEY'S FEES

224. Plaintiff is entitled to an award of attorney's fees and costs incurred in connection with this matter, pursuant to Idaho law, including Idaho Code §§ 12-117; 12-120; 12-121; and/or 48-606.

NOTICE OF JOINT AND SEVERAL LIABILITY

225. Defendants are liable for the actions, negligence, and omissions of the other Defendants, jointly and severally.

NOTICE OF INTENT TO SEEK PUNITIVE DAMAGES

226. Defendants' conduct, as alleged herein, warrants an award of punitive damages. Plaintiff intends to seek punitive damages against Defendants in this case, and will comply with Idaho Code § 6-1604.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays that this Court enter judgment against Defendants as follows:

A. Declaring that Defendants' conduct as described above violates the Idaho Consumer Protection Act and the Idaho Administrative Code;

B. Declaring that Defendants have created a public nuisance within the meaning of Idaho Code §§ 52-101, *et seq*.;

C. Declaring that Defendants have acted negligently;

D. Declaring Defendants jointly and severally liable to Plaintiff;

E. Permanently enjoining Defendants from engaging in the unlawful conduct described herein;

F. Ordering Defendants to disgorge all revenues, profits, and gains achieved in whole or in part through the unlawful conduct described herein and obtained as a result of sales of Purdue products being sold to and used by Idaho consumers and businesses;

G. Ordering Defendants to abate the public nuisance that they created and compensate the State for all costs it has incurred and will incur in abating the public nuisance;

H. Awarding compensatory damages to the State in an amount to be proven at trial, to the maximum extent authorized by applicable law;

I. Awarding restitution to the State and consumers who were harmed by Defendants' unlawful acts and practices as described herein in an amount to be proven at trial, to the maximum extent authorized by applicable law;

J. Awarding civil penalties to the State to the maximum extent authorized by applicable law;

K. Awarding attorneys fees' and costs to the State;

L. Awarding pre- and post-judgment interest to the State to the maximum extent authorized by applicable law; and

M. Awarding any and all other relief the Court deems appropriate and just.

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JURY TRIAL DEMANDED

Plaintiff demands a trial by jury in this matter.

Respectfully submitted,

LAWRENCE G. WASDEN
ATTORNEY GENERAL
STATE OF IDAHO,

Dated: June 3, 2019

By: */s/ W. Scott Zanzig*
One of Plaintiff's Attorneys

LAWRENCE G. WASDEN
ATTORNEY GENERAL
STATE OF IDAHO

BRETT DELANGE (ISB #3628)
Division Chief
Consumer Protection Division

JANE HOCHBERG (ISB #5465)
W. SCOTT ZANZIG (ISB #9361)
Deputy Attorneys General
IDAHO OFFICE OF THE ATTORNEY GENERAL
954 West Jefferson Street, 2nd Floor
P.O. Box 83720
Boise, Idaho 83720
Tel: 208.334.2400
Fax: 208.334.4151
brett.delange@ag.idaho.gov
jane.hochberg@ag.idaho.gov
scott.zanzig@ag.idaho.gov

ROBERT S. LIBMAN*
DEANNA N. PIHOS*
DAVID BALTMANIS*
MINER, BARNHILL & GALLAND P.C.
325 North LaSalle Street, Suite 350
Chicago, Illinois 60654
Tel: 312.751.1170
Fax: 312.751.0438
rlibman@lawmbg.com
dpihos@lawmbg.com
baltmanis@lawmbg.com

JAY EDELSON*
BENJAMIN RICHMAN*
DAVID MINDELL*
EDELSON PC
350 North LaSalle Street, 14th Floor
Chicago, Illinois 60654
Tel: 312.589.6370
Fax: 312.589.6378
jedelson@edelson.com
brichman@edelson.com
dmindell@edelson.com

RAFEY S. BALABANIAN*
TODD M. LOGAN*
BRANDT SILVER-KORN*
EDELSON PC
123 Townsend Street, Suite 100
San Francisco, California 94107
Tel: 415.212.9300
Fax: 415.373.9495
rbalabanian@edelson.com
tlogan@edelson.com
bsilverkorn@edelson.com

*Admission *pro hac vice* to be sought.