IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

Document split into multiple parts

PART C

STATE OF OKLAHOMA, ex rel., MIKE HUNTER, ATTORNEY GENERAL OF OKLAHOMA, Plaintiff, v. PURDUE PHARMA L.P., *et al.*, Defendants.	Case No. CJ-2017-816 Judge Thad Balkman William C. Hetherington Special Discovery Master

SUMMARY JUDGMENT MOTION OF DEFENDANTS JOHNSON & JOHNSON AND JANSSEN PHARMACEUTICALS, INC. AND BRIEF IN SUPPORT

REDACTED VERSION

THIS DOCUMENT WAS FILED IN ITS ENTIRETY APRIL 23, 2019,
UNDER SEAL
PER COURT ORDER DATED APRIL 16, 2018

STATE OF OKLAHOMA } S.S.
CLEVELAND COUNTY }
FILED

APR 24 2019

In the office of the
Court Clerk MARILYN WILLIAMS

EXHIBIT 18

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA
2
STATE OF OKLAHOMA, ex rel.,
3 MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,
4
Plaintiff,
5
vs. Case No. CJ-2017-816
6
(1) PURDUE PHARMA, L.P;
7 (2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
8 (4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
9 (6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
10 (8) ORTHO-McNEIL-JANSSEN
PHARMACEUTICALS, INC., n/k/a
11 JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC.;
12 n/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
13 F/k/a ACTAVIS, INC., f/k/a WATSON
PHARMACEUTICALS, INC.;
14 (11) WATSON LABORATORIES, INC.;
(12) ACTAVIS, LLC; and
15 (13) ACTAVIS PHARMA, INC.,
f/k/a WATSON PHARMA, INC.,
16
Defendants.
17
3230(C)(5) Videotaped Deposition of
18
THE J&J DEFENDANTS,
19
By and Through the Corporate Representative,
20
BRUCE MOSKOVITZ
21
Taken on Behalf of the Plaintiff
22
On August 28, 2018, Beginning at 9:01 a.m.
23
In Oklahoma City, Oklahoma
24
VIDEOTAPED BY: Gabriel Pack
25 REPORTED BY: D. Luke Epps, CSR, RPR

1 Q You agree that there is an opioid
2 epidemic in the state of Oklahoma?
3 MR. LIFLAND: Object to the form of the
4 question.
5 THE WITNESS: I can't speak specifically
6 to the state of Oklahoma. I'm aware that there
7 are -- there is -- well, there's an opioid --
8 overuse of opioids in general across the United
9 States. I don't know the specifics of the
10 opioid -- of the Oklahoma issue.
11 Q (BY MR. DUCK) Do you agree there's an
12 opioid epidemic in the United States?
13 MR. LIFLAND: Object to the form of the
14 question.
15 THE WITNESS: You'd have to use it --
16 you'd have to define the term "epidemic."
17 Epidemic from my background is primarily an
18 infectious disease term. There's overuse of
19 opioids in general leading to adverse
20 consequences.
21 Q (BY MR. DUCK) You would agree that
22 there is a public health emergency related to
23 opioids in the United States?
24 MR. LIFLAND: Object to the form of the
25 question.

1 THE WITNESS: I would agree that there
2 are entities that are exploring this as --
3 rising to the level of a crisis that needs to be
4 addressed.
5 Q (BY MR. DUCK) Janssen stopped promoting
6 Duragesic in 2007; right?
7 A Yes.
8 Q And Janssen stopped promoting Nucynta
9 when it divested the product in 2015; right?
10 A Yes.
11 Q Is it Janssen's position that ceasing
12 promotion of Duragesic and Nucynta is all that
13 Janssen needs to do to help abate the public
14 health emergency related to opioids?
15 MR. LIFLAND: Object to the form of the
16 question.
17 THE WITNESS: I can't answer that on the
18 part of Janssen. I know that there are ongoing
19 activities, so by the fact that we have ongoing
20 activities, my sense is that, no, we don't
21 believe that we have no responsibility to
22 continue our educational program. Number two,
23 at this point, Duragesic is still a Janssen
24 product.
25 Q (BY MR. DUCK) And why is that relevant?

1 A Because we still have regulatory
2 responsibilities to ensure that the package
3 insert reflects all of the current appropriate
4 usage, warnings, information in the package
5 insert, the REMS program, the surveillance
6 programs and we continue to do so.
7 Q You said that you could not answer my
8 question about whether ceasing promotion was all
9 Janssen needed to do, and why is that? Why
10 can't you answer for Janssen?
11 MR. LIFLAND: Object to the form of the
12 question.
13 THE WITNESS: Well, because I know that
14 there are other things we're doing. So it's not
15 my opinion that once we cease promotion we
16 ceased all activities around Duragesic.
17 Q (BY MR. DUCK) And you understand that
18 you are here today testifying as Janssen; right?
19 A Yes.
20 Q And the topic of today's deposition is
21 abatement, right?
22 A Yes.
23 Q And so my question is ceasing promotion
24 of Duragesic and Nucynta is not all that Janssen
25 needs to do to help abate the public health

1

1

13 I don't know specifically. I recall seeing

14 programs that were put together with the cards

15 that would be mailed out to patients. So my

16 assumption is that they did.

17 Q Does Janssen still have a program that

18 includes regular mailings designed to educate

19 patients on appropriate use of the product and

20 what to expect?

21 A I don't believe so.

22 Q Why not?

23 A Because we're no longer actively

24 marketing the product.

25 Q That -- you consider that marketing?

1 A It's an educational program that's part
2 of the marketing group. It's beyond the package
3 insert.
4 Q It would be feasible for Janssen to
5 create or resume any program that includes
6 regular mailings to educate patients; right?
7 MR. LIFLAND: Object to the form of the
8 question.
9 THE WITNESS: It would be.
10 Q (BY MR. DUCK) And there's nothing that
11 requires that those regular mailings be product
12 specific; right?
13 A There are no requirements.
14 Q They could be non-branded?
15 A Yes.
16 Q And Janssen could send regular mailings
17 to patients that were non-branded about opioids;
18 right?
19 A Yes.
20 Q But Janssen is not doing that right now?
21 A Not to my knowledge.
22 Q Does Janssen have any intention of doing
23 that in the future?
24 MR. LIFLAND: Object to the form of the
25 question. Instruct the witness not to answer on

1 CERTIFICATE

2 I, D. LUKE EPPS, Certified Shorthand

3 Reporter, do hereby certify that the witness was

4 by me first duly sworn to testify the truth, the

5 whole truth and nothing but the truth, in the

6 case aforesaid; taken in shorthand and thereafter

7 transcribed; that the same was taken, pursuant

8 to stipulations hereinbefore set out; that I am

9 not an attorney for nor relative of any of said

10 parties or otherwise interested in the event of

11 said action; and that the transcript is a full,

12 true, and accurate record of the proceeding.

13 IN WITNESS WHEREOF, I have hereunto set my

14 hand and seal this 30th day of August, 2018.

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23 D. Luke Epps, CSR, RPR

24 CSR No. 1841

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EXHIBIT 19

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

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4 STATE OF OKLAHOMA, ex rel.,)
MIKE HUNTER, ATTORNEY GENERAL)
5 OF OKLAHOMA,)
)
6 Plaintiff,) CASE NO.
)
7 vs.) CJ-2017-816
)
8 PURDUE PHARMA L.P., et al.,)
)
9 Defendants.)

10

11

12 Videotaped Deposition of WILLIAM B. GRUBB,

13 III, taken on behalf of the Plaintiff, pursuant to

14 notice and agreement, before Judith L. Leitz Moran,

15 Certified Court Reporter, at Alston & Bird LLP, One

16 Atlantic Center, 1201 West Peachtree Street, Suite

17 4200, Atlanta, Georgia, on the 4th day of December

18 2018, commencing at the hour of 9:10 a.m.

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1 Q And how long have you worked for Noramco?
2 A 21 years. Since 1997.
3 Q I want to start with how you got to where
4 you are today and talk about what your background
5 is --
6 A Okay.
7 Q -- both educational and professional.
8 So can you kind of start with your
9 college education and work your way forward?
10 A I went to University of Georgia and
11 Georgia State. And graduated in 1991.
12 Q What did you do after that?
13 A I worked for a company called Burroughs
14 Wellcome that was acquired by Glaxo Wellcome and --
15 so from '91 until '97. And then joined Noramco.
16 Q So you've been with Noramco since '97?
17 A Yes.
18 Q What was your first -- your first role at
19 Noramco?
20 A My first role was as an operations
21 superintendent running a medical device facility
22 that made a -- a hemostat that is used in the body,
23 so we made the active ingredient for that.
24 Q What does Noramco do?
25 A So Noramco supplies active ingredients.

1 Think of them as like powders in a drum, but we're
2 supplying an active ingredient that goes into
3 pharmaceutical finish dosage.
4 Q How many different active pharmaceutical
5 ingredients does Noramco manufacture?
6 MS. DAWSON: Object to the form of the
7 question.
8 A So currently we manufacture around 18
9 different active ingredients.
10 BY MR. DUCK:
11 Q And Noramco manufactures active
12 pharmaceutical ingredients or APIs that are
13 controlled substances, right?
14 A Some of them are controlled substances,
15 but -- but yes, that's correct.
16 Q All right.
17 MR. BARKER: Trey, I'm sorry to
18 interrupt, but we talked about before the
19 deposition having a stipulation.
20 I just want to make sure the stipulation
21 is on the record, and that is, that if any counsel,
22 including the witness's counsel objects to a
23 question, that objection is good for all counsel;
24 is that correct?
25 MR. DUCK: Yeah.

1 MR. BARKER: Okay. And am I correct in
2 understanding that under Oklahoma procedure, the
3 objection of "object to form" covers all grounds
4 for the form of the objection; you don't need to
5 specify the particular grounds?
6 MR. DUCK: Right, it covers form
7 objections.
8 MR. BARKER: Okay. Thank you.
9 BY MR. DUCK:
10 Q So let's back up.
11 Noramco manufactures active
12 pharmaceutical ingredients or APIs, some of which
13 are controlled substances?
14 A That's correct.
15 Q And what are controlled substances?
16 MS. DAWSON: Object to the form of the
17 question.
18 A So there's a specific definition defined
19 in the Controlled Substances Act that -- you know,
20 I -- I'm not a lawyer, but you -- in the Code of
21 Federal Regulations, there's a definition of a
22 controlled substance.
23 BY MR. DUCK:
24 Q Can you -- can anyone manufacture
25 controlled substances or do you need a special

1 warning which is commonly put there to make sure
2 that it's front and center to alert prescribers of
3 side effects. I -- I haven't said that they're
4 dangerous.
5 Q And you specifically said they're not
6 dangerous, right?
7 MS. DAWSON: Object to the form of the
8 question.
9 A I simply stated that there's a black box
10 warning. I haven't stated that they are or are not
11 dangerous.
12 BY MR. DUCK:
13 Q Well, what's your view, are they or
14 aren't they?
15 A I --
16 MS. DAWSON: Object to the form of the
17 question. Asked and answered.
18 A Yeah, I can't -- I can't speculate on
19 that. I mean, I'm not a -- I'm not a regulator.
20 BY MR. DUCK:
21 Q You don't know whether opioids are
22 dangerous?
23 MS. DAWSON: Object to the form of the
24 question. Asked and answered.
25 You can go ahead and answer.

1 THE WITNESS: Okay.
2 A I -- again, I'm not a regulator. I know
3 that the active ingredients that we supply go into
4 finished dosage forms. Those finished dosage forms
5 have been reviewed and approved by the FDA. And
6 that every year the DEA has to give us something
7 called manufacturing quota to make them. So that's
8 an annual process.
9 And all I can surmise is, is that, you
10 know, within the FDA and DEA regulatory framework
11 that we're, you know, making something that is
12 required.
13 BY MR. DUCK:
14 Q What do you mean "required"?
15 A The dosage forms that have been approved
16 are required for medical treatment of pain.
17 Q Noramco makes oxycodone, right?
18 MS. DAWSON: Object to the form of the
19 question.
20 A Noramco, Inc., makes oxycodone
21 hydrochloride API as one of the APIs on our product
22 list.
23 BY MR. DUCK:
24 Q What is that API used in? Which
25 pharmaceutical finished products?

1 MS. DAWSON: Object to the form of the
2 question.
3 A I'm going to state up front I can't give
4 you a comprehensive list, but, you know, they're --
5 it's used in both immediate release and sustained
6 release dosage forms for treating pain.
7 BY MR. DUCK:
8 Q And one of the -- well, let's back up.
9 Can you give us some examples of both of
10 those types of oxycodone formulations, the
11 immediate release and the extended release?
12 MS. DAWSON: Object to --
13 BY MR. DUCK:
14 Q Some brand names?
15 MS. DAWSON: Object to the form of the
16 question.
17 A Yeah, I -- again, in supplying an active
18 ingredient to typically a company, not to a brand
19 name, you know, generally speaking, I know that,
20 you know, Percocet and Oxycontin are two brand
21 names.
22 BY MR. DUCK:
23 Q Purdue Pharma manufactures Oxycontin,
24 right?
25 MS. DAWSON: Object to the form of the

1 question.
2 A I -- I believe that to be true.
3 BY MR. DUCK:
4 Q And Noramco sells API to Purdue or at
5 least in the past has sold API to Purdue, right?
6 MS. DAWSON: Object to the form of the
7 question.
8 A Purdue is a customer of Noramco, Inc.'s.
9 We have sold API to them in the past in addition to
10 the manufacturing they do for themselves.
11 BY MR. DUCK:
12 Q Are you familiar with the manufacturing
13 Purdue does for itself?
14 MS. DAWSON: Object to the form of the
15 question.
16 A I am.
17 BY MR. DUCK:
18 Q What's the name of their API
19 manufacturing arm?
20 A Rhodes Technologies.
21 Q Do you work directly with Rhodes at all?
22 MS. DAWSON: Object to the form of the
23 question.
24 A I -- can you define "work with"?
25 BY MR. DUCK:

1 Q Have you ever in your role at Noramco,
2 for example, had any contracts or joint ventures
3 with Rhodes?
4 MS. DAWSON: Object to the form of the
5 question.
6 A Yeah. So Rhodes Technologies is a -- is
7 a customer of Noramco's. So in our sales data, you
8 would see Noram -- them as a customer.
9 BY MR. DUCK:
10 Q What does Rhodes Technology buy from
11 Noramco?
12 MS. DAWSON: Object to the form of the
13 question.
14 A So they buy raw materials from us to do
15 manufacturing at their facility, and -- and they're
16 actually buying a raw material that's not a -- a
17 drug in and of itself.
18 BY MR. DUCK:
19 Q They buy raw materials meaning that
20 they're actually buying the -- the processed
21 poppies from you? Or is it the poppy straw? What
22 are they buying from Noramco exactly?
23 MS. DAWSON: Object to the form of the
24 question.
25 A Yeah. So what they buy from us is

1 something called -- we call it NATA, which means
2 that it is a technical thebaine. And it is the
3 active ingredient -- or, excuse me, I said it
4 wasn't. It is a raw material that's used to
5 produce oxycodone. They buy that from Noramco.
6 BY MR. DUCK:
7 Q What does NATA stand for, if you know?
8 A It's alkaloid -- it's -- frankly, I can't
9 remember exactly how we came up with it. But it --
10 what it means is, is that we've taken concentrated
11 poppy straw and we've recrystalized it and we
12 supply it to Rhodes Technologies. And we are not
13 their only supplier. They buy from several other
14 people besides us.
15 Q Noramco used to be owned by Johnson &
16 Johnson, right?
17 A Up until July 1st of 2016, that's
18 correct.

18 BY MR. DUCK:

19 Q Is the poppy straw you're referring to

20 that you just told us about with respect to NATA,

21 does that come from Tasmanian Alkaloids?

22 MS. DAWSON: Object to the form of the

23 question.

24 A The NATA is produced by taking something

25 called CPS or concentrated poppy straw thebaine

1 that is supplied by Tasmanian Alkaloids to Noramco.
2 BY MR. DUCK:
3 Q Are there any other suppliers other than
4 Tasmanian Alkaloids for Noramco --
5 MS. DAWSON: Object --
6 BY MR. DUCK:
7 Q -- for this poppy straw that we're
8 talking about?
9 MS. DAWSON: Object to the form of the
10 question.
11 A So Noramco has also qualified French CPS
12 thebaine from a company called Francopia. But in
13 large part, you know, Tasmanian Alkaloids is a
14 supplier.
15 BY MR. DUCK:
16 Q Has J&J ever owned Francopia?
17 A No.
18 MS. DAWSON: Object to the --
19 THE WITNESS: I'm sorry.
20 MS. DAWSON: Object to the form of the
21 question.
22 A J&J has never owned Francopia.
23 BY MR. DUCK:
24 Q Do you know who does own Francopia?
25 A I actually am not sure now today.

1 Q Other than Tasmanian Alkaloids and
2 Francopia, are there any other suppliers to
3 Noramco --
4 MS. DAWSON: Object --
5 BY MR. DUCK:
6 Q -- of poppies?
7 MS. DAWSON: Object to the form of the
8 question.
9 A That's -- yes, there are, depending on
10 which poppy you're talking about. Turkey supplies
11 CPS morphine. And it -- Sun Pharma in -- also in
12 Australia supplies CPS Oripavine. And Tasmania
13 also -- well, we've already covered that Tasmania
14 supplies us materials.
15 BY MR. DUCK:
16 Q Other than Tasmanian Alkaloids, has
17 Johnson & Johnson ever owned another poppy
18 supplier?
19 MS. DAWSON: Object to the form of the
20 question.
21 A Not that I'm aware of.
22 BY MR. DUCK:
23 Q What's your role at Noramco currently?
24 A My current role with Noramco is I'm vice
25 president of global business development and

1 question.
2 A It's -- it's not intended to -- I mean,
3 frankly, I'm just going to say I'm not a clinician.
4 I know that it's used in combination in a number of
5 drugs that are for -- as a component to prevent
6 abuse. I don't know the exact way that happens.
7 BY MR. DUCK:
8 Q Okay. So Noramco manufactures opioid
9 APIs, right?
10 A That is a fact.
11 Q Noramco manufactures buprenorphine,
12 right?
13 MS. DAWSON: Object to the form of the
14 question.
15 A Noramco today does manufacture
16 buprenorphine and buprenorphine hydrochloride.
17 They're actually different.
18 BY MR. DUCK:
19 Q And Noramco manufactures Naloxone,
20 correct?
21 MS. DAWSON: Object to the form of the
22 question.
23 A Noramco does manufacture Naloxone.
24 BY MR. DUCK:
25 Q And Noramco sells all three of those

1 products to Purdue or Rhodes, right?
2 MS. DAWSON: Object to the form of the
3 question.
4 A So Noramco is one of four or five
5 manufacturers that make these APIs, including
6 Rhodes and Purdue themselves. So we certainly are
7 not the only person, but they are a customer, yes.
8 BY MR. DUCK:
9 Q So just to summarize that, Noramco sells
10 to Rhodes or Purdue opioid API, buprenorphine and
11 Naloxone, correct?
12 MS. DAWSON: Object to the form of the
13 question.
14 A That's a correct statement.
15 BY MR. DUCK:
16 Q What does Noramco sell to Teva?
17 MS. DAWSON: Object to the form of the
18 question.
19 A Today Noramco sells -- I think this year
20 nothing to Teva.
21 BY MR. DUCK:
22 Q What in the past has Noramco sold to
23 Teva?
24 A Noramco has sold primarily -- again, it
25 varies by year, but we primarily have sold, based

1 on the quota that we were given to produce APIs,
2 and the quota that they were given to procure the
3 APIs, oxycodone, hydrochloride and hydrocodone
4 bitartrate.
5 Q Teva is a manufacturer of generic
6 pharmaceuticals, right?
7 MS. DAWSON: Object to the form of the
8 question.
9 A I am not sure -- I know they manufacture
10 both branded and generic pharmaceuticals, so I'm
11 not sure that I would say they're only generic.
12 BY MR. DUCK:
13 Q Are you familiar with any of the -- the
14 branded drugs at Teva?
15 A I really am not actually. So I'm
16 supplying an active ingredient that is a controlled
17 substance where the DEA's given me quota. And then
18 they've given my customer quota to procure it.
19 You know, what it gets used for in the
20 formulation, that -- that's blind to me. I'm not
21 actually sure.
22 Q What opioid APIs has Noramco sold to --
23 well, did we say Cephalon? Was Cephalon one of
24 your customers?
25 A We said that they -- we said they were

1 not.
2 Q They were not, okay.
3 What opioid APIs does Noramco sell to
4 Endo currently?
5 A Okay. Currently, codeine phosphate I
6 believe is the only API that we will sell them.
7 Q In the past has Noramco provided other or
8 additional APIs, opioid APIs to Endo?
9 A So, again, you know, in the construct of
10 us being given manufacturing quota and then being
11 given procurement quota, we've sold them oxycodone
12 hydrochloride, hydrocodone bitartrate, codeine
13 phosphate and methylphenidate hydrochloride.
14 And I just want to add, you know, I'm not
15 sure that's an exhaustive list, but those are the
16 major -- those are the main ones.
17 Q All right. You've mentioned FDA approval
18 a few times. It's your understanding, right, that
19 pharmaceuticals in the United States that are
20 allowed to be sold have to be approved by the FDA,
21 right?
22 MS. DAWSON: Object to the form of the
23 question.
24 A That is my understanding of how the
25 process works, yes.

1 BY MR. DUCK:
2 Q Does FDA approve the APIs that Noramco
3 makes?
4 A Noramco making an API chemical has to
5 submit to the FDA to obtain a document called a
6 drug master file or, in short, DMF. So that --
7 that's correct, they do.
8 Q Is it accurate to say that the opioid
9 APIs or other Schedule II APIs that Noramco makes,
10 that they are FDA-approved active pharmaceutical
11 ingredients?
12 MS. DAWSON: Object to the form of the
13 question.
14 BY MR. DUCK:
15 Q Or is the terminology different?
16 MS. DAWSON: Same objection.
17 A Can you repeat the question?
18 BY MR. DUCK:
19 Q Sure.
20 A Yeah.
21 Q It's -- it's pretty simple.
22 The phrase "FDA approval" carries a
23 certain meaning with it. Does that phrase apply to
24 active pharmaceutical ingredients or just to
25 finished pharmaceutical products? Does that make

1 sense?

2 MS. DAWSON: Object to the form of the

3 question.

4 A So basically the FDA approves the

5 finished dose. In order to approve that finished

6 dose they have to look at the drug master file.

7 And so when the finished dose is approved, they're

8 effectively approving the drug master file as well.

9 So the drug master file in and of itself

10 is not approved. It's approved as part of a

11 customer's formulation filing.

12 BY MR. DUCK:

13 Q Is Noramco subject to FDA validation

14 processes?

15 MS. DAWSON: Object to the form of the

16 question.

17 A The manufacturing processes that Noramco

18 runs have to be validated. That's part of what's

19 called good manufacturing practice.

20 BY MR. DUCK:

21 Q Is it required by FDA, though?

22 A That's a correct statement.

23 MS. DAWSON: Object to the form of the

24 question.

25 THE WITNESS: Sorry.

1 BY MR. DUCK:
2 Q So FDA could audit the manufacturing
3 processes that Noramco undertakes?
4 MS. DAWSON: Object to the form of the
5 question.
6 A Noramco is a FDA-registered, GMP
7 certified producer, and the FDA does, in fact,
8 audit us, yes.
9 BY MR. DUCK:
10 Q What does GMP stand for?
11 A Good manufacturing practice.
12 Q Got it.
13 Noramco is also regulated by DEA, right?
14 MS. DAWSON: Object to the form of the
15 question.
16 A Noramco is a -- a DEA registrant and we
17 are regulated heavily by the DEA.
18 BY MR. DUCK:
19 Q In -- in what ways does DEA regulate
20 Noramco?
21 MS. DAWSON: Object to the form of the
22 question.
23 A So Noramco is -- first and foremost is
24 listed annually in the federal register on a
25 renewal process as a registrant. And as I've

1 mentioned earlier, annually they provide us
2 manufacturing quota to manufacture the APIs that we
3 then in turn sell to customers. That's the main
4 two. And -- and there's a series of inspections
5 that happen along with that.
6 BY MR. DUCK:
7 Q What do those inspections consist of?
8 A I -- that's a -- can you be a little more
9 specific?
10 Q Sure.
11 You said there were some inspections that
12 go along with this process of being named as a
13 registrant and all of that. Can you just provide a
14 little more detail on what this inspection process
15 is?
16 MS. DAWSON: Object to the form of the
17 question.
18 A So the -- generally speaking, the DEA
19 inspection process is -- looks at our security
20 systems and physically tests them to make sure that
21 they work. And then it is -- we go through what's
22 called an accountability audit where a hundred
23 percent of the transactions that we do are -- are
24 actually audited. And we also go through a series
25 of accountability assessments where we have to

1 you know, is a drum. It's -- not a lot of -- not a
2 lot of shipments, but I'm not aware of any.
3 BY MR. DUCK:
4 Q What do you mean "not a lot of
5 shipments"?
6 MS. DAWSON: Object to the form of the
7 question.
8 A Think of -- you know, think of four or
9 five shipments a week on average. That to me is a
10 fairly low number.
11 BY MR. DUCK:
12 Q Is that because the -- the API goes a
13 long way that you don't need to deliver a lot of
14 it?
15 MS. DAWSON: Object to the form of the
16 question.
17 BY MR. DUCK:
18 Q Or why is that?
19 MS. DAWSON: The same objection.
20 A It's not -- I think that the concept of
21 not a lot is -- I guess it could be a lot if the
22 DEA awarded our customer's quota to procure it.
23 We're not at liberty just to ship. We have to
24 actually obtain a piece of paper called a 222 Form
25 that says that the DEA agrees we can ship our API

1 that we've made under their quota to a customer.
2 So I think -- I mean, I don't mean this
3 sarcastically, I think you'd have to ask the DEA.
4 I mean, it's really up to them to say here's how
5 much you can ship.
6 BY MR. DUCK:
7 Q Do DEA quotas apply to both Noramco and
8 Noramco's customers?
9 MS. DAWSON: Object to the form of the
10 question.
11 A So we -- Noramco in order to produce an
12 API has to have something called manufacturing
13 quota. Our customers have to in turn obtain from
14 the DEA procurement quota. And so, I believe the
15 answer to your question would be yes. They're not
16 the same type of quota as what I was trying to
17 point out, but yes.
18 BY MR. DUCK:
19 Q Oh, that makes sense.
20 I want to talk about oxycodone
21 specifically. Since you've been at Noramco, has
22 Noramco's manufacturing quota for oxycodone ever
23 gone down?
24 MS. DAWSON: Object to the form of the
25 question.

1 A Factually, yes.
2 BY MR. DUCK:
3 Q Explain.
4 A It would depend on the year you're asking
5 about, but -- but the quota that we're awarded is
6 based on the market for our market. I mean, just
7 to be very clear, Noramco doesn't determine the
8 market size. That's prescriptions, you know, with
9 physicians.
10 What Noramco is doing is working within a
11 market, but -- so our quota is going down based on
12 a combination of the market share we have and the
13 actual market. So that -- but in absolute terms,
14 the -- the number of kilograms, 2.2 pounds per
15 kilogram have gone down.
16 Q Do you know which years?
17 A It's been declining every year since
18 2011.
19 Q Before 2011, was it steadily increasing?
20 MS. DAWSON: Object to the form of the
21 question.
22 A It actually varied by year, so I wouldn't
23 say that it was steadily increasing. Depending on
24 the amount of procurement quota they were going to
25 give customers, they would then in turn give us the

1 harm, but I didn't really know how.
2 BY MR. DUCK:
3 Q Tasmanian Alkaloids does grow poppy so
4 that you can go in and extract opium from and use
5 to get high, correct?
6 MS. DAWSON: Object to the form of the
7 question.
8 A So they don't grow opium poppies. And
9 they -- generally speaking, I just mentioned
10 thebaine and Oripavine. They -- they actually are
11 not -- they do not get you high. That's -- they're
12 not directly abusable, they're actually toxic.
13 BY MR. DUCK:
14 Q There are poppies, though, that are
15 directly abusable?
16 MS. DAWSON: Object to the form of the
17 question.
18 A You know, of the poppies that are grown
19 in the world, there are poppies that are directly
20 abusable.
21 BY MR. DUCK:
22 Q And Noramco makes API from those types of
23 poppies that are directly abusable?
24 MS. DAWSON: Object to the form of the
25 question.

1 A So Noramco imports -- we don't use the
2 poppies directly, so I think I'll just stop there.
3 BY MR. DUCK:
4 Q Noramco obtains ingredients or raw
5 materials from poppies that are directly abusable?
6 MS. DAWSON: Object to the form of the
7 question.
8 A So consistent with the U.N. regulations
9 on the movement of narcotic raw materials or
10 concentrated poppy straw around the world, Noramco
11 does rely on the DEA to regulate and provide for
12 import of narcotic raw material that we then
13 chemically convert into active pharmaceutical
14 ingredients.
15 BY MR. DUCK:
16 Q Are you aware of the 80/20 rule?
17 MS. DAWSON: Object to the form of the
18 question.
19 A I -- I am aware of the 80/20 rule.
20 BY MR. DUCK:
21 Q Can you please explain?
22 A Yes. So the 80/20 rule says that for
23 morphine content, 80 percent of that morphine
24 content must come from traditional sources and 20
25 percent can come from nontraditional sources, like

1 Tasmania which is not a traditional source. So
2 that's the -- that's the 80/20 rule.
3 BY MR. DUCK:
4 Q What are traditional sources?
5 A It's not a comprehensive list, but
6 traditional sources would be Turkey, India, the
7 Czech Republic, and there may be a couple of other
8 minor ones. But traditional sources is a -- a
9 State Department term that assures that Turkey,
10 India and Czech Republic have a -- have a
11 legitimate or listed outlet for their material.
12 Q There are other countries in the Middle
13 East that would be on that traditional resource
14 list as well, right?
15 MS. DAWSON: Object to the form of the
16 question.
17 A Yeah, not to my knowledge. So, no, not
18 like -- places like Afghanistan, they're not
19 actually on the list.
20 BY MR. DUCK:
21 Q So you said those were not -- that was
22 not an exhaustive list, but now are you saying that
23 Turkey, India and Czech Republic are an exhaustive
24 list?
25 MS. DAWSON: Object to the form of the

1 C E R T I F I C A T E

2

3 STATE OF GEORGIA:

4 COUNTY OF HALL:

5

6 I hereby certify that the

7 foregoing transcript was taken down, as

8 stated in the caption, and the questions

9 and answers thereto were reduced to

10 typewriting under my direction; that the

11 foregoing Pages 1 through 287 represent a

12 true and correct transcript of the

13 evidence given upon said hearing, and I

14 further certify that I am not of kin or

15 counsel to the parties in the case; am not

16 in the regular employ of counsel for any

17 of said parties; nor am I in anywise

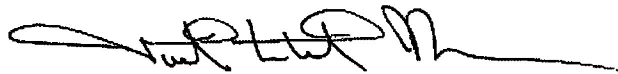
18 interested in the result of said case.

19 The witness did reserve the right

20 to read and sign the transcript.

21 This, the 6th day of December 2018.

22



23

Judith L. Leitz Moran, CCR-B-2312

24 Certified Court Reporter

25

EXHIBIT 20

[FILED UNDER SEAL]

EXHIBIT 21

RENZI STONE - MARCH 15, 2019

IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel., MIKE HUNTER, ATTORNEY GENERAL OF OKLAHOMA,	)
Plaintiff,	)
VS.	) Case No. CJ-2017-816
PURDUE PHARMA, L.P., et al.,	)
Defendants.	)

* * * * *

VIDEOTAPED DEPOSITION OF RENZI STONE

TAKEN ON BEHALF OF THE DEFENDANTS

ON MARCH 15, 2019

IN OKLAHOMA CITY, OKLAHOMA

COMMENCING AT 8:58 A.M.

* * * * *

REPORTED BY: KORTNEY V. HOUTS, CSR

instaScript
101 Park Avenue, Suite 910
Oklahoma City, OK 73102
Phone: 405-605-6880 Fax: 405-605-6881

RENZI STONE - MARCH 15, 2019

1 want to take a break?
2 MR. CUTLER: I mean, I don't mind taking a
3 break. It's up to you.
4 THE WITNESS: No. No. I'd -- I'd rather --
5 I'd rather keep churning.
6 MR. CUTLER: So let me just --
7 THE WITNESS: I'll need a bathroom break here
8 soon but --
9 MR. ERCOLE: Why don't -- why don't we --
10 MR. CUTLER: Let's go off --
11 MR. ERCOLE: Why don't we go off the record
12 for a couple of minutes. We can --
13 MR. CUTLER: Yeah.
14 THE WITNESS: Okay.
15 MR. ERCOLE: -- figure out what we want to
16 do.
17 THE VIDEOGRAPHER: Okay. Going off the
18 record. The time is 12:02 p.m.
19 (A lunch break was taken.)
20 THE VIDEOGRAPHER: We are back on the record.
21 The time is 12:36 p.m.
22 **Q** (By Mr. Ercole) Dr. -- or excuse me --
23 Mr. Stone. There's been a lot of doctor-related
24 depositions. We talked before the break, and you
25 testified that you had not spoken with any Oklahoma

RENZI STONE - MARCH 15, 2019

1 doctors regarding their prescribing of opioids in
2 connection with your opinions formed in this case. Do
3 you recall that testimony?
4 **A** Yes.
5 **Q** Okay. Is it fair to say that you haven't --
6 as a result, you -- you are not here giving an opinion
7 as to why any particular Oklahoma doctor wrote or did
8 not write an opioid prescription?
9 **A** I'm not giving any opinion about why any
10 doctor did or did not prescribe opioids.
11 **Q** Okay. And sitting here today, is it fair to
12 say you cannot -- you can't identify for us any
13 specific doctor in Oklahoma who wrote an opioid
14 prescription because of some type of marketing by one
15 of the defendants here, as opposed to many other
16 factors?
17 MR. CUTLER: Object to the form.
18 THE WITNESS: When I reviewed documents and
19 read the call notes on the IMS data, there were
20 salespeople discussing marketing strategies for how to
21 reach certain doctors in Oklahoma.
22 One kind of jumps out in my mind that they
23 were discussing how to get in with this one doctor
24 because he prescribed a competitor drug. And they were
25 using -- you know, say this to him, show him this,

RENZI STONE - MARCH 15, 2019

1 leave him this, see if he'll be a speaker at that. So
2 they were using marketing and sales tactics to
3 influence the doctor to prescribe the drug.
4 **Q** (By Mr. Ercole) And with respect to that
5 doctor, do you know one way or the other whether that
6 doctor was actually influenced by that marketing to
7 prescribe the medicine?
8 MR. CUTLER: Object to the form.
9 THE WITNESS: So the only thing I know is the
10 trend line on the prescriptions in Oklahoma over that
11 period of time, so -- and I know that bonuses were
12 predicated on whether certain doctors prescribed
13 certain drugs to their patients.
14 And in the marketing materials that I
15 reviewed, there were -- there were phrases and words
16 like, you know -- you know, your bonus depends on this.
17 And so there was lots of that kind of banter. So -- so
18 that's my knowledge and awareness of whether the doctor
19 was influenced by the marketing, is examples like that
20 that I reviewed.
21 **Q** (By Mr. Ercole) Okay. So my -- my question
22 was a little bit more specific. You said that you
23 recall a doctor who was visited by sales reps based
24 upon the call notes you reviewed. Right?
25 **A** Yes.

RENZI STONE - MARCH 15, 2019

1 **Q** Okay. And do you recall the name of that
2 doctor?
3 **A** I reviewed -- there were several dozen
4 doctors of call notes that I reviewed. There's an
5 entire file of them, and I don't recall the doctors'
6 names. In fact, I was reading to see if I knew any of
7 them, which I did not.
8 But the -- the incredible thing to me was
9 kind of the volume with what -- which these doctors
10 were called upon, you know, hundreds of times, you
11 know, several hundred times over the course of just
12 a -- you know, a handful of years.
13 And so what I know about sales is that when
14 you're trying to influence somebody, you have to build
15 a relationship. And when you have to -- when you're
16 trying to change somebody's mind on something, after
17 you develop that trust and that relationship, frequency
18 is important.
19 So my deductive reasoning to your question of
20 did it influence them, over time as those relationships
21 had to be developed, over the course of many visits
22 over a long period of time, relationships had to have
23 taken hold because the volume went up. And so that's
24 my -- that's how I would answer that question.
25 **Q** Do you recall my -- my the question that I

RENZI STONE - MARCH 15, 2019

1 Do you want to take a five-minute break, or
2 do you want to keep going?
3 MR. CUTLER: It's up to you all.
4 MR. ERCOLE: Up to you.
5 THE WITNESS: Five minutes, and then we'll
6 hit the home stretch?
7 MR. ERCOLE: I'm not -- I mean, I'll have to
8 communicate as to how long we have. But --
9 THE WITNESS: Okay.
10 MR. ERCOLE: But if you want to take a
11 five-minute break, we can certainly do that.
12 THE WITNESS: Okay.
13 THE VIDEOGRAPHER: Okay. Going off the
14 record. The time is 1:53 p.m.
15 (A break was taken.)
16 THE VIDEOGRAPHER: We are back on the record.
17 The time is 2:04 p.m.
18 **Q** (By Mr. Ercole) Mr. Stone, have you ever
19 heard of a regression model?
20 **A** A regression model?
21 **Q** Yeah.
22 **A** I've heard of regression analysis.
23 **Q** Fair enough. Have you ever -- do you know
24 what a regression analysis is?
25 **A** You know, maybe -- maybe if you ask your

1 question, I'll tell you if I know what it means.
2 **Q** I think you said you've heard of the phrase
3 regression analysis. Right?
4 **A** Yeah. You're -- you're taking data and
5 you're -- you're building into assumptions to come
6 into -- I -- I wouldn't say I know it well enough to
7 answer it in a way that would satisfy the academic
8 definition.
9 **Q** Fair enough. How about just for the moron
10 definition for people like me, at least? Regression
11 analysis, would it be fair to say it's some type of
12 model that controls for certain factors in order to
13 understand what the cause of something is?
14 MR. CUTLER: Object to the form.
15 THE WITNESS: Yeah.
16 **Q** (By Mr. Ercole) Have you ever done any type
17 of regression analysis in this particular case?
18 **A** No.
19 **Q** Okay. Do you know whether -- have you ever
20 done a regression analysis in connection with any of
21 your marketing -- marketing work for your --
22 **A** Yeah.
23 **Q** -- firm?
24 **A** So -- sorry. So back in my survey days, you
25 know, you would -- you would have regression analyses

RENZI STONE - MARCH 15, 2019

1 done to try to determine -- to determine a perspective
2 that you're trying to relate to a client. I'm not a
3 data scientist or a statistician, but I'm pretty good
4 with doing analyses.
5 I wouldn't say that I have pioneered any
6 regression analysis studies but -- but it's been a
7 while since I've -- I've modeled it. I certainly
8 review that kind of work regularly. I'm trying to --
9 I'm not sure how it's applicable to what we're talking
10 about, unless we're going back to my knowledge in
11 statistics.
12 **Q** I'm just trying to understand whether or not
13 as -- in connection with your work -- sounds like in
14 connection with your experience in the marketing space,
15 you've heard about regression analyses and have at
16 least reviewed some regression analyses. Is that fair
17 to say?
18 **A** Yeah. That's fair to say.
19 **Q** Okay. But it sounds like you have not -- in
20 connection with your experience in the marketing space,
21 you've not actually conducted your own regression
22 model?
23 **A** Not in a number of years.
24 **Q** Okay. Have you ever done that?
25 **A** I mean, back -- back in my Qorvis days, I was

EXHIBIT 22

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY

2 STATE OF OKLAHOMA

3 STATE OF OKLAHOMA, ex rel.,)
MIKE HUNTER, ATTORNEY GENERAL)
4 OF OKLAHOMA,)
)
5 Plaintiff,)
)
6 -vs-) No. CJ-2017-816
)
7 PURDUE PHARMA, L.P., et al.,)
)
8 Defendants.)

9

10

11

12 VIDEO DEPOSITION OF ADRIANE FUGH-BERMAN

13

TAKEN ON BEHALF OF THE DEFENDANTS

14

15 IN OKLAHOMA CITY, OKLAHOMA

16

ON MARCH 6, 2019

17

18 COMMENCING AT 9:05 A.M.

19

20

21

22 INSTASCRIPT, LLC
101 PARK AVENUE, SUITE 910
23 OKLAHOMA CITY, OKLAHOMA 73102
(405) 605-6880
24 www.instascript.net

25 REPORTED BY: KIM GLOVER, CSR, RPR, RMR, CLR

1 thinking out -- that you're thinking of, was Oklahoma
2 broken out -- or were the statistics, as it relates to
3 Oklahoma, broken out in those articles?
4 **A** Not that I recall.
5 **Q** Are those articles that you're
6 referring to or thinking of -- are they cited in your
7 disclosure?
8 **A** I believe that some of them are and
9 some of them aren't.
10 **Q** Okay. Well, apart from articles that
11 may have national statistics or data on prescribing
12 practices for opioids, my question is more specific as
13 to the State of Oklahoma.
14 Have you ever reviewed any articles or
15 research regarding opioid-prescribing practices in the
16 State of Oklahoma?
17 **A** I have not seen any published articles
18 in the medical literature that have focused on opioid
19 prescribing in Oklahoma.
20 **Q** Have you --
21 **A** However, I have reviewed call notes,
22 which --
23 **Q** Right.
24 **A** -- give a lot of information.
25 **Q** Sure. Call notes are notes -- I know

1 what call notes are, but I'm asking you about
2 literature or research.
3 Let me ask you this. Have you
4 personally, at any time, before or after your
5 retention in this case, conducted any research
6 regarding opioid-prescribing practices in the State of
7 Oklahoma?
8 **A** I have not done specific research on
9 the opioid-prescribing practices of prescribers in
10 Oklahoma.
11 **Q** Do you know if anyone has done any
12 specific research on prescribing practices as it
13 relates to opioids in the State of Oklahoma?
14 **A** I'm not aware of material that's been
15 published in the medical or scientific literature on
16 that subject specifically.
17 **Q** Okay. Let's move back to your CV real
18 quickly and then we'll come back to Exhibit 8 in a
19 minute. Your CV was marked as Exhibit No. 7, and I
20 just have a few questions, hopefully, on this.
21 Again, this is a fairly complete CV as
22 I understand your earlier testimony, other than it may
23 not reflect a deposition that you gave recently;
24 correct?
25 **A** Yes. I believe I also had a

1 correction --
2 Q Okay.
3 A -- under the "Cases, Legal Testimony."
4 Q Can you point to me where the
5 correction is that you're referring to?
6 A Okay. It's not even numbered. One,
7 two, three -- on Page 4, where it says "Legal
8 Testimony, Recent."
9 Q Okay. I'm with you.
10 A I believe that there is an error -- I'm
11 hoping I get this right, but in the -- where it says
12 "United States District Court for the Eastern District
13 of Pennsylvania, Civil Action" --
14 Q Uh-huh.
15 A -- I believe that's another case that I
16 wasn't involved in. So I'm not sure whether it's a
17 typo, in terms of the number of the case, but it
18 doesn't seem to be the Elidel case. It was, I think,
19 Tricor, which was not something that I was involved
20 in.
21 So I'm not -- I'm not -- I'm not sure
22 -- it's not something separate. That number does not
23 refer to Elidel.
24 Q It just could be in error?
25 A Yes.

1 a lawyer trick. You were in the middle of reading.
2 Go ahead and finish what you were reading. This
3 lawyer is trying to take you away from what you were
4 doing.
5 MS. PATTERSON: No, I can read.
6 **Q** (By Ms. Patterson) I can read what
7 you're saying, "J&J sought to expand the use of
8 Duragesic in back pain, arthritis, and other -- other
9 nonmalignant pain." You think that was unethical;
10 right?
11 MR. BECKWORTH: Time out.
12 **Q** (By Ms. Patterson) Is that a "yes"?
13 MR. BECKWORTH: No, No. Were you
14 done? If you were, that's fine.
15 THE WITNESS: I'm not finished.
16 MR. BECKWORTH: Then you finish.
17 **Q** (By Ms. Patterson) Would you like to
18 read the insert?
19 MR. BECKWORTH: Go ahead and
20 finish.
21 THE WITNESS: I don't remember --
22 **Q** (By Ms. Patterson) If you feel like
23 you need to read it, I guess you can. It's not
24 necessary. We can all read it, but go ahead.
25 **A** Let's see. "Physicians are becoming

1 more comfortable using opioids in nonmalignant pain.
2 Our objective is to convince them that Duragesic is
3 effective and safe to use in areas such as chronic
4 back pain, degenerative joint disease, and
5 osteoarthritis. It's important to remind physicians
6 that the APS, APM, and AJS have all endorsed the
7 appropriate use of opioids to manage chronic
8 nonmalignant pain."
9 I would really love to comment on this,
10 but you want me to -- you would like me to go back --
11 **Q** I'm trying to -- maybe we will, maybe
12 we won't, but I've -- I've got to use my time the way
13 I need to use it, and I'm trying to get the list down
14 first.
15 **A** The promotion of opioids for
16 nonmalignant pain, so noncancer-related pain, was
17 entirely unethical, because there was not evidence
18 available that opioids were effective for chronic
19 pain, but it was quite clear that opioids increased
20 the risk of opioid use disorder and overdose deaths
21 when they were used for chronic pain.
22 So to go on -- that -- that -- so that
23 was a J&J example. The next example is for Purdue,
24 immediately following, that Purdue also promoted
25 opioids for the treatment of nonmalignant pain --

1 noncancer pain. That was also unethical.
2 **Q** Okay.
3 **A** To -- the first complete paragraph on
4 Page 10 states that, "Defendants deliberately
5 cultivated the noncancer pain market, even to the
6 detriment of the cancer pain market."
7 That's unethical. Purdue encouraged
8 physicians' mistaken belief that OxyContin was less
9 potent than morphine. That was unethical.
10 **Q** Okay. Do you know of any physician in
11 the state -- strike that.
12 Do you know if any prescriber in the
13 State of Oklahoma had his or her prescribing habits
14 affected by any efforts by J&J to expand the use of
15 the Duragesic -- of Duragesic in back pain, arthritis,
16 or other nonmalignant pain?
17 **A** So do you want me to finish answering
18 the first question or --
19 **Q** Can you answer my question?
20 **A** You -- you -- I'm not finished
21 answering your first question. You asked me to point
22 out every example of unethical --
23 **Q** Yep. And now I'm asking you a
24 follow-up question.
25 **A** Except that I have not finished --

EXHIBIT 23

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
2 STATE OF OKLAHOMA
3 STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER, ATTORNEY GENERAL
4 OF OKLAHOMA,
5 Plaintiff,
vs. No. CJ-2017-816
6
(1) PURDUE PHARMA, L.P.,
7 (2) PURDUE PHARMA, INC.,
(3) THE PURDUE FREDERICK COMPANY;
8 (4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
9 (6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
10 (8) ORTHO-McNEIL-JANSSEN
PHARMACEUTICALS, INC., n/k/a
11 JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC.;
12 n/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
13 f/k/a ACTAVIS, INC., f/k/a WATSON
PHARMACEUTICALS, INC.;
14 (11) WATSON LABORATORIES, INC.;
(12) ACTAVIS LLC; and
15 (13) ACTAVIS PHARMA, INC.;
f/k/a WATSON PHARMA, INC.;
16 Defendants.
17
18 VIDEOTAPED DEPOSITION OF ERIN KREBS, M.D.
19 TAKEN ON BEHALF OF THE DEFENDANTS
20 ON MARCH 19, 2019, BEGINNING AT 9:12 A.M.
21 IN OKLAHOMA CITY, OKLAHOMA
22
23 VIDEOTAPED BY: Gabe Pack
24 REPORTED BY: Jane McConnell, CSR RPR CMR CRR
25 Pages 1-277

1 be very confident in that, to be honest with you. 03:45:47
2 We are, especially in primary care, overwhelmed by 03:45:50
3 documentation requirements, and I think sometimes -- 03:45:53
4 I don't think that documentation requirements are 03:45:55
5 the best way to actually verify behavior. 03:46:00
6 Q (BY MS. COATES) And so would your answer 03:46:09
7 be the same if the patient had to attest to having 03:46:11
8 received the package insert from the prescriber and 03:46:14
9 that they understood the risks and benefits as 03:46:17
10 indicated? 03:46:21
11 MR. LEONOUDAKIS: Objection; form; outside 03:46:22
12 the scope. 03:46:23
13 A You know, living in 2019, we attest to 03:46:23
14 having read stuff every single day that we haven't 03:46:26
15 read, and so that's -- I probably did it on my phone 03:46:29
16 just to access a website or open an app today, and 03:46:34
17 that's just the reality that there's legalese every 03:46:38
18 day that we have to attest to. So knowing that 03:46:41
19 someone attested to legalese doesn't really make me 03:46:44
20 confident that they understand the principles or 03:46:47
21 concepts involved. 03:46:50
22 Q (BY MS. COATES) Are you aware of the TIRF 03:46:52
23 REMS program? 03:46:54
24 MR. LEONOUDAKIS: Objection to form; 03:46:56
25 outside the scope. 03:46:58

1 A The what was the -- 03:46:59
2 Q (BY MS. COATES) TIRF REMS. 03:46:59
3 A I'm not -- TIRF doesn't sound familiar. 03:47:02
4 I'm familiar with the REMS program for -- 03:47:05
5 I mean, I know there's an optional REMS program for 03:47:11
6 Schedule II opioids. Is that maybe what you're -- 03:47:15
7 for long-acting opioids, I think. 03:47:17
8 Q So sitting here today, you're not aware of 03:47:20
9 the TIRF REMS program? 03:47:23
10 MR. LEONOUDAKIS: Objection to the form; 03:47:27
11 outside the scope. 03:47:28
12 A I don't know specifically much about what 03:47:29
13 you're asking me. 03:47:31
14 Q (BY MS. COATES) So, again, going back to 03:47:42
15 Bullet Point No. 1, in the middle of the sentence 03:47:45
16 it says, "Had a major influence on primary care 03:47:50
17 practice." 03:47:54
18 Have you assessed the extent of the 03:47:56
19 Defendants' manufacturing messages on opioid 03:47:59
20 prescribing? 03:48:03
21 A So that statement is based on a 03:48:05
22 combination of -- you know, this is my opinion based 03:48:07
23 on a combination of sources. So I have not done a 03:48:11
24 direct study of specific messages and the extent to 03:48:16
25 which those were received and had an effect on 03:48:20

1 practice. 03:48:23

2 I'm not aware of such a study being -- I 03:48:23

3 don't think you could get such funding for a study 03:48:28

4 like that necessarily. 03:48:31

5 I am aware of, you know, we went over in 03:48:33

6 great detail the information in the label. And if 03:48:37

7 you look at that label, you think why would any of 03:48:39

8 us be prescribing this drug as loosely as we have 03:48:41

9 been, honestly. It doesn't make a lot of sense. 03:48:44

10 So it was clearly not that information 03:48:49

11 that caused people to want to prescribe the drug 03:48:50

12 much more frequently. 03:48:55

13 The claims that I see in the marketing 03:49:02

14 plans, that I saw in the call logs, that I saw in 03:49:04

15 these materials were broadly disseminated and 03:49:09

16 internalized by primary care providers so that 03:49:14

17 people believed that pain was undertreated, that 03:49:17

18 they had an ethical responsibility to treat moderate 03:49:20

19 to severe pain with opioids, that opioids were 03:49:23

20 effective and had been shown to be effective over 03:49:28

21 the long-term, that long-acting opioids were safer 03:49:30

22 than short-acting opioids, that addiction was rare 03:49:34

23 in people who hadn't abused drugs in the past, that 03:49:38

24 primary care providers could effectively predict who 03:49:44

25 might develop addiction or other problems, that 03:49:47

1 prescribing long-acting opioids or other high risk 03:49:50
2 opioids were not increasing our patients' risk of 03:49:54
3 respiratory depression and death. 03:49:59
4 Those things were effectively disseminated 03:50:02
5 and became believed by primary care. 03:50:06
6 Q And what are you basing that statement on? 03:50:08
7 A I'm basing that on my experience both with 03:50:11
8 my clinical colleagues, with primary care societies 03:50:14
9 and meetings, with my research qualitative studies, 03:50:20
10 talking to people about their perspectives on opioid 03:50:25
11 prescribing. 03:50:27
12 Q What qualitative studies? 03:50:28
13 A So -- 03:50:30
14 MR. LEONOUDAKIS: Finish your answer 03:50:31
15 before she asks another question if you weren't 03:50:32
16 done. 03:50:34
17 A And then, of course, I would say on the 03:50:37
18 medical literature which has demonstrated that 03:50:39
19 prescribing really took off during the times that 03:50:43
20 these messages were being disseminated. So I think 03:50:44
21 that they were effective in changing practice. 03:50:47
22 So in terms of the studies, if we look at 03:50:50
23 Exhibit 2, which is my CV, we should be able to find 03:50:52
24 some of these things. 03:50:56
25 Let's see, Page -- so Page 8, describe 03:51:04

EXHIBIT 24

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
2 STATE OF OKLAHOMA
3 STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER, ATTORNEY GENERAL
4 OF OKLAHOMA,
Plaintiff,
5 vs. No. CJ-2017-816
6 (1) PURDUE PHARMA, L.P.,
(2) PURDUE PHARMA, INC.,
7 (3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
8 (5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
9 (7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN
10 PHARMACEUTICALS, INC., n/k/a
JANSSEN PHARMACEUTICALS, INC.;
11 (9) JANSSEN PHARMACEUTICA, INC.;
n/k/a JANSSEN PHARMACEUTICALS, INC.;
12 (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
f/k/a ACTAVIS, INC., f/k/a WATSON
13 PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
14 (12) ACTAVIS LLC; and
(13) ACTAVIS PHARMA, INC.;
15 f/k/a WATSON PHARMA, INC.;
Defendants.
16

17
18 VIDEOTAPED DEPOSITION OF CHRISTOPHER RUHM, PhD
19 TAKEN ON BEHALF OF THE DEFENDANTS
ON MARCH 28, 2019, BEGINNING AT 9:02 A.M.
20 IN OKLAHOMA CITY, OKLAHOMA
21
22 REPORTED BY:
23 Lacy Antle, CSR, RPR
24 Job No. 3257456
25 Pages 1 - 291

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1 A Exhibit 2 is -- essentially it's my 09:19:16
2 abatement plan report, so it's -- the initial part 09:19:21
3 is just some background information on me and then 09:19:27
4 there's -- that's the substance of the report. 09:19:29
5 Q And picking up on your answer about why 09:19:33
6 you don't think that your work in this case presents 09:19:36
7 a conflict of interest that needs to be disclosed, I 09:19:39
8 take it that that's based on, if you turn to page 3 09:19:45
9 of Exhibit S1, are you there? 09:19:53
10 A Yes. 09:20:03
11 Q In the third full paragraph starts, "For 09:20:04
12 the purposes of this report." 09:20:07
13 A Yes. 09:20:09
14 Q You indicate that the scope of your work 09:20:10
15 is limited to providing what you call an "objective 09:20:12
16 and independent analysis of the cost to the State of 09:20:15
17 Oklahoma of measures proposed to abate the opioid 09:20:18
18 crisis," right? 09:20:22
19 A Yes. 09:20:22
20 Q And you have not analyzed the potential 09:20:23
21 effectiveness of any of those measures, correct? 09:20:27
22 A Correct. 09:20:29
23 Q You have not analyzed the reasons why any 09:20:32
24 of those measures might be needed, correct? 09:20:35
25 A Correct. 09:20:38

1 Q You have not evaluated the extent to which 09:20:39
2 the programs or services that make up the costs 09:20:43
3 calculated in S1, S or S1, are already being 09:20:46
4 provided in Oklahoma, whether by the state or 09:20:52
5 others, correct? 09:20:57
6 A Correct. 09:20:58
7 Q You're not offering opinions as to the 09:20:58
8 appropriate mix of programs or measures, if any, 09:21:00
9 that might be required to abate what you refer to as 09:21:03
10 the opioid crisis, correct? 09:21:08
11 A Correct. 09:21:10
12 Q You're not offering opinions on the causes 09:21:10
13 of what you refer to in your report as the opioid 09:21:12
14 crisis, correct? 09:21:15
15 A Correct. 09:21:16
16 Q And you've not made any effort to tie a 09:21:18
17 need for any of the costs to any particular actions, 09:21:21
18 conduct or source, correct? 09:21:25
19 A Correct. 09:21:27
20 Q You have not calculated costs -- the costs 09:21:34
21 that you have calculated are presented in your 09:21:41
22 report, are the costs of measures to address what 09:21:47
23 you refer to as the opioid crisis, not, for example, 09:21:51
24 costs to stop pharmaceutical manufacturers from 09:21:57
25 engaging in the conduct alleged in the complaint to 09:22:02

1 be unlawful, right? 09:22:05

2 MR. LEONOUDAKIS: Objection. Form. 09:22:06

3 THE WITNESS: Would you repeat the 09:22:08

4 question? 09:22:09

5 Q (BY MR. BRODY) Let me just simplify it. 09:22:12

6 You haven't looked at -- so you've looked at costs 09:22:15

7 associated with measures proposed to abate the 09:22:18

8 opioid crisis, right? 09:22:22

9 A I've looked at costs that are in the plan 09:22:24

10 that was developed primarily by Jessica Hawkins and 09:22:28

11 Terri White, in consultation with other people, so 09:22:32

12 it's costs that are related to programs or services 09:22:35

13 that have been presented to me. 09:22:39

14 Q Okay. And those programs and services are 09:22:41

15 directed to things like treatment of addiction, 09:22:45

16 establishing a helpline, not to, say, stopping 09:22:59

17 Janssen Pharmaceuticals from engaging in the 09:23:06

18 allegedly unlawful conduct that is described in the 09:23:11

19 state's petition, correct? 09:23:16

20 MR. LEONOUDAKIS: Objection. Form. 09:23:18

21 THE WITNESS: Well, I won't be testifying 09:23:19

22 about what the purpose of these programs or services 09:23:21

23 was, but to the best of my understanding, that seems 09:23:24

24 to be correct. 09:23:27

25 Q (BY MR. BRODY) Okay. So are you aware that 09:23:28

EXHIBIT 25

[FILED UNDER SEAL]

EXHIBIT 26

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA
2
3 STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER, ATTORNEY GENERAL
4 OF OKLAHOMA,
5 Plaintiff,
6 vs. No. CJ-2017-816
7 PURDUE PHARMA L.P.;
PURDUE PHARMA, INC.;
8 THE PURDUE FREDERICK
COMPANY;
9 TEVA PHARMACEUTICALS
USA, INC.;
10 CEPHALON, INC.;
JOHNSON & JOHNSON;
11 JANSSEN PHARMACEUTICALS, INC.;
ORTHO-McNEIL-JANSSEN
12 PHARMACEUTICALS, INC., n/k/a
JANSSEN PHARMACEUTICALS, INC.;
13 JANSSEN PHARMACEUTICA,
INC., n/k/a JANSSEN
14 PHARMACEUTICALS, INC.;
ALLERGAN, PLC, f/k/a
15 ACTAVIS PLC, f/k/a ACTAVIS, INC.,
f/k/a WATSON PHARMACEUTICALS, INC.;
16 WATSON LABORATORIES, INC.;
ACTAVIS LLC; and
17 ACTAVIS PHARMA, INC.,
f/k/a WATSON PHARMA, INC.,
18
Defendants.
19 ____/
20
VIDEOTAPED DEPOSITION OF JESSICA HAWKINS
21 TAKEN ON BEHALF OF THE DEFENDANTS
ON MARCH 6, 2019, BEGINNING AT 9:03 A.M.
22 IN OKLAHOMA CITY, OKLAHOMA
23
24 VIDEOTAPED BY: Gabriel Pack
25 REPORTED BY: Lacy Antle, CSR, RPR

1 service types and the descriptions within the
2 exhibits of Dr. Ruhm's report.
3 Q (BY MR. PINKER) Okay. So when -- when
4 you're referring to an Abatement Plan as a defined
5 term in the disclosure, you're referring to the
6 exhibits that are included within Dr. Ruhm's report?
7 MS. BALDWIN: Object to the form.
8 THE WITNESS: I'm referring to the service
9 types, the descriptions and the types of services
10 that are described in these exhibits. I am not
11 necessarily referring to the calculations that
12 Dr. Ruhm provided for each one of those.
13 Q (BY MR. PINKER) I understand. And you keep
14 using these, I'm trying to be more specific.
15 A Okay.
16 Q These exhibits and these reports, as
17 you've been referring to it, are the exhibits to
18 what we've marked as Exhibit 3 in this lawsuit in
19 your deposition?
20 MS. BALDWIN: Object to the form.
21 THE WITNESS: I'm referring to Appendix B.
22 Q (BY MR. PINKER) Of what?
23 A Of Dr. Ruhm's report.
24 Q Which is marked as what?
25 A Exhibit 3.

1 Q Is there a separate Abatement Plan in
2 existence, to your knowledge, set forth anywhere
3 other than in Dr. Ruhm's report?
4 A No.
5 Q The sole Abatement Plan that you are here
6 to talk about is the one that is set forth in
7 Dr. Ruhm's report?
8 A The Abatement Plan are the service items
9 that are listed as exhibits within Appendix B of
10 Dr. Ruhm's report.
11 Q And that Abatement Plan and that listing
12 of services is not contained in any other document
13 within the state, to your knowledge, is that fair?
14 A The Abatement Plan items that were
15 recommended were compiled and populated within
16 Dr. Ruhm's report.
17 Q And I'm simply asking, they're not
18 compiled in any other single document, correct?
19 A Not that I know about.
20 Q There's no non-litigation document that
21 has something titled Abatement Plan, right?
22 A I'm not sure I understand your question.
23 Q The Dr. Ruhm's report, as you've said a
24 couple times, has a series of exhibits that identify
25 programs and services to be provided?

1 A Yes.
2 Q And that collection of services and
3 programs is what you're calling the Abatement Plan?
4 A Yes.
5 Q There is no published Abatement Plan that
6 you're aware of, anywhere else, correct?
7 A I'm not aware of a different published
8 Abatement Plan.
9 Q Has there been an Abatement Plan proposed.
10 For example, to the state legislature?
11 A Not that I'm aware of.
12 Q Has there been an abatement plan proposed
13 to the citizens of the state of Oklahoma?
14 A Okay. I think I understand what you're
15 asking, but I'm not exactly sure. The capitalized
16 term Abatement Plan in this exhibit for today refers
17 to this plan that's contained within this Appendix
18 B.
19 Q When you say this, nobody who's watching
20 this is going to know what we're talking about.
21 A Excuse me. In Exhibit 3.
22 Q Okay.
23 A Appendix B. Are you asking about if the
24 State has ever produced a report of recommendations?
25 Q No, I've seen it.

1 Q Would it surprise you to learn that
2 Soonercare -- that some Soonercare members choose
3 not to see a doctor every year?
4 MS. BALDWIN: Object to the form.
5 THE WITNESS: What would not surprise me
6 is if the 345,919 people actually is the number of
7 Soonercare adults who saw a doctor last year, so
8 that would just need to be clarified.
9 Q (BY MR. PINKER) I thought you --
10 A I'd be glad to do that because the number
11 may go up.
12 Q I thought you told me that this was the
13 number of people who are Soonercare members?
14 A That was my original understanding, but as
15 we've discussed this, I would want to clarify that.
16 Q Turn, if you would, back to the summary
17 page, which is page 8 that you and I have been
18 working with from time to time.
19 A Okay.
20 Q This page 8 is a line item listing of the
21 various programs that are contained within the
22 Abatement Plan being proposed in this lawsuit,
23 right?
24 A Yes.
25 Q Number 1, the -- the pharmaceutical

1 companies that have been sued in this lawsuit would
2 not be administering or implementing any of these
3 plans, is that accurate?
4 MS. BALDWIN: Object to the form. Outside
5 the scope.
6 THE WITNESS: I'm not aware that the
7 defendants would or would not.
8 Q (BY MR. PINKER) Is there any one of these
9 programs that you envision the pharmaceutical
10 company defendants actually administering and
11 implementing?
12 MS. BALDWIN: Object to the form. Outside
13 the scope.
14 THE WITNESS: In my own professional
15 knowledge, I'm not aware of any of these
16 interventions that a pharmaceutical company would
17 implement.
18 Q (BY MR. PINKER) These are all things that
19 either the State or some other organization or
20 entity within the State would administer and
21 implement?
22 MS. BALDWIN: Object to the form.
23 THE WITNESS: Well, again, there's not a
24 full implementation plan associated with each one of
25 these interventions to the extent that we've already

1 discussed. I don't presume that state agencies will
2 implement every single aspect of this, but I don't
3 know.
4 Q (BY MR. PINKER) As the person who either
5 provided or collected the vast majority of the
6 information related to these programs, did you have
7 in your mind an expectation of who was actually
8 going to be providing the services described in
9 these various programs?
10 MS. BALDWIN: Object to the form. Outside
11 the scope.
12 THE WITNESS: So in many cases capacity
13 was discussed, and I can give you an example in
14 terms of addiction treatment services. As it stands
15 today, the State does not deliver all of those
16 services exclusively.
17 Q (BY MR. PINKER) Who does deliver the
18 services that the State doesn't?
19 A So there's a combination, but there is a
20 network of contracted behavioral health providers
21 that contract with the State but who are not the
22 State.
23 Q Are some of these services presently being
24 delivered by counties or municipalities within the
25 state of Oklahoma?

1 violations of the law that need to be addressed, and
2 also in their ability to rule out training, outreach
3 and do other sort of innovative approaches that
4 we're seeing done perhaps in some other states. For
5 example, the Bureau of Narcotics and Dangerous Drugs
6 talked about the need to do more outreach and other
7 sort of referral processes for people who are
8 affected by opioids to make sure that they are not
9 relying on investigation, arrest and criminal
10 justice alone but can appropriately be a conduit in
11 the treatment for people who need those services.
12 The chief medical examiner is particularly
13 overwhelmed and has requested in this particular
14 plan and has defined some needs around salaries.
15 The medical examiner himself for the state of
16 Oklahoma describes the inability for him to hire and
17 retain physicians because of workload related
18 specifically to opioid overdose, the number of
19 autopsies that are being performed, toxicology
20 tests, the pace at which they have to do their work
21 and it's requesting support for the infrastructure
22 of their office to be able to respond appropriately
23 now and for years to come as this problem hopefully
24 becomes addressed.
25 In addition to that, they need more

1 medical equipment, so that they can do more
2 efficient real-time toxicology tests, which, again,
3 will help with, on the front end, intervention so
4 that we know what types of drugs are involved and
5 potentially be able to get information quicker and
6 more efficiently. So that is why those costs are
7 included.
8 Q Ms. Hawkins, what is your opinion
9 regarding the length of time for which the services
10 and the programs in the Abatement Plan need to be in
11 effect to abate the Oklahoma opioid crisis?
12 A The plan is currently drafted as a 20, 25
13 or 30 year plan. In my opinion, in order to abate
14 this crisis, the state of Oklahoma requires at least
15 the same number of years that it has taken to get
16 where we are in terms of the epidemic and the period
17 of time that it has taken to get into the position
18 that we are -- that we currently are, which is at
19 least 20 years.
20 I would say, in my opinion, for several
21 reasons, this 30 years may not even be enough. For
22 example, people today who currently have opioid use
23 disorder, these are chronic conditions and for most
24 people they will live with opioid use disorder for
25 the rest of their lives; they may be on medication

1 assisted treatment and engaged in those programs and
2 on medication for the rest of their lives, so at
3 least for the duration of their lives.
4 In addition to that, I can't underscore
5 the impact that people who are experiencing not only
6 overdose death but opioid use disorder and other
7 related problems are having on their own families
8 and their communities, the impact on children.
9 We've talked at least several times today about the
10 experience of child removals from the home related
11 to substance use disorder among parents, parents who
12 may not be able to engage in treatment for various
13 reasons, particularly the symptoms of their
14 addiction. So I would say, conservatively, it would
15 be between a 20 and 30 year plan.
16 If you speak to things like norm changes,
17 you know, we're in a new culture in Oklahoma that's
18 going to be very difficult to resolve or to undue,
19 to retrain entire workforces, the entire medical
20 community, to re-engage children to make sure they
21 understand that there are different better, safer,
22 more effective and less harmful ways of treating
23 pain than using opioid medications in many cases.
24 Conceivably, we're talking much longer to do those
25 sort of levels of social norms changes that might be

1 required.
2 As I think about other public health
3 problems, I think about the example of tobacco
4 control for example and where we are in our state
5 with mitigating and addressing tobacco. It's been
6 at least that long in order to -- and we're still
7 not resolved of the problem with the use of tobacco
8 and the negative consequences. So in my opinion, I
9 would say 20 to 30 years is probably conservative.
10 MS. BALDWIN: I have no further questions.
11 RECROSS-EXAMINATION
12 BY MS. FISCHER:
13 Q I have a few questions based on
14 Ms. Baldwin's questioning.
15 The members of these boards that you
16 mentioned, you said they've expressed many concerns,
17 have they expressed them to you?
18 A Yes.
19 Q Which boards expressed concerns to you?
20 A So in the process of developing the
21 Abatement Plan, as I've described, these -- these
22 entities have submitted requests, there have been
23 discussions about their needs and the requests
24 related to the plan. But above and beyond that,
25 many of these boards, if not all of them, have been

1 CERTIFICATE

2 I, Lacy Antle, Certified Shorthand
3 Reporter, do hereby certify that the above-named JESSICA
4 HAWKINS was by me first duly sworn to testify the truth,
5 the whole truth, and nothing but the truth, in the case
6 aforesaid; that the above and foregoing deposition
7 was by me taken in shorthand and thereafter
8 transcribed; and that I am not an attorney for nor
9 relative of any of said parties or otherwise
10 interested in the event of said action.

11 IN WITNESS WHEREOF, I have hereunto set my
12 hand and official seal this 8th day of March, 2019.
13
14
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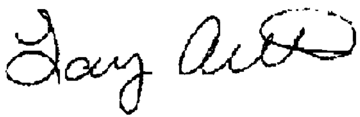
21

22
23 Lacy Antle, CSR RPR
24
25
26

EXHIBIT 27

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA
2
3 STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER, ATTORNEY GENERAL
4 OF OKLAHOMA,
5 Plaintiff,
6 vs. No. CJ-2017-816
7 (1) PURDUE PHARMA L.P.;
(2) PURDUE PHARMA, INC.;
8 (3) THE PURDUE FREDERICK
COMPANY;
9 (4) TEVA PHARMACEUTICALS
USA, INC.;
10 (5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
11 (7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN
12 PHARMACEUTICALS, INC., a/k/a
JANSSEN PHARMACEUTICALS, INC.;
13 (9) JANSSEN PHARMACEUTICALS,
INC., a/k/a JANSSEN
14 PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a
15 ACTAVIS PLC, f/k/a ACTAVIS, INC.,
f/k/a WATSON PHARMACEUTICALS, INC.;
16 (11) WATSON LABORATORIES, INC.;
(12) ACTAVIS LLC; and
17 (13) ACTAVIS PHARMA, INC.,
f/k/a WATSON PHARMA, INC.
18 Defendants.

19
20 VIDEOTAPE DEPOSITION OF TERRI WHITE
TAKEN ON BEHALF OF THE DEFENDANTS
21 ON APRIL 11, 2019 AT 9:25 AM
IN OKLAHOMA CITY, OKLAHOMA
22
23 REPORTED BY:
Jody Graham,
24 CSR, RPR, RMR, CRR
Job No. 3289790
25 Pages 1 - 370

1 supplemented version of that table.

2 MS. STRONG: Do you know what the typo is,

3 Lisa, because we can just get through this more

4 quickly.

5 MS. BALDWIN: I don't know -- we've offered

6 a supplement to the report, I believe. Ms. White has

7 a copy of that supplement here somewhere.

8 THE WITNESS: Mostly I don't want you to

9 mess up my stack.

10 MS. STRONG: I think that it might have been

11 a typo in the total number at the bottom of the page.

12 Is that what you're referring to?

13 MS. BALDWIN: I believe so. But there's

14 been a few things corrected.

15 MS. REEVES: Do you need one printed out?

16 MS. BALDWIN: It's in here somewhere. Yeah.

17 We're going to need to make a few copies of that. I

18 have another copy here. So I have a lot of papers.

19 Q (BY MS. STRONG) So let's -- you can

20 note -- if I'm pointing out something that's been

21 changed, I think we can make it clear on the report.

22 I'll give you the updated version. We'll

23 mark that as Exhibit 11 for purposes of this

24 deposition.

25 MS. STRONG: If you have an extra copy,

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1 Lisa.
2 MS. BALDWIN: I do. I just need another
3 copy for myself.
4 Q (BY MS. STRONG) All right. So I'm giving
5 you what's been marked as Exhibit 11, which I
6 understand is an updated version of Mr. Ruhm's
7 report. And if you turn to, I guess, what is now
8 page 2 of this document.
9 Does that reflect what we were looking at on
10 page 8 of the prior exhibit, but updated apparently
11 according to the state's counsel?
12 A Yes.
13 Q Okay. And what is reflected on this page?
14 A So it is a accounting and then a total for
15 each of the items in the abatement plan and their
16 first-year costs.
17 Q And the total of the first-year costs for
18 the abatement plan for 2019 is what, Ms. White?
19 A Appears to be $870,586,556.
20 Q Does the abatement plan require defendants
21 in this case to stop doing anything?
22 A Trying to think if there's anything -- I
23 don't believe so.
24 Q Are any of the services listed on page 8
25 designed to stop the allegedly false marketing of

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1 opioids by defendants?
2 A There are items listed on page 8 that are
3 designed to provide accurate, correct and
4 evidence-based information to counter the false
5 information that's been provided by the defendants.
6 Q I'd like you to answer my question,
7 Ms. White. If you could really focus on my question,
8 it would help us go more quickly through this.
9 A Uh-huh.
10 Q Your counsel will have an opportunity to ask
11 whatever questions she would like; okay. So my
12 question --
13 A Just so you know, I really am trying to
14 answer your questions and focus.
15 Q We'll try that again.
16 A I believe that I am.
17 Q Okay. I think you're capable of listening
18 to the question and answering that as opposed to some
19 question that I've not asked.
20 MS. BALDWIN: Objection to counsel's
21 commentary to the witness. It's entirely
22 inappropriate.
23 MS. STRONG: It's not when the witness is
24 not answering the question.
25 MS. BALDWIN: She is answering. Just

1 THE WITNESS: Thank you. So, yes, state
2 agencies would be part of who would be providing some
3 of the services that are in this abatement plan. In
4 looking at it -- again, starting at the top, we're
5 talking about addiction treatment services. That
6 would be provided through state agencies and nonprofit
7 contractors or contractors. We have some for-profit
8 contractors, I'm sure.
9 Some of these, the decision hasn't been made
10 what the entity would be. That would be part of an
11 implementation plan. You develop an implementation
12 plan once you know that you have an abatement plan and
13 you know what -- the award amount of that abatement
14 plan and what's included in it.
15 This is what we believe we need to abate the
16 crisis. There would be courts involved in this.
17 There would be -- you can see just looking at
18 specialty courts, that would include public defenders.
19 That would include district attorneys.
20 There would be contractors for
21 transportation services. Universal screening would be
22 provided by a multitude of healthcare professionals,
23 in private practice as well as some that would work
24 for the state.
25 Same with pain services. Again, a multitude

1 of healthcare professionals, the majority of which, I
2 think, would not work for the state. Schools,
3 community coalitions, higher education institutions,
4 law enforcement.
5 Healthcare professionals would include
6 everything from physicians, hospitals, nurses,
7 dentists, broad spectrum of healthcare professionals.
8 I think that's the majority of the folks.
9 Q (BY MS. STRONG) And as for defendants,
10 you want the defendants to pay to cover the costs of
11 those services; is that right?
12 MS. BALDWIN: Object to the form.
13 THE WITNESS: I believe that the defendants
14 caused the opioid crisis and, therefore, I believe the
15 defendants should pay the cost to abate the opioid
16 crisis.
17 Q (BY MS. STRONG) You believe the two
18 families of defendants present remaining in this
19 case should pay the entirety of what you believe the
20 costs are to abate the opioid crisis in the state of
21 Oklahoma?
22 A Yes.
23 MS. BALDWIN: Object to the form.
24 THE WITNESS: Sorry. Yes.
25 Q (BY MS. STRONG) And when there were three

1 defendants, you felt that it should have been three
2 defendants should have paid, three families of
3 defendants?
4 MS. BALDWIN: Object to the form.
5 THE WITNESS: Yes.
6 Q (BY MS. STRONG) And if there were more
7 manufacturers, you would think that more
8 manufacturers should pay?
9 MS. BALDWIN: Object to the form.
10 THE WITNESS: That isn't -- what I can tell
11 you is I believe the three defendants in this case
12 should pay for the abatement plan.
13 Q (BY MS. STRONG) Do you believe that other
14 folks contributed to the opioid crisis? Do you
15 think anyone else contributed in terms of entities,
16 outside entities?
17 MS. BALDWIN: Object to the form. Outside
18 the scope of Commissioner White's expert testimony.
19 THE WITNESS: I don't know what you mean
20 when you say outside --
21 Q (BY MS. STRONG) Distributors. Do you
22 think distributors ought to pay for any component of
23 the abatement plan?
24 MS. BALDWIN: Object to the form. Outside
25 the scope of Commissioner White's expert testimony.

1 top of my head but...
2 Q Who would have provided that?
3 A It would have come from MISDA data.
4 Q Who?
5 A MISDA data.
6 Q And the services that are identified here,
7 would they serve to treat folks with meth addiction?
8 A Not unless they had a co-occurring
9 opioid-use disorder as well. If they have both, then
10 the services might cover them. But this is
11 specifically targeted for individuals who are
12 struggling with opioid disorder.
13 Q So if someone suffered from meth but not
14 opioid, they could not take advantage of these
15 services? Is that what you're saying?
16 A There would not -- these dollars would pay
17 for the treatment services for people with opioid-use
18 disorder. They wouldn't -- there would be other
19 services potentially funded from another entity that
20 could pay for those services. But, no, these are just
21 the dollars to treat the 35,000 Oklahomans struggling
22 with opioid-use disorder.
23 Q Okay. And so are you telling me that folks
24 who struggle with alcohol addiction, they could not
25 benefit from these services either?

1 A Not the ones paid for here, no.
2 Q Are there -- let me just ask you broadly as
3 the planner. Are any of the services of the plan
4 services that would be made available to folks
5 struggling with meth addiction?
6 A Let me think. Well, so let me give you an
7 example. So the services in this plan is targeted for
8 the crisis related to opioids. But are there certain
9 things in here that might be just general
10 infrastructure if they exist, that other people could
11 use them?
12 The one that I can think of where that might
13 be the case would be, for example, a health
14 information exchange. We don't have one. We need one
15 to abate the opioid crisis. So that's kind of like
16 building a pathway.
17 That pathway will be utilized for opioid-use
18 disorder. Could someone else utilize that pathway to
19 exchange information that might also apply to meth or
20 alcohol? That could happen.
21 But the infrastructure has to be paid for
22 and created to abate the opioid-use disorder
23 program -- or opioid-use disorder. But T-1 the one
24 that you're asking me about right now, no, these
25 dollars are not for someone with a different type of

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1 substance abuse disorder. These dollars are for
2 individuals with opioid-use disorder.
3 Q Okay. So as we go through the opioid -- the
4 abatement plan, we'll talk about which ones you think
5 would be appropriately taken advantage of by folks who
6 suffer from other types of addictions than just
7 opioid. And we can go through that on a
8 component-by-component basis so I have a better
9 understanding of that line that you're drawing.
10 A Okay.
11 Q And in terms of the early intervention
12 services, that's the first component of what's
13 identified there in the chart.
14 A Yes.
15 Q What is contemplated by that?
16 A So early intervention services would be
17 services -- probably the best example I could give you
18 would be to say that there's an individual who is
19 struggling with opioid-use disorder and it would be a
20 service -- two examples I could give you.
21 It could be a service that they would
22 receive prior to being admitted to treatment or
23 potentially in lieu of being admitted to treatment.
24 It could also be if someone needed residential
25 substance abuse treatment and the treatment was full,

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