

**SUPERIOR COURT**  
(Class Action Chamber)

CANADA  
PROVINCE OF QUEBEC  
DISTRICT OF MONTREAL

N° : 500-06-001004-197

DATE : September 7, 2021

---

**PRESIDING: THE HONOURABLE GARY D.D. MORRISON, J.S.C.**

---

**RICCARDO CAMARDA**

Applicant

v.

**BGP PHARMA ULC  
MYLAN PHARMACEUTICAL  
PRO DOC LTÉE**

Petitioners

---

**JUDGMENT**  
(Motions to Examine Applicant Camarda)

---

[1] Respondents BGP Pharma ULC, Mylan Pharmaceutical and Pro Doc Itée (the present three "Petitioners", distinguishing them from the other Respondents to the class action authorization proceedings) seek the Court's authorization to examine Applicant in relation to his re-amended proceedings dated April 29, 2021, and this in advance of the class action authorization hearing.

**1- CONTEXT**

[2] The Court must decide whether to allow an examination of Riccardo Camarda during the authorization phase.

[3] For the reasons that follow, the Court will grant in part the Petitioners' motions.

**2- RELEVANT ISSUES**

[4] Applicant seeks to institute a class action against 34 parties, all of whom allegedly manufactured, marketed, distributed and/or sold opioids to residents of Quebec from 1996 onwards.

[5] The putative class would be all persons in Quebec who have been prescribed and have consumed such opioids and who suffer or have suffered from Opioid Use Disorder, as well as their heirs.

[6] Applicant alleges that Respondents deliberately misrepresented that opioids were less addictive than they knew them to be and, further, that they were also negligent as regards, amongst other commercial activities, the distribution, sale and marketing of opioids in Quebec, having failed to adequately warn users of the serious and potentially fatal harm associated with opioid use.

[7] He further alleges that there has been an opioid crisis in Quebec, which backdrops his claim.

[8] Applicant seeks compensatory, individual pecuniary and punitive damages on his own behalf and that of all proposed class members.

[9] As regards his own situation, Applicant, a Quebec resident, alleges that he was prescribed opioids for nearly 12 years and was treated for severe Opioid Use Disorder in 2018 at an in-patient medical facility.

[10] He claims that he had not been informed about the addictive and devastating effects that his use of opioids for chronic pain could cause<sup>1</sup>.

[11] Previously, all thirty-plus Respondents jointly sought the communication of Applicant's complete medical and pharmaceutical records. By way of judgement dated February 16, 2021, the Court dismissed the joint application, primarily for the reason that Respondents were seeking to obtain facts at the authorization phase in order to

---

<sup>1</sup> Re-Amended Application for Authorization to Institute a Class Action ("Authorization Application"), para. 2.164.

establish substantive defences, and this by means of what is often described in case law as a “fishing expedition”.

### 3- PARTIES' POSITIONS

[12] Essentially, according to their proceedings and argument plans, Petitioners now seek to obtain by means of examination the following information:

- Whether or not Applicant sourced opioids from pharmacists on the basis of medical prescriptions;
- Which products he used for pain;
- For what pain;
- From which pharmacists;
- In what quantities;
- During what periods of time;
- When and how he was made aware of his alleged Opioid Use Disorder, and the steps he took to treat this disorder;
- When and how he was made aware of the risks associated with opioid products;
- When and how he was made aware that the products he is or was using were allegedly the cause of the alleged Opioid Use Disorder.

[13] During their representations made at hearing, certain Petitioners also added that they require factual information regarding Applicant's allegation that all Respondents have “generally acted in concert”<sup>2</sup>.

[14] Essentially, they argue that this information is required for there to be a fair (“loyal”) debate on authorization.

[15] In this regard, they argue that Applicant will need to establish for authorization purposes that he has a cause of action against all Respondents, including the issue of alleged misrepresentations by them, which they argue will need to be decided as part of the authorization judgment.

---

<sup>2</sup> *Id.*, para. 2.43.

[16] In fact, Mylan and BGP argue that I previously erred when I refused to grant them access to Applicant's medical and pharmaceutical records over the course of many years and, therefore, I can now correct my prior error. Perhaps an appeal of my previous judgement would have been a more appropriate and definitive option for them, rather than asking me to now sit in appeal of my own judgment. That said, the Court will focus on the specific application before it.

[17] With that in mind, Applicant correctly argues that what Petitioners are now seeking to do is to access by means of an examination the same medical and pharmaceutical information and documentation to which the Court already refused them access. That really is the essence of Petitioners' motion, and for the most part, it is an attempt to indirectly relitigate a decided issue.

#### 4- APPLICABLE LEGAL PRINCIPLES

[18] The Court may permit, prior to authorization, that relevant evidence ("*une preuve appropriée*") be adduced, and this pursuant to Article 574 C.C.P.

[19] In this regard, it is not sufficient that such proof may eventually be relevant for the merits of the case, but rather it must be relevant specifically for the authorization analysis to be conducted in accordance with Article 575 C.C.P.<sup>3</sup>.

[20] It is in this context that a motion to examine at the pre-authorization stage should be analyzed.

[21] As is often stated in case law, the Court is not to conclude during the authorization phase as to the merits of the claim. It is in keeping with this underlying principle that allegations of fact by applicants are treated as being true and, further, that the burden of the applicant at authorization is one of logical demonstration as opposed to a preponderance of proof.

[22] As a result, there is a very limited purpose for a judge to allow contradictory evidence to be adduced at the authorization stage since, when faced with such proof, the general rule is to treat an applicant's allegations of fact as true, unless of course they appear improbable or manifestly inexact, thereby rendering the case frivolous, untenable or clearly unfounded.

[23] That said, the concept of allowing contradictory proof at this early stage should not be treated as an open door to allowing proof that would give rise to an analysis thereof as if the Court were hearing the case on the merits. In the Court's view, that slippery slope must be avoided by the authorization judge.

---

<sup>3</sup> *Lambert (Gestion Peggy) c. Écolait Ltée*, 2016 QCCA 659, at paras. 37-38.

[24] And given that only allegations of fact are to be taken as true, as opposed to inferences, conclusions, unverified hypothesis, legal arguments or opinions<sup>4</sup>, it is only logical to conclude that the Court should be extremely reticent to authorize parties to adduce as so-called evidence, elements which are themselves tantamount to such inferences, conclusions, hypothesis, arguments or opinions.

[25] Such an approach is also in keeping with the objective of authorization as a filtering system that relevant proof be limited to what is essential and indispensable<sup>5</sup>, as well as proportional, to the authorization analysis.

[26] Accordingly, and to use expression of the Court of Appeal in *Allstate du Canada, compagnie d'assurances v. Agostino*, the judge in deciding on relevant proof should use moderation and prudence, applying a "*couloir étroit*"<sup>6</sup>, a narrow corridor that runs between the rigidity of enforcing the filtering process and a generous permissiveness that can mistakenly lead the judge to conduct an analysis of the merits of the claim.

[27] The Court understands from the case law that proof which is not simply contradictory in nature as regards the case on the merits, but which might possibly demonstrate, on summary analysis, that allegations of fact relating to essential and indispensable matters are improbable, manifestly inexact or simply false in the context of the authorization analysis, may be allowed by the judge exercising, with prudence and moderation, his or her discretion.

[28] In other words, the narrow corridor as described by the Court of Appeal in *Asselin* may indeed be narrow, but it is definitely not inexistent. The judge is to exercise discretion on a case-by-case basis.

[29] As regards examinations specifically, the Court must also consider the extent to which the information being sought may potentially and seriously be relevant to the authorization process<sup>7</sup>.

[30] In addition to the foregoing, the Court would add that years ago, the undesirable use of extensive examinations of applicants by respondents prior to the authorization hearing, which often extended beyond the authorization criteria and focussed on the merits of the claim, was one of the driving forces behind the modifications made by the Quebec Legislator to the class action procedure with a view to reinforcing that it is only a filtering process.

---

<sup>4</sup> *Option Consommateurs c. Bell Mobilité*, 2008 QCCA 2201; *Harmegnies c. Toyota Canada inc.*, 2008 QCCA 380, at para. 44.

<sup>5</sup> *Asselin c. Desjardins Cabinet de services financiers Inc.*, 2017 QCCA 1673, at para. 38.

<sup>6</sup> *Allstate du Canada, compagnie d'assurances c. Agostino*, 2012 QCCA 678, at para. 36.

<sup>7</sup> *Li c. Equifax inc.*, 2018 QCCS 1892, para. 84 and following.

[31] In other words, although prudence should be a governing principle in relation to all decisions made in relation to the “*couloir étroit*” applicable to proof at the authorization phase, the Court is of the view that an extra dose of prudence is warranted in relation to demands for examinations at that stage.

## 5- ANALYSIS

[32] It is important to keep in mind the specific putative class that Applicant seeks to represent, which he describes as follows<sup>8</sup>:

*All persons in Quebec who have been prescribed and consumed any one or more of the opioids manufactured, marketed, distributed and/or sold by the Defendants between 1996 and the present day (“Class Period”) and who suffer or have suffered from Opioid Use Disorder, according to the diagnostic criteria herein described.*

*The Class includes the direct heirs of any deceased persons who met the above-mentioned description.*

*The Class excludes any person’s claim, or any portion thereof, subject to the settlement agreement entered into the court file no 200-06-000080-070, provided that such settlement agreement becomes effective as a result of the issuance of the requisite court approvals.*

[33] Further clarification is provided at paragraph 2.4.2 of the Authorization Application, whereby opioids that “were solely and exclusively available for use in a hospital setting” are not the subject of the proposed class action.

[34] Accordingly, class members must have been prescribed and have consumed, outside a hospital setting, any of the opioids manufactured, marketed, distributed and/or sold by the Respondents during the class period and, further, suffer or have suffered from Opioid Use Disorder.

[35] A person who was never prescribed or never consumed such opioids during that lengthy period, would not be a class member.

[36] As for Applicant, the following is a general description of his alleged involvement with opioids<sup>9</sup>:

*2.152. The Plaintiff, Riccardo Camarda, is a resident of the Province of Quebec, who was prescribed opioids for a period of 12 years and was treated for*

---

<sup>8</sup> Authorization Application, *supra*, note 1, para. 1.

<sup>9</sup> *Id.*, paras. 2.152 and 2.153.

*severe Opioid Use Disorder in early 2018 at an in-patient facility at the Montreal General Hospital.*

2.153. *While he is presently in early remission from his Opioid Use Disorder and is using Suboxone as maintenance therapy to support his remission, he will always be vulnerable to relapses for this chronic illness caused by prescription opioids.*

[37] That general description is followed by a detailed narrative of the medical circumstances, starting in 2004, that led to his use of prescribed opioids, continuing through to his entering an in-patient treatment program in February of 2017 and ultimately, up to his present situation. Those paragraphs of his Authorization Application, being 2.154 to 2.208, are reproduced for ease of reference as Annex 1 to the present judgment, forming part hereof.

[38] It should be noted that the Court has been informed that Applicant's medical records pertaining to his in-patient treatment program for Opioid Use Disorder have voluntarily been made available to all Respondents.

[39] The lengthy narrative provided by Applicant responds to the vast majority of issues the three Petitioners state that they seek to address during the proposed examinations.

[40] For example, Applicant's allegations state that he sourced opioids based on medical prescriptions for a period of 12 years. Insight is provided by him as to the source and existence of the pain he alleges gave rise to his being prescribed and using opioids. He also describes what led to his entering the in-patient treatment program.

[41] As for which opioid products he has used, Applicant specifically refers to Morphine, Hydromorphone, Dilaudid, Hydromorph Contin and Suboxone, although he does not specifically exclude other products.

[42] What Applicant does not specifically state are the names of pharmacists he may have used, the total quantities of the medication he used during specific periods of time or when he was made aware of the risks associated with the use of opioid medication.

[43] As regards the quantities of product and the identity of pharmacists, these issues were dealt with in relation to the Respondents' joint application to access Plaintiff's medical and pharmaceutical records.

[44] Respondents had argued that even receiving the data held by the *Régie de l'assurance maladie du Québec* would not be sufficient, and this because the Court should know for authorization purposes whether Applicant was being provided prescriptions by over-prescribing doctors and over-supplying pharmacists.

[45] The Petitioners also argue that the Court should know for authorization purposes whether Applicant may have acquired illicit product.

[46] In this regard, it should be noted that Applicant alleges that he had “switched pharmacies” in October/November, 2017, thereby alleging that he had indeed used pharmacies.

[47] Petitioners offer no factual basis for suggesting that any of the hypothetical possibilities regarding over-prescribing doctors and over-supplying pharmacists are relevant as regards Applicant at this stage. In essence, what they appear to be looking to discover, once again, are grounds of defence more suitable to the merits of an action, and this by means of a yet again another “fishing expedition”.

[48] They argue that at this stage, the Court is not entitled to “pre-judge” what may or may not be relevant for authorization purposes. In other words, parties should be entitled to seek any information or documentation they deem of interest and the courts are essentially impotent to intervene.

[49] In the Court’s view, that is not the state of the law in Quebec. It certainly does not represent the application of the narrow corridor described by the Court of Appeal, as mentioned above. It would seriously reduce the prohibition against “fishing expeditions”, and this during the authorization phase of class actions. The Court considers that the approach suggested by Petitioners would constitute an affront to both the principle of proportionality and the role of the authorization phase as a filtering process destined to weed out cases that are not arguable.

[50] That being said, there remains another issue that need be analysed.

[51] As regards when Applicant was first made aware of the risks associated with the use of opioid medication, he alleges that all the Respondents failed to disclose the risks.

[52] More specifically, he alleges that<sup>10</sup>:

*He fully trusted that the use of opioids was appropriate for his condition and was not informed about the addictive and devastating effects that his treatment could cause.*

[53] However, he also alleges<sup>11</sup> that in October, 2017 he had been referred to the Pain Clinic at the Montreal General Hospital, where it was recommended that he start using Fentanyl patches. In that regard, he alleges as follows:

---

<sup>10</sup> *Id.*, paras. 2.164 and 3.4.

<sup>11</sup> *Id.*, para. 2.169.



*By this time, having heard of the risks associated with Fentanyl, the idea of using Fentanyl patches scared him.*

[54] In view of this latter allegation, it would appear that Applicant acknowledges that he had somehow acquired negative information regarding the use of an opioid product, but this without providing any specifics as to how and when he became aware of such risks.

[55] In the Court's view, the three Petitioners are entitled to additional information regarding same.

[56] However, given the limited scope of such information, and with a view to the efficient and proportional administration of justice in this matter, the Court is of the view that the proposed examination should be conducted in court on the same day as, and immediately prior to the authorization hearing.

[57] For the sake to clarity, the said examination by the three Petitioners will not exceed a total of one and one-half (1 1/2) hours and will be limited to the issue of when and how Applicant was made aware of risks associated with any or all opioid products.

**FOR THESE REASONS, THE COURT:**

**GRANTS**, in part, the Petitioners' motions to examine Applicant;

**DECLARES** that the proposed examination is to be conducted in court, on the same day as and immediately preceding the authorization hearing, for a period of time not to exceed a total duration of one and one-half (1 1/2) hours, and further, will be limited to the issue of when and how Applicant Riccardo Camarda was made aware of risks associated with any or all opioid products;

**THE WHOLE** with judicial costs to follow in accordance with the authorization judgement to be rendered.

  
\_\_\_\_\_  
Gary D.D. Morrison, J.S.C.

**Attorneys for Applicant:**

Mtre. Mark E. Meland  
Mtre. Margo R. Siminovitch  
Mr. Hugo Carrier-L'Italien, intern  
FISHMAN FLANZ MELAND PAQUIN

Mtre. André Lespérance  
Mtre. Marianne Dagenais-Lespérance  
TRUDEL JOHNSTON & LESPÉRANCE

**Attorneys for Petitioners:**

Mtre. Joséane Chrétien  
McMILLAN

Mtre. Fadi Amine  
Mrs. Anne Sophie Brunetta, intern  
MILLER THOMSON

**Attorneys for the other Respondents:**

Mtre. Michel Gagné  
McCARTHY TÉTRAULT

Mtre. Jean-Michel Boudreau  
Mtre. Nando De Luca  
IMK

Mtre. Marc-André Grou  
AUDREN ROLLAND

Mtre. Tania da Silva  
DLA PIPER (CANADA)

Mtre. Myriam Brixi  
LAVERY DE BILLY

Mtre. Éric Préfontaine  
Mtre. Jessica Harding  
OSLER, HOSKIN & HARCOURT

Mtre. Christopher Maughan  
WOODS

Mtre. Guy Poitras  
GOWLING WLG

Mtre. Justine Brien  
LANGLOIS AVOCATS

Mtre. Robert J. Torralbo  
Mtre. Ariane Bisailon  
BLAKE, CASSELS & GRAYDON

Mtre. Catherine Dubord  
FERNET AVOCATS INC.

Mtre. Claude Marseille  
BLAKE, CASSELS & GRAYDON

Mtre. Kristian Brabander  
Mtre. Amanda Gravel  
McCARTHY TÉTRAULT

Mtre. William McNamara  
Mtre. Marie-Ève Gingras  
SOCIÉTÉ D'AVOCATS TORYS

Mtre. Alexandra Bornac  
BORDEN LADNER GERVAIS

Mtre. Samuel Lavoie  
IMK

Mtre. Noah Boudreau  
Mtre. Mirna Kaddis  
FASKEN MARTINEAU DuMOULIN

Mtre. Alexandre Fallon  
OSLER, HOSKIN & HARCOURT

Mtre. Emma Loignon-Giroux  
SOCIÉTÉ D'AVOCATS TORYS

Mtre. Francis Rouleau  
BLAKE, CASSELS & GRAYDON

Date of Hearing : June 9, 2021

## Annex 1

### Paragraphs 2.154 to 2.208 of the Authorization Application

#### *Plaintiff's introduction to opioids*

- 2.154. After graduating from culinary school in 2001, the Plaintiff worked as an executive chef in a Montreal hotel.
- 2.155. In 2004, as a result of extreme fatigue, he switched careers to work in telecom and, in 2005, his fatigue became so severe that he was unable to work and went on sick leave.
- 2.156. Later that year, after experiencing an unplanned 70-pound weight loss in addition to the on-going fatigue, he was diagnosed with thalassemia, an inherited blood disorder characterized by less hemoglobin and fewer red blood cells in the body than normal. The anemia resulted in a lack of oxygen and fatigue.
- 2.157. Although transfusions and other treatments alleviated his symptoms for a few weeks, the Plaintiff's condition soon worsened, and it was determined that he needed to have his spleen removed.
- 2.158. On March 1, 2006, he underwent a splenectomy at the Royal Victoria Hospital in Montreal and, as a result of this procedure, he is now able to maintain a stable level of hemoglobin without further transfusions.
- 2.159. During the two-week period of post-operative recovery at the hospital, the Plaintiff experienced significant pain and was given intravenous opioids administered using an infusion pump. Initially, he was given Morphine but was switched to Hydromorphone, which treated his pain more effectively. This was the Plaintiff's first encounter with opioids.

*Plaintiff's continued use of prescription opioids*

- 2.160. When he was released from the hospital on March 20, 2006, the Plaintiff was prescribed Dilaudid (2 mg) to be taken as needed.
- 2.161. The acute pain associated with the surgery lasted for about a month, including the time spent in the hospital. However, even when the pain associated with the surgery had subsided, the Plaintiff continued to experience pain and consequently was prescribed opioids as an out-patient.
- 2.162. The investigation into the reason for the Plaintiff's continued pain resulted in a diagnosis of extramedullary hematopoiesis. The team of doctors treating him considered his now chronic pain to be due to overactive bone marrow.
- 2.163. By early January 2007, the Plaintiff was being regularly prescribed both long acting Hydromorph Contin to be taken every 12 hours as well as short acting Dilaudid to be taken as a rescue medication, as needed. For the next 12 years, the hematologist who followed him for thalassemia continued to renew his prescriptions for opioids to treat his pain.
- 2.164. The Plaintiff was led to believe that he was being provided the standard treatment for the chronic pain he was experiencing and was told by his various physicians that he would have to stay on these drugs forever. He fully trusted that the use of opioids was appropriate for his condition and was not informed about the addictive and devastating effects that this treatment could cause.
- 2.165. Over time, the drugs became less effective in controlling his pain and the Plaintiff's dosages of opioids were periodically increased. As well, his sensitivity to pain increased, and the pain which had been mostly in his lower back and thighs spread throughout his body, including to his rib cage, elbows and hands.

- 2.166. As a result, to obtain pain relief, the Plaintiff would go to the emergency room where he would be admitted to the hospital for two to three days at a time and treated with IV opioids as well as additional rescue-medication. In the earlier years, these crises, causing the Plaintiff to go to the emergency room to treat uncontrolled pain, occurred about 4 to 6 times a year; however, by 2017 the frequency of these crises had increased to about once a month.
- 2.167. On one occasion, in April 2017, he went to the emergency room because of unmanageable pain and was treated with additional opioids through a patient controlled analgesia (PCA) pump. A nurse told him that he had been seen manipulating the PCA pump and the use of the pump was stopped. He learned from seeing his discharge papers that he had been labelled as someone who "*was already known with a drug-seeking behavior*" and that he was never to be on a PCA pump again.
- 2.168. The Plaintiff suffered immensely when he only had his regular doses of opioids as they were no longer sufficient to control the pain. While using the combination of long-acting Hydromorph Contin and Dilaudid for breakthrough pain, he experienced convulsions and was feverish, lethargic and clammy. He stayed indoors, trying to remain still, to minimize his pain. He "*lived through hell*".
- 2.169. In October 2017, the Plaintiff was assessed at the Pain Clinic at the Montreal General Hospital, after obtaining a referral from his hematologist. The doctor he saw recommended that he start using Fentanyl patches. By this time, having heard of the risks associated with Fentanyl, the idea of using Fentanyl patches scared him. In particular, because he was so young and his tolerance to opioids was already so strong, he feared for his future, and the quantity of drugs that he would require to alleviate his pain.
- 2.170. When he first started taking opioids, and until he began exploring treatment for his addiction in late 2017, the only warnings that the Plaintiff recalls receiving were that the drugs could cause constipation and that he should wait to see how they affected him prior to driving or operating heavy machinery. In fact, when he switched pharmacies in October/November 2017, the patient information given to him by his pharmacy about the two drugs he was on, Hydromorph Contin and Dilaudid, contained **no warnings** of the highly addictive nature of such drugs.

*Physical and emotional impact of Plaintiff's Opioid Use Disorder*

- 2.171. The Plaintiff's addiction to opioids has had a horrific impact on his life.
- 2.172. In his words, opioids "*took away each of the puzzle pieces of life one at a time*", and the picture of what remained "*was unrecognizable.*"
- 2.173. Prior to taking these drugs, he was a very social and outgoing person, an extroverted "life of the party" type; however, on the drugs he withdrew socially, suffered from brain-fog, and was both confused and exhausted all the time.
- 2.174. Despite being a chef, and having a passion for food, he rarely cooked and lost interest in eating.
- 2.175. All his life, he had been very active in his community and church, until he was on opioids and could not continue these activities. He stopped swimming and, one by one, he dropped out of everything.
- 2.176. He gradually lost interest in social and family gatherings. Every year at Christmas, the Plaintiff would normally play a very active role in a holiday gathering of 40 to 50 members of his family, including taking care of all of the food. No matter what else was going on in his life, he was always there and happily involved. In 2017, he felt so sick and apathetic that he skipped the Christmas celebration all together, which was extremely significant for him, being from a traditional Italian background.
- 2.177. He describes the effect of opioids as "*taking the life right out of you*". Taking on the simplest of tasks required significant time and effort –getting out of bed and dressing became a battle. He stopped his regular routines such as morning coffees and going out for lunch and even missed medical appointments.
- 2.178. While his symptoms of fatigue should have been alleviated after his splenectomy, the continued use of opioids caused him to experience such overwhelming mental and physical exhaustion that he could barely work and was, at times, on long-term disability.



- 2.179. Although he was told that the relief provided by slow-release Hydromorph Contin would extend over a 12-hour period, he consistently needed to supplement that medication with short-acting Dilaudid, as a rescue medication. While the Dilaudid was prescribed to be taken as needed every four hours, he would always need to take it, and would often adjust the dosing on his own in order to get through his daily activities. If he had something important to do that day, he would take more than prescribed, and then take less later on so that he would not run out of his pills too quickly. When he was taking less to conserve his medication, he would stay home and *“try to stay as still as possible not to feel pain”*.
- 2.180. The Plaintiff's life revolved around scheduling as to when he could take the next dose. He was consumed by the need to ration the pills over the month and found himself *“juggling pills”* to ensure he would have enough. Typically, he would run out of medication a few days before the month's end, and would renew his prescriptions at the pharmacy a few days early.
- 2.181. While on opioids, he *“survived in four hour blocks”*, meaning that he would take the drugs, feel relief for about two hours and slowly the pain returned. After about three to three-and-a-half hours, the pain was debilitating; he would feel the sharp, intense pain, starting in his back, and travelling up his spinal cord, and down his thighs. He describes the pain he felt while on opioids as being like someone is stabbing you with a knife.
- 2.182. Towards the end of virtually every dose, he would feel the uncomfortable symptoms of withdrawal; he was constantly sneezing and his nose was always running, and he alternated between having chills and sweating so excessively that he would need to change his undershirt multiple times a day and his bedsheets almost every night.
- 2.183. He was never able to sleep for more than four hours at a time, as his withdrawal symptoms were so intense that he needed to take his medication throughout the night. On at least two occasions, he woke up choking and concerned for his life, as he was confused about how much opioids he had taken, and likely had taken too many pills.
- 2.184. In order to counteract the side effects of the opioids, he had to take many other medications, including Adderall as a stimulant, Elavil (amitriptyline) to help him to sleep and Ativan to calm him down. He estimates that he

was taking more than 25 additional pills a day in an effort to offset the undesirable effects of the opioids.

- 2.185. Opioids affected his personal life immensely and all his relationships were compromised as a result. In 2010, after three years of marriage, the Plaintiff's then-wife left him because the situation had become too difficult for her. Although she was aware of his medical issues before they got married, the side effects that he suffered as a result of being addicted to opioids put too much stress on their marriage and ultimately led to their divorce.
- 2.186. Although the Plaintiff loves travelling and made sure he would visit his family in Italy at least 4 to 5 times a year, while addicted to opioids, he was not able to travel easily because of his fatigue and concerns related to the amount of and nature of the drugs he needed to bring with him. On one trip to Cuba in 2011, he was detained for nearly 4 hours by armed guards upon arrival at the airport, who believed he was carrying illegal drugs. The most terrifying part of that experience for him was not being held by armed guards but, rather, the prospect of being without his drugs for the duration of his trip. The Plaintiff luckily was able to convince the guards to leave him with just enough of opioids to get through one week, although he had packed enough for two weeks. Being far from home, without any back-up medication, was overwhelmingly stressful.
- 2.187. The effects of the prescribed opioids became so severe that between 2017 and early 2018, he stayed home in his pajamas, barely moving, and withdrew almost completely from his family and friends. It was almost impossible to muster the energy to brush his teeth, let alone move his car to avoid getting parking tickets. As a result, he got thousands of dollars of parking tickets that year. His only concern was when he would be able to take his next dose of opioids. The Plaintiff describes this period as "*just like an entire year was completely gone*".
- 2.188. While the Plaintiff tried to stop using opioids on his own, by stopping to take his medication "*cold turkey*", the side effects of doing so, being vomiting, sweating and convulsing, were too much for him to handle. The longest he was able to last on his own without opioids was 6 days. The Plaintiff also tried to use acupuncture and naturopathy as alternatives to opioids, but these treatments did not help him.

*The road to recovery*

- 2.189. By October 2017, the Plaintiff's daily dose of Hydromorph Contin had increased to 33 mg for the day and 36 mg for the night as well as 4 mg of Dilaudid to be taken as needed, which was all the time (about 240 tablets per month).
- 2.190. Despite this quantity of consumption of drugs, his pain was still not adequately managed and his visits to the emergency room became more frequent. In January 2018, the Plaintiff was admitted to the hospital but his requests for more opioids to control the pain were refused. Although the medical team was uncertain as to whether the severe pain was due to opioid hyperalgesia and/or opioid withdrawal, it was now clear to the Plaintiff that he had a very serious problem that, if untreated, could become life-threatening.
- 2.191. At this time, the Plaintiff and his doctor specifically discussed his Opioid Use Disorder and the possibility of participating in an addiction treatment program. Given his despair, and his feeling that at that point he had "*no more life*", the Plaintiff was willing to be treated for his addiction in the hope of getting back his life.
- 2.192. On February 27, 2018, the Plaintiff entered into an inpatient treatment program at the Montreal General Hospital which took him 18 days to complete. The treatment program was part of the psychiatry unit at the hospital, where only three beds were dedicated to the treatment of addictions.
- 2.193. Upon admission to the Montreal General Hospital Addiction Unit, it was noted that for several months the Plaintiff had also been using IV Hydromorphone (Dilaudid) 4mg once every 2 days.
- 2.194. By this time, his increased pain symptoms appeared to be a consequence of withdrawal.
- 2.195. Even though the Plaintiff was admitted on a volunteer basis, he was strip searched upon arrival, given a pair of green scrubs to wear, and

encouraged not to leave the psychiatric unit. His mother accompanied him into the hospital, and seeing her son in such a setting, surrounded by such severely mentally ill patients, made her cry and she did not even want to leave him there. When she left, he had an emotional breakdown.

- 2.196. In order to start therapy, the Plaintiff had to first rid his system of opioids completely for 12 to 18 hours. At times, the withdrawal process was excruciating for him, marked by vomiting, sweating or chills and constant sneezing, which made him feel like he was going to die.
- 2.197. The Plaintiff then commenced an opioid maintenance treatment, and was given Suboxone.
- 2.198. Once he began taking Suboxone, he started to feel much better, and for him, Suboxone has, for the most part, been an effective medication to support the remission of his Opioid Use Disorder.
- 2.199. However, the Plaintiff has not been immune to relapse. Since being engaged in addiction treatment in February/March 2018, there have been two occasions when the Plaintiff returned to the emergency room for additional pain treatment.
- 2.200. During his most recent admission to the hospital in July 2019, the Plaintiff's Suboxone prescription was increased from 6 mg to 12 mg per day, which has enabled him to maintain a state of early remission from his severe Opioid Use Disorder, without increasing his pain.
- 2.201. While being on this maintenance treatment enables him to be in early remission of his Opioid Use Disorder, his body is still dependent on opioids and it will be several years, if ever, before he can be fully weaned off of these destructive drugs.

#### *Life after addiction treatment*

- 2.202. Since his treatment for severe Opioid Use Disorder, the Plaintiff feels that his life has been restored. He is now able to work full-time, travel and enjoy his life with energy and enthusiasm.

- 2.203. He feels that he has accomplished more in the last year and a half after treating his addiction than he had accomplished in the 12 years prior.
- 2.204. In fact, the Plaintiff has been able to return to his true vocation of cooking. In addition to being recently hired as the Food and Beverage Director for a major hotel chain in downtown Montreal, the Plaintiff has recorded 16 episodes of a cooking show for an Italian/English television program.
- 2.205. He has also gotten involved with his Church and started volunteering again.
- 2.206. On a personal level, since obtaining treatment for his severe Opioid Use Disorder, he started dating his now-wife. They were married civilly on March 1, 2019, and they had a religious celebration of their marriage in California on September 17, 2019.
- 2.207. The Plaintiff has only been able to fully ascertain the devastating impact that his addiction to opioids had on his life since he has been engaged in addiction treatment, and states that if he had known the life-altering effects of these prescription opioids, he would never have commenced taking them after leaving the hospital following his splenectomy in 2006.
- 2.208. Although he continues to experience pain, since his addiction treatment, it is no longer the debilitating stabbing pain he suffered for so many years.

\*\*\*\*\*