Court File No.: »

CV-19-00620048-00CP

ONTARIO
SUPERIOR COURT OF JUSTICE

B E T W E E N :

DARRYL GEBIEN

Plaintiff

- and -

APOTEX INC., APOTEX PHARMACEUTICAL HOLDINGS, INC., BRISTOL-MYERS SQUIBB CANADA, BRISTOL-MYERS SQUIBB COMPANY, PALADIN LABS, ENDO PHARMACEUTICALS INC., ENDO INTERNATIONAL PLC, JANSSEN INC., JOHNSON & JOHNSON, PHARMASCIENCE INC., JODDES LIMITED, PRO DOC LIMITEE, THE JEAN COUTU GROUP (PJC) INC., MYLAN PHARMACEUTICALS ULC, MYLAN N.V., PURDUE PHARMA INC., PURDUE PHARMA L.P., THE PURDUE FREDERICK COMPANY, PURDUE FREDERICK INC., RANBAXY PHARMACEUTICALS CANADA INC., SUN PHARMACEUTICAL INDUSTRIES LTD., HIKMA LABS INC., HIKMA PHARMACEUTICALS PLC, WEST-WARD COLUMBUS INC., SANIS HEALTH INC., SANDOZ CANADA INC., SANDOZ INTERNATIONAL GMBH, TEVA CANADA LIMITED, TEVA PHARMACEUTICALS USA, INC., TEVA PHARMACEUTICAL INDUSTRIES LTD., ACTAVIS PHARMA COMPANY, VALEANT CANADA LP/ VALEANT CANADA S.E.C, BAUSCH HEALTH COMPANIES INC., AMERISOURCEBERGEN CANADA CORPORATION, KOHL + FRISCH DISTRIBUTION INC., NU-QUEST DISTRIBUTION INC., ABBOTT LABORATORIES INC. and PROCURITY INC.

Defendants

Proceeding under the *Class Proceedings Act, 1992*

STATEMENT OF CLAIM

TO THE DEFENDANTS

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the Plaintiff. The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a statement of defence in Form 18A prescribed by the *Rules of Civil Procedure*, serve it on the Plaintiff's lawyer or, where the Plaintiff does not have a lawyer, serve it on the Plaintiff, and file it, with proof of service, in this court office, WITHIN TWENTY DAYS after this statement of claim is served on you, if you are served in Ontario.

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If you are served in another province or territory of Canada or in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

Instead of serving and filing a statement of defence, you may serve and file a notice of intent to defend in Form 18B prescribed by the *Rules of Civil Procedure*. This will entitle you to ten more days within which to serve and file your statement of defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

IF YOU PAY THE PLAINTIFF'S CLAIM, and $5,000.00 for costs, within the time for serving and filing your statement of defence, you may move to have this proceeding dismissed by the court. If you believe the amount claimed for costs is excessive, you may pay the Plaintiff's claim and $400.00 for costs and have the costs assessed by the court.

TAKE NOTICE: THIS ACTION WILL AUTOMATICALLY BE DISMISSED if it has not been set down for trial or terminated by any means within five years after the action was commenced unless otherwise ordered by the court.

Date: May 15, 2019

Issued by _____
Local Registrar
Laura Wardle

Address of court office: 393 University Avenue
Toronto ON
M5G 1E6

TO: **APOTEX INC.**
2700-700 West Georgia Street
Vancouver, BC V7Y 1B8

AND TO: **APOTEX PHARMACEUTICAL HOLDINGS, INC.**
150 Signet Drive
Weston, ON M9L 1T9

AND TO: **BRISTOL-MYERS SQUIBB CANADA**
1959 Upper Water Street, Suite #900
Halifax, NS B3J 2X2

AND TO: **BRISTOL-MYERS SQUIBB COMPANY**
1209 Orange Street
Wilmington, Delaware, USA 19801

AND TO: **PALADIN LABS**
Suite 1800-510 West Georgia Street
Vancouver, BC V6B 0M3

AND TO: **ENDO PHARMACEUTICALS INC.**
1400 Atwater Drive
Malvern, Pennsylvania, USA 19355

AND TO: **ENDO INTERNATIONAL PLC**
First Floor, Minerva House
Simmonscourt Road
Ballsbridge Dublin 4, Ireland

AND TO: **JANSSEN INC**.
595 Burrard Street
Suite 2600, PO Box 49214
Vancouver, BC V7X 1L3

AND TO: **JOHNSON & JOHNSON**
1 Johnson & Johnson Plaza
New Brunswick, New Jersey, USA 08933

AND TO: **PHARMASCIENCE INC.**
6111 Royalmount Avenue, Suite 100
Montreal, QC H4P 2T4

AND TO: **JODDES LIMITED**
6111 Royalmount Avenue, Suite 100
Montreal, QC H4P 2T4

AND TO: **PRO DOC LIMITEE**
2925 Boulevard Industriel
Laval, QC H7L 3W9

AND TO: **THE JEAN COUTU GROUP (PJC) INC.**
245, rue Jean Coutu
Varennes, QC J3X 0E1

AND TO: **MYLAN PHARMACEUTICALS ULC**
85 Advance Road
Etobicoke, ON M8Z 2S6

AND TO: **MYLAN N.V.**
Building 4, Trident Place
Mosquito Way, Hatfield
Hertfordshire ALIO 9UL

AND TO: **PURDUE PHARMA INC.**
1200 Waterfront Centre
200 Burrard Street, PO Box 48600
Vancouver, BC V7X 1T2

AND TO: **PURDUE PHARMA L.P.**
One Stamford Forum
201 Tresser Boulevard
Stamford, Connecticut, USA 06901-3431

AND TO: **THE PURDUE FREDERICK COMPANY**
One Stamford Forum
201 Tresser Boulevard
Stamford, Connecticut, USA 06901-3431

AND TO: **PURDUE FREDERICK INC.**
40 King Street West, Suite 4400
Toronto, ON M5H 3Y4

AND TO: **RANBAXY PHARMACEUTICALS CANADA INC.**
2680 Matheson Blvd. East, Suite 200
Mississauga, ON L4W 0A5

AND TO: **SUN PHARMACEUTICAL INDUSTRIES LTD.**
Sun Pharma Advanced Res.Centre,
Tandalja, Vadodara, India GJ-390020

AND TO: **HIKMA LABS INC.**
1809 Wilson Road
Columbus, Ohio, USA 43228-9579

AND TO: **HIKMA PHARMACEUTICALS PLC**
King Abdullah II street, Building 357 P.O. Box 182400
11118 Amman Jordan

AND TO: **WEST-WARD COLUMBUS INC.**
1809 N Wilson Road
Columbus, Ohio, USA 43228

AND TO: **SANIS HEALTH INC.**
Suite 200, Phoenix Square
371 Queen Street
Fredericton, NB E3B 1B1

AND TO: **SANDOZ CANADA INC.**
800-885 West Georgia Street
Vancouver BC V6C 3H1

AND TO: **SANDOZ INTERNATIONAL GMBH**
Sandoz International GmbH
Industriestrasse 25
83607 Holzkirchen Germany

AND TO: **TEVA CANADA LIMITED**
Suite 2200, 1055 West Hastings Street
Vancouver, BC V6E 2E9

AND TO: **TEVA PHARMACEUTICALS USA, INC.**
1090 Horsham Road
North Wales, Pennsylvania USA 19454

AND TO: **TEVA PHARMACEUTICAL INDUSTRIES LTD.**
5 Basel St., Petach Tikva
Israel, 49131

AND TO: **ACTAVIS PHARMA COMPANY**
30 Novopharm Court
Toronto, ON M1B 2K9

AND TO: **VALEANT CANADA LP/ VALEANT CANADA S.E.C.**
2700-700 West Georgia Street
Vancouver, BC V7Y 1B8

AND TO: **BAUSCH HEALTH COMPANIES INC.**
25th floor
700 West Georgia Street
Vancouver, BC V7Y 1B3

AND TO: **AMERISOURCEBERGEN CANADA CORPORATION**
200 Bay Street, Suite 3800
Royal Bank Plaza, South Tower
Toronto, ON M5J 2Z4

AND TO: **KOHL & FRISCH DISTRIBUTION INC.**
7622 Keele Street
Concord, ON L4K 2R5

AND TO: **NU-QUEST DISTRIBUTION INC.**
96 Clyde Ave
Mount Pearl, NFL A1N 4S2

AND TO: **ABBOTT LABORATORIES INC.**
8625 TransCanada Highway
Saint-Laurent, QC H4S 1Z6

AND TO: **PROCURITY INC.**
160 Eagle Drive
Winnipeg, MB R2R 1V5

CLAIM

A. DEFINITIONS

1. The capitalized terms used in the Statement of Claim have the meanings indicated below:

(a) "**Class**" and "**Class Members**" means all person in Canada, except for excluded persons, who were prescribed Opioids and subsequently developed an addiction to Opioids;

(b) "**Excluded Persons**" means any person entitled to recover damages in the action bearing Court File Number 07-CV-343201CP and any officer or director of any of the Defendants;

(c) "**Family Law Class**" and "**Family Law Class Members**" means all persons within Canada, except for excluded persons, who by reason of his or her relationship to a Class Member have standing pursuant to s. 61(1) of the *Family Law Act*, R.S.O. 1990, c. F.3, or equivalent legislation in other provinces and territories;

(d) "**Opioids**" means any product marketed by the Defendants which contained any substance from the family of synthetic narcotic pain medications which resemble naturally occurring opiates, including, but not limited to, codeine, morphine, hydromorphone and fentanyl;

B. RELIEF SOUGHT BY THE PLAINTIFF

2. The Plaintiff claims:

(a) an order certifying this action as a class proceeding and appointing him as representative Plaintiff for the Class Members;

(b) a declaration that the Defendants owed a duty of care to the Plaintiff and Class Members with respect to research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids;

(c) a declaration that the Defendants breached their duties of care with respect to research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids;

(d) a declaration that the Defendants were negligent in their research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids;

(e) a declaration that each of the Defendants is vicariously liable for the acts and omissions of it officers, directors, agents, employees and representatives;

(f) a declaration that the Defendants conspired in the manner hereinafter described;

(g) the right to elect to waive the torts of negligence and conspiracy;

(h) pecuniary and special damages in the amount of $1,000,000,000.00 for persons who suffered injuries and damages as a result of the Defendants' negligence and conspiracy;

(i) non-pecuniary damages in an amount to be assessed for each person who suffered damages as a result of the Defendants' negligence and conspiracy;

(j) damages pursuant to the *Family Law Act,* R.S.O. 1990, c F.3 s.61 and similar legislation (and common law) in other provinces, in the amount of $100,000.00 for each such Plaintiff;

(k) punitive damages in the amount of $100,000,000.00;

(l) the costs of distributing all monies received to class members;

(m) prejudgement and postjudgment interest;

(n) costs on a substantial indemnity basis, plus applicable taxes; and

(o) such further and other relief as this Honourable Court may deem just.

C. NATURE OF THE ACTION

3. Beginning in the 1990s, the Defendants' commenced a campaign promoting the use of Opioids for widespread chronic conditions.

4. In particular, the Defendants represented that Opioids in Canada:

(a) as less addictive than known to the Defendants;

(b) as more effective than known to the Defendants; and,

(c) for a wider range of patients than approved by Health Canada.

5. Yet the Defendants marketed, distributed and sold Opioids for conditions which the Defendants knew Opioids were ineffective at treating because the Defendants knew that anyone who injected Opioids would be at significant risk of becoming addicted.

6. As such, the Defendants breached statutory and common law duties to the Plaintiff and Class who became addicted to Opioids for which the Defendants owe damages.

D. THE PLAINTIFF

7. The representative plaintiff is Dr. Darryl Gebien. He lives in Toronto, Ontario. He suffered a ligament injury in his thumb and, as a result, was prescribed Percocet, a type of opioid manufactured by the Defendants. Shortly thereafter, Dr. Gebien became addicted to Percocet.

8. Dr. Gebien's addiction had a significant and lasting impact on his life. Dr. Gebien lost his license to practice medicine. He lost his job. He was incarcerated. He lost custody of his children.

E. THE DEFENDANTS

9. The Defendants manufacture, market, distribute, and sell Opioids in Canada. Opioids are a class of drugs that are defined by a chemical compound that is naturally found in the opium poppy plant or which are synthetically made using the same chemical structure, and include (but are not limited to) Butorphanol, Fentanyl, Hydrocodone, Hydromorphone, Meperidine, Methadone, Morphine, Normethadone, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, and Tramadol.

i. The Apotex Defendants

10. Apotex Inc. is a Canadian company. During the Class Period, Apotex Inc. manufactured, marketed, and sold Opioids in Canada.

11. Apotex Pharmaceutical Holdings, Inc. is a Canadian company. During the Class Period, Apotex Pharmaceutical Holdings, Inc., directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

12. The businesses of each of the Defendants Apotex Inc. and Apotex Pharmaceutical Holdings, Inc. (collectively, "Apotex") are inextricably interwoven with that, of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

ii. The Bristol-Myers Defendants

13. Bristol-Myers Squibb Canada is a Canadian company. During the Class Period, Bristol-Myers Squibb Canada manufactured, marketed and sold Opioids in Canada.

14. Bristol-Myers Squibb Company is an American company. During the Class Period, Bristol-Myers Squibb Company, directly or through its subsidiaries or affiliates, manufactured, marketed, and sold Opioids in Canada.

15. The businesses of each of the Defendants Bristol-Myers Squibb Canada and Bristol-Myers Squibb Company (collectively, "Bristol-Myers") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

iii. The Endo Defendants

16. Paladin Labs is a Canadian company. It is affiliated with and/or controlled by Endo Pharmaceuticals Inc. ("Endo USA") and Endo International PLC ("Endo International"). During the Class Period, Paladin Labs manufactured, marketed and sold Opioids in Canada.

17. Endo USA is an American company. During the Class Period, Endo USA, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

18. Endo International is an Irish company, with its principal place of business in Dublin, Ireland. Paladin Labs and Endo USA are subsidiaries of Endo International. During the Class Period, Endo International, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

19. The businesses of each of the Defendants Paladin Labs, Endo USA and Endo International (collectively, "Endo") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

iv. The Janssen Defendants

20. Janssen Inc. (formerly known as Janssen-Ortho Inc.) is a Canadian company. During the Class Period, Janssen Inc. manufactured, marketed and sold Opioids in Canada.

21. Johnson & Johnson is an American company. Janssen Inc. is a subsidiary of Johnson & Johnson. During the Class Period, Johnson & Johnson, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

22. The businesses of each of the Defendants Janssen Inc. and Johnson & Johnson (collectively, "Janssen") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

v. The Pharmascience Defendants

23. Pharmascience Inc. is a Canadian company. During the Class Period, Pharmascience Inc. manufactured, marketed and sold Opioids in Canada.

24. Joddes Limited is a Canadian company. Pharmascience Inc. is a subsidiary of Joddes. During the Class Period, Joddes Limited, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

25. The businesses of each of the Defendants Pharmascience Inc. and Joddes Limited (collectively, "Pharmascience") are inextricably interwoven with that of the other and' each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

vi. Pro Doc / Jean Coutu

26. Pro Doc Limitee is a Canadian company. During the Class Period, Pro Doc Limitee manufactured, marketed and sold Opioids in Canada.

27. The Jean Coutu Group (PJC) Inc. ("Jean Coutu") is a Canadian company. Pro Dod Limitee is a subsidiary of Jean Coutu. During the Class Period, Jean Coutu, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

28. The businesses of each of the Defendants Pro Doc Limitee and Jean Coutu are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

vii. The Mylan Defendants

29. Mylan Pharmaceuticals ULC is a Canadian company. During the Class Period, Mylan Pharmaceuticals ULC manufactured, marketed and sold Opioids in Canada.

30. Mylan N.V. is a Dutch company. Mylan Pharmaceuticals Inc. is a subsidiary of Mylan N.V. During the Class Period, Mylan N.V., directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

31. The businesses of each of the Defendants Mylan Pharmaceuticals ULC and My6n N.V. (collectively, "Mylan") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

viii. The Purdue Defendants

32. Purdue Pharma Inc. is a Canadian company. During the Class Period, Purdue Pharma Inc. manufactured, marketed and sold Opioids in Canada.

33. Purdue Pharma L.P. is an American company. During the Class Period, Purdue Pharma L.P. directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

34. The Purdue Frederick Company is an American company. It is a signatory to a plea agreement in the United States District Court for the Western District of Virginia in which it admitted to the felony of misbranding the Opioid Product OxyContin with the intent to defraud or mislead.

35. Purdue Frederick Inc. is a Canadian company. During the Class Period, Purdue Frederick Inc., directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

36. The businesses of each of the Defendants Purdue Pharma Inc., Purdue Pharma L.P., Purdue Frederick Company and Purdue Frederick Inc. (collectively, "Purdue") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

ix. The Ranbaxy Defendants

37. Ranbaxy Pharmaceuticals Canada Inc. is a Canadian company. During the Class Period, Ranbaxy Pharmaceuticals Canada Inc. manufactured, marketed and sold Opioids in Canada.

38. Sun Pharmaceutical Industries Ltd. ("Sun") is an Indian company. Ranbaxy Pharmaceuticals Canada Inc. is a subsidiary of Sun. During the Class Period, Sun,

directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

39. The businesses of each of the Defendants Ranbaxy Pharmaceuticals Canada Inc. and Sun (collectively, "Ranbaxy") are inextricably interwoven with that of the other and, each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

x. The Roxane Defendants

40. Hikma Labs Inc. (formerly known as Roxane Laboratories Inc.) is an American company. During the Class Period, Hikma Labs Inc. directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

41. West-Ward Columbus Inc. (formerly known as Boehringer Ingelheim Roxane Inc.) is an American Company. During the Class Period, West-Ward Columbus Inc., directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

42. Hikma Pharmaceuticals PLC is a Jordanian company. During the Class Period, Hikma Pharmaceuticals PLC, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

43. The businesses of each of the Defendants Hikma Labs Inc., West-Ward Columbus Inc., and Hikma Pharmaceuticals PLC (collectively, "Roxane") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

xi. Sanis

44. Sanis Health Inc. ("Sanis") is a Canadian company. During the Class Period, Sanis manufactured, marketed and sold Opioids in Canada.

45. Sandoz Canada Inc. is a Canadian company. During the Class Period, Sandoz Canada Inc. manufactured, marketed and sold Opioids in Canada.

xii. The Sandoz Defendants

46. Sandoz International GmbH is a German company. Sandoz Canada Inc. is a subsidiary of Sandoz International GmbH. During the Class Period, Sandoz International GmbH, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

47. The businesses of each of the Defendants Sandoz Canada Inc. and Sandoz International GmbH (collectively, "Sandoz") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

xiii. The Teva Defendants

48. Teva Canada Limited is a Canadian company. During the Class Period, Teva Canada Limited manufactured, marketed and sold Opioids in Canada.

49. Actavis Pharma Company (formerly Cobalt Pharmaceutical Company) is a Canadian company. During the Class Period, Actavis Pharma Company manufactured, marketed and sold Opioids in Canada.

50. Teva Pharmaceuticals USA, Inc., ("Teva USA") is an American company. During the Class Period, Teva USA, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

51. Teva Pharmaceutical Industries Ltd. ("Teva Pharmaceutical") is an Israeli company. Teva Canada Limited, Actavis Pharma Company and Teva USA are sub'Sidiaries of Teva Pharmaceutical. During the Class Period, Teva Pharmaceutical, directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

52. The businesses of each of the Defendants Teva Canada Limited, Actavis Pharma Company, Teva USA and Teva Pharmaceutical (collectively, "Teva") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

xiv. The Valeant Defendants

53. Valeant Canada LP/ Valeant Canada S.E.C. ("Valeant Canada") is a Canadian company. During the Class Period, Valeant Canada manufactured, marketed and sold Opioids in Canada.

54. Bausch Health Companies Inc. ("Bausch") is a Canadian company. Valeant Canada is a division of Bausch. During the Class Period, Bausch directly or through its subsidiaries or affiliates, manufactured, marketed and sold Opioids in Canada.

55. The businesses of each of the Defendants Valeant Canada and Bausch (collectively, "Valeant") are inextricably interwoven with that of the other and each is the agent of the other for the purposes of the manufacture, marketing and sale of Opioids in Canada.

56. Apotex, Bristol-Myers, Endo, Janssen, Pharmascience, Pro Doc, Jean Coutu, Mylan, Purdue, Ranbaxy, Roxane, Sanis, Sandoz, Teva, and Valeant (collectively, the "Manufacturer Defendants") do now or have at some point in time during the Class Period manufactured, marketed and sold in Canada prescription pain medications that contained the Opioid Drugs oxycodone, fentanyl, morphine, or hydromorphone. These Opioid Products include brand-name drugs such as OxyContin, OxyNeo, and Percocet, as well as their generic counterparts.

F. THE OPIOID EPIDEMIC

i. Introduction

57. Opioids are powerful narcotics that work by binding to receptors on the spinal cord and in the brain, lessening the perception of pain. In addition to pain controlling effects, Opioids can also induce an addictive, euphoric high.

58. With continued use, patients grow tolerant to Opioids and require progressively higher doses over time. This tolerance increases the risks of withdrawal, addiction and overdose. At higher doses, Opioids can slow a user's breathing, causing potentially fatal respiratory depression. Patients who delay or discontinue long-term Opioid use often

experience extended withdrawal symptoms including nausea, muscle pain, depression, anxiety, diarrhea, vomiting, restlessness, and chills.

59. Until the mid-1990s, prescription Opioids were not widely used because they were thought to be too addictive to treat pain conditions which would require long-term use of such drugs. Opioids were prescribed primarily for use in treatment of palliative conditions or for short-term acute pain, which required brief use.

60. In or around the mid-1990s, the Defendants sought to encourage the long-term use of Opioids for widespread chronic conditions, like back pain, migraines, sports injuries and arthritis in order to expand their market and profits.

61. As described in greater detail below, the Defendants subsequently developed and promoted a narrative that pain was undertreated and should be made a higher priority by healthcare practitioners. At the same time, the Defendants began vigorously marketing Opioids as less addictive than they knew Opioids to be. The Defendants promoted Opioids as safe, effective and appropriate for long-term use for routine pain conditions.

62. By 1998, many medical professionals were raised concerns over the presence and prevalence of prescription Opioids on the black market.[1]

63. The marketing efforts of the Defendants targeted family physicians who were the most likely to see patients with chronic pain conditions and least likely to have the training necessary to be in a position to verify the Defendants' marketing representations about the safety and efficacy of Opioids.

64. In the late 1990s and early 2000s, pharmaceutical companies, including the Defendants, spent hundreds of millions of dollars to "educate" doctors on the use of Opioids for treating chronic pain over the long term and stated that the risk of addiction was less than one percent.

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[1] Brian Goldman, MD, "The News on the Street: Prescription Drugs on the Black Market" (1998) 195:2 Can. Med Assoc J at 149, online: (http://www.cmaj.ca/content/cmaj/159/2/149.full.pdf).

65. The Defendants' marketing campaigns also targeted students training to enter the medical profession. For example, a speaker funded by Purdue was an instructor in the University of Toronto's inter-faculty pain curriculum course. For years, medical students received free copies of a pain management textbook paid for and copyrighted by Purdue. By 2007, companies selling Opioids had given more than $500,000 in funding to the University of Toronto. Course material in medical programs contained information aligned with the interests of the Defendants by minimizing Opioid related harms relative to those of other analgesics, overstating the evidence of their effectiveness.[2]

66. Further, inaccuracies and false claims were disseminated in print advertisements in medical journals, such as the Canadian Medical Association Journal, which is mailed to almost every physician in Canada.[3]

67. The aggressive marketing efforts of the Defendants were incredibly successful. By the mid-2000s, the attitudes of healthcare professionals toward prescribing Opioids had changed and there was a dramatic increase in prescriptions of both long-acting and short-acting Opioids in Canada, including for treatment of chronic pain.

68. As a result of the Defendants' conduct, Canadians have become addicted to Opioids. More than 20,000 Canadians are estimated to have died of Opioid overdoses in the past two decades. These numbers continue to climb. In 2017, at least 3,987 Canadians died of Opioid-related deaths, according to the Government of Canada.[4] This represents a 34% increase in apparent Opioid-related deaths, up from 2,978 in 2016. The

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[2] Sheryl Ubelacker, "Pain course revised over concerns about drug company influence," *The Globe and Mail* (December 23, 2010, updated April 28, 2018) online: The Globe and Mail <https://www.theglobeandmail.com/news/national/pain-course-revised-over-concerns-about-drug-company-influence/article1321037/>. See also The Council of Canadians, *A Prescription for Better Medicine:ı Why Canadians need a national pharmacare program* (18 October 2016), online: The Council of Cpnadians <https://canadians.org/pharmacare-report>.

[3] Canada, Parliament, House of Commons, Standing Committee on Health, *Minutes of Proceedings and* Evidence, 41st Parl, 2nd Sess, No 14 (February 13, 2014) online: <httP://wvvw.ourcommons.ca/DocumentViewer/en/41-2/HESA/meeting-14/evidence>.

[4] Public Health Agency of Canada, *National Report: Apparent opioid-related deaths in Canada (January 2016 to December 2017)* (2017) online: Government of Canada <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-report-apparent-opioid-related-deaths-released-june-2018.html>.

highest percentage of accidental apparent Opioid-related deaths occurred among individuals between the ages of 30 and 39 years.

69. In 2017, Opioid poisonings resulted in more than 17 hospitalizations per day in Canada. Opioids caused over 10 over-dose deaths per day in 2017.

70. Between 2007-2008 and 2016-2017, the rate of hospitalizations due to Opioid poisoning increased 53%. More than 40% of the increase occurred over the past 3 years.[5]

71. Between 2000 and 2012, there has been a five-fold increase in the prevalence of neonatal abstinence syndrome in Canada and other western countries. Neonatal abstinence syndrome affects infants who were exposed to Opioids in utero, causing physical dependence on Opioids, and often leads to withdrawal symptoms after birth. One article, citing numbers provided by the Canadian Institute for Health Information, reported 1,744 hospitalizations for NAS in 2015-2016, a 20% increase form 2012-2013.[6]

72. Canada's Chief Public Health Officer has called the state of Opioid addition a "major public health crisis".[7]

ii. The Aggressive and Successful Marketing Efforts of the Defendants

73. Opioids had historically been primarily used for treatment of terminal cancer patients and in acute post-surgical care. In order to broaden the market for Opioid prescriptions, the Defendants spent hundreds of millions of dollars on promotional activities and materials that denied or downplayed the risk of addiction and overstated benefits of Opioid use. The Defendants created marketing and educational materials that appeared to contain credible scientific evidence. These materials were regularly

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[5] Canadian Institute for Health Information, *Opioid-Related Harms in Canada* (2017) online: Canadian Institute for Health Information <https://secure.cihi.ca/free products/opioid-harms-chart-book-en.pdf>.

[6] Canadian Centre on Substance Use and Addiction, *Canadian Drug Summary, Prescription Opioids* (September 2017) online: Canadian Centre on Substance Use and Addiction <http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2017-en.pdf>.

[7] Canadian Institute for Health Information: *Opioid crisis having "significant" impact on Canada's health care system* (June 2018) online: <https://www.cihi.ca/en/opioid-crisis-having-significant-impact-on-canadas-health-care-system>.

distributed to healthcare professionals to promote and nurture a narrative that Opioids should be much more widely used.

74. Paid advertisements were placed in medical journals, such as the Canadian Medical Association Journal, by the Defendants. These advertisements marketed Opioids as a safer alternative to other pain medications and appropriate for anyone who needed long-term pain relief.

75. The Defendants funded patient advocacy groups, which produced educational materials containing information that appeared independent and reliable, but was in fact false and misleading. Groups such as the Canadian Pain Coalition, the Chronic Pain Association of Canada, and People in Pain Network received funding from the Defendants.

76. The Defendants relied heavily on sales representatives to convey marketing messages and materials to healthcare professionals during in-person meetings. Sales representatives gave false information about Opioids to healthcare professionals and claimed that Opioids had less potential for abuse and fewer withdrawal symptoms than other pain medication currently available.

77. The Defendants facilitated presentations by paid experts known as Key Opinion Leaders who were paid for presentations and studies that encouraged more liberal prescribing of Opioids. Key Opinion Leaders were also paid to serve on boards and committees of professional associations and patient advocacy groups that supported chronic Opioid therapy.

78. The Defendants took healthcare professionals out for expensive meals and on all-expense-paid trips to medical conferences that promoted the use of Opioids. The Defendants routinely paid Canadian doctors to attend drug industry meetings and become members of industry advisory boards.

79. Healthcare professionals in Canada were also subjected to and influenced by promotional material produced by the Defendants in the United States.

80. The pattern of false and deceptive marketing by the Defendants contained misrepresentations, such as:

(a) patients using Opioids for pain would experience improvement to function and quality of life without adverse effects;

(b) patients using Opioids for pain generally would not become addicted and that doctors could use screening tools to exclude patients who might;

(c) withdrawal from Opioid use was easily managed;

(d) Opioid use relieved pain when used long-term without significant risk;

(e) there was little risk of adverse effects of Opioid use;

(f) certain long-acting Opioids provided 12 hours of pain relief;

(g) Opioids could be taken in higher and higher doses without increased risk to patients; and

(h) abuse-deterrent Opioid formulations were safer and lowered the potential of abuse

(collectively, the "**Opioids Misrepresentations**").

81. The Defendants knew or ought to have known that their representations regarding the risks and benefits of Opioids were not supported by, or were contrary to, scientific evidence. The Defendants also knew that doctors and patients rely heavily on educational materials, such as treatment guidelines, continuing medical education seminars, articles and websites to inform their treatment decisions.

82. The Defendants' false, reckless and deceptive marketing campaign was carried out through the following acts:

(a) creating and distributing marketing and educational materials containing the Opioids Misrepresentations;

(b) funding promotional activities designed to promote and spread awareness of the Opioids Misrepresentations, particularly among healthcare professionals;

(c) placing advertisements in medical journals containing the Opioids Misrepresentations;

(d) funding patient advocacy groups which produced and distributed educational materials containing the Opioids Misrepresentations that appeared to be independent and reliable sources of information;

(e) hiring and training sales representatives to convey the Opioids Misrepresentations at in-person meetings with healthcare professionals;

(f) facilitating presentations by Key Opinion Leaders that contained the Opioids Misrepresentations; and

(g) encouraging Key Opinion Leaders to draft misleading studies on Opioids to support the assertion that the Opioids Misrepresentations were true and accurate.

83. As a result of the Defendants' successful marketing activities, the prescribing of Opioids as a long-term means to treat chronic pain became routine and widespread.

G. THE OPIOIDS MISREPRESENTATIONS

i. Misrepresentations of Improved Function

84. The Defendants claimed that long-term Opioid use would improve patients' function and quality of life. The Defendants reinforced this message by creating and sponsoring materials that were distributed or made available to prescribers. These claims were unsupported by clinical evidence.

85. The Defendants generated marketing materials that omitted known risks of chronic Opioid therapy and emphasized or exaggerated risks of competing products so that prescribers and patients would be more likely to choose Opioids over other therapies

such as over-the-counter acetaminophen or nonsteroidal anti-inflammatory drugs, like ibuprofen (NSAIDs). These claims were not supported by scientific evidence.

ii. Misrepresentations of the Risk of Addiction

86. Through their marketing efforts, the Defendants persuaded healthcare professionals that any risk of addiction to Opioids could be alleviated by careful supervision by doctors. The risks of Opioid abuse and addiction were downplayed by the Manufacturer Defendants as modest, manageable, and limited to illegitimate patients, as opposed to those with genuine pain.

87. The Defendants represented that even high-risk patients could be prescribed Opioids if closely managed. This led healthcare professionals to believe that they could safely prescribe Opioids to appropriate patients without fear that these patients would become addicted.

88. The Defendants advised healthcare professionals to ignore signs of addiction on the basis of an unfounded condition they called pseudoaddiction. The Defendants explained that healthcare professionals may inappropriately stigmatize patients as addicts, when they were in fact experiencing unrelieved pain. The Defendants further explained that pseudoaddiction generally stopped once the pain was relieved, often through an increase in Opioid dosage.

89. There are no scientific studies to back up the theory of pseudoaddiction. This concept was created by the Defendants to encourage healthcare professionals to misinterpret signs of addiction in patients as untreated pain to be addressed with more Opioids.

iii. Misrepresentations of Simple Management of Withdrawal

90. The Defendants promoted misleading messages regarding the ease of patients' withdrawal from Opioids. These misrepresentations were made with the expectation that healthcare professionals would be more willing to start patients on chronic Opioid therapy if withdrawal was not problematic.

91. The Defendants asserted that certain Opioids were less likely to cause withdrawal symptoms than other pain medications. The Defendants also claimed that while patients may become physically dependent on Opioids, this dependence could be easily addressed by gradually decreasing dosages to avoid the adverse effects of withdrawal. The Defendants failed to disclose the actual symptoms of withdrawal from Opioids which include nausea, muscle pain, depression, anxiety, diarrhea, vomiting, restlessness, and chills and can continue long after use is discontinued. These symptoms make it less likely that patients will be able to stop using Opioids.

iv. Misrepresentations of Benefits of Long-Term Use

92. To convince prescribers and patients that Opioids should be used to treat chronic pain, the Defendants touted significant upsides to long-term Opioid use, which falsely and misleadingly suggested that these benefits were supported by scientific evidence.

93. The Defendants also published misleading studies to enhance the perception that Opioids provide effective long-term treatment for chronic pain conditions.

v. Misrepresentations of Adverse Effects

94. In addition to failing to disclose risks of addiction, overdose and respiratory depression in marketing materials, the Defendants routinely ignored the risks of hyperalgesia linked to Opioid use, in which the patient becomes more sensitive to pain over time and may experience hormonal dysfunction, decline in immune function, mental clouding, confusion and dizziness, increased falls and fractures in the elderly, neonatal abstinence syndrome, and potentially fatal interactions with alcohol or benzodiazepines.

95. The Defendants frequently contrasted the lack of a maximum dosage for Opioids with the risks of NSAIDs. The Defendants deceptively described the risks from NSAIDs while failing to disclose the risks of Opioids.

vi. Misrepresentations of Duration of Pain Relief

96. The Defendants marketed long-acting Opioids as providing 12 hours of pain relief. The Defendants knew that this representation was false and that long-acting Opioids were not effective for 12 hours in many, if not most, patients.

97. The Defendants told healthcare professionals that the solution to patients experiencing loss of pain control prior to their next scheduled dose (referred to as "end-of-dose failure") was not more frequent dosing, but higher dosing, which poses greater risks to patients. When patients experience end-of-dose failure, they begin to experience withdrawal symptoms, including an intense craving for Opioids which is followed by a euphoric rush with the next dose. This cycle promotes addiction. Many patients will exacerbate this cycle by taking their next dose ahead of schedule or taking a dose of another short-acting Opioid, increasing the overall amount of Opioids they are taking. Supplementing long-acting Opioids with short-acting Opioids to alleviate end-of-dose failure (referred to as "rescue medication") was promoted to doctors by the Defendants in order to increase the prescription and use of short and long-acting Opioids.

98. The Defendants also instructed doctors who complained about the duration of long-acting Opioids to prescribe stronger but not more frequent doses, putting patients at greater risk of addiction, overdose and death.

99. The Defendants' promotion of 12-hour dosing was misleading, as they knew that each supplied dose did not last 12 hours for many, if not most, patients. The Defendants had a responsibility to correct their labels to reflect appropriate dosing, to disclose to prescribers what they knew about the actual duration of long-acting Opioid doses, and not to promote more dangerous higher dosing, rather than increased frequency of use.

H. CAUSES OF ACTION

i. Breach of the *Competition Act*

100. Each of the Defendants, as a result of their conduct in actively marketing Opioids as less addictive, less subject to abuse, and less likely to cause severe withdrawal symptoms than other pain medications, are liable under sections 36 and 52 of the

Competition Act, R.S.C. 1985, c. C-34 for knowingly or recklessly making a representation to the public that is false or misleading in a material respect.

101. By making the Opioids Misrepresentations to the public the Defendants breached s. 52 of the *Competition Act,* and thereby committed an unlawful act because the Opioids Misrepresentations:

(a) were made for the purpose of promoting the business interests of the Manufacturer Defendants;

(b) were made to the public; and

(c) were false and misleading in a material respect

102. The Plaintiff and Class Members suffered damages as a result of the Defendants' unlawful breach of s. 52 of the *Competition Act* and seek those damages, as well as their costs of investigation, pursuant to s. 36 of the *Competition Act.*

ii. Fraudulent Misrepresentations and Deceit

103. The Defendants made the Opioids Misrepresentations despite knowing that the Opioids Misrepresentations were false. Alternatively, the Defendants were reckless as to whether the Opioids Misrepresentations were true or false.

104. The Opioids Misrepresentations constitute fraudulent misrepresentation and deceit.

105. The Defendants made the Opioids Misrepresentations to the public at large as the core of a uniform and consistent sales, advertising and marketing campaign.

iii. Negligence of the Defendants

106. At all material times, the Defendants owed a duty of care to the Plaintiff and the Class Members:

(a) to properly develop, manufacture, test, licence, distribute, sell and market Opioids;

(b) to label, market, distribute and sell Opioids;

(c) to ensure that Opioids were labelled, marketed, distributed and sold for their intended or reasonably foreseeable use;

(d) to properly supervise its employees and consultants;

(e) to monitor, investigate, evaluate and follow up on improper or adverse reaction to the use of Opioids in Canada;

(f) to warn the Plaintiff and Class that Opioids carried a significant risk of addition;

(g) to ensure that physicians and surgeons were kept fully and completely informed of all risks associated with use of Opioids, including their addictive properties;

(h) to properly and promptly inform Health Canada and other regulatory agencies of the changing and increasing risks associated with Opioid use; and

(i) to provide clear and proper instructions to physicians and patients, including precautions to be taken, so as to avoid injury or damage from Opioids.

107. The Defendants were negligent in the research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids in Canada. The Defendants knew at all material times that the Opioids Misrepresentations were false, or were reckless as to whether the Opioids Misrepresentations were true or false.

108. The Defendants breached the standard of care owed to the Plaintiff and Class Members and the harm they caused to the Plaintiff and Class Members was foreseeable.

109. The Defendants' common law duties are informed by the *Food and Drugs Act*, R.S.C. 1985, c. F-27, and *Food and Drug Regulations*, C.R.C., c. 870. Pursuant to those

regulations, each of the Defendants is a "manufacturer". The regulations impose continuous obligations on the Defendants, commencing at licencing and continuing thereafter. They require the Defendants to ensure the safety of Opioids before selling them, and to continuously monitor the safety of Opioids thereafter, monitoring any complaints from doctors, hospitals, patients, keeping up with any new developments in the scientific literature, conducting further testing as necessary, and promptly taking corrective actions, including issuing warning or recall, if new information becomes available which later alters the Opioid risk profile.

110. The Defendants knew or ought to have known that Opioids pose serious health risks, including addiction, which risks were not disclosed.

111. A reasonably prudent manufacturer knows, or ought to know, that aggressively marketing highly addictive Opioids for chronic pain would result in the severe harm of addiction, foreseeably causing citizens to seek increasing levels of Opioids and to turn to the illegal drug market as a result of a drug addiction that was foreseeable to the Manufacturer Defendants.

112. The Defendants owed a duty of care to the Plaintiff and Class Members, breached the standard of care expected in the circumstances, and were therefore negligent in the research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids. Such negligence includes but is not limited to:

(a) asserting false statements and omitting material facts regarding the benefits of and evidence for the use of Opioids for chronic pain, while understating their very serious risks, including the risk of addiction;

(b) marketing and promoting Opioids for the treatment of long-term pain without any or adequate research proving that such use is safe and effective, and/or that the benefits of such use outweigh the risks;

(c) failing to monitor feedback from the market, including reports as early as in or around 1997-1998 that Opioids were being abused and were associated with the high risk of addiction;

(d) failing to warn doctors and the general public about the risks associated with Opioid use, even after it became apparent that the Opioid Misrepresentations were false and misleading;

(e) failing to conduct the necessary research and testing to determine the risks associated with Opioid use, particularly for the treatment of long-term pain;

(f) failing to conduct follow up testing or monitor Opioid use once Opioids began to be consistently prescribed for long-term pain;

(g) failing to adequately train sales representatives to provide accurate information regarding appropriate use of Opioids and risks associated with their use;

(h) deliberately or recklessly misstating research findings regarding the risks and benefits of Opioids; and

(i) knowingly misstating research findings, knowing that the Plaintiff and its' residents would rely on their misrepresentations and omissions, and knowing that such reliance would cause the Plaintiff to suffer damages.

iv. Unjust Enrichment and Waiver of Tort

113. Further, and in the alternative, the Plaintiff waives any tort pleaded above, and pleads that it and the Class Members are entitled to claim and recover based on equitable and restitutionary principles.

114. As an expected and intended result of their unlawful conduct, the Defendants have profited and benefited from Opioid purchases which would not have been made but for the unlawful conduct.

115. By illegally and deceptively promoting Opioids, directly, through their control of third parties, and by acting in concert with third parties, the Defendants have been unjustly enriched by the receipt of the revenue from the sale of Opioids:

(a) revenue was acquired in a manner in which the Defendants cannot in good conscience retain;

(b) the integrity of the pharmaceutical regulations and marketplace would be undermined if the court did not require an accounting;

(c) absent the Defendants' tortious conduct, Opioids could not have been marketed nor would the Defendants have received any revenue from its sale in Canada; and

(d) the Defendants engaged in wrongful conduct by putting into the marketplace a pharmaceutical product which causes or has the potential to cause serious risk of injury, drug dependency and addiction.

116. The Manufacturer Defendants must disgorge its unjustly acquired profits and other monetary benefits resulting from its unlawful conduct and provide restitution to the Plaintiff and the Class Members.

v. Fraudulent Concealment

117. The Defendants intentionally and fraudulently concealed the existence of their unlawful conduct from the public, including the Plaintiff and the Class Members. The Defendants represented to the Plaintiff, the Class Members, and the general public that the, Opioids Misrepresentations were true and accurate, thereby misleading the Plaintiff and the Class Members. The affirmative acts of the Defendants alleged herein were fraudulently concealed and carried out in a manner that precluded detection.

118. Because the Defendants' conduct was kept secret, the Plaintiff and the Class Members were unaware of the Defendants' unlawful conduct.

I. RELIEF SOUGHT

i. Damages

119. As a result of the Defendants' statutory breaches and common law tortious conduct, the Plaintiff and Class have suffered and will continue to suffer damages including, but not limited to, damages for personal injuries, mental anguish, pain and suffering, loss of employment income and benefits, loss of enjoyment of life, possible death, and special damages and expenses.

120. As a result of the Defendants' conduct described above, the Plaintiff and Class have suffered damages and losses, including but not limited to:

(a) personal injury, including addiction;

(b) severe emotional distress related to the pain and suffering associated with addiction;

(c) the risk of death or other serious injuries;

(d) out of pocket expenses incurred by the Class; and

(e) loss of income.

121. The Plaintiff and Class have suffered injuries which are permanent and lasting in nature, including diminished enjoyment of life, as well as the need for lifelong medical treatment.

122. As a result of the Defendants' conduct described above, the Family Law Class have suffered damages, including but not limited to:

(a) actual expenses reasonably incurred for the benefit of Class Members;

(b) travelling expenses incurred while visiting Class Members during treatment or recovery;

(c) loss of income or the value of services provided for Class Members where services, including nursing and housekeeping have been provided; and

(d) compensation for loss of support, guidance, care, and companionship that they might reasonably have expected to receive from Class Members.

ii. Punitive Damages

123. The Plaintiff claims punitive damages in the sum of $100,000,000.00 as a result of the egregious, outrageous and unlawful conduct of the Defendants, and in particular, their callous disregard for the health and lives of vulnerable patients in Canada.

124. In particular, the Defendants' conduct in research, development, manufacture, testing, regulatory licensing, distribution, sale and marketing of Opioids after obtaining knowledge that Opioids were addictive which showed complete indifference to or a conscious disregard for the safety of others justifying an award of additional damages in a sum which will serve to deter the Defendants from similar conduct in the future.

J. REAL AND SUBSTANTIAL CONNECTION WITH ONTARIO

125. The Plaintiff pleads that this action has a real and substantial connection with Ontario because, among other things:

(a) the Defendants distribute and sell their products in Ontario and derive substantial revenue from such sales;

(b) the Defendants' head offices are located in Ontario;

(c) the Defendants' advertised their products, including Opioids, in Ontario;

(d) the torts were committed in Ontario;

(e) the Plaintiff and Class Members were administered Opioids in Ontario and sustained consequent damages in Ontario; and

(f) the Defendants are necessary and proper parties to the action.

K. STATUTES RELIED UPON

126. The Plaintiff relies upon the following statutes:

a) *Class Proceedings Act, 1992*, SO 1992, c 6;

b) *Family Law Act*, R.S.O. 1990, c. F.3;

c) *Courts of Justice Act*, R.S.O. 1990, c. C.43;

d) *Competition Act*, RSC 1985, c C-34;

e) *Food and Drugs Act*, R.S.C. 1985, c. F-27;

f) *Food and Drug Regulations*, C.R.C., c. 870.

127. The Plaintiff and Class request that this action be tried in Toronto, ON.

May 15, 2019

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ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding commenced at Toronto

Proceeding under the *Class Proceedings Act, 1992*

STATEMENT OF CLAIM

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