

2025-26 Competition Case



PRESENTS THE

NORTH CAROLINA HIGH SCHOOL MOCK TRIAL COMPETITION

STATE OF UTOPIA

V.

RILEY SHAFER, M.D.

The North Carolina Mock Trial Program (“NCMTP”) adapted this year’s case from one which was originally published in 2019 by the Pennsylvania Bar Association Young Lawyer’s Division for the Pennsylvania Statewide High School Mock Trial Competition. We extend our sincere appreciation and thanks to the authors: Jon Grode, Paul W. Kaufman, Jonathan D. Koltash and Talia Charme-Zane for their talent, energy, commitment and creativity. We also sincerely thank the Pennsylvania Bar Association for generously making this case available for adaptation and use by other mock trial programs.

The NCMTP deeply appreciates the efforts of our case committee members who used their creative talents, time and resources to edit and adjust this case for use in the North Carolina High School Mock Trial Program. Specific individuals who contributed extensively to this case include: Sue Gray, Rebecca Britton, Jodi Carpenter, David Sherlin, Robby Jessup, John Anderson, Michael Whyte, Christiana Barrow and Joseph Swick.

AVAILABLE WITNESSES

PROSECUTION	DEFENSE
Taylor Kelsey (Former employee of Pain Away)	Riley Shafer, M.D. (Defendant)
Jordan Teva (Loan Manager at First Hampton; former friend of Defendant)	Casey Abbot (Friend of Hadley McAdoo; Pain Away Patient)
Morgan Copeland (Diversion Investigator; United States DEA – expert)	Alex Haight, M.D., Ph.D. (Retained Expert)

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***Note on Witness Gender:** The gender of witnesses may be determined by each individual team. Throughout these materials, they/them/their/he/she may be used as the pronouns for an individual witness. Please notify opposing counsel of the team's witnesses' gender identities utilizing the required roster forms, and make all appropriate gender adjustments in witness statements, examinations, and opening and closing arguments.

Disclaimer: All the names of parties and witnesses used in the Mock Trial Competition case are intended to be fictitious, and any similarity to the name of any actual person is strictly coincidental.

CASE SUMMARY

Pain. It can be unrelenting. It can destroy lives. And yet it leaves no mark and admits to no objective measure of its existence. One person calls pain an 8, another calls it a 4. Who is suffering more? Who needs greater relief, for longer?

At the frontiers of medicine, doctors and pharmaceutical companies once thought they had an answer. Derived from the same chemistry that gave morphine its life-changing power on battlefields from Antietam to Normandy, opioid painkillers came onto the scene in the early 1990s, and the dream of neurologists and pain management specialists seemed near fruition.

That dream has become our nightmare. The best estimates suggest that opioid overdoses were responsible for over 54,000 deaths last year. That is more than traffic deaths, and more than cocaine and heroin deaths put together. For the past two decades, pills have not had the same reputation as other street drugs, and the wide availability and legitimate uses for painkillers caused their abuse to spread as few other illegal substances have. And the opioid epidemic is as wide-ranging as it is devastating. Rural areas are hit just as hard as inner cities as communities come under siege.

This year's case takes place at the edge of the opioid crisis in America. Hadley McAdoo, a beloved member of the Hampton, Utopia community died at her house just hours after visiting the offices of Dr. Riley Shafer, a local pain management specialist. The cause of that death is the empty syringe of hydromorphone, a potent narcotic, mixed with the Xanax already in McAdoo's blood along with an untold volume of Oxycodone.

The question for trial arises: was Shafer's administration of hydromorphone and prescription for Oxycodone an act of mercy to a local hero in crippling pain? Or was it the criminal act of a doctor driven to desperation by financial and reputational ruin, far beyond the bounds of acceptable medicine in a world which had, at last, recognized the danger posed by prescription opioids?

The State calls three witnesses to prove its case: Taylor Kelsey, a nurse practitioner who observed Shafer's practice first-hand; Jordan Teva, a local businessperson and friend of Hadley McAdoo, and Morgan Copeland, a diversion investigator for the United States Drug Enforcement Administration.

Shafer responds in her/his own defense and calls an expert of her/his own, Alex Haight, and one of McAdoo's closest friends and confidants, Casey Abbott.

Is Riley Shafer an angel of mercy or a drug dealer? Should s/he spend the rest of her/his life in a white coat or a prison jumpsuit? Trial is joined.

STATE OF UTOPIA
COUNTY OF LAUREL

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
23 CVS 0001452

STATE OF UTOPIA,

Prosecution,

v.

RILEY SHAFER, M.D.,

Defendant.

Charges: Death By Distribution
Through Unlawful Delivery
Of Certain Controlled Substances

CRIMINAL COMPLAINT AND PROBABLE CAUSE AFFIDAVIT

I, Detective Harvey Washington Wiley, Badge 62438, of the Laurel County Police Department, do hereby state:

1. I accuse: Riley Shafer, M.D., who resides at 1405 Eye St., Hampton, Utopia.
2. The acts committed by the accused were:

* * DEATH BY DISTRIBUTION THROUGH UNLAWFUL DELIVERY OF CERTAIN CONTROLLED SUBSTANCES
3. The accused committed these acts against the peace and dignity of the State of Utopia and contrary to the Acts of the General Assembly: 18 Utp. C.S. § 2506(a).
4. I ask that a warrant of arrest or a summons be issued and that the accused be required to answer the charges I have made.
5. I verify that the facts set forth in this Complaint are true and correct to the best of my knowledge, information, and belief subject to the penalties of 18 Utp. C.S. § 4904, relating to unsworn falsification to authorities.

DATE: August 30, 2023

/s/ Harvey Washington Wiley
(Signature of Complainant)

AND NOW, on this date, September 1, 2023, I certify the Complaint has been properly completed and verify that there is probable cause for the issuance of process.

/s/ Richard Slackner
Judge
Issuing Authority

STATE OF UTOPIA
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TRANSCRIPT OF PROCEEDINGS BEFORE ISSUING AUTHORITY

1. Defendant Riley Shafer, M.D., who resides at 1405 Eye St., Hampton, Utopia, was arrested on September 6, 2023 and charged by Complainant with one count of Death By Distribution Through Unlawful Delivery of Certain Controlled Substances, 18 Utp. C.S. § 2506(a).
2. A preliminary arraignment for Defendant Riley Shafer, M.D. was held before the undersigned at 10903 New Hampshire Ave., Laurel County, Utopia, on September 6, 2023.
3. At the preliminary arraignment, Defendant Riley Shafer, M.D. was advised of her/his right to apply for assignment of counsel and was given a copy of the Criminal Complaint.
4. At the preliminary arraignment, the defendant was released on her/his own recognizance.
5. On September 15, 2023, a preliminary hearing was held before undersigned at 10903 New Hampshire Ave., Laurel County, Utopia. Defendant Riley Shafer, M.D. was present and was represented by counsel. The State was represented by the assigned Assistant District Attorney. Detective Wiley was sworn and testified for the State.
6. At the conclusion of the preliminary hearing on September 15, 2023, Defendant Riley Shafer, M.D. was held for court on the charges of Death By Distribution Through Unlawful Delivery of Certain Controlled Substances.

AND NOW, on this date, September 24, 2023, I certify the transcript of proceedings before the issuing authority has been properly completed.

/s/ Richard Slackner

Judge

Issuing Authority

STATE OF UTOPIA
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INFORMATION

The charge(s) having been held over for court by the Court following a Preliminary Hearing, the District Attorney of Laurel County by this information charges that, on/or about December 16, 2022, in said County, Riley Shafer, M.D.,

First Count:

did unlawfully and willfully, deliver hydromorphone and/or oxycodone, a certain controlled substance as defined by 18 Utp. C.S. § 2506(a), to Hadley McAdoo, and the ingestion of that controlled substance proximately caused the death of Hadley McAdoo, and in prescribing or delivering hydromorphone and/or oxycodone to Hadley McAdoo, Riley Shafer, M.D., did NOT act within the usual course of professional practice.

Against the Act of Assembly and the Peace and Dignity of the State of Utopia.

/s/ Paul Clementi

Paul Clementi
Assistant District Attorney

Citation(s): DEATH BY DISTRIBUTION THROUGH UNLAWFUL DELIVERY OF CERTAIN CONTROLLED SUBSTANCES, 18 Utp. C.S. § 2506(a)

STATE OF UTOPIA
COUNTY OF LAUREL

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
23 CVS 0001452

STATE OF UTOPIA,

Prosecution,

v.

RILEY SHAFER, M.D.,

Defendant.

Charges: Death By Distribution
Through Unlawful Delivery
Of Certain Controlled Substances

ARRAIGNMENT

I, Riley Shafer, M.D., having been advised by the District Attorney of Laurel County, Utopia, that I am charged by Information with DEATH BY DISTRIBUTION THROUGH UNLAWFUL DELIVERY OF CERTAIN CONTROLLED SUBSTANCES, 18 Utp. C.S. § 2506(a). I have been advised of my right to have an attorney represent me at all hearings and the trial of these charges.

I have been advised and fully understand that I/my lawyer have/has the right to request discovery or disclosure from the District Attorney within fourteen (14) days of today's date.

I have been advised and I fully understand that I/my lawyer have/has the right to file with the Court any pre-trial application for relief in the form of a single omnibus pre-trial motion within thirty (30) days of today's arraignment date.

I hereby enter a plea of Not Guilty to the above charges and request a trial by Jury. Trial is scheduled for Winter 2026 Term of Court.

I waive my right to be indicted, rather than proceeding under this information.

Date: Sept 6, 2023

/s/ Riley Shafter, M.D.
Defendant

/s/ Paul Clementi
Attorney for State

Clerk of Courts – Original

JURY INSTRUCTIONS

At the conclusion of a jury trial, the judge will instruct the jury how to apply the law to the evidence. Hypothetically, if the judge in your mock trial case were to provide instructions to the jury, they would look something like the following:

[**NOTE:** Teams cannot use a copy of these instructions as an exhibit during the mock trial competition; however, students may use these concepts in fashioning their case and making arguments to the jury.]

ROLE OF THE JURY

Members of the jury, all the evidence has been presented to you and you have heard the arguments of the lawyers. Now I will instruct you on the law.

You have two duties as a jury. Your first duty is to decide the facts from the evidence that you have heard and seen in court during this trial. That is your job and yours alone. I play no part in finding the facts. You should not take anything I may have said or done during the trial as indicating what I think of the evidence or what I think about what your verdict should be.

Your second duty is to apply the law that I give you to the facts. My role now is to explain to you the legal principles that must guide you in your decisions. You must apply my instructions carefully. Each of the instructions is important, and you must apply all of them. You must not substitute or follow your own notion or opinion about what the law is or ought to be. You must apply the law that I give to you, whether you agree with it or not.

Whatever your verdict, it will have to be unanimous. All of you will have to agree on it or there will be no verdict. In the jury room, you will discuss the case among yourselves, but ultimately each of you will have to make up his or her own mind. This is a responsibility that each of you has and that you cannot avoid.

Perform these duties fairly and impartially. Do not allow sympathy, prejudice, fear, or public opinion to influence you. You should also not be influenced by any person's race, color, religion, national ancestry, or gender.

JURY SOLE JUDGE OF FACTS; SYMPATHY OR PREJUDICE NOT TO INFLUENCE YOUR VERDICT

You are the sole judges of the facts in this case. It is your duty to determine the facts from the evidence produced here in court. Your verdict should not be based on speculation, guess, or conjecture. Neither sympathy nor prejudice should influence your verdict. You are to apply the law as stated in these instructions to the facts as you find them, and in this way decide the case.

Although the lawyers may have called your attention to certain facts or factual conclusions that they thought were important, what the lawyers said is not evidence and is not binding on

you. It is your own recollection and interpretation of the evidence that controls your decision in this case. Also, do not assume from anything I may have done or said during the trial that I have any opinion about any of the issues in this case or about what your verdict should be.

CREDIBILITY OF THE WITNESSES

As I stated in my preliminary instructions at the beginning of the trial, in deciding what the facts are you must decide what testimony you believe and what testimony you do not believe. You are the sole judges of the credibility of the witnesses. Credibility refers to whether a witness is worthy of belief: Was the witness truthful? Was the witness' testimony accurate? You may believe everything a witness says, or only part of it, or none of it.

You may decide whether to believe a witness based on his or her behavior and manner of testifying, the explanations the witness gave, and all the other evidence in the case, just as you would in any important matter where you are trying to decide if a person is truthful, straightforward, and accurate in his or her recollection. In deciding the question of credibility, remember to use your common sense, your good judgment, and your experience.

In deciding what to believe, you may consider several factors:

- (1) The opportunity and ability of the witness to see or hear or know the things about which the witness testified;
- (2) The quality of the witness' knowledge, understanding, and memory;
- (3) The witness' appearance, behavior, and manner while testifying;
- (4) Whether the witness has an interest in the outcome of the case or any motive, bias, or prejudice;
- (5) Any relation the witness may have with a party in the case and any effect the verdict may have on the witness;
- (6) Whether the witness said or wrote anything before trial that was different from the witness' testimony in court;
- (7) Whether the witness' testimony was consistent or inconsistent with other evidence that you believe; and
- (8) Any other factors that bear on whether the witness should be believed.

Inconsistencies or discrepancies in a witness' testimony or between the testimony of different witnesses may or may not cause you to disbelieve a witness' testimony. Two or more persons witnessing an event may simply see or hear it differently. Mistaken recollection, like failure to recall, is a common human experience. In weighing the effect of an inconsistency, you should also consider whether it was about a matter of importance or an insignificant detail. You should also consider whether the inconsistency was innocent or intentional.

You are not required to accept testimony even if the testimony was not contradicted and the witness was not impeached. You may decide that the witness is not worthy of belief because of the witness' bearing and demeanor, or because of the inherent improbability of the testimony, or for other reasons that are enough to you.

After you make your own judgment about the believability of a witness, you can then attach to that witness' testimony the importance or weight that you think it deserves. The weight of the evidence to prove a fact does not necessarily depend on the number of witnesses who testified or the quantity of evidence that was presented. What is more important than numbers or quantity is how believable the witnesses were, and how much weight you think their testimony deserves.

PRESUMPTION OF INNOCENCE; REASONABLE DOUBT; BURDEN OF PROOF

The defendant, Riley Shafer, M.D. pleaded not guilty to the offense charged. The Defendant is presumed to be innocent. S/he started the trial with a clean slate, with no evidence against her/him. The presumption of innocence stays with Riley Shafer, unless and until the government has presented evidence that overcomes that presumption by convincing you that Riley Shafer is guilty of the offense charged beyond a reasonable doubt.

The presumption of innocence requires that you find Riley Shafer not guilty, unless you are satisfied that the government has proved guilt beyond a reasonable doubt. The presumption of innocence means that Riley Shafer has no burden or obligation to present any evidence at all or to prove that s/he is not guilty. The burden or obligation of proof is on the government to prove that Riley Shafer is guilty, and this burden stays with the government throughout the trial.

For you to find Riley Shafer guilty of the offense charged, the government must convince you that Riley Shafer is guilty beyond a reasonable doubt. That means that the government must prove each and every element of the offense charged beyond a reasonable doubt. A defendant may not be convicted based on suspicion or conjecture, but only on evidence proving guilt beyond a reasonable doubt.

Proof beyond a reasonable doubt does not mean proof beyond all possible doubt or to a mathematical certainty. Possible doubts or doubts based on conjecture, speculation, or hunch are not reasonable doubts. A reasonable doubt is a fair doubt based on reason, logic, common sense, or experience. It is a doubt that an ordinary reasonable person has after carefully weighing all the evidence and is a doubt of the sort that would cause him or her to hesitate to act in matters of importance in his or her own life. It may arise from the evidence, or from the lack of evidence, or from the nature of the evidence.

If, having now heard all the evidence, you are convinced that the government proved each and every element of the offense charged beyond a reasonable doubt, you should return a verdict of guilty for that offense. However, if you have a reasonable doubt about one or more of the elements of the offense charged, then you must return a verdict of not guilty of that offense.

STIPULATIONS OF FACT

Statements made by counsel are not evidence and are not binding on you. However, there are exceptions to this rule. One of these is when attorneys reach a “stipulation.” When the district attorney and counsel for the defendant stipulate, that is, when they agree, that a certain fact is true, their stipulation is evidence of that fact. You should regard the stipulated or agreed fact as proven.

JURY MUST NOT CONSIDER THE PENALTY

You must not consider the consequences of your verdict. That is, do not trouble yourself with the consequences to Riley Shafer.

ROLE OF THE JURY – DELIBERATIONS, UNANIMOUS VERDICT, DUTY TO CONSULT

That concludes my instructions explaining the law regarding the testimony and other evidence, and the offenses charged. Now let me explain some things about your deliberations in the jury room, and your possible verdicts.

First, the first thing that you should do in the jury room is choose someone to be your foreperson. This person will speak for the jury here in court. He or she will also preside over your discussions. However, the views and vote of the foreperson are entitled to no greater weight than those of any other juror.

Second, I want to remind you that your verdict, whether it is guilty or not guilty, must be unanimous. To find Riley Shafer guilty of an offense, every one of you must agree that the government has overcome the presumption of innocence with evidence that proves each element of that offense beyond a reasonable doubt. To find Riley Shafer not guilty, every one of you must agree that the government has failed to convince you beyond a reasonable doubt.

Third, if you decide that the government has proved Riley Shafer guilty, then it will be my responsibility to decide what the appropriate punishment should be. You should never consider the possible punishment in reaching your verdict.

Fourth, as I have said before, your verdict must be based only on the evidence received in this case and the law I have given to you. You should not take anything I may have said or done during trial as indicating what I think of the evidence or what I think your verdict should be. What the verdict should be is the exclusive responsibility of the jury.

Fifth, now that all the evidence is in, the arguments are completed, and once I have finished these instructions, you are free to talk about the case in the jury room. In fact, it is your duty to talk with each other about the evidence, and to make every reasonable effort you can to reach a unanimous agreement. Talk with each other, listen carefully, and listen respectfully to each other's views and keep an open mind as you listen to what your fellow jurors have to say. Do not hesitate to change your mind if you are convinced that other jurors are right and that

your original position was wrong. But do not ever change your mind just because other jurors see things differently or just to get the case over with. In the end, your vote must be exactly that-- your own vote. It is important for you to reach unanimous agreement, but only if you can do so honestly and in good conscience. Listen carefully to what the other jurors have to say and then decide for yourself if the government has proved the defendant guilty beyond a reasonable doubt.

No one will be allowed to hear your discussions in the jury room and no record will be made of what you say. You should all feel free to speak your minds.

Sixth, once you start deliberating, do not talk about the case to the court officials, or to me, or to anyone else except each other. If you have any questions or messages, your foreperson should write them down on a piece of paper, sign them, and then give them to the court official who will give them to me. I will first talk to the lawyers about what you have asked, and I will respond as soon as I can. In the meantime, if possible, continue with your deliberations on some other subject.

One more thing about messages. Do not ever write down or tell anyone how you or anyone else voted. That should stay secret until you have finished your deliberations. If you have occasion to communicate with the court while you are deliberating, do not disclose the number of jurors who have voted to convict or acquit on any offense.

NATURE OF THE CHARGE

Defendant has been charged with committing the crime of prescribing or administering a controlled substance in a manner that unlawfully caused the death of Hadley McAdoo. For Defendant Riley Shafer to be found guilty of committing this Crime, the State must prove to you each of the following elements, on proof beyond a reasonable doubt. They are:

- (1) that Defendant Riley Shafer unlawfully and willfully delivered a certain controlled substance (hydromorphone and/or Oxycodone) to Hadley McAdoo within the scope of a practitioner/patient relationship; and
- (2) The ingestion of that controlled substance proximately caused the death of Hadley McAdoo; and
- (3) that when Defendant Riley Shafer delivered hydromorphone to Hadley McAdoo :
 - (a) s/he was not acting in good faith; or
 - (b) s/he failed to act in accordance with treatment principles accepted by a responsible segment of the medical profession.

The State and defendant have agreed that Dr. Shafer was treating Hadley McAdoo as a patient at the time that the prescription and administration occurred, that Riley Shafer intentionally administered hydromorphone and prescribed Oxycodone to Hadley McAdoo within the scope of their practitioner/patient relationship, and that Hadley McAdoo died as a result of the

injection and/or prescription.

Therefore, in order for the State to prove that Defendant is guilty of this crime, it must prove to you, beyond a reasonable doubt, one of the following: that when Defendant Riley Shafer injected Hadley McAdoo with hydromorphone and/or prescribed Oxycodone to Hadley McAdoo (a) s/he was not acting in good faith OR (b) s/he failed to act in accordance with treatment principles accepted by a responsible segment of the medical profession.

“Good faith” means a state of mind consisting in honesty in belief or purpose, faithfulness to one’s duty or obligation, or observance of reasonable standards within a profession.

A “responsible segment” of the medical profession does not mean that every doctor would have agreed with the decision made by Riley Shafer. To the contrary, there is a range of appropriate medical practice, and even very good, diligent doctors often disagree on what the best treatment is. However, a “responsible segment” also does not mean that only a fringe group of practitioners out of step with modern medicine would agree with the decision made by Riley Shafer. Just because there are a handful of individuals who reject the consensus of the studied, reasonable members of the medical profession does not mean that Riley Shafer’s actions were justified. Rather, a “responsible segment” of the medical profession is one that takes seriously its obligations to protect and care for its patients and its legal obligation to provide safe and effective patient care. In order to find that Riley Shafer failed to act in accordance with the treatment principles accepted by a “responsible segment of the medical profession,” you must find – beyond a reasonable doubt – that no responsible portion of the medical profession would have agreed with her/his decisions.

The State does not have to establish with direct evidence that Riley Shafer so acted. Circumstantial evidence alone may be sufficient. Circumstantial evidence is evidence that relies on an inference to connect it to a conclusion of fact.

TWO DRUGS

You have heard evidence that Riley Shafer administered hydromorphone and prescribed Oxycodone to Hadley McAdoo on December 16, 2022. The parties have stipulated that these opioids together reacted with Xanax to cause McAdoo’s death. Accordingly, if you find beyond a reasonable doubt that *either* of these actions was not in good faith or that *either* of these actions would not have been accepted by a responsible segment of the medical profession, you must find Riley Shafer guilty.

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VERDICT FORM

To the jury:

To further clarify instructions given to you by the trial judge, you are being provided with the following verdict form. At the conclusion of your deliberations, one copy of this form should be signed by your foreperson and handed to the court clerk. This will constitute your verdict.

Question 1:

Do you find that the State presented proof beyond a reasonable doubt that when Defendant Riley Shafer administered hydromorphone and/or prescribed Oxycodone to Hadley McAdoo, Riley Shafer failed to act in good faith?

Yes

No

Question 2:

Do you find that the State presented proof beyond a reasonable doubt that when Defendant Riley Shafer administered hydromorphone and/or prescribed Oxycodone to Hadley McAdoo, Riley Shafer failed to act in accordance with treatment principles accepted by a responsible segment of the medical profession?

Yes

No

You have finished your deliberations. Please sign at the bottom of this form. Please return to the courtroom.

Jury Foreperson

Date

Applicable Law

18 Utp. C.S. § 2506 – Death by Distribution Through Unlawful Delivery of Certain Controlled Substances

Offense defined – A person commits a felony of the first degree if the person intentionally administers, dispenses, delivers, gives, prescribes, sells or distributes any controlled substance or counterfeit controlled substance in violation of section 13(a)(14) or (30) of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, and another person dies as a result of using the substance.

(a) Penalty –

(1) A person convicted under subsection (a) shall be sentenced to a term of imprisonment which shall be fixed by the court at not more than 40 years.

(2) Paragraph (1) shall not apply to a person convicted under section 2502(c) (relating to murder) when the victim is less than 13 years of age and the conduct arises out of the same criminal act.

35 Utp. § 780-113

The Controlled Substances, Drugs, Device, and Cosmetic Act

Section 13. Prohibited Acts; Penalties –

(a) The following acts and the causing thereof within the State are hereby prohibited:

...

(14) The administration, dispensing, delivery, gift or prescription of any controlled substance by any practitioner or professional assistant under the practitioner's direction and supervision unless done (i) in good faith in the course of his professional practice; (ii) within the scope of the patient relationship; (iii) in accordance with treatment principles accepted by a responsible segment of the medical profession.

28 Utp. Code § 25.51

The term “prescription” or “prescription order” means an order for a controlled substance, other drug, or device for medication which is dispensed to or for an ultimate user but does not include an order for a controlled substance, other drug, or device for medication which is dispensed for immediate administration to the ultimate user. For example, an order to

dispense a drug to a bed patient for immediate administration in a hospital is not a prescription order.

28 Utp. Code § 25.52

(a) A prescription for a controlled substance must be issued for a legitimate medical purpose by a licensed practitioner in the usual course of professional practice. The responsibility for proper prescribing of controlled substances is upon the practitioner but a corresponding responsibility rests with the pharmacist who dispenses the medication and interprets the directions of the prescriber to the patient.

49 Utp. Code § 16.92

(b) When prescribing, administering or dispensing drugs regulated under this section, a person licensed to practice medicine and surgery in this State or otherwise licensed or regulated by the Board shall carry out, or cause to be carried out, the following minimum standards:

(1) Initial medical history and physical examination. An initial medical history shall be taken, and an initial physical examination shall be conducted unless emergency circumstances justify otherwise. Medical history and physical examination information recorded by another licensed health care provider may be considered if the medical history was taken and the physical examination was conducted within the immediately preceding 30 days. The physical examination shall include an objective evaluation of the heart, lungs, blood pressure and body functions that relate to the patient's specific complaint.

(2) Reevaluations. Reevaluations of the patient's condition and efficacy of the drug therapy shall be made consistent with the condition diagnosed, the drug or drugs involved, expected results and possible side effects.

(3) Patient counseling. The patient shall be counseled regarding the condition diagnosed and the drug prescribed, administered or dispensed. Unless the patient is in an inpatient care setting, the patient shall be specifically counseled about dosage levels, instructions for use, frequency and duration of use and possible side effects....

(4) Adherence to standards of practice. Compliance with this section will not be treated as compliance with the standards of acceptable and prevailing medical practice when medical circumstances require that the licensed health care provider exceed the requirements of this section.

Relevant Case Law

Frankford's Shrimp Shack v. Rotton: Prior to testifying to an expert opinion, a witness must be formally tendered to the court as an expert in a specific field. The trial judges serve as the gatekeepers of expert testimony and are tasked with ensuring that such testimony is reliable. In making this determination, the judge may consider the expert's qualifications, data, and methods, but not the expert's actual conclusions. When a party seeks to tender an expert, they must prove, by a preponderance of the evidence, that the expert's testimony meets the requirements of Rule 702 for every specific field in which they testify.

Belgium's Best Waffles v. Great American Cookie Company: While practices may differ in other jurisdictions, in the state of Utopia, the definition of —hearsay may include any declarant's out-of-court statement, even if the declarant is on the stand or scheduled to testify in trial.

Orsini v. Parizo: Rule 703 of the Rules of evidence does not allow experts to act as conduits of hearsay who merely repeat what others tell them. Experts must only present otherwise inadmissible evidence once they relate such evidence to some specialized knowledge on the experts part, as required under Rule 702 of the Rules of Evidence.

Hudson v. Ridgeway: When assessing methods under Rule 702(c) of the Rules of Evidence, judges may consider factors such as: (1) whether the theory or technique has been or can be tested; (2) whether it has been peer reviewed and published; (3) whether it has gained widespread acceptance within the field; and (4) whether it has a known, calculable error rate. However, there is no definitive checklist of what must or must not be present for admission; judges must apply the rule based on the totality of the circumstances.

State v. Schmidly: In a criminal case, a victim, police officer, or other officer of the state is not a party opponent or agent of the party-opponent of the defense for the purposes of Rule of Evidence 801(d)(2).

STATE OF UTOPIA
COUNTY OF LAUREL

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
23 CVS 0001452

STATE OF UTOPIA,

Prosecution,

v.

RILEY SHAFER, M.D.,

Defendant.

Charges: Death By Distribution
Through Unlawful Delivery
Of Certain Controlled Substances

STIPULATIONS

1. All documents, signatures, and exhibits, including pre-markings, included in the case materials are authentic and accurate in all respects; no objections to the authenticity of the documents will be entertained. The parties reserve the right to dispute any legal or factual conclusions based on these items and to make objections other than to authenticity.
2. Jurisdiction, venue, and chain of custody of evidence are proper and may not be challenged.
3. All statements were notarized at the time they were initially made, and all statements were reviewed by their authors shortly before trial. No changes were made.
4. All evidence was constitutionally recovered, and all statements were constitutionally obtained. No objection will be entertained to the constitutionality of any evidence, nor will any motions to suppress on constitutional grounds be permitted.
5. From the date of her birth through December 16, 2022, Hadley McAdoo was a living person.
6. Hadley McAdoo died on December 16, 2022 of respiratory arrest.
7. Consistent with the findings of the Medical Examiner of Laurel County following an autopsy, Hadley McAdoo's death was caused by respiratory arrest.
8. Consistent with the findings of the Medical Examiner of Laurel County following an autopsy, Hadley McAdoo's respiratory arrest was caused by an adverse interaction between the opioids administered and prescribed by Riley Shafer, M.D. and alprazolam prescribed by Margaret Hanson, M.D. on November 27, 2022 under its trade name, Xanax.
9. Hadley McAdoo was properly prescribed Xanax for mental health issues by Dr. Hanson in the regular course of Dr. Hanson's practice.
10. Utopia's Prescription Drug Monitoring Program (PDMP) database functioned properly

throughout the day on December 16, 2022.

11. The instant criminal trial is separate from the issue of sentencing, and the jury will be called upon only to determine guilt or innocence of the crime charged.
12. Riley Shafer, M.D. has waived her/his right not to testify in a criminal proceeding against her/him, and either side may comment on the fact of that testimony in opening statements or during the prosecution's case in chief, if such comment would otherwise be proper.
13. The grounds on which evidence may be admitted are defined by the Rules of Evidence. No objection will be entertained under any constitutional provision, including the Confrontation Clause of the U.S. Constitution or Article I, Section 9 of the Utopia Constitution.
14. Exhibit 1 was kept by Pain Away. It was retrieved from the computer system at Pain Away by Morgan Copeland during the execution of a lawful search warrant after Hadley McAdoo's death. By law, physicians are required to keep dispensing records for at least two years.
15. Exhibit 2 was produced by Casey Abbott to defense counsel in this action and was produced to the State in accordance with the Rules of Criminal Procedure.
16. Exhibit 3 was retrieved from the patient files at Pain Away by Morgan Copeland during the execution of a lawfully-issued search warrant after Hadley McAdoo's death.
17. Exhibit 4 was produced to Morgan Copeland in her/his official capacity by Jordan Teva.
18. Exhibit 5 was downloaded from the CBS Sports website archives immediately prior to trial.
19. Exhibit 6 is a fact sheet created by the Centers for Disease Control (CDC). It is published on the public website of the CDC as part of the CDC's long-standing efforts to educate both doctors and patients, consistent with its statutory mission to "support[] communities and citizens" to fight disease.
20. Exhibit 9 was obtained by subpoena from the Hampton Pharmacy and Topiary Shoppe by the DEA. By law, pharmacies are required to keep dispensing records for at least two years.
21. Exhibit 10 is a document retrieved from the Utopia Department of Health Prescription Drug Monitoring Program database via the Hampton city portal by Morgan Copeland.
22. Exhibit 11 is a document obtained by subpoena from JEH Ambulance Co., the contract provider for emergency ambulance services for the city of Hampton. Ambulance trip sheets are kept by JEH for seven years, consistent with federal and state regulations. If the patient is admitted to the hospital, the information on the ambulance trip sheet may be shared with the hospital providers electronically, to provide a medical history and history of care.

23. Exhibit 12 is a document created by the Hampton Department of Health and the Drug Enforcement Administration. It was posted to the DEA and DOH websites and was mailed to all physicians and pharmacists in Laurel County by the Diversion Section of the Hampton Regional Office of the Drug Enforcement Administration.

/s/ Paul Clementi
Assistant District Attorney

/s/ Roberta Patterson
Defendant's Attorney

List of Witnesses

The prosecution and the defendant must call each of their respective witnesses. For purposes of the competition, teams should assume that each witness has read the statements of the other witnesses. Each witness is familiar with the exhibits referenced parenthetically below.

For Prosecution, the State of Utopia:

- Taylor Kelsey: Former employee of Pain Away (Exhibits 1, 3, 5, 6, 9 and 10)
- Jordan Teva: Banker at First Hampton, Former Friend of Defendant (Exhibits 2 and 4)
- Morgan Copeland: Diversion Investigator, United States DEA (Expert)(All exhibits)

For Defendant, Riley Shafer:

- Riley Shafer, M.D.: Defendant (Exhibits 1, 2, 3, 4, 5, 6, 9, 10, 11 and 12)
- Casey Abbott: Friend of Hadley McAdoo, Pain Away Patient (Exhibit 2)
- Alex Haight, M.D., Ph.D.: Retained Expert (All exhibits)

PRONUNCIATION GUIDE

- Alprazolam al-praz-o-lamb
- Haight hate
- Hydromorphone hi-dro-mor-phone
- McAdoo mack-a-doo
- Oxycodone ox-ee-koh-dohn
- Xanax zan-aks

Please note for scientific terms used in the problem, pronunciation assistance is easily found on the web by searching “[term] + pronunciation”

Statement of Taylor Kelsey

1 Pain is a funny thing. Some people can tolerate it and carry on as if they are floating on clouds. Others
2 will sell their mother to end it. In 24 years as a nurse practitioner, I have learned that pain is both
3 mental and physical; you can be in pain with no visible injury, and mentality matters.

4 Someday, we'll look at chemotherapy and marvel that we used poison to cure cancer, just like we will
5 look back at opioids and marvel that we used synthetic heroin to treat pain. Until then, we'll have
6 tragedies like the one that befell Hadley McAdoo. If Dr. Shafer hadn't been so self-centered, Hadley
7 would probably still be alive today. But good can still come from her death.

8 After getting my RN from ECU in 2004 and working at hospitals in the Raleigh area for about a decade,
9 I craved a bit more clout and a bit more direction in the care I was able to give patients. So, I decided
10 to go and get my Master of Science in Nursing from Duke University, so I could become a nurse
11 practitioner. Nurse practitioners are more like doctors than nurses, but we are not the ultimate
12 decision makers – at least not in Utopia. I did not take the additional tests and certifications to
13 prescribe controlled substances on my own; I was happy to work with a doctor for that. I planned to
14 return to Greenville and get a job at the hospital, but I fell in love with the charming feel of Hampton.
15 And I met Riley Shafer. Dr. Shafer was not like the other docs; Riley wanted to practice medicine in a
16 new way. The idea was to try and manage pain without using drugs. Positive psychology, Eastern
17 medicine, and opioids only as a last resort. I saw it as the future. Maybe not a lucrative future, but one
18 worth fighting for.

19 Dr. Shafer finished her/his residency around the same time I graduated. A few weeks later, in the
20 summer of 2016, Dr. Shafer opened Pain Away in an old car dealership just off the main drag in
21 Hampton. At first, it was just us. I was the *de facto* office administrator, which was not my strong suit
22 at all, and, of course, I was also the nurse practitioner. It was quiet, but then Dr. Shafer was featured
23 in an article in the *Hampton Lark*, and a forest fire, word-of-mouth campaign brought in folks suffering
24 from pain. We were famous – well, at least for Laurel County.

25 One of my favorite patients was Jordan Teva. Dr. Shafer first met Jordan at the local bank, where Jordan
26 helped get some loans to open Pain Away. Jordan is a local celebrity of sorts, and funny as the day is
27 long. Jordan came in complaining of elbow pain, from tennis. Some fancy ortho over in Pinehurst told
28 Jordan s/he had severe tendinitis and needed surgery. Dr. Shafer disagreed and performed a double
29 session of deep tissue electrical acupuncture, a combination of acupuncture and electrostimulation
30 Dr. Shafer helped pioneer at Duke. Well, when Jordan came back for a follow up two days later, the
31 pain was completely gone. It never returned, but Jordan couldn't stay away. Neither could Jordan's
32 friends, family, and acquaintances. The best PR is always a happy client!

33 That's how Casey Abbott became a patient of the clinic. Casey was dealing with significant lower back
34 pain as a result of an old injury from a skiing fall, but Dr. Shafer managed to control the pain with
35 minimal opioid usage. Casey also helped a bit with our books – accountants think they know
36 everything.

37 Anyway, business was booming and by the time January 2018 rolled around, we had already outgrown
38 our space. Dr. Shafer got married that Valentine's Day, and we had a new doctor and seven new
39 staffers join the practice. I still did medical work, but really my main role was office manager. I was a
40 little bitter about being off the floor for large chunks of time, but I also knew we were building
41 something bigger and better than any other pain clinic in the area. In fact, in 2017, only 10% of our
42 clients were on opioid painkillers, which was far below the national average for pain medicine
43 specialists. That's when Dr. Shafer decided to make our platform even bigger. Ok, I maybe instigated
44 that thought a bit, but Dr. Shafer was all for it. We had every right to be making a bit more money,
45 what with the positive effect we were having on the community!

46 Dr. Shafer found a defunct textile factory on the Hampton River. The space was massive, and relatively
47 speaking, the asking price was low. Dr. Shafer dumped tons of money into it, well over a million dollars,
48 and decided to buy all the equipment rather than lease it. I know a lot of that money came from lines
49 of credit and a home equity loan. Doctors don't make the best business owners. Also, while I'm very
50 smart, I was not really trained in business administration. I should have insisted we hire an outside
51 consultant, but we got cocky. I know that Dr. Shafer got some advice from Jordan and Casey, but they
52 were friends, not hired help.

53 In March 2018, we moved into our new space. The mayor of Hampton showed up for the ribbon cutting
54 ceremony, and when our patients got to experience the new Pain Away facility, our reputation grew
55 stronger and wider. In addition to the full range of traditional services, we had weight training, cardio
56 machines, water therapy, and a state-of-the art patient room with calming ambient music. Patients
57 loved our facility, loved Dr. Shafer, and loved that we respected their privacy. By July 2018, our patient
58 footprint spanned over a hundred-mile radius. We even had clients coming from Asheville and
59 Charlotte just to see Dr. Shafer. We even added some luxury overnight accommodations on the second
60 floor of our building to meet the demand. The apex came when Dr. Shafer was invited to appear on
61 *Today* with Dr. Oz on a special segment on the opioid crisis and alternative medicine.

62 In August 2018, we had our first celebrity patient come to the clinic – none other than Patricia Danica,
63 the race car driver! She was suffering from neck stiffness following a collision. Dr. Shafer and I knew
64 this was a very important moment for the practice. A stellar result could set us up for years. She first
65 came in on Friday, August 10th. The first electroacupuncture treatment went better than could be
66 expected. But, I figured as she was staying the weekend, it would be good to go the extra mile, so I
67 booked her for a follow-up session the next day. I stopped by the room to check on Patricia about
68 twenty minutes after Dr. Shafer set up the session. It looked like one of the needles in her neck was a
69 bit dislodged, so I pushed it in a bit further, and unfortunately, the needle went deeper than I
70 anticipated. Patricia screamed like she was giving birth, and I immediately called in Dr. Shafer. Dr.
71 Shafer was able to rectify the situation quickly, but Patricia was furious. I didn't believe her, but she
72 blamed me and started to complain that she had lost feeling in her left arm. The paralysis was
73 temporary, but her fury was unending. Patricia missed the entire 2019 race season and filed a
74 malpractice lawsuit against the practice, claiming it was our fault! Sports and entertainment media put
75 two and two together, and we were headline news. The impact from the incident was not immediate,

76 and we tried to carry on as normal. But the feeling of doom was pervasive.

77 It all really changed, or was revealed, when Superstorm Sandy hit the area on October 29, 2012. Most
78 people don't realize that the storm damage reached this far inland, but it did! The Hampton River
79 swelled and then crested to heights not seen in a century. Water filled the first floor and stayed for
80 days. When we were finally allowed to enter the space, everything was ruined. The dry wall was
81 crumbling and molded; the equipment was destroyed; the floors bowed under our weight. The horror
82 was amplified a few days later when I discovered that our insurance did not cover floods. Dr. Shafer
83 was liable for the loss, because of personal guarantees placed on loans. Riley had no choice but to
84 declare bankruptcy and close the facility. The closing of Pain Away got some national attention and
85 when Patricia caught wind of our misfortune, she fired off a series of tweets rejoicing about it.

86 Out of a job and depressed, I remained unemployed until I got a call from Dr. Shafer in April 2013. S/He
87 said that s/he was going back to her/his roots. S/He was going to rent a small office with three patient
88 rooms and an office and treat a few local patients who had Medicare, Medicaid, or private insurance.
89 Dr. Shafer wanted me back – just as a nurse practitioner and nothing more. I agreed and, at first, it was
90 kind of like the old days. We kept the business name and relied on a few key clients, none more
91 supportive than Jordan Teva.

92 There was one big difference, though. Instead of focusing on the Eastern medicine Dr. Shafer loved,
93 we started to offer what s/he called a “fuller range” of techniques. That meant that if a patient asked
94 for narcotic painkillers, which includes all opioids, Dr. Shafer would usually prescribe them now. In fact,
95 Dr. Shafer said that in order to serve the local community, it was a necessity. Long gone was the
96 individual treatment of celebrities over the course of hours. We saw more and more regulars who
97 would get scripts from Dr. Shafer for various painkillers, including opioids, with just a minor complaint
98 of discomfort. Patient visits became much shorter, and Dr. Shafer would rotate them through like a
99 factory. And, of course, we still didn't do urine testing for our patients. Dr. Shafer said it was about
100 respecting patient privacy and autonomy, but I think it was that with so many people paying in cash,
101 we would lose patients if we imposed another expense on them. Even when the national numbers for
102 opioid scripts started to fall, ours went up, in relative terms. We had always kept track of those
103 numbers. They used to be a point of pride. By 2022, the profits were outstanding, but the spirit was
104 gone.

105 According to our records, Jordan introduced us to Hadley McAdoo on January 14, 2020. I think Jordan
106 knew Coach – that's what Hadley liked to be called – from Hampton High. That was kind of a thing
107 around here. Coach had been a coach, sure, but people called her that because she yelled a lot and
108 was never good at taking instructions. Coach had spent some time on City Council before the whole
109 Xenopharma scandal broke. After that, Coach didn't have a job, as far as I could tell, either she was
110 sitting on a pile of family money or doing something behind the scenes to get cash. Whatever it was,
111 Coach's insurance claims always went through.

112 Coach suffered from what some folks call phantom pain, and she said she couldn't lift her arm above
113 her head at a certain angle without experiencing shooting pain. But we ran X-rays, a CT scan, even an

114 MRI scan, but nothing revealed any muscular or tendon damage. My professional view was that it was
115 mental, like it gave her a reason to get sympathy. She was a real character, and I thought maybe she
116 had a mental condition, but there was nothing on her patient intake form that would suggest a
117 complicating ailment. The old Dr. Shafer would have opted for a combination of acupuncture and
118 lidocaine, but the post-Randy Dr. Shafer just wrote a script for hundreds of doses of oxycodone. After
119 that, Coach became a regular fixture at the clinic. The following summer, I think it was in June or July
120 of 2021, I caught Coach handing over a wad of \$100 bills to Dr. Shafer in the parking lot. Dr. Shafer said
121 s/he had won a bet with Coach on a horse race and was collecting her/his winnings. I didn't believe it,
122 but I didn't press the issue.

123 On February 15, 2022, things got a lot harder for Dr. Shafer. The bank foreclosed on her/his house and
124 the textile factory, which I know Dr. Shafer had dreams of reopening. The next day, Dr. Shafer's spouse
125 filed for divorce and moved out. Dr. Shafer was shattered. For the next few months, s/he walked
126 around our tiny office barely saying a word, even refusing to engage in banter with our patients as s/he
127 had in the past.

128 Even Jordan Teva couldn't get a rise out of Dr. Shafer. A few weeks after Valentine's Day, Jordan
129 stopped by with a karaoke machine and cupcakes and tried to throw an impromptu "rock bottom"
130 party for us. I definitely needed the laugh and was up for some fun. But Dr. Shafer was having none of
131 it, and they wound up getting in a huge fight. Dr. Shafer started blaming Jordan for the fall of Pain
132 Away, claiming that Jordan promised money and never came through. Dr. Shafer also went after
133 Coach. I distinctly remember Dr. Shafer saying, "Patients like Coach keep the doors open. Does my
134 banker not understand cash flow?" Jordan responded that if Dr. Shafer didn't think Coach was in pain,
135 why would s/he be giving her pills? Dr. Shafer looked at Jordan for a long time, mumbled, "It's all your
136 fault," and started crying. It was so out of character for both of them.

137 On August 23, 2022, I saw something I wish I had never seen, and to this day wish I had done something
138 about. I meant to leave work early that day for a dentist appointment. But we were unusually busy,
139 and I forgot my cell phone racing out the door and had to go back for it. I went into the office, and
140 there was Dr. Shafer in the process of injecting her/himself. It looked like *Trainspotting*, like a heroin
141 addict shooting up. Turns out that it was probably worse. I assume Dr. Shafer had prescribed
142 her/himself hydromorphone, a potent painkiller derived from opium. Dr. Shafer said it was simply to
143 dull the pain of loss and that s/he had it under control. When I asked how long s/he had been using,
144 s/he said, without emotion, "since the court decision." I left, devastated. The person who I thought
145 most believed that opioids had no place in medicine was a user, and based on six months of what I
146 assumed was constant use, an addict.

147 I confronted Dr. Shafer again the next day, when s/he was sober. Dr. Shafer pleaded with me to keep
148 secret what I had seen between us. S/He promised that s/he was going to get help. My gut told me
149 that I had a duty to contact the Utopia Medical Licensing Board, but I couldn't bring myself to do it.
150 Maybe it was because I didn't want to lose my job again, but I know the real reason is that I wanted to
151 believe Dr. Shafer.

152 And Dr. Shafer really did seem to pull it together for a while. But you could tell s/he didn't care like
153 s/he used to. The office got busier and busier, but the grateful clients were replaced with addicts,
154 hollowed-out shells of humanity. Despite the money we had to be making, Dr. Shafer failed to run my
155 hours through payroll several times, paying me in cash instead. When I finally said something about it,
156 Dr. Shafer responded, "Cash in, cash out." We all felt the pressure to bring in money, but I didn't want
157 to believe that Dr. Shafer was selling out our patients and our mission. But I was fooling myself. Jordan
158 never stopped by again. Casey Abbott kept coming, although s/he never got oxys that I saw. Coach?
159 Well, her pain never subsided. Her visits remained regular.

160 On December 16, 2022, Coach called the office first thing in the morning, in a panic. She said that she
161 couldn't handle the pain anymore. I was able to fit Coach in as a tack-on patient at the end of the day.
162 When Coach arrived, she was clearly flustered. She was shaking, and there was sweat dripping from
163 her forehead, but s/he could not wipe her brow because the pain of moving her arms was too severe.
164 It looked to me like she was suffering from withdrawal. But when I asked her about it, she said that the
165 pain in her arm was unbearable. I quickly recorded Coach's vitals and a short history into the intake
166 log. I was in the process of confirming that Coach was not on anything else and was going to check the
167 Prescription Drug Monitoring Program (PDMP), but before I could get a closer look, Dr. Shafer called
168 Coach back into the patient room and told me to "take a break." I hadn't taken a break in the entire
169 time we worked together. Something was wrong, I could feel it. But what could I do?

170 About 20 minutes later, Coach walked by my station smiling for all the world to see. I checked our
171 patient management system to see Dr. Shafer's notes and not only had Dr. Shafer increased Coach's
172 oral opioid prescription, s/he also gave him a shot of hydromorphone. That was the single greatest
173 dose of narcotics Dr. Shafer had ever given to a patient in our office. It was all within the prescribed
174 dosing amounts for each drug individually, but even with Coach in pain, I thought it was too much. I
175 didn't say anything at the time, but I decided I was going to quit the next morning.

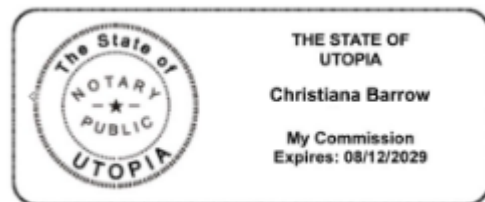
176 That evening, however, I saw on the news about Coach passing. I picked up my phone and called Dr.
177 Shafer. "Riley, what did you do to Coach?" All I got was silence. The next morning, I went to the office
178 and decided to check the PDMP on Coach. It was then that I realized that Coach was on a heavy dosage
179 of Xanax, a medication that did not mix well with opioids. I left the office crying and haven't spoken to
180 Dr. Shafer since.

181

Signed,

/s/ Taylor Kelsey
Taylor Kelsey

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29



Statement of Jordan Teva

1 There's nothing more powerful than a personal recommendation. I'm an influencer – always have
2 been, always will be. I called the shots in high school, dictating what was cool, and now at my job as
3 the Commercial and Personal Loan Manager at First Hampton, I have the final say on whether or not a
4 business can open in town or somebody can buy a house. Folks ask me why I don't run for mayor or
5 state representative, but all I have to do is look at what happened to good ol' Coach McAdoo. Coach
6 was like me at one point – a real local celebrity. She was head of City Council, but now she's dead, her
7 memory sullied by claims she took a bribe. Nope, not for me. I'm happy having my free time ... and my
8 opinion on the minds of everyone. I guess that is why it pains me to have been a part of Coach's death
9 and Shaf's downfall. I didn't do anything wrong, but I feel like I could have stopped it from happening.
10 Both of them were well meaning, but when Coach needed my help the most, I ghosted.

11 Did I mention I was a state champ in tennis? I even landed a scholarship to Duke University which
12 allowed me to study finance and stay in the area. There was no way I was getting into school there
13 based on my grades – that's for sure. Problem was that I had really weak tendons in my right elbow,
14 and my college career only lasted two semesters. I flirted with the idea of joining some mega
15 investment firm in New York, but when I landed a job at First Hampton, the decision was easy. Sure, it
16 was my only job offer, but the thought of the rat race in NYC disgusted me. I need to be somewhere
17 where everyone knows your name.

18 Everything was great for me, save my elbow. Some days, I could barely lift my arm. I was taking Advil
19 like Pez and always used some pain-killing gel before going to bed. Over the years, I visited some
20 orthopedic specialists, even going over to Pinehurst a couple of times. The diagnosis was the same –
21 lateral epicondylitis, commonly known as severe tennis elbow, requiring multiple surgeries. So, I dealt
22 with it. A couple of friends suggested taking painkillers, but I didn't want anything that would dull my
23 perception or negatively affect my personality. When you got what I got, that would be like buying a
24 Porsche and feeding it 87 octane gas. I'm a performance machine, end of story.

25 By the summer of 2016, I was in a ton of pain, barely able to type on the keyboard. That's when
26 I met Shaf. In walks this nerdo doctor for a 10:30 AM appointment with an idea for the cheesiest
27 sounding clinic ever – Pain Away – looking for a \$100,000 loan. I was used to giving loans to doctors.
28 Great bet for the bank: they operate at terrific profit margins and in a medically underserved area like
29 Hampton, there were always patients in need. So long as the doctor played ball and accepted most
30 major insurances, it was a quick loan process that would leave me with time for a long lunch or a quick
31 trip to the gym.

32 But Shaf had a different idea. S/He wanted to take the old Chevy dealership on Main Street and turn it
33 into an alternative medicine pain clinic. On paper, it looked like a terrible idea, especially for someone
34 barely out of residency. The business plan was five pages, and it read like a mission statement. No
35 numbers. Maybe I was desperate, but as Shaf began to explain her/his plan in greater detail, the
36 treatment regimen seemed like it would benefit someone like me. So, I made a deal I had never made
37 before. I told Shaf to put up or shut up; if s/he could help with my elbow pain, I would give her/him

38 the loan. An hour later, I found myself at Shaf's small apartment being injected with these long
39 acupuncture needles hooked up to some battery source. Shaf turned on the power and the needles
40 began to pulse. It was possibly the most painful thing I ever experienced. The treatment lasted about
41 30 minutes and Shaf told me to call back in two days. Yeah right. Then something funny happened. By
42 the next night, my pain was fading. Over the next week, my range of motion came back. For the first
43 time in a decade, I actually wanted to pick up a tennis racket. I was shocked. It worked! That was eight
44 years ago! And I play tennis almost every week!

45 I called Shaf the next day and said that not only did s/he have the loan, s/he had a lifelong friend! We
46 gave Shaf a \$200,000 loan with no personal guarantee— that is how sure I was that s/he was going to
47 succeed. When Shaf said it was too much money, I said, you can never have too much capital when
48 starting a new enterprise. And I started recommending Shaf left and right, including to my closest
49 friends. Casey Abbott had a major ski accident a few years back. Casey had the same success that I did
50 with Shaf, though s/he needed regular visits.

51 Casey even ended up donating some time helping with the office accounting as a thank you. Shaf did
52 have this office manager named Taylor Kelsey doing the day-to-day financials, but neither Casey nor I
53 trusted her/him much.

54 The best thing I did for Shaf was getting in touch with my friend who wrote for the *Hampton Lark*, Ellie
55 Lille. Ellie and I are neighbors in Laurel Bluff, and we do Rotary stuff together. Like I said, when I make
56 a recommendation, people listen. They ran a multi-part story not only on the opioid epidemic, but also
57 how practices like Pain Away were breaking the stigma and trends of addiction. Shaf was flooded with
58 new patients from Hampton and neighboring towns and cities. S/He had to hire three more staff
59 members and carve out a few new offices just to handle them.

60 We stayed very close over the next two years or so – me and Shaf. I will not deny the fact that I enjoyed
61 a few libations – usually red wine – but Shaf always declined. S/He told me that s/he had an addictive
62 personality and didn't want to get on any "slippery slope." At the beginning of 2017, Shaf met that
63 special person, Sam, and knew right away it was love. When they got married in 2018, I was even asked
64 to be a member of the wedding party. Pretty cool – Shaf probably insisted on inviting me because s/he
65 knew that I was going to give the best toast ever.

66 That was also right around when Pain Away went national. At the practice Christmas party in '17, Shaf
67 confided in me that the old auto dealership was not going to cut it anymore. S/He was now getting
68 regular intake calls from folks in Richmond and Atlanta and occasional ones from as far away as Denver.
69 Shaf thought this new type of pain management was taking off and making a difference in the world,
70 and s/he needed a more impressive flagship location. I think Taylor had planted a bug in Shaf's ear that
71 s/he should consider franchising the clinic's concept and try to generate income across the country.

72 Whatever it was, Shaf suddenly wanted not only state-of-the-art equipment but also lodging for out-
73 of-town patients. It sounded like a pain spa or something. I guess it was not that bad of a concept, but
74 the problem was that as it moved further and further away from a doctor's office, the more of a
75 challenge it would be to get the bank to loan more money. Shaf was never late in paying, but \$2.5

million dollars to retrofit an old mill is a lot different than \$100k to clean up a small structure. That didn't even include the cost of the land and the structure already in place. Even so, on January 12, 2018, we were able to get Shaf \$3.25 million dollars in working capital, consisting of a \$2 million improvement loan and \$1.25 million in small business funds. But the bank had to be protected; we made her/him sign a personal guarantee, and for the property purchase, Shaf had to not only take out a second mortgage on her/his home, but also a large home equity line of credit. Shaf had realized her/his goal but was leveraged to the hilt. With all this credit on the books, I would have been surprised if Shaf could've gotten a car loan. Still, s/he seemed happy.

2018 seemed like it would be awesome. The wedding was amazing; the new location overlooking the river was unbelievable; and the equipment was top notch, and it had the atmosphere of a place where something special was happening. Travel agents started offering weekend packages to those suffering from pain conditions! Shaf was having no trouble making her/his loan payments. S/He even met Dr. Oz! The bank was ecstatic. A C-level executive position at First Hampton was a definite possibility for me.

But beneath the surface, things were not as rosy as they seemed. I could tell the stress was getting to Shaf. I asked Shaf to come out after work around Independence Day, 2018, and Shaf ordered a drink instead of a club soda. I think s/he got some mild cocktail, but still. Running an office of that size and performing medicine was like having two full time jobs. Shaf confided in me that s/he was having trouble connecting with Sam and expressed real frustration with Taylor.

But a pep-talk seemed to buoy Shaf's spirits, and the next week, we all heard that Patricia Danica was booking a full weekend stay. The problem was Shaf still put too much trust in Taylor. No one is really sure what happened that Saturday at the clinic, but whatever it was, it was the beginning of the end. Apparently Shaf – or Taylor! – messed up Patricia's treatment, and she suffered nerve damage or something. While insurance covered the cost of the medical malpractice suit, there was no way Shaf's reputation would recover.

Then came Randy. The storm was bad. Really bad. The properties near the Hampton River were hardest hit – including the Pain Away clinic. When the flood waters receded a week later, the place was a ruin. The equipment was destroyed, and the building itself appeared to be on the verge of collapse. I remember saying to Shaf, "well, at least you have flood insurance" and her/him responding, "what's flood insurance?!?" Turns out that Shaf wasn't covered for the damage at all. S/he still owed First Hampton over three million dollars. S/He declared bankruptcy a couple weeks later. I did see Shaf a few times at Dugan's Pub, but s/he snubbed me whenever I tried to strike up a conversation.

I wasn't surprised when s/he tried to rebuild her/his career in the spring of 2019; Shaf still had a loyal local following. But without celebrities or vacationers, there was no way Shaf was going to make a living doing alternative pain care – well not at least in a place like Hampton. I tried reaching out over and over again, but Shaf flat out refused to speak to me. I was upset. Everyone liked me, and it irked me that Shaf completely cut me off. Everyone thinks that banks are the bad guys. Not so! We make dreams come true. So, I decided to try and make Shaf's dreams come true one more time. In early

114 2020, I bumped into Coach McAdoo. No one really liked her much by then, but to me she would always
115 be the person every single student looked up to. But when I started asking her about what she was up
116 to, the silence was deafening. She looked like she was depressed and probably on medication or
117 something. She did manage to tell me about how much her arm hurt and how it was making grocery
118 shopping painful.

119 So, I made the introduction. I popped Shaf a text saying that Coach was going to come to see her/him
120 and for the first time in over a year, Shaf responded with a single, word, "thanks." I wrote back right
121 away and told Shaf to watch out for Coach as she seemed off, and I thought was suffering from
122 depression. Same response from Shaf, "thanks." Well, once Shaf realized that Coach was a good
123 patient, Shaf invited me out for drinks and our relationship warmed a bit. In April 2020, Shaf said we
124 could try and be friends again. I was pleased. But then Shaf started banging on and on about how I
125 could really help her/him out if I could convince the bank to loan some more money. Shaf still thought
126 that the massive celebrity clinic was salvageable. I was already in hot water over the loan and could
127 not take any more risks where Shaf was involved. Shaf understood. S/He shook my hand and said, "I
128 figured, but before I gave up the dream and moved to Plan B, I figured I should try." I wish I had realized
129 then that Shaf was sliding into the opioid prescription game head-first. Looking back, the request was
130 more of a cry for help than a rational business request.

131 Another year or two passed by and Shaf and I were cordial, I guess. Well wishes at the holidays and the
132 odd birthday greeting. On March 17, 2021, we were out at the Rotary Club annual gala. Casey, Shaf
133 and I were seated at the same table with a few members of the City Council. Unannounced, and
134 uninvited, in walks Coach, right in the middle of the biggest speech of the night. Coach comes right up
135 to our table, sits in the speaker's seat, takes out a fork and starts playing the drinking glasses like a
136 xylophone. All eyes turned towards her. I asked Coach to calm down, but that only created more
137 agitation. She started singing! It was clear that Coach was all doped up, but after she was escorted out
138 of the building, both Casey and Shaf defended Coach. They thought it was Coach's way of getting back
139 at the City Council for kicking her out. That didn't make sense; Coach was always big on proper behavior
140 and chain of command. I'll bet Shaf gave Coach the drugs that caused such an out-of-character
141 reaction.

142 In January 2022, Shaf asked me to join her/him, for once. We went to Dugan's. Shaf said that her/his
143 marriage was falling apart and that s/he was never going to be able to open the clinic or pay off the
144 creditors even under the bankruptcy restructuring terms without additional revenue. S/He started
145 sobbing! When Shaf pleaded with me to help, I wanted to end her/his pain so badly that I said I would
146 help get a new loan from the bank. I knew it was a promise I would have to break, but it was the only
147 thing I could think of in that moment. Shaf perked up immediately and said I was a life saver!

148 But less than a month later, the bank foreclosed all of Shaf's properties, and Sam left. I knew Shaf
149 would blame me rather than her/himself, so I waited a few weeks and decided to try and help one last
150 time. I rented a karaoke machine and got a cake and went over to the Pain Away clinic to throw an
151 impromptu "rock bottom" party. But, rather than embrace the idea, Shaf started unloading on me. We
152 got in a huge fight and both said some things that we regretted. The most unnerving thing was how

153 Shaf kept talking about Coach and how s/he was “cash flow.” I left shortly thereafter, knowing there
154 was no way to talk any sense into Shaf.

155 But I couldn’t leave things there. I wanted to smooth things over, and I went back to the clinic after I
156 cooled down. When I arrived, the lights were off in the main room, but I could tell that Shaf was in
157 her/his office. I walked in without knocking and approached Shaf’s office. The door was ajar, and Shaf
158 was sitting in the dim light injecting her/himself with what I think was heroin. I decided right there to
159 cut her/him off completely and remove her/him from my life. Just say no.

160 I called Casey and told her/him all about what I saw and my fight with Shaf. Casey said I was crazy and
161 that my upset over losing a friend was no reason to spread rumors. Plus, Casey said Shaf was still doing
162 well with the treatment of Casey’s skiing injuries, and s/he wasn’t about to give that up. I then called
163 Coach and told her/him that there were plenty of other doctors in the area and that she should stay
164 far away from Shaf. Coach said, “don’t worry, Dr. Shafer and I have a special arrangement. No need for
165 me to go anywhere else. I get mine and s/he gets hers/his.” No one wanted to listen to me. First time
166 ever!

167 I decided to poke around into Shaf’s finances to see what was really going on. From my desk at the
168 bank, I checked out credit reports and other proprietary databases we use in deciding whether to give
169 loans. You know, when you follow the money, you can learn a lot about a person. Turns out that while
170 Shaf was in bankruptcy proceedings, her/his lifestyle hadn’t changed much from what I saw. That’s
171 usually a sign of a cash business, one that isn’t being reported to the accountants. But doctors don’t
172 do cash business, unless something is very off. I was fine not being liked for the first time in my life.

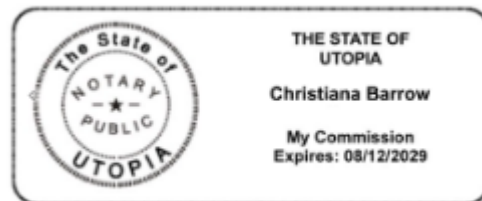
173 I didn’t give much thought to Shaf or Coach for a few months until I bumped into Coach again at the
174 market during the summer. She looked terrible. Coach said she needed money because she could no
175 longer afford her medical care. She said she was suffering from anxiety and depression on top of the
176 pain. She even asked me for a few dollars, so she could fill her Xanax prescription. At that point I didn’t
177 have time in my life for more drama, so I pretty much ignored her. Well, not completely. I did send
178 Shaf a PM on Facebook around that time saying that it is fine for her/him to destroy her/his own life,
179 but that s/he should leave Coach alone, especially since Coach couldn’t even afford her script for
180 anxiety meds. I never got a response.

181 If Coach had listened to me and stayed away from Shaf, she would still be alive. My advice is always
182 right. I just hope others learn that lesson once and for all from this terrible event.

Signed,

/s/ Jordan Teva
Jordan Teva

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29



Statement of Morgan Copeland

1 The DEA Registration Number is so many things. It is a set of keys to the kingdom, the right to
2 prescribe any medication for any purpose. It is a mark of distinction, awarded only after years of all-
3 consuming education and testing. It is a license to heal. It is a license to kill.

4 Sure, doctors are a profession beloved and revered through human history. And for good reason;
5 they can perform miracles, to bring the dead to life, to let the cripples walk again. Any science
6 sufficiently advanced is indistinguishable from magic, and doctors are our magicians. But they aren't
7 angels, and like anyone else they can be corrupted. I figured that out in the least likely place: the
8 streets of Cabrini Green.

9 Yeah, Cabrini Green. Chicago. Public Housing. That's where I grew up. My folks did their best, a nurse
10 and a handyman, I guess you'd call him, but it was hard living. Drugs were everywhere, and the gangs
11 ran the place. My folks made me stick it out and do my homework, even scraped together a dollar
12 here or there to get me supplies I needed. It wasn't much, but it got me to community college. I went
13 to school full time, working two jobs. That got me to UIC, and on to grind out a degree. From there I
14 went somewhere you wouldn't think someone from Cabrini would go: the Chicago P.D. But you see,
15 I *knew* where I had to go. I *knew* who I had to help.

16 Turns out I was good at it. A few years on the beat, a few more in Major Crimes. Then my break came:
17 a DEA task force in the Robert Taylor Homes. Undercover work. On TV, crimes are solved in a day or
18 two. Some CSI nonsense, some clever quips, done. In real life it takes years. It took us three to break
19 the Taylor Crips, and the day that indictment came down, I got arrested, too... gotta maintain your
20 cover. DEA offered to take me on as an agent, and while I was happy to join up, I did not want to be
21 a street agent.

22 You see, in the Homes I saw the next thing coming. Where and when I grew up, folks got hooked on
23 heroin, maybe crack. Nobody could afford powder. By 2016, though, something new had arrived on
24 the streets: opioids.

25 I mean, anything derived from poppies is technically an opioid. And that's nothing new. Opium was
26 the original, way back in the day, *Gangs of New York* style. Then came heroin. By 2018, we were past
27 stuff grown in Afghanistan, cut with who knows what by half a dozen middlemen and dealers. By
28 2018, it was about Oxycodone, Hydromorphone, Fentanyl... pharmacy-grade stuff. Heroin with
29 quality control. A junkie's dream. A cop's nightmare.

30 And it could fool you, because it was *medicine*, see? A teacher, a professional football player, even a
31 nurse with foot pain after a lifetime of working the floor at Cook County General... opioids sneak up
32 on you, make you think they're ok. We lost my mom in 2018. I'm not ashamed that's how she died;
33 I'm proud of how she lived. And I was – and am – mad as hell at the white- coated pill pushers who
34 sunk their hooks so deep she couldn't break away.

35 That's how I started in DEA's Diversion Section. Traditional DEA special agents work street crime, the

36 kingpins, and even interdiction in South America. Diversion investigators stop *legal* drugs from being
37 *diverted*, meaning going to a purpose other than that for which they were prescribed. When an oxy
38 pill can go for \$20 on the street, the incentives to get them are incredible. And just like heroin, you
39 build up a tolerance to opioids, so you have to take more to get the same high. And – God save us all
40 – you *will* want that same high. I caught a lot of junkies and pushers over the years. More than most.
41 I was suspended once for supposedly planting some drugs on a real bad hombre, but there was
42 nothing there but jealousy in our own ranks. I was pretty much untouchable, and I had a nose for the
43 bad guys. Even if the evidence wasn't always there.

44 Some docs make an honest mistake, trying to help patients who they think are in real pain. Others
45 are crooks like Riley Shafer, using their license like an autopen, signing everything that comes in the
46 door. Like it's not a license to kill. Shafer was particularly bad because not only was s/he prescribing
47 opioids at an alarming rate, s/he was taking cash kickbacks from those s/he supplied.

48 The case on Shafer opened in 2019, right when I was starting in the Administration for real, assigned
49 to the Laurel County Field Office, and it's been my baby since the day I saw it. Seeing what I saw at
50 Pain Away even inspired me to get a Master's in Public Health degree online from the University of
51 Phoenix. The DEA helped pay for it, and I focused on detecting drug diversion through unusual
52 statistical patterns. It has also given me more credibility for the talks I do for physicians' groups on
53 opioid management and diversion. Pain management is a profession shot through with crooks, and
54 Shafer and her/his buddies were just another in that long, shameful tradition. I have little doubt that
55 when Shafer started her/his practice it was filled with good intention. But between the entire Patricia
56 Danica dust up and the flood, Shafer changed. The mind is really amazing. We can rationalize almost
57 anything, even pushing poison out the door. Get away with it once, and it becomes contagious.

58 Oh yeah, I saw the ads, too, when Shafer reopened that new office about 6 months after the flood:
59 "Eastern" medicine. I'm no genius, but you don't have to be one to know that insurance isn't going
60 to pay much for that, and you're not going to run a profitable medical practice trying to convince
61 UAW guys and ex-cons working the night shift at the Nash plant to pay \$150 in cash for the privilege
62 of getting used as a pincushion. Without the celebrities and the organic crowd from the cities, there
63 was no way that business was going to fly. Hamptonites show up – and pay up – for one thing only:
64 opioid painkillers. Maybe it's for personal use, to dull the pain for a few hours. Maybe they're letting
65 their insurance cover it and then selling the pills for cash. We see that all the time; dealers sitting in
66 their SUVs in pharmacy parking lots, trading cash for pill bottles like a drive-thru ATM.

67 Still, I couldn't make anything stick. We talked to a couple patients who got picked up on other things,
68 but everybody thought the Doc was great. I did get lucky and catch some photos of Shafer taking
69 some cash from Coach McAdoo one day, but my memory card was out of space, so the shots were
70 not recorded. I started thinking that Shafer might be the One That Got Away.

71 In my experience, doctors get into selling 'scripts for all kinds of reasons, but the biggest is money.
72 Doctors legally make money from office visits, paid for by the patient and/or insurance. So, the more
73 patients you can move, the more money you can make. There are only two ways to make a lot of

money: get a lot from a few people, or get some from a lot of people. Many folks have pain, especially the poor and the elderly. Those are covered by government insurance – Medicare for those over 65, Medicaid for those in poverty. But those programs don't pay doctors much for office visits, even though there's a need. You're not getting that Lexus and house at the Shore doing government business. And in Hampton, it's pretty much the government insurers or Blue Cross. They're no great shakes for docs, either. Of course, if you have a concierge practice, you can make money in cash from rich folks; you prescribe what they want, and you charge what you want. Not too much of that here in Hampton, though. Not with our economy.

So, the doctor might start slow, but there's huge pressure to increase volume, see more patients for less time each. Pretty soon they're cramming as many as they can into the day, maybe only seeing them for a few minutes, maybe not ordering an MRI or a CT scan, just taking their words that the pain is real. Once word got out about a doctor with a loose prescription pad, the patient volume rises, and dope fiends come to get a fix. It's textbook.

Watching Shafer in 2021 and '22, both in person from my various vehicles DEA uses and through the prescribing data for the Pain Away practice, which DEA receives by law and which diversion investigators access all the time to track how things are going in practices they are investigating. I watched the trends in near-real-time, but I later learned from Taylor Kelsey that Pain Away kept its own internal data. I compared theirs with DEA's, and theirs was accurate as to both the Pain Away numbers and the DEA's in all respects. The data was clear: Shafer was spiraling, increasing in rate of prescription opioids and the morphine milligram equivalents (MMEs) even when the national numbers were falling. MMEs track how much power each prescription packs in terms of morphine, so you can compare the power of, say, 30 mg of oxycodone with, say, .05 mg of fentanyl. The more potent, the more high, and the more opioid- tolerant addicts want it. So, Shafer was prescribing more and at greater potency.

There were always patients outside that dingy three-room office each morning, and Shafer would rotate them through like an assembly line over at the Nash plant. That is a sure sign of a pill mill. Oh, sorry. "Pill mill" is what we call a doctor's office when it stops providing individual care and becomes just a place to get pills. Catchy, ain't it?

Pharmacies as far as a hundred fifty miles away were filling Shafer's 'scripts – another telltale sign. Folks might travel a hundred miles to go to the "pain spa," but they won't sit in a strip mall doctor's office unless there's a 'scrip at the end of the rainbow.

What, you thought patients came from Atlanta because they could not find someone in Buckhead to give them acupuncture? Oh, and don't even get me started on the opioid prescription records. CVS even warned the DEA that they weren't going to fill them anymore, because there were too many to be legit.

A prescription is an authorization or order for a medication or controlled substance (or a device, like portable oxygen or a wheelchair or whatever) that is issued to the ultimate user, the patient. In order to be valid, a prescription must be issued for a legitimate medical purpose by a licensed practitioner

112 (a doctor or certain kinds of nurses) in the usual course of professional practice. There are a bunch
113 of other requirements – like putting it in ink and keeping copies – but that’s basically it. The work
114 must be for a legitimate reason in a usual course of practice.

115 Shafer wasn’t doing that. Instead of maybe thirty or forty percent of patients getting painkiller
116 prescriptions, Shafer peaked at eighty-three percent. Eighty-three! Did some of those people have
117 real issues? No doubt. But more of them were looking for a high or to sell the dealers lurking in the
118 pharmacy parking lot.

119 And what does that dealer want? Things he can turn around and sell. That means opioids, for starters.
120 They kill pain, but they also give a high, and they are staggeringly addictive. Perfect street drugs. But
121 addicts are not especially particular; they’ll take anything that gets them high. So, the dealer is almost
122 as happy to get diet drugs or ADHD medication – which contain amphetamines – or benzos.

123 What’s that? Oh, right. Benzos... benzodiazepines. It’s a group of drugs for epilepsy and some mental
124 disorders, especially anxiety and panic disorders. A lot of benzos are pretty obscure, but I’ll bet you
125 know Valium and Xanax, right? Yeah, well, so do the junkies. Don’t get me wrong; for people who
126 need these drugs, they’re lifesavers. Heck, my dad was taking clonazepam for a solid year to help
127 him sleep after Momma passed, and I once needed diazepam for some severe back spasms. But for
128 people who don’t need them, they’re just a high. I mean, who doesn’t want to get rid of their worries
129 for a while? And remember, it’s *medicine*. Yeah. That’s what they’ll tell you.

130 Coach McAdoo was part of the pill mill machine, a user *and* a supplier. Everybody in town knew about
131 Coach, even the FBI, on account of that Xenopharma bribery investigation. We also knew that Coach
132 had preached straight living and mental toughness, even as she was loading up on benzos and
133 opioids. We always figured she was just a mule for a group in the richer suburbs like Laurel Bluff and
134 Ruffed Grouse, handing out Mother’s Little Helper to kids looking to escape school stress, creating a
135 new generation of addicts right in the police chief’s back yard. Coach was what we call a regular. Fill
136 up, come back, fill up again, and grease Shafer’s palm to make sure any inclination of backing out
137 was impossible. We never were sure whether Coach paid Shafer in cash or in pills. Lotta time that’s
138 how it works; the doc gives a prescription for 60 oxys, the patient brings back 20. Then the doc either
139 sells them or takes them. After all, docs have worries, too, right? And this way the Medical Board
140 doesn’t know a thing. Plus, Shafer needed the cash. Cash is safe from the bankruptcy court.

141 And Coach had an excuse to get painkillers. She would tell anyone who asked about when the power
142 forward for Messiah College laid her out flat and how her arm was never the same. At first it was a
143 local tragedy, then a local bummer, then kind of a local joke. Someone should have talked to her
144 about it. I would have, but I was an outsider. Hard to get anyone here to talk, much less the town
145 hero. Still, I would have done it if I knew she was mixing opioids and benzos. For whatever reason,
146 when you put those together, they do two things real well: getting you high and telling your lungs
147 that they don’t need to work. Like, at all. Long-time abusers love to mix them, to get the high, but
148 they cause respiratory distress and death at terrifying rates. About half of all opioid deaths include
149 other drugs, and benzos are the lion’s share of those. Addicts on the street know about the high – or

150 they soon hear about it! – but they don’t know – or can’t afford to care – about the risks.

151 Of course, doctors know that you can’t mix those two, for that reason. It’s even on the opioid drug
152 label. They will almost never prescribe an opioid and a benzo to the same patient. So, patients got
153 clever. They start going to one doctor for one and another doctor for the other. Over time, as the
154 addiction worsens, or they get greedier about what they can sell to a dealer, they will go to multiple
155 docs for each drug. And, needless to say, they did not mention the drugs one doctor is prescribing to
156 the others when giving a medical history. Pretty soon they can have two or three times the amount
157 they should have of each kind of drugs. That’s what Coach was doing to Shafer – getting the benzos
158 from someone else, and the opioids from Shafer.

159 There are two basic ways as a physician to make sure you don’t have this problem. The first is the
160 PDMP. The Prescription Drug Monitoring Program keeps track of all the controlled substance
161 prescriptions filled in Utopia. Addicts can’t get around it by just going to multiple doctors, because
162 all the doctors enter their prescriptions. Before folks worried just how bad the opioid crisis had
163 gotten, checking the PDMP was optional. PDMP became available for physician use in June 2021, but
164 it was only made mandatory on January 1, 2023. Now, doctors must check the PDMP before writing
165 any opioid prescription.

166 Even before it became mandatory, though, it’s not like doctors didn’t know that checking the PDMP
167 was a good idea. The law was signed on November 1, 2022, so doctors knew what the standard of
168 practice was and could start following it. And the PDMP was available to all doctors over the internet,
169 even on smart phones. DEA worked with local Departments of Health to make it as easy as possible,
170 and as well known.

171 The other way to detect diversion or abuse – or even side effects! – of opioids is to do routine urine
172 screening. These days, that’s the recommendation of both the CDC and the DOH, but again, even in
173 2022, it was a cheap way to make sure patients actually took the drugs, to monitor metabolic effects,
174 and to make sure that your patients were not taking other drugs that could interact with the
175 prescriptions. I mean, how else would you even know that your patients were not selling them the
176 second they left the pharmacy?! One of the ways we at DEA spot a doc who isn’t doing the right thing
177 is to find one who bills for prescribing but not urine testing.

178 Tons of information was sent out about PDMP in 2021 and 2022. I gave a copy of one of the bulletins
179 we published with the Hampton Department of Health to the District Attorney during the
180 investigation. And urine testing has been recommended for risky patients for years. Plus, over 30,000
181 people died from opioids in 2021, right up there with kidney disease, flu, and suicide. The numbers
182 were even higher in 2023. It would have been impossible for any responsible practitioner not to know
183 that opioid abuse was a problem.

184 And, of course, that goes double for a pain specialist whose focus is these exact drugs.

185 In other words, there was literally no reason a doctor would not check the PDMP before handing out
186 an opioid prescription or giving an opioid injection. There was no cost and doing so reveals all kinds

187 of suspicious behavior. And if your patient was on benzos, it could be a life-saver!

188 It may not have been a legal requirement until 2023, but common sense and good practice were in
189 place long before that. There's no legitimate reason *anyone* would prescribe to Coach without
190 checking the PDMP. And that's doubly true if there were specific warning signs of benzodiazepine
191 abuse, either then or in the past, that a trained professional would recognize. When it comes to
192 opioid abuse or benzodiazepine contraindication, you have to be careful. Anything else is criminal.
193 But not only did Shaf jack up the amount of pills s/he prescribed to Coach that day, s/he also gave
194 her/him a shot of something even stronger at the office.

195 When we got the toxicology report that Coach was polydrug with benzos and opioids, the first thing
196 I did was check the PDMP access logs to see if anyone from Pain Away had checked. Sure enough,
197 nobody gave it a second thought until the day after Coach died. Guilty conscience, I suppose. But it
198 was there. Margaret Hanson, November 27, 2022, Xanax (alprazolam), 1 mg daily. A few clicks would
199 have saved a life.

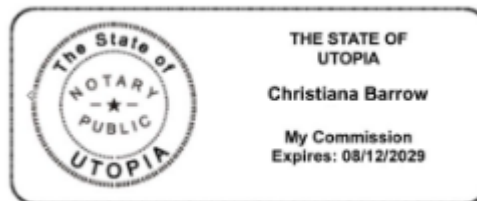
200 Yes, Coach was the first of Pain Away's patients to overdose, but you could see it coming a mile away.
201 If you are up to your eyeballs in debt, you don't *want* to weed out the frauds. You'll sign and sign,
202 and eventually someone will have filled a 'scrip the day before or picked up some benzos on the side
203 and overdose. I know that Shafer is charged with prescribing leading to death – and that's richly
204 deserved – but I wanted to see it charged as flat-out murder, because that's what it was in my book.
205 If Shafer had prescribed a big, healthy dose of rat poison, would there be any doubt? Well, giving an
206 opioid to a junkie like Coach, that might as well be cyanide.

207 So, no, I'm not going to apologize for going after a doctor. I wear it proudly. Riley Shafer is still
208 practicing, and Pain Away's doors are still open. That's a disgrace. Doctors are responsible for the
209 use of their DEA number. It's no excuse to say the secretary misfiled the paperwork, or the nurse
210 made you do it, or whatever else. Your number, your responsibility. So if I've been criticized for
211 showing up at doctors' offices unannounced? If some judge thinks I use "too much" force when I
212 make an arrest, well, as Barry Goldwater said, moderation in pursuit of justice is no virtue. Anyway,
213 Hampton won't have to worry much longer. I hear there's an Assistant Special Agent in Charge
214 position in the Windy City. I just need to wrap this one up, and they might as well put my name on
215 it. ASAC Copeland. I like that. Get me out of this backwater and back home, with a nice salary bump
216 to boot!

Signed,

/s/ Morgan Copeland
Morgan Copeland

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29



Statement of Riley Shafer

1 Do no harm. That's all people know of the Hippocratic Oath that physicians swear to. But that entirely
2 unrealistic phrase was not even part of the original Oath! Hippocrates knew, even in 400 B.C.E., that
3 the practice of medicine was much too complicated. He only required his students to pledge to avoid
4 harm, *if possible*. Often during life-saving CPR, ribs are cracked or broken. But if you need CPR, you'd
5 happily make that trade.

6 My point is, doctors have to make hard, messy decisions all the time. My mom was a doctor too. When
7 she was practicing in the late nineties, most of her coworkers were raving about a new "miracle drug"
8 that made patients who'd had untreatable, chronic pain for years feel comfortable in their own skin
9 again. My mom kept saying Oxycodone was too good to be true, and she was right. She treated her
10 patients holistically, with everything from acupuncture to herbal remedies to low-strength pain
11 medication. Opioid-free treatment was not my idea; it was my legacy.

12 When I was starting medical school at ECU in 2008, my mom was diagnosed with cancer. It was way too
13 far along to do anything but manage the pain. She used holistic regimens for a while, but soon the pain
14 got to be too much. She started on Oxycodone and quickly developed a dependence. In just a few short
15 months, she needed to take enough that it slurred her speech and affected her motor skills. I never
16 expected my mom to become an unrecognizable addict.

17 Don't get me wrong – opioids serve a purpose. But I see my mom's face during her last few days, when
18 she was so far gone she couldn't recognize me, every time I write a prescription for an opioid. I ask
19 myself, is this the only option we have? Often it isn't, but sometimes it is. I prescribe opioids to my
20 patients when I need to. I just never do so lightly. That's part of what's so ridiculous about these charges
21 – I built my practice and my life around holistic medicine and opioid prescription as a last result. Why
22 would I throw that all away?

23 When I finished my residency at Duke University in 2016, I decided to open my own pain management
24 clinic, so I could practice the way I wanted to. My friend Taylor Kelsey was always bragging about his/her
25 business instincts, and s/he was graduating with his/her MSN at the same time I would be finishing. I
26 thought Taylor would make a perfect anchor employee.

27 Taylor was skeptical of a clinic that treated the whole patient, not just his or her pain, and only
28 prescribed opioids as a last result. In fact, Taylor laughed in my face. Taylor told me that my vendetta
29 against opioids was business suicide, that opioids were where the money was. Then in June, I ran into
30 Taylor, getting fitted for his/her graduation gear. Taylor brought up my pain clinic. All of a sudden,
31 Taylor seemed way less skeptical of my whole philosophy on pain management. In retrospect, I think
32 that had more to do with Taylor's lack of job prospects than any genuine change of heart, but I was
33 getting desperate to find a qualified nurse. I offered Taylor a job again, and s/he accepted. You can
34 imagine how dearly I wish I had taken Taylor's original gold-digging reaction to my proposal to heart
35 and steered clear.

36 After graduation, I went to the local bank to look into financing options. While I was there, I met Jordan

37 Teva and we hit it off right away. Jordan has an incredible personality – s/he’s warm and outgoing 38
38 and a real comedian, albeit a bit smug. Jordan and I also connected over what I was trying to do with
39 the clinic. Jordan seemed to really get the uniqueness and importance of it all. In fact, I didn’t just get
40 a friend, I got a patient. Jordan had chronic elbow pain from tennis, and his/her doctor had prescribed
41 surgery without exploring any other options. Well, the elbow responded to treatment, and Jordan
42 ended up getting me a \$200,000 loan – twice what I was asking for!

43 Even with Jordan’s help, we had to start off small. I bought an old car dealership in Hampton, hung up
44 a hand-painted sign that said Pain Away Clinic, and opened up shop with Taylor as my only employee.
45 It wasn’t much, but I was happy. I gave time to our few patients and helped them achieve great results.
46 Jordan recommended tons of people to the practice, and we became very close friends for a while.

47 It was clear that Taylor was not content to treat a handful of patients. Taylor kept pushing me to recruit
48 more patients, but my heart was never really in it. As long as I was practicing good medicine and paying
49 the bills, I didn’t care about the profits. I believe in treating the whole patient, and people respected
50 that we did not require blood tests or urine tests while we treated them. Those things are icky to many
51 people, and they would have been contrary to the Pain Away philosophy of healthy mind, healthy body.
52 Pretty soon, Taylor took matters in his/her own hands. Taylor had a friend at the super popular blog,
53 the *Hampton Lark*, and s/he got the blog to publish a story about me and about Pain Away. It’s not that
54 easy to get a feature-length story published about a no-name doctor in the hottest blog in town. I don’t
55 have any evidence that Taylor bribed someone at the *Lark*, but I wouldn’t be surprised. Jordan said that
56 s/he actually made that happen, but Jordan had a habit of claiming credit when anything went well.

57 Almost as soon as the feature dropped, our client base doubled. People from all over the Hampton area
58 poured in. I knew I couldn’t keep up with the new wave of patients, so I hired another physician and a
59 full staff of nurses and administrators in June of 2017. It’s true that it got pretty crowded with all those
60 new hires in our tiny clinic, and it’s also true that I might have mentioned how cramped the quarters
61 were to Taylor, but I never suggested buying a bigger building. That was all Taylor. I knew that even
62 with our early success, we couldn’t afford to move.

63 But Taylor couldn’t let it go. S/he kept telling me that if we moved to a new space we could make a lot
64 more money. I think eventually s/he realized that I didn’t care about the money, and s/he started saying
65 that s/he was getting complaints from patients about how small our space was. That hit home for me.
66 If it was really true that – as Taylor claimed – the cramped quarters were impacting the patients’ ability
67 to heal, then of course we needed to make a change.

68 I wanted to upgrade, but I also wanted to be sensible, so I found an old textile factory that was being
69 sold on the cheap. Unfortunately, the place needed substantial renovations, and I ended up spending
70 far beyond my means anyway. I know I took on too much debt and I know I should never have leveraged
71 my house or given a personal guarantee, but Jordan said it was the only way. Another of Jordan’s
72 referrals, Casey Abbott who was now a patient and helped with our tax returns, said there was no way
73 the business alone could support the expansion. The only person at the practice with any business
74 experience was Taylor, and s/he kept assuring me that it would all work out in the end. If you build it,
75 they will come, s/he would often tell me. But, this was no field of dreams.

For a while, it seemed like Taylor was right. I got married on Valentine's Day in 2018. In March 2018, our new building was finally ready, and for the first few months, business was booming. That summer, I even got invited to appear on *The Today Show* with Dr. Oz! From that interview, I got a call from Patricia Danica, who was suffering from some neck pain due to a NASCAR crash. We set her up in our best rooms for a weekend visit. The Friday treatment we gave her on August 10 went really well. Taylor invited her back for more the following day, even though it was not really necessary. We should have left well enough alone. When I left the room to allow the treatment to take hold, Taylor ended up messing around with my needle settings and pushed one in way too deep on Patricia's neck, causing a bit of paralysis in her left arm. While in rare cases paralysis is a side effect of electro-acupuncture, it is always temporary. However, try telling that to the court of public opinion. Instead of a ringing endorsement, I was locked into a malpractice suit.

When Superstorm Sandy hit at the end of October 2018, everything got messy real quick. The entire clinic flooded, and all the money and effort I had poured into rebuilding the space was lost. To make matters worse, Taylor told me after we surveyed the damage that our supposedly comprehensive insurance plan contained only \$100,000 in flood protection. I was crushed. I ended up having to declare bankruptcy and close the clinic, which was a terrible feeling. Making things worse, Patricia blamed her lost 2019 race season on me and did interviews with numerous outlets preaching that Eastern medicine has no place in athlete treatment. So I blamed myself for setting the practice of holistic medicine back a few decades.

Okay, I also placed some of the blame on Jordan for not protecting me from financial ruin. S/He definitely should have told me about flood insurance. That pretty much ended our friendship. I started drinking a bit of alcohol for the first time in my life. A few mixed drinks here and there or a glass of wine. Nothing too crazy. But it was hard to hold it together.

In April 2019, my personal physician mentioned that there was a small office open in her building. I decided to start over, promising myself I would keep things small and follow my instincts this time. Gone were my ideas of changing the world – I just wanted to practice medicine. My plan was pretty simple. When necessary, I would prescribe opioids to meet the needs of the local community. I could not afford to turn off patients who had heard my reputation was to rarely prescribe narcotics or only treat rich people. Then, when my funds were restored, and my credit was back to normal, I would keep pushing more holistic medicine. But even in our new incarnation, we followed the same holistic principles, and that meant that we never caved to the idea that we could not trust our patients, that we had to make them pee in cups. To show that we were still the same people, I kept the name of the business the same; I wanted redemption for our practice, even if additional flexibility was needed on the question of opioids.

No self-respecting nurse would agree to do business with me. I never wanted to see Taylor Kelsey again, but s/he was a certified Nurse Practitioner, and s/he was available. I figured that if Taylor could stick to what s/he was good at – nursing – everything could be alright.

I wanted to take things really slow this time, so we started off small, working on community members who had suffered workplace injuries. We weren't making a lot of money, but I was doing medicine

115 again. Taylor was getting impatient with the slow pace of business, though.

116 When Jordan referred a friend in January 2020 – Hadley McAdoo – Taylor and I had very different ideas
117 about how to proceed. I wasn't sure Hadley was the type of patient we wanted. Taylor had skimmed
118 Hadley's chart and told me to prescribe her a low dose of Oxycodone and send her on her way. But
119 something seemed off. I thought there was more to the story.

120 Over Taylor's objections, I ordered a series of X-rays and CT scans. The tests proved what I had
121 suspected all along – Hadley had no muscle or tendon damage. Instead, she was suffering from
122 phantom pain, a pain that is quite real, but which does not have an identifiable physical cause. I started
123 treating Hadley with a combination of acupuncture and lidocaine, both of which appeared to reduce
124 Hadley's discomfort. I also gave her a script for a mild opioid, but that was more for the placebo effect.

125 Although the diagnosis was sound, and the treatment effective, Hadley didn't always seem all there. At
126 times, she was lethargic and despondent, at others, she was upbeat and talkative. Like the time we
127 were all at the Rotary Club gala in March 2021, when Hadley crashed the party just to make fools out
128 of the City Council. It was hilarious seeing her play 'When the Saints Go Marching In' on a bunch of half-
129 full glasses of water with a dinner fork and a dessert spoon. The legend of that night has grown in the
130 telling, but I honestly wasn't too concerned. If anything was seriously wrong with Hadley – anything
131 that I should know about as her doctor – Jordan or Casey would've said something even if Hadley was
132 too proud to admit it. I certainly wasn't worried about Hadley's prescriptions. I had prescribed Hadley
133 some opioids, but like I said – it was a super low dosage.

134 Then again, looking back, maybe Hadley's friends would not have told me anything anyway. In April
135 2020, I tried pressing Jordan for more information about Hadley initially, but s/he said Hadley wouldn't
136 want the whole town to know the details of her health. As Hadley's doctor, I was hardly "the whole
137 town," but I didn't push the issue. The most Jordan would say was that Hadley sometimes "got down"
138 on herself, but don't we all? I did ask Jordan about getting me some additional money for the clinic. We
139 sorely needed some new electro-acupuncture equipment. But Jordan said that I was toxic as far as the
140 bank was concerned, and there was no way I was getting a new loan. Well, I wasn't going to get the
141 cash betting on the ponies with Coach, so, yeah, that really upset me.

142 I know Jordan's saying now that s/he later sent me a Facebook message right before Coach died saying...
143 I don't know, something? I don't even have a Facebook page. I guess Jordan must have sent something
144 to the practice page that a marketer set up, but I have no idea. I certainly never checked the thing.

145 On February 15, 2022, the bank foreclosed on my house and took the textile factory, which I still
146 harbored a fantasy of reopening. Sam filed for divorce, and I was left with nothing. I was rattled to my
147 core. I'm sure my resolve to say "no" to Taylor's demands to prioritize quantity over quality was no
148 longer as strong. But I never allowed it to go too far. I was always in charge, even if I could no longer
149 banter quite as light-heartedly.

150 A few weeks later, Jordan came over to celebrate me hitting "rock bottom." I know Jordan meant well,
151 but I wasn't quite ready to laugh. I ended up saying some things to Jordan that day that I really regret,

152 blaming Jordan for things that were my own fault. I know Taylor is saying I said something about Hadley
153 being an ATM or whatever, but I don't remember that.

154 With Taylor micromanaging and Jordan gone, I was shattered. It was all I could do to keep up with the
155 practice and my professional reading. I know how important it is to keep up with the latest in practice
156 techniques and stay on top of the latest science. But in mid-August, Taylor left early to go to a doctor's
157 appointment, and I went back to the room where I had been seeing patients all day. I had treated the
158 last patient with hydromorphone, and the small bottle of it was still on the table. Without really
159 knowing why, I reached for it and filled a syringe. I have no idea whether or not I would have used it,
160 but luckily, it didn't come to that. Taylor burst into the room, and I froze, syringe in hand. Taylor asked
161 me how long I had been using and I told him/her the truth – that I had never used and – thanks to Taylor
162 – never would. Despite the many ways Taylor has wronged me, including spreading lies about me after
163 Hadley's death, I will always be grateful to him/her for walking through that door and preventing me
164 from doing the unspeakable.

165 Still, Taylor began to take over. One day, s/he made an offhand comment about the Medical Licensing
166 Board, so we both knew s/he could ruin me. That gave her the power she needed. S/he began bursting
167 into the exam room after just 5 minutes, announcing that "time was up" and I had another patient
168 waiting. The percentage of our patients receiving opioid prescriptions definitely went up around this
169 time until it was above the national average – not because I was practicing differently, but because of
170 the sheer volume of new patients with that need!

171 Our working relationship just got steadily worse and worse, finally culminating on December 16, 2022.
172 At the very end of the day when I was getting ready to go home, Taylor burst into our treatment room,
173 practically dragging Hadley McAdoo with him/her. Hadley's pain was real; she was sweating and shaking
174 and could barely speak.

175 I scanned the intake sheet and looked at Taylor for an explanation, but s/he pulled the paper away,
176 saying, "You need to give Hadley something strong, ASAP." I told Taylor to tell me what was going on. I
177 remember asking Taylor if s/he had asked Hadley if s/he was taking any other drugs, since it looked to
178 me like Hadley might be having an adverse reaction or in withdrawal. Taylor said Hadley wasn't taking
179 anything. I started to ask about whether Taylor had checked the new database that Utopia set up for
180 doctors to check on a patient's prescriptions. It wasn't required, but it was helpful. I had delegated
181 Taylor with using the system and s/he had checked it a few times in the past year when I asked.

182 "We don't have time for this!" Taylor screamed in response, and for once, I thought s/he was right.
183 Hadley's face was twisting in a mask of agony. She even started pulling at her own hair, a clear
184 diagnostic sign of overwhelming pain. I didn't think we had anything strong enough in the room, so I
185 told Taylor to grab something from the vault where our narcotics are kept.

186 While I anxiously waited for Taylor with Hadley's ragged breathing in my ears, I started rifling through
187 the cabinets in the room. My fingers closed on the hydromorphone. This was a very strong opioid, so I
188 had Hadley sign one of our general release and waiver forms. Taylor still wasn't back, and Hadley
189 needed help, stat. I drew forth a 2mg dose, which is the high end of the FDA-approved dosing, and

190 injected it into the muscles of Hadley's arm. Almost as soon as I depressed the plunger on the syringe,
191 Hadley was all smiles. I gave her a script for a low oral dosage opioid to take when the effects of the
192 shot wore off and she walked out.

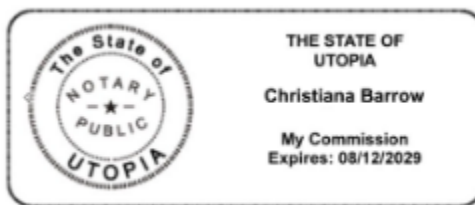
193 As we all know, Coach died that night of an overdose. What I can't figure out is that the released
194 toxicology report show that Coach had taken something much stronger than I prescribed. Coach must
195 have been hoarding pills.

196 I know I will have to work even harder to restore my reputation when the trial is over and I am declared
197 innocent. I think it speaks volumes already that Pain Away is still in business and we still have a loyal
198 patient base. The fact of the matter is that I always practice with reasonable care and in the best interest
199 of my patients, whether they are national celebrities or down-on- their-luck locals. No matter who I am
200 treating or how, I live by the words of the modern Hippocratic Oath, the real one: "I will apply, for the
201 benefit of the sick, all measures that are required, avoiding those twin traps of overtreatment and
202 therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth,
203 sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug."

Signed,

/s/ Riley Shafer
Riley Shafer

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29



Statement of Casey Abbott

1 Pucker Face. A double black diamond with double fall lines to match, off the Rendezvous Bowl in
2 Jackson Hole, Wyoming. One of the fastest, toughest ski trails on one of America's toughest mountains.
3 They don't even run a lift there. You have to hike up for the privilege of skiing it. I took that hike in
4 2014. All day long, hike up, ski down. Around 2 PM, snow blew in. Cloud cover flattened the light,
5 making it hard to see the contours in the snow. Tired eyes, tired legs, flat light: a skier's nightmare. I
6 was at my top speed when I went down. Never had a chance. Broke my collarbone, separated my
7 shoulder, even tore my rotator cuff as I went tails over teeth. They had to bring me down in the
8 burrito... that's what they call the sled that ski patrol hauls.

9 Shouldn't have been all that bad. Coach Mac – that's Hadley McAdoo if you're not from Hampton –
10 taught us to be tough. Sprints until we puked, shaking off an injury. Boys, girls, it didn't matter. Mac
11 coached the Homecoming Queen the same as the hardest guy in town. Coach set an example; she ran
12 the sidelines for the whole '08 season with a torn ACL. No painkillers. That kind of example sticks with
13 you. I once saw Kelly Simon take an elbow on the blocks, walk to the sidelines with a handful of her
14 teeth, like Chiclets or something, hand 'em to coach, then take her own free throws. You work hard,
15 you play hard. Pain is weakness leaving the body. So, when I went down on Jackson, I figured I'd be
16 back on my feet and droppin' dimes by the time summer league came around.

17 I got amazing care at Duke University Medical Center. Thing was, hard as they tried, something just
18 never got right. And I don't mean "you're old, Casey, it ain't gonna be like it was"; I mean "take a Trey
19 and your eyes flash blind from the pain." For three years, nothing worked: PT couldn't get my range of
20 motion back, the doctors could not find anything wrong, and Advil stopped helping after a month or
21 two.

22 I couldn't afford to take time for exploratory surgery, and I sure can't have my brain fogged by
23 painkillers. I am a Certified Public Accountant, a certified actuary, and a certified financial planner. If
24 you're going to work in Hampton, you don't have the luxury to specialize. I'm proud to be an
25 Elizabethtown alum, just like Coach Mac, but it's hard to punch a ticket to Wall Street from there. So I
26 make every dollar I can, and I pay most of it in property taxes in Laurel Bluff! I'd rather have my girl at
27 Hampton High, of course, but not without Coach on the bench. And I'd rather cut off my right hand
28 than have her at Westover.

29 Oh, yeah, back to my shoulder. So, I was in an ocean of pain, the wrong side of thirty, with two kids
30 under the age of six and one on the way. I was doing whatever work I could from home and sleeping
31 at my desk. I had almost given in to the pressure for more surgery – with another year or more of
32 recovery and PT to follow! – when my good friend Jordan Teva introduced me to Dr. Riley. I wasn't
33 happy to have a bunch of needles hooked up to a car battery jabbed in me or whatever, but what did
34 I have to lose, right?

35 Best decision I ever made, I'll tell you that. My shoulder burned like fire, and that stuff Doc smeared
36 on it smelled like yak dung. The kids wouldn't even give me a hug! After two weeks of treatment,

37 though, I was able to lift Grace upsee-daisy, and after a month, I had my life back!

38 It took six sessions over four months to be pain free, and to be honest, I think the opioids did some of
39 that. Whatever they were did it. I was back on the YMCA League court that winter, kids and all! The
40 first time I went behind the back, cross-court, my depression lifted, and I was *me* again. Ball is life.

41 Needless to say, I know a bunch of former athletes, between E-Town's Blue Jay Athletic Club and the
42 Hampton High alumni association. Plus, Hampton ain't exactly Charlotte; it's hard *not* to know
43 everybody here, especially when you've got two state titles to your name! If there's one thing old
44 athletes like, it's talking about how great we used to be. But if there's another, it's yakking about the
45 price we're paying, the knees that tell you when it's gonna snow, the fingers that you can't fit rings on,
46 the shoulder that clicks like a model train. And now I knew what to tell them: before you get on that
47 Oxy train, ya gotta see Dr. Riley.

48 I mean, I would have anyway, but Doc also needed the help. No head for business. A hand- painted
49 sign? I mean, wow. S/He didn't even take my easy suggestions, like getting active in the Chamber of
50 Commerce, or donating to Coach Mac's campaign. I mean, Mac was running unopposed; can you think
51 of a safer bet for some easy referrals than the Genie of Elizabethtown and the head of City Council?
52 Thank God I was able to convince Taylor to send in a check in the practice's name, and at least someone
53 there was thinking about expanding the patient base and upgrading the facilities. But what really did
54 it for Doc was the appearance on *Today*. Nothing like a bit of press to make a business pop. I made it a
55 point to push Doc to capitalize.

56 I guess it must have worked, because Doc went out on the limb and mortgaged it all for that gorgeous
57 joint down by the river. Of course, I'm sure Jordan had something to do with that. Jordan could sell
58 sand to the Pharaoh, and s/he always has two goals: (1) get promoted at the bank and (2) get control
59 over some other aspect of Hampton. Shafer was a perfect "twofer": a big investment that could pay
60 off handsomely and a new business in town that Jordan could capture. Jordan wants it all. Always has,
61 from Class President onward. S/He is not the brightest, necessarily, or wildly good looking or whatever,
62 but s/he cares more about being liked than anyone I've ever met, and s/he is willing to go to lengths
63 to get that affection. S/He's the kind of person who hits a full second serve, you know? Go big or go
64 home.

65 But it's not always a happy ending. Sure, Bill Gates leaves Harvard to start his own little company, or
66 Sara Blakely dumps every dime she has to bet on panty hose and winds up a billionaire. The American
67 Dream. But about a third of all small businesses fail in their first two years, and another third are dead
68 by the time they turn ten.

69 And some get flooded out in six months. It's a bad beat for a good doctor. Wish I would have noticed
70 that the insurance did not cover floods, but I didn't. I mean, it's not entirely my fault, right? That was
71 a hundred-year flood, and I wasn't even forty! I would say that I regret it, but that wouldn't exactly be
72 true. Coach taught that you have no regrets, ever. You move forward, work harder, and work better.
73 So, no tears; now I know. Won't make the mistake next time.

74 Anyway, what really destroyed Doc was not the weather but the fallout from the whole Patricia Danica
75 thing. Bad luck there, too. Everyone knows that Patricia was a fine Indy car driver who could never
76 adjust to the stock car scene. Indy cars have a wide base, with a lower roll center.

77 They don't sway the same in the corners. And don't get me started on the differences in passing.
78 There's no shame in that. Heck, look at Sam Hornish, Jr. won everything on earth in IndyCar, couldn't
79 stick in the Sprint Cup. I guess Patricia figured there was no better way to keep your sponsors on board
80 than to blame an injury. But to kick Doc when s/he was down – well that is about the lowest of the low.

81 People blaming Doc for Coach's death are just silly. Nobody wants to say it about the Genie, but by
82 2020, she was on the way downhill. I think things started around 2016 or 2017. Coach had been in pain
83 forever, of course, from that flagrant foul she took from Allie Gorman at Messiah. And she for sure
84 wasn't the same ever since she left Hampton High at the end of '19. It might have been just age, or
85 losing her husband to cancer, or maybe just not having anything else to do, but she started complaining
86 a lot more about the pain, replaying that play against Messiah again and again. She was a hero, and we
87 respect our elders, so nobody said anything, but it was a different person, sadder, almost morose.
88 Nothing like the Coach we knew.

89 When I heard that Coach was seeing Dr. Conrad McMurray, I knew things had gotten bad. First off,
90 Conrad was the 5 for Westover, and those pampered idiots were our bitterest rival. Second off,
91 everybody knew that Conrad was the loosest doc in town. People even said that Conrad was in with
92 the 5th Street Irregulars – you know, the motorcycle gang? – but I think sometimes folks just say that
93 about anyone with a Harley and tats. Anyway, Conrad was raking in the cash. I know that he bought up
94 a couple laundromats, has interests in two or three restaurants, and bought out the Park'n'Polish car
95 washes. Sports medicine can be good money, but with our economy, the fastest way to that kind of
96 cheddar is being willing to take your patients at their word about how much medication they need, if
97 you get my drift. When my shoulder was aching, folks told me to go on over, that I could get Oxys or
98 Percs on the first visit, no question. A couple even offered me extra pills he'd prescribed, like he'd told
99 them he could take eight or ten a day and they only needed four. I can't say I was shocked when I heard
100 about them losing jobs or going into rehab.

101 You gotta know, that's why I wanted Coach at Doctor Riley's. I knew that Doc's methods worked, *and*
102 I knew that Doc would not just throw pills at the problem to try and make it go away. I drove Coach
103 myself, right after Christmas 2019, when she was found sitting outside Johnson's Tap House, half-
104 asleep, with the motor running. No charges were filed, of course. It's Coach, and the Hampton PD
105 knows how to run someone home and tuck 'em in, with no paperwork. But that doesn't mean you
106 don't hear about it at the Cup o'Joe the next morning.

107 We all knew that Coach would never go into rehab of any kind– showing mental weakness? C'mon,
108 man! – so I thought Doc would be the next best thing. Jordan totally agreed. The only issue was that
109 Coach was private when it came to pain – and Jordan and I didn't think it was a good idea to tell Doc
110 Coach was seeing Conrad. If Coach wanted to share, she should have herself. And really, we all figured
111 that Doc would know what was going on. I mean, Coach passed out in a car!

112 I guess it didn't work as well as I had hoped, because Coach kept seeing other docs, too. Sometimes I
113 would see her around town, and she looked rough, still complaining about pain, still not even able to
114 raise her shoulder to wave. She even took to using a walker from time to time, or one of those motor
115 scooter things you see on TV. We all thought it was a bit cray-cray, because she could still walk, but
116 you never know what's in someone's head. And, unfortunately, I would still see her from time to time
117 over on the East Side of town, where I'm guessing she was seeing Conrad. Sometimes, I would take her
118 to the pharmacy and maybe out for a bite or whatever. I got the impression that Coach would really
119 say or do whatever to make sure she got the drugs she needed to make it to the next day.

120 I should say, though, that Coach wasn't that way every day. Not even close. When we played Westover
121 for the Regional Championship in March 2022, she walked proudly to her spot in the front row,
122 screaming at each player by name. She even went into the huddle and diagrammed the out-of-bounds
123 play that won the whole thing. For every day you saw her looking not right, there were three she looked
124 alright, and one where you would never know it wasn't 2009 again. Maybe it was Doctor Riley having
125 a positive effect on her pain levels. Maybe it was the phase of the moon. Who can say? You just never
126 knew which Coach would be there. If you didn't know her like we did, you'd probably think it was more
127 like 75-25 good days and bad. But when you knew her back in the 2000s, when she would rather lose
128 a hand than admit she was hurting, you knew how bad things had gotten. The Rotary Club incident was
129 probably one of the best examples. We all thought it was a revenge ploy to get back at those City
130 Council folks who scapegoated her. It was funny, it was rude, it was pure Coach. I thought it was
131 hilarious. Jordan thought it was a drug fueled rampage. With Coach, I guess you never really knew.

132 Jordan was a big advocate for Doctor Riley as well, at least until they had that falling out. I guess things
133 that are said can't be unsaid. But after that point, Jordan made a big point of how we could not trust
134 Doctor Riley with Coach anymore. Jordan also said something about Doctor Riley's injecting practices,
135 but none of it made any sense. I mean, what does Jordan know about medicine? For all Jordan can say,
136 Doctor Riley was injecting a steroid for an allergic reaction or whatever. They did that for me once. I'm
137 crazy allergic to milkweed. I thought that was crazy, but Jordan was insistent. S/He got all worked up
138 and told me that Doctor Riley had been talking with other bankers and was looking to refinance the
139 loan out from under First Hampton. Jordan called Doc a "Judas," and s/he said that Doc would not even
140 give to Coach's campaign, which I thought was really strange. I mean, Coach had no chance of winning
141 reelection in her condition, no matter how many trophies she put in the case, and I never saw campaign
142 signs for her or anything. I don't know where that money was going. But Jordan was really worked up
143 about it, saying that s/he had promised Coach the contributions would come through and that Doc was
144 risking her/his relationship with Coach. It was way over the top. If you ask me, Jordan was upset that
145 Doc and s/he weren't friends anymore. I mean, what did Jordan expect, her/his bank was foreclosing
146 on Doc!

147 As the de facto accountant for Pain Away, I was always looking at the books. Yes, after the business
148 was reborn after Randy, Doc's clientele changed. It was natural. The business was focused on the local
149 community. And when the local community is blue collar workers, there are bound to be more
150 workplace injuries and more people who need relief from them to work, meaning more of a need to

151 prescribe opioids. Sure, the volume of patients increased, but that was really because Doc is good at
152 what s/he does. I saw the numbers – Doc was not running a pill mill – just practicing good medicine.

153 If anything, the problem with that practice was never Doc, but her/his assistant Taylor. S/He was just
154 about the worst person in Doc's life. You could tell Taylor really wanted to run the place, and they
155 fought like crazy. I don't know why Doc kept that vampire around. But Doc and I had good meetings
156 when I came in for treatment, and I never felt as if I was being rushed. S/He spent time with me, got
157 to know what was going on in my life. For all of Taylor's pushing to make the place a factory for pain
158 sufferers, Doc treated me with concierge-like personal service.

159 So, business was improving, as was Doc's standing in the community. S/He was invited to the high
160 school to talk about the dangers of painkillers and addiction, s/he started coming out to Dugan's for a
161 beer now and then, and s/he got invited to join the Rotary as a permanent member. Doc was on the
162 road to reputation recovery.

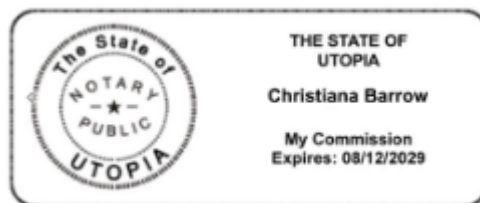
163 I have never told anyone this, but I saw Coach a couple days before she died. I was bringing her back
164 from a pharmacy visit that didn't go well; she said something about the CVS computer being screwed
165 up. I walked her inside, and it was a mess. Pill bottles were everywhere, most or all of them empty,
166 different drugs from different docs from the looks of it. Half her personal trophy case was scattered
167 around, and there were dirty dishes in the sink. Coach just kicked the mess on the floor aside, collapsed
168 into the chair next to the TV, and tuned me out. I hate that that's my last memory of her.

169 Anyway, Doctor Riley did her/his best, and we all knew that Coach wasn't right. You make the best
170 choices you can, in the moment. That's all Coach demanded from any of us, and it's all she would have
171 demanded from Doc. Do I wish things were different? Yeah, no doubt. But it ain't like she was gonna
172 get better with Conrad. Hell, she wouldn't want to be alive in pain or lit on painkillers, living in filth. So,
173 I'd do it again the same way. 'Course I would. No regrets.

Signed,

/s/ Casey Abbott
Casey Abbott

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29



Statement of Alex Haight

1 The thing about pain that makes it really funny, from a medical perspective, is that it's so *unscientific*.
2 Medical professionals are trained to take the subjective and make it objective, to test it and figure out
3 how big it is, what caused it, and what will make it shrink or grow.

4 Pain isn't like that. There is no objective way to measure pain; not only can we not tell what level of
5 pain you're experiencing, but we cannot tell whether that pain is greater than the pain someone else
6 is experiencing. And we often can't tell where it comes from, how it got there, or how to get rid of it.
7 A patient may wake up one day and feel like his leg is literally on fire, and we won't know why. We can
8 label it – "neuropathic pain" – but the name carries no power. Western medicine has discovered ways
9 to suppress pain, meditation can control it to a degree, and acupuncture can be extremely effective in
10 some individuals... and we don't fully know why. At different times, pain has been an inevitability, a
11 symptom, and even the disease itself. That's why it's fascinating. That's also why Riley Shafer is no
12 guiltier of a crime than you or I.

13 As a professor, I study pain. I know, I know, it sounds like the lead-in to a joke, and believe me, I have
14 heard them all. But there are not many frontiers left in medicine, and pain is one of them. I have
15 dedicated four decades of my life – alongside countless other innovators – to fighting it.

16 The ambiguity of pain is at the heart of this case. It is easy to sit on the sidelines, as High Priest Morgan
17 Copeland of the Church of Drug Diversion does, and criticize those who treat pain as fools, suckers, or
18 crooks. But it is another to sit with a patient who is weeping and place yourself as arbiter of that
19 person's truth. Someone says they have a fracture? You x-ray it. Cancer? A CT scan or a PET scan, and
20 there's the mass... or not. But pain is different. When you tell someone they do not have cancer, it is
21 because you can determine that there is no cluster of cells multiplying in an uncontrolled fashion. If
22 you decide that they do not have pain, or that their pain is not that bad, really, you are simply playing
23 God.

24 Make no mistake about it: opioids are powerful, but sometimes power is needed. I would no more give
25 an opioid to someone with a headache than you would, but what are you going to say to an athlete
26 with a shattered leg? Tough it out? Take a couple ibuprofen? Maybe thirty years ago. But with the
27 creation of oxycodone and its formulation with acetaminophen – what you probably know as Percocet
28 – we had a solution. And what about the end-stage cancer patient? Must we make them inpatients to
29 give them a constant morphine drip, so they're half-conscious for their last weeks or months, wasting
30 away in a bleached room away from their home and family? As much as Copeland derides it, that's
31 why we made fentanyl. And I suspect that many of those who rail in the newspapers against drug
32 companies have never seen the gratitude fill a patient's eyes when the pain goes from suicide-inducing
33 to manageable, when they get "normal" back in their lives after living in a haze of pain.

34 So, how then does one determine how to treat pain? How does one say with confidence that this
35 patient needs acupuncture, this one a small dose of opioids, and this other a heavier dose?

36 Yes, these medicines are addictive. Yes, they can be lethal in the wrong combinations. Yes, in the wrong

hands these are as dangerous as a loaded gun. And yes, the medical profession has made mistakes with them at times. But of course, so did the government! I doubt Copeland is eager to mention it, but did you know that the Department of Health and Human Services treated pain like a *vital sign* as recently as 2021? Pain was thought of like blood pressure, or respiration, something to be corrected if abnormal using medication. In fact, HHS reimburses doctors and hospitals based in part on scores on patient surveys, and one of the major questions for years was how well they managed pain *with these very medications*! In the last decade, the government has pushed these drugs as hard as anyone!

So, I respect Morgan Copeland's mission, and one cannot help but join the efforts to seek the end of the opioid epidemic. But bias cannot substitute for data. It is irresponsible to reject any explanations that do not fit a predetermined narrative. Every fact upon which Copeland relies can be explained equally plausibly as proper practice or a minor deviation from it.

Let's take the facts in turn.

Hadley McAdoo presented to the Pain Away clinic – excellent goal, but a ghastly name – in January 2020, in extreme pain. McAdoo was one of a category of patients with what we call idiopathic pain, that is to say pain for which we cannot find a precise cause. But as in the case of neuropathic pain, above, that does *not* mean that it is not real. It is all too real, and all too frustrating. What Copeland insists is evidence of drug-seeking is equally explained as evidence of relief-seeking. There is no basis, medically, to say that someone is not experiencing pain, just because we cannot locate a specific physiological cause. Someday, when the science has advanced, perhaps pain will be like cancer, detectable and measurable. But today, there are patients with very genuine pain without any physical marker. Copeland can no more assess whether McAdoo was faking pain than s/he can give you next week's lottery number.

Similarly, it is true that Pain Away's patient base grew over time. That's what one would expect from a good doctor! Especially for young physicians, word of mouth advertising is some of the most effective kind. As I tell my students, it takes years to build a reputation, but minutes to destroy one. It's only natural that after years of building, a quality physician's practice will grow.

The increase in opioid prescriptions is also predictable, at least to a point. Many young physicians have a crusader mentality. It is natural that a physician like Riley Shafer, coming from an experience that soured her/him on opioids, would eschew them. But over time, young doctors learn that things are not so cut and dry. They trend toward the mean, gradually joining the majority position on most things. Including prescribing habits.

Of course, this does not explain entirely why Shafer would be somewhat above the mean in opioid prescriptions per patient for a physician at a pain clinic. Additional study would be needed to determine that. But one can imagine it could be because patients in more severe pain were coming to Pain Away as its reputation grew. There are, of course, less savory explanations. I must be forthright; just as Copeland cannot rule out the positive possibilities, I cannot rule out ones that are problematic. Or even criminal.

But patient mix explains much. Those in the Hampton community with the means to do so come to

the Sackler Clinic of Medical Pain Management at Duke University, where they receive care from the leading specialists in the world. No middle manager at Xenopharma can afford that kind of treatment, much less the general population. For these citizens, Medicaid is the safety net on which they survive. And Medicaid reimbursement is pitiful, which is why the Sackler Clinic is not a Medicaid provider.

But being poor and being in pain are not mutually exclusive. So where can these individuals go? Many physicians now shy away from opioid painkillers – Copeland is succeeding in chilling the community! – and lack the specialized knowledge to assess and treat chronic pain. So, these poor souls must find a pain management specialist. In Hampton and the immediate surrounding communities, that means Riley Shafer. So, *of course* you do not mind rushed visits and a bit of lip service from an overtly aggressive nurse. *Of course* they line up all morning; Shafer is the only person who is willing to help them manage their agony!

The same logic can be applied to the suggestion that polydrug consumption suggests that McAdoo was drug-seeking. That's absurd. Place yourself in the position of someone with chronic pain. You never know when you wake up if you will feel good or bad, if you will be your best self or unable to move your limbs, trapped in an agonized haze. And you know that relief is temporary and fleeting; whatever you do next could cripple you, and there's no way of predicting what will set off your pain. Over time, would that not make you anxious? It is hardly surprising that many chronic pain patients eventually need medication to sustain their mental health.

Now we get to the heart of the situation: what happened when a lapsed patient returned to the clinic. First, there ought to have been some kind of paperwork completed about the individual's medical condition. We see that there was; an intake sheet was completed with McAdoo upon arrival. Note that it does not show a prescription for any benzodiazepine. So right from the jump, Dr. Shafer was disadvantaged.

Now why would a patient not mention a medication? There could be many reasons. Copeland only looks at one: drug-seeking. But just as likely is that the patient forgot. Keep in mind that McAdoo had only been on Xanax for a few weeks at that point and was in intense pain.

Which does lead to one area in which I find the records lacking. There is no indication in the progress note – at least as recorded before McAdoo's death – that Shafer specifically asked about benzodiazepines. However, my review of the record shows Dr. Shafer did ask the intake nurse if the patient reported taking any other drugs and the nurse said the patient had not. Nevertheless, it is a best practice before administering an opioid to ask specifically about benzodiazepines; given the well-known interaction between the classes of drugs, it is far better to be safe than sorry in this regard. That's what I teach my students.

I suppose that this is where I must clarify the difference between "best practice" and "required;" I know you attorneys get caught up in such things. I teach what I think the very best physicians are doing and what all physicians ought to be doing. That is, I say with a mix of regret and understanding, not how the "real world" works. The "usual course" of professional practice is *much* broader than that, and many pain management specialists – even good ones! – do not adhere to the practices I teach.

113 Frankly, many cannot do so, given the volume of patients they see. If you are seeing more patients,
114 you necessarily have less time with each one, and even less time still to complete administrative tasks.
115 This can lead to some omissions of what would otherwise be desirable. The “usual practice” of
116 medicine is not negligent, but the standards at Sackler are far above those of lesser offices. Were I to
117 make a mistake like failing to ask about benzodiazepines, I would be horrified.

118 This leads to what I consider a key question here, that of the PDMP. The state DMPs are one of the
119 most significant innovations of the last ten years. They give doctors a real-time ability to verify what
120 they are being told and to avoid the most problematic of drug-seeking patients. It is natural for
121 Copeland to fault Dr. Shafer for failing to check the database, which would have revealed the fact that
122 McAdoo had filled a prescription for Xanax only a couple weeks before. However, this “best practice”
123 was not a legal requirement. Utopia rules absolutely did *not* require that the PDMP be searched for
124 each prescription.

125 Nor did Utopia rules require urine screening. They still don’t today. Of course, today routine drug
126 screening is strongly recommended by both the CDC and the Utopia Department of Health for any
127 opioid patient with risk factors, like a family history of addiction or mental health issues. And it is
128 recommended for all patients receiving opioids long term. But that recommendation is only in the last
129 year or two. At the Sackler Clinic, we started testing in 2015, after an article was published by Roger
130 Chou and others in the *Journal of Pain* recommending it.

131 But while that was the practice at Duke, and the practice that I taught, I know many community
132 practitioners did not, although fewer and fewer did not at least urine test over time, as the opioid
133 epidemic developed. Urine testing has become quite common, because you want to know about the
134 metabolic effects that your prescription is having, but I still think it is not universal, at least for patients
135 without other mental health issues or history of addiction. Thus, I suppose it was within the spectrum
136 of professional practice – regrettably – for Dr. Shafer to fail to check the PDMP or urine test. It was not
137 good practice, but if we started handing criminal penalties to anyone who did not meet the standards
138 of my Sackler Clinic, there would be no doctors left to treat patients.

139 Was Dr. Shafer’s professional practice to the same standards as mine? No. Was it to the standards I
140 wish s/he had been able to maintain? I have to say I question some of Dr. Shafer’s decisions about
141 practice. But was it criminal? I think not.

142 And now the final question: should Dr. Shafer have suspected that Hadley McAdoo was abusing drugs?
143 The answer is, again, not necessarily. Yes, there were some risk factors: a long-term opioid user paying
144 in cash for the service absolutely can be an eyebrow-raiser. And there may have been other warning
145 signs in behavior or presentation. But whether one ought to have suspected opioid abuse depends
146 principally on the physical exam and the mental status assessment. None of us – not me, not Copeland,
147 not even the nurse – is as qualified as Dr. Shafer to make that assessment.

148 The signs and symptoms of addiction are not immediately differentiable from the symptoms of severe
149 pain. Think about the worst pain you’ve ever felt. Remember how it made you act. Maybe you walked
150 with a halting gait or a hunch, because you couldn’t focus? Maybe your eyes teared from the pain.

Maybe you were distracted, couldn't quite push through the pain to follow what was going on? Now think of a time you have seen someone highly intoxicated. Consider how they looked and acted. The same, right?

And this is to say nothing of the fact that those in chronic pain have trouble sleeping. Imagine everything I've just said, but now you're only getting three or four good hours of sleep for weeks on end. You would be woozy, unbalanced, and unable to concentrate. To an untrained or undertrained observer, you would appear intoxicated. That's why this must be a matter of clinical judgment, to be made in the moment by a trained, experienced professional, not a question to be revisited months later by others who are not there. You have to trust the doctor in these situations.

That is why the Utopia Code allows for a wide range of "usual courses" of "professional practice." No physician should go to jail for not meeting my personal desires for the profession, or anyone else's.

Everyone actually present agrees that Coach was in worse pain than ever before. So the injection could be used as a logical treatment for an acute pain and the extra pills a means of controlling that pain, so it does not become acute again. Hydromorphone is a common medication for opioid-tolerant individuals experiencing new or breakthrough pain, i.e. pain that is "breaking through" their other painkillers. Injecting Hadley McAdoo may have been a mistake, particularly since Dr. Shafer chose a high dose intramuscular injection. In many cases, it is better to use a slow dose intravenous method instead. But even giving the maximum dose intramuscularly was absolutely legal and FDA-approved. Physicians must accept that their mistakes may be fatal; it is a fundamental reality of the profession.

It is understandable to want to say, "We did something about opioids." But scapegoating a good doctor will not solve America's problems. As Teddy Roosevelt famously said, "It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena... who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming..."

I have been told that it is necessary that I discuss my compensation. I have formed my opinion after a thorough review of the records in this matter, and my opinion is based on my years of experience in this field. I was paid \$12,300 to review the records and prepare for testimony, and I will be paid an additional \$7,000 should there be a trial of this action, in compensation for the time I am required to leave my clinical, teaching, and administrative duties. The rate I am charging for this matter is consistent with my rate in other cases, and I have testified as an expert on numerous occasions in court, legislative bodies, and administrative tribunals. My understanding is that Dr. Shafer is quite destitute. Accordingly, in this case, I am accepting payment through Dr. Shafer's counsel from a third party who supports Dr. Shafer but who wishes to remain anonymous, even to me.

Signed,

/s/ Alex Haight
Alex Haight

/s/ Christiana Barrow
Christiana Barrow, Notary State of Utopia
My Commission Expires: 8/12/29

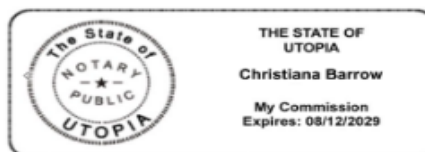


Exhibit List

Exhibit 1	Pain Away Historic Holistic Prescription Chart
Exhibit 2	Email Exchange between Casey Abbott and Jordan Teva
Exhibit 3	Pain Away Intake Sheet
Exhibit 4	Facebook Messenger Message
Exhibit 5	CBS Sportsline Article
Exhibit 6	CDC Guideline for Prescribing Opioids for Chronic Pain
Exhibit 7	Training Record – Morgan Copeland
Exhibit 8	Curriculum Vitae – Alex Haight
Exhibit 9	Dispensing Record – Hampton Pharmacy and Topiary Shoppe
Exhibit 10	PDMP Printout – Hadley McAdoo – 10/1/2022 through 12/17/2022
Exhibit 11	Ambulance Trip Sheet
Exhibit 12	DEA/WDOH Bulletin 123-55: Topic: Benzodiazepines

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EXHIBIT 1



Historic Holistic Prescription Chart

Year	# of unique Patient	# of patients prescribed opioids	Pain Away Prescribing rate per 100 Patients	National Average prescribing rate per 100 pain medicine*	Average Dosage Morphine milligram equivalent (MME)	National Average MME*	Average # of days per prescription	National Average # of days per prescription*
2016	76	2	2.6%	61%	25.1	45.3	7	14
2017	159	13	8.2%	65%	37.8	47.1	5	14
2018	921	120	13%	77%	35.1	44.8	3	16
2019	84	61	72.6%	76%	45.2	45.7	15	15
2020	190	157	82.6%	79%	50.1	45.2	21	15
2021	704	556	79%	65%	52.2	46.7	27	16
2022	1205	1017	84.3%	54%	46.9	44.2	23	18
2023	1376	1016	73.8%	42%	52.6	45.3	30	17

Trends in Annual Opioid Prescribing Rates

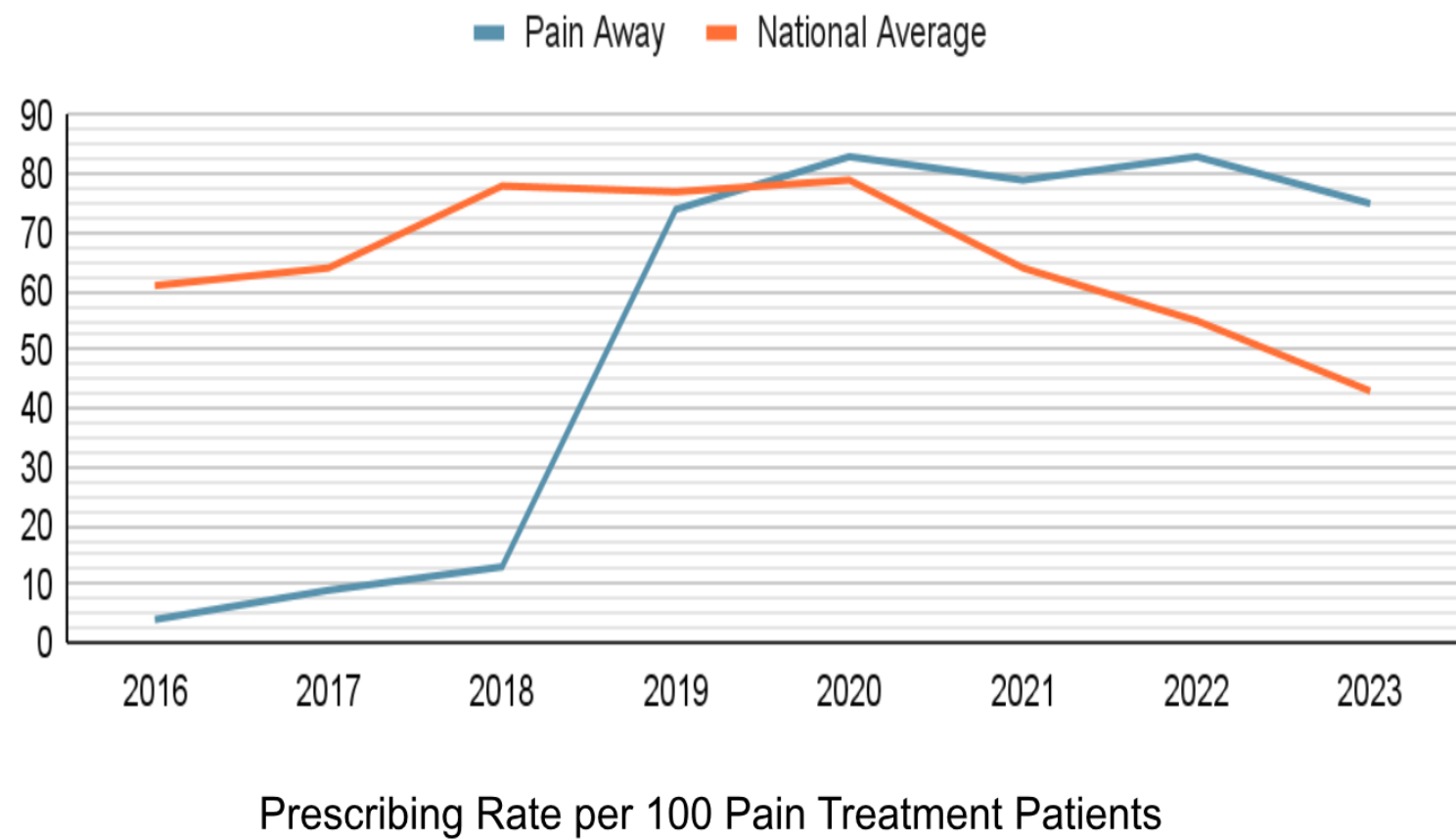


EXHIBIT 2

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More

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23 of 19,547

Coach

Inbox x

Jordan Teva

to Casey Abbott

January 13, 2020 09:25

Casey - Happy New Year! Hope the family is doing well. Amazing how fast those kids grow up, eh?

Anyway, I know we haven't connected in a bit, but I ran into Coach, of all people, at the market yesterday. I know you are still pretty close with her, so I thought I would write. Must say, she looked terrible. Like "out all night on a bender" terrible. Shadow of her former self for sure. She said she was in a ton of pain — still going on about that game decades ago — and even shared that she's taken medication for panic attacks and depression. TMI!!!! Coach was always so private! Now she was practically bearing her soul to me and we hadn't seen each other in months. I referred her along to Shaf — figured if anyone could help it would be Shaf.

What do you think? I don't think I should tell Shaf about Coach's condition. None of my business really and Coach is (usually) very private.

Casey Abbott

to Jordan Teva

January 14, 2020 08:53

Jordan

HNY 2 u 2. Ah Coach! What a shame. Miss her, I mean the real her. Glad you sent her to the good Doctor. Doc'll know what 2 do. And, yes I wouldn't say anything. Given Coach's current state, I reckon she'll tell Doc everything and then some. It will be like a 2hr appointment. LOL. Plus, what do we know about medicine and stuff? Tennis sometime soon? I've been working on my 2nd serve. You're in trouble this time! :)

-Casey

EXHIBIT 3

INTAKE EXAM

Patient Name: *H. McAdoo*

Date of Service: *12/16/22*

Vital Signs:

Temp: *98*

Elevated? Y or N (circle one)

HR: *110*

Elevated? Y or N (circle one)

BP: *140/90*

Elevated? Y or N (circle one)

Resp. Rate: *19*

Elevated? Y or N (circle one)

Observances:

Skin – Normal? Y or N (circle one) If no: Sweaty

Pupils – Normal? Y or N (circle one) If no: _____

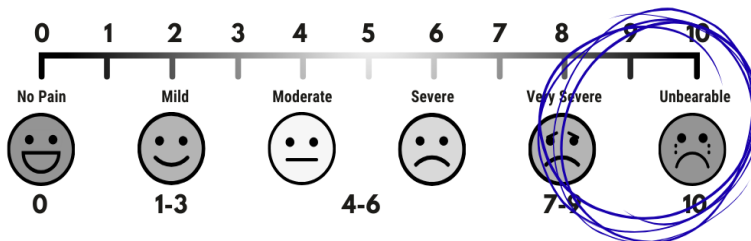
Affect – Normal? Y or N (circle one) If no: Panicked

Gait – Normal? Y or N (circle one) If no: Halt

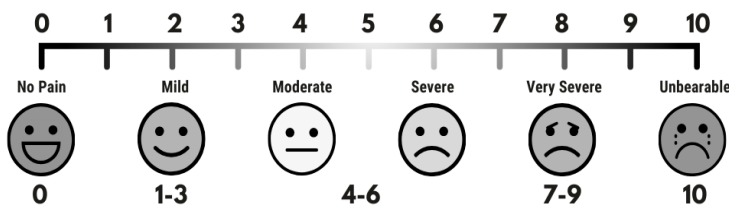
Speech – Normal? Y or N (circle one) If no: _____

Pain Levels:

Location: Arm



Location: N/A



Completed By: *TK cyp*

INTAKE SHEET

Patient Name: H. McAdoo Gender: F Race: Wh
Date of Birth: DNR Marital Status: S M D (W) (circle one)
Occupation: Retired Plan/Group ID: N/a
Insurance Carrier N/A Primary Care Physician: Hanson
Do you smoke? No How often?: _____
Do you drink alcohol?: Y How often?: 6-pack/wk

Have you been treated for any of the following?:

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Breathing Issues | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Liver Problems |
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anxiety | <input checked="" type="checkbox"/> Ulcers | <input checked="" type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Depression | <input type="checkbox"/> Thyroid Problems |

Do you have any of the following symptoms:

- | | | |
|--|--|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Painful Urination | <input checked="" type="checkbox"/> Headaches |
| <input type="checkbox"/> Seizures | <input checked="" type="checkbox"/> Numbness | <input type="checkbox"/> Changes in Bowel Habits |
| <input checked="" type="checkbox"/> Pain | Specify Pain: <u>shoulder/arm</u> | |

Current Medications (Prescriber):

Lipitor 10 mg (Alsberg)
Oxycodone 15 mg (Shefer)
Oppressor 100 mg (Alsberg)

Primary Complaint: ↑ Arm pain, crippling

History of Present Illness: Sudden onset overnight

Auto Collision? Y or (N) (circle one)

Were You Referred By an Attorney? Y or (N) (circle one)

Is Your Illness Job-Related? Y or (N) (circle one)

Completed By: FK cnp

EXHIBIT 4

Pam Away | Riley Shafer, M.D. You're friends on Facebook

Pain Away | Riley Shafer, MD Active 6h ago

12/02/2022 10:04AM

Options



Pain Away | Rae Shafer, MD

Active 6h ago



Hey Shaf.

I wouldn't normally blast your business FB, but you dont return calls or texts. Listen, I know you hate me and I know that you feel that I betrayed you. It is hard for me to admit that I was wrong, but I was wrong. I should never have let you think the bank would give you more money. Please do not hold a grudge. Seriously. You know how I feel about you and our friendship. Dont throw it away. I am more than willing to forget that entire incident at your office with the Rock Bottom Party. Anyway, I hear you are doing better these days - with the finances and patients.

Look here's the deal. I am not one to spread rumors or suggest medical care - but I saw Coach the other days and she is not good. I think she is on prescription drugs all day. She was popping Xanax like after dinner mints. No one is that anxious. She says she is depressed and in constant pain. She does not need more drugs. She needs rehab.

Once upon a time you were part of the solution. Now you are part of the problem and we all know it. Stop being part of the problem. Help us help Coach. If you can redeem yourself, the practice will follow. THX!



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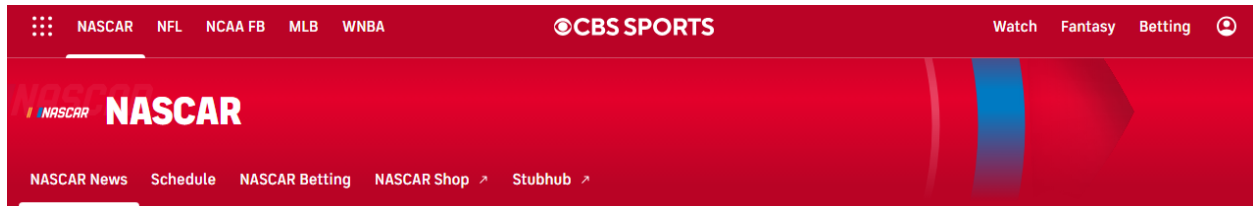
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J. Notifications

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EXHIBIT 5



Patricia Danica not racing in 2019 NASCAR season - blames acupuncture

by [Legan Arabach](#)

It wasn't that long ago that Patricia Danica had her eyes set on winning the NASCAR Sprint Cup Championship. Now that dream seems as if it has never been further away.

On November 21, 2018, Danica officially bowed out of the 2019 NASCAR season. The culprit: acupuncture. Yes, that's right, acupuncture.



Danica's chronic neck pain has been well-documented ever since her infamous crash in turn 3 at Pocono Raceway back in 2015. She has had surgeries two of the last three off-seasons and was rumored to have tried a variety of alternative medicines. Well, wonder no longer. Apparently one of those was "electro-acupuncture" at the now defunct Pain Away clinic in Hampton, Utopia, and it went horribly wrong. Danica's public statement read:

"I made a terrible mistake in my pursuit of greatness and trusted this quack doctor, Riley Shafer, to treat my neck. S/He had no clue what s/he was doing and ended up causing paralysis in my arm. I have experienced extensive nerve damage that prevents me from gripping the wheel. Full recovery will take a long time. No one should trust this so-called medical procedure."

If that sounds a tad defensive, that's because it is; skeptics on social media have suggested Danica is using her injury as an excuse for a dwindling sponsorship and a decreasing fan base. Still, with a strong performance this year at Dover, there was hope for a rebound in 2019. The entire NASCAR world hopes for Danica to have a speedy recovery in her quest for the podium in 2020.

CBS SPORTS

CBS SPORTS GOLAZO NETWORK

CBS SPORTS HQ

24/7SPORTS

SportsLine

Paramount+

ESPN

ESPN2

ESPN3

FANTASY

GolfWeb

CDC RECOMMENDATIONS

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1

OPIOIDS ARE NOT FIRST-LINE THERAPY

Nonpharmacologic therapy and **nonopioid pharmacologic therapy** are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2

ESTABLISH GOALS FOR PAIN AND FUNCTION

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3

DISCUSS RISKS AND BENEFITS

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

Nonpharmacologic therapies and nonopioid medications include:

- Nonopioid medications such as acetaminophen, ibuprofen, or certain medications that are also used for depression or seizures
- Physical treatments (eg, exercise therapy, weight loss)
- Behavioral treatment (eg, CBT)
- Interventional treatments (eg, injections)

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

4

USE IMMEDIATE-RELEASE OPIOIDS WHEN STARTING

When starting opioid therapy for chronic pain, clinicians should prescribe **immediate-release opioids** instead of extended-release/long-acting (ER/LA) opioids.

5

USE THE LOWEST EFFECTIVE DOSE

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 **morphine milligram equivalents (MME)/day**, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.

6

PRESCRIBE SHORT DURATIONS FOR ACUTE PAIN

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

Immediate-release opioids: faster acting medication with a shorter duration of pain-relieving action

Extended release opioids: slower acting medication with a longer duration of pain-relieving action

Morphine milligram equivalents (MME)/day: the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time

7

EVALUATE BENEFITS AND HARMS FREQUENTLY

Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS

8

USE STRATEGIES TO MITIGATE RISK

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering [naloxone](#) when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent [benzodiazepine](#) use, are present.

Naloxone: a drug that can reverse the effects of opioid overdose

9

REVIEW PDMP DATA

Clinicians should review the patient's history of controlled substance prescriptions using state [prescription drug monitoring program \(POMP\)](#) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

Benzodiazepine: sometimes called "benzo," is a sedative often used to treat anxiety, insomnia, and other conditions

POMP: a prescription drug monitoring program is a statewide electronic database that tracks all controlled substance prescriptions

10

USE URINE DRUG TESTING

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11

AVOID CONCURRENT OPIOID AND BENZODIAZEPINE PRESCRIBING

Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12

OFFER TREATMENT FOR OPIOID USE DISORDER

Clinicians should offer or arrange evidence-based treatment (usually [medication-assisted treatment](#) with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Medication-assisted treatment: treatment for opioid use disorder including medications such as buprenorphine or methadone

EXHIBIT 7

DEPARTMENT OF JUSTICE CENTRAL TRAINING RECORD

Employee: Copeland, Morgan
Entrance on Duty: 10.27.2019

Employee ID No.: 91513
Record Created: 10.27.2019

Position: Diversion Investigator

Prior Training (Credited):

Police Academy – CHI PD

Firearms (Basic)	Narcotics (Basic)	CPR/First Aid
Procedures (Basic)	Fingerprints (Basic)	Driving (Basic)
Crime Scene (Basic)	Organized Crime/Drug	Gang (Basic)
Use of Force (Basic)	Law Enforcement Documentation	(Basic)
Covert/Undercover Operations (Basic)		
Covert/Undercover Operations (ADV)		

Bachelor/Equivalent: Criminal Justice |

Associate/Equivalent: Auto Repair

GED/Equivalent

Entrance on Duty Training (Federal Law Enforcement Training Center):

Federal Law (Basic)	Narcotics Identification (ADV)
Close quarters combat	Narcotics Investigation (ADV)
Firearms (Basic) (Basic)	Counterintelligence (Basic)
Use of Force (Basic)	Sexual Harassment/EEO (Basic)
Responsible Computer Use (Basic)	Covert/UC Ops. (Basic)
Tactical Driving (Basic)	Documentation (Basic)
Welcome to the DOJ! (Basic)	Crime Scene (Basic)
Covert/UC Ops. (ADV)	Criminal Discovery (Basic)
Hatch Act/Professional Responsibility (Basic)	
Controlled Substance Diversion (ADV)	

Additional Training:

Pharmacy Audit Certification (ADV)	
Physician Office Audit Certification (ADV)	
Hospital Audit Certification (ADV) (FAILED – NO CREDIT)	
Controlled Substance Chemistry (ADV)	
Controlled Substance Diversion (Opioid Focus) (ADH)	
Prescription Drug Monitoring Program – Data Query Certification (Basic)	
Controlled Substance Diversion (Other) (ADH)	
Financial Crimes (Basic) (FAILED – NO CREDIT)	
Narcotics Investigation (Basic) (INS)	
Developing Confidential Sources (Basic)	
EOD/New Agent Training – Chicago (Basic) (INS)	

ADDL EDU CREDIT: MPH (UNIV PHX)

ADV: Advanced ADH: Advanced, High Level

INS: Instructor

EXHIBIT 8

ALEX HAIGHT, M.D., Ph.D.

EDUCATION

Duke University

Fellowship, Neurology and Pain Management, completed 2001

Residency, Internal Medicine, completed 1999

Internship

University of Utopia, M.D./Ph.D. (Neurobiology), 1995

Harvard University, B.S., Integrative Biology, 1989

EMPLOYMENT EXPERIENCE

Duke University School of Medicine, Department of Neurology

Janssen Clinical Professor of Medicine, 2016-Present

Founder, Director, Sackler Clinic of Medical Pain Management, 2003-Present

Associate Clinical Professor of Medicine, 2001-Present

Clinician, professor, and preceptor in the pain management program. Responsibilities include clinical patient care, training and mentoring medical students and residents, obtaining research funding and grants for expansion and operation of Sackler Clinic.

OTHER RELEVANT EXPERIENCE

American Neurological Association, Member, 2001-Present

American Academy of Pain Medicine, Member, 2003-Present

Board certified in Internal Medicine, 1999-Present

Board certified in Neurology, 2004-Present

SELECTED RECENT RESEARCH, SPEECHES, AND PUBLICATIONS

With JR. Bartels and F. Rody, *Pain Mediation Methodologies in a Clinical Setting: A Differential Analysis*, Annals of Internal Medicine, Oct. 17, 2023

Unrelenting, Unending Pain: The Case Against Restricting Prescription of Fentanyl, American Academy of Pain Management, sponsored talk (Purdue Pharmaceuticals), Spring 2023

Pain as a Vital Sign: Steps and Mis-Steps of a Movement, Science, Oct. 27, 2022

Drug Diversion and the DEA: An Important Step Forward or an Unholy War on Patients?, Time, June 30, 2022

Opioid Painkillers: A Study of a Powerful Tool Maligned Unfairly, American Academy of Pain Management, sponsored talk (Purdue Pharmaceuticals), Spring 2022

Principal Investigator: Phase III Clinical Trial for Fentasynol, experimental hydrocodone analogue; double-blind study of use in 250 patient cohort (sponsor: Purdue Pharmaceuticals)

Your Medicine Cabinet: A Box of Death?, Segment, Good Morning, America, May 1, 2021

PDMP Now: Moving Toward Ending the Opioid Epidemic in Utopia, testimony before Utopia Legislature regarding proposed Prescription Drug Management Program, Sept. 2020

Instructor, Controlled Substance Chemistry, Federal Law Enforcement Training Center, 2020-15

Polydrug Abuse in the Modern Practice: The Risks of Street Drug Abuse for Practitioners, Journal of American Board of Family Medicine, July-August 2020

EXHIBIT 9



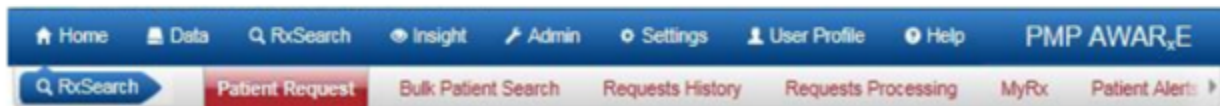
HAMPTON PHARMACY
AND TOPIARY SHOPPE

Physician to Patient Prescription Records 2022

Physician: **Riley Shafer, M.D.** | Patient: **Hadley McAdoo**

Date	Medication	Dosage	Amount
01.12.2022	Oxycodone	20 Mg	60
02.10.2022	Oxycodone	20 Mg	60
03.14.2022	Oxycodone	20 Mg	90
04.09.2022	Oxycodone	20 Mg	90
05.05.2022	Oxycodone	20 Mg	90
06.08.2022	Oxycodone	20 Mg	90
07.10.2022	Oxycodone	20 Mg	90
08.12.2022	Oxycodone	20 Mg	90
09.11.2022	Oxycodone	20 Mg	120
10.10.2022	Oxycodone	20 Mg	120
11.11.2022	Oxycodone	20 Mg	120
12.16.2022	Oxycodone	30 Mg	120

EXHIBIT 10



Patient Report: Hadley McAdoo

Report Prepared: 12.17.2022

Date Range: 10.1.2022 – 12.17.2022

Summary ----- Prescriptions: 9 Prescribers: 3 Pharmacies: 3 Private Pay: 4

Prescriptions								
Filled	ID	Written	Drug	QTY	Prescriber	Pharmacy	Refills	Payer
10.1	1	9.30	Xanax .5 mg	60	Margaret Hamburg	Walgreens (427)	0	BC/BS
10.1	2	9.30	Oxycodone – Acetaminophen 5-325 30 MG	120	Conrad McMurray	Rite Aid (555)	0	Private Pay
10.10	3	10.10	Oxycodone HCL 20 MG	120	Riley Shafer	HPharm (001)	0	BC/BS
11.1	2	10.30	Oxycodone – Acetaminophen 5-325 30 MG	120	Conrad McMurray	Rite Aid (555)	0	BC/BS
11.1	1	10.30	Xanax 1 mg	90	Margaret Hamburg	Walgreens (427)	0	BC/BS
11.11	3	11.10	Oxycodone HCL 20 MG	120	Riley Shafer	HPharm (001)	0	Private Pay
11.30	1	11.30	Xanax 1 MG	60	Margaret Hamburg	Walgreens (427)	0	BC/BS
12.16	3	12.16	Oxycodone HCL 30 MG	120	Riley Shafer	HPharm (001)	0	Private Pay
N/A	3	12.16	Hydromorphone 2MG	1	Riley Shafer	N/A	N/A	Private Pay

EXHIBIT 11

Ambulance Trip Sheet

Call Number 2022-72414	Date 12-16-2022	Dispatch# 8715	Patient Name SSN# 000-00-0000	Page: History ID Issued on:
Patient Information				
PCR#				
Name: Hadley McAdoo Title: SSN: 000-00-0000		Gender: Female Phone: 215.555.5555	Provider Impression: Dead on Arrival	
Address: 8701 MORRISETTE DRIVE		Chief Complaint: Cardiac/Respiratory/ Total Arrest		
Gender: Female Weight: 170		Date of Birth:	Age: 73	Secondary Complaint: Possible Drug Overdose
Incident#	Medical Record #	Family Physician:	Phone #	
Call Information				
Provider: w. CAMPBELL <EMT>; P. DUNBAR (EMTJ)		Pickup Location:		
Unit #2		Address 1:8701 MORRISETTE DRIVE		
Onset Time: 20:40		Address 2:		
Patient Disposition: DEAD		City, ST, Zip: HAMPTON, UTOPIA		
Disp: Urgency: LOW				
Mode to Scene: AMBULANCE		Drop off Location: N/A		
Mode From Scene: AMBULANCE		Destination Determination:		
Transportation Agency:		Loaded Mileage: 0 Total Mileage: 0		
Transporting Unit:		Starting: 20:43 Pick Up: N/A		
Ord/Ref Doctor:		Drop off Patient: N/A Ending: 21:52		
Dispatch Reason: CALL FROM RELATIVE		How Patient Moved To Ambulance: N/A		
Patient Pos During Tran: N/A		How Patient Moved From Ambulance: N/A		
Mutual Aide: No		Patient Condition at Destination: N/A		
Pertinent Findings				
Level of Care: ASSESSMENT ONLY		Cause of Injury: POSSIBLE DRUG OVERDOSE		
Alcohol/Drug Use Indicators: PILLS FOUND NEAR BODY; MULTIPLE BOTTLES; EVIDENCE OF OPIATE + BENZO USE				
Special Scene Factors: DOOR UNLOCKED				

Primary Signs and Symptoms: NO PULSE, NO RESPIRATION				
Current Medications: LIPITOR 10mg; LOPRESSOR 100mg; OXYCODONE 15mg; XANAX 1mg				
List with Patient:				
Envir./Food Allergies: UNKNOWN				
Medication Allergies: UNKNOWN				
NKDA:				
Past Medical History:				
HYPERTENSION; PAIN				
Medical/Surgical				
AMS GERD HTN ANEMIA		HYPERGLYCE MIA		
Event Chronology				
TIME	EVENT	ATTENDANT	EVENT	
20:40	INITIAL CALL	GOYAN, DISPATCHER		
20:43	UNIT 2 DISPATCHED	CAMPBELL (EMT)		
21:03	AMBULANCE ARRIVED	CAMPBELL (EMT)		
21:04	PATIENT LOCATED	CAMPBELL (EMT)		
21:05	RESUSCITATION STARTED	CAMPBELL (EMT)		
21:12	PATIENT PRONOUNCED DEAD	DUNBAR (EMT)		
21:14	POLICE ARRIVE	CAMPBELL (EMT)		
21:52	UNIT 2 RETURN TO SERVICE	CAMPBELL (EMT)		
Call Number: 2022-72414	Date: 12-16-2022	Dispatch # 8715	Patient Name: SSN# 000-00- 0000	Page History ID

Narrative: Unit 2 responded to residence. Found owner unconscious, unresponsive in chair, watching television. Empty bottle of alcohol, multiple pill bottles (several prescribers), and trophy found near body. Pills included Oxycontin, Oxycodone, and Alprazolam. Naloxone injected. CPR/AED attempted. Attempts failed. Police called re: narcotic pain relievers founds with body. Police responded. P/O J. Goyan took custody of body. Medical Examiner contacted. Unit 2 returned to duty.		
Additional Crew Members:		
Driver Caregiver	Primary Patient	Transfer Care to
PAUL DUNBAR (EMT) WALTER CAMPBELL (EMT)		N/A

EMT Paramedic	EMT Paramedic		I certify the above name patient was received by our facility on this date and time set forth in this report.
NONE	NONE		
Patient Signature:	N/A		

Please note: Completion of this form, in its entirety, is required upon submission to BCBSUTP. Incomplete forms will result in delayed processing.

EXHIBIT 12

**United States Drug Enforcement Administration *and*
Hampton Department of Health
Bulletin 123-55
Topic: Benzodiazepines**

This bulletin is being issued by the Hampton Department of Health (DOH) and the United States Drug Enforcement Administration (DEA) regarding the health risks associated with benzodiazepines. Due to an increase in injury and death resulting from abuse or overdosing on these drugs, the DOH and DEA are issuing this bulletin to all citizens and health professionals in Hampton and its environs.

Benzodiazepines (which have a street name of “benzos,” “blues,” “tranks,” or “downers”) are a prescription medication indicated to relieve anxiety and sleep issues. They slow down the activity of the central nervous system and the messages going between the brain and the body. Specifically, they can produce sedation and hypnosis, relieve anxiety and spasms, and can reduce seizures. **Currently, benzodiazepines are controlled in Schedule IV of the federal Controlled Substances Act.**

Between 2002-2019, benzodiazepine medications filled in the United States increased by 320 percent. During that timeframe, there were 46 prescriptions for benzodiazepines per 100 adults in Utopia.

Examples of benzodiazepines are as follows:

Generic Name	Brand Name	Generic Name	Brand Name
Alprazolam	Xanax®	Diazepam	Valium®
Chlordiazepoxide	Librium®	Lorazepam	Ativan®
Clonazepam	Klonopin®	Temazepam	Restoril®

The most common benzodiazepines are the prescription drugs Valium, Xanax, Halcion, Ativan, and Klonopin. Tolerance can develop to benzodiazepines, although at variable rates and to different degrees. Shorter-acting benzodiazepines used to manage insomnia include estazolam (ProSom), flurazepam (Dalmane), temazepam (Restoril), and triazolam (Halcion). Midazolam (Versed), a short-acting benzodiazepine, is utilized for sedation, anxiety, and amnesia in critical care settings and prior to anesthesia. It is available in the United States as an injectable preparation and as a syrup (primarily for pediatric patients).

Benzodiazepines with a longer duration of action are utilized to treat insomnia in patients with daytime anxiety. These benzodiazepines include alprazolam (Xanax), chlordiazepoxide (Librium), clorazepate (Tranxene), diazepam (Valium), halazepam (Paxipam), lorazepam (Ativan), oxazepam (Serax), prazepam (Centrax), and quazepam (Doral). Clonazepam (Klonopin), diazepam, and clorazepate are also used as anticonvulsants.

Side Effects of Use

Side effects that are associated with taking benzodiazepines are drowsiness or sleepiness and dizziness. They can result in irritability and vivid or disturbing dreams.

Although rare, some side effects include headache; confusion; low blood pressure such as feeling dizzy

when standing up; problems remembering things; feeling aggressive; feeling excitable and talkative; feeling unfriendly; and feeling impulsive.

Abuse

Long-term use of benzodiazepines can be physically and psychologically addicting. Tolerance often develops after long-term use acquiring larger doses to achieve the desired effect. Physical dependence occurs when a person's body adapts to a drug and can function when the drug is present. In 2022, benzodiazepines were the second leading substance in decedents in Utopia (33% of deaths), surpassed only by heroin. Abuse is frequently associated with adolescents and young adults who take the drug orally or crush it then and snort it to get high. Abuse is particularly high among heroin and cocaine users and among abusers of opioid prescription narcotics.

Effects of overdoses include the following:

- Shallow respiration
- Clammy skin
- Dilated pupils
- Weak and rapid pulse
- Respiratory difficulty
- Coma
- Possible death

The likelihood of overdoses increases if benzodiazepines are taken with other depressant drugs such as alcohol, or other opioids such as Vicodin, Percocet, or heroin. Benzodiazepine abusers often suffer an adverse sympathetic reaction between such depressants, increasing the likelihood that they will experience the most serious side effects of each of these drugs, particularly respiratory difficulty. These respiratory difficulties can be fatal.

The DOH and DEA are your partners in preventing these overdoses. Because they are commonly diverted and abused, and because they can have lethal effects when combined, careful monitoring of patients is an essential task for anyone prescribing opioids or benzodiazepines. Be careful when prescribing benzodiazepines or opioids, and be aware of indicators of diversion, such as negative urine tests for prescribed drugs; patients offering to pay substantial sums in cash for prescriptions or office visits; patients requesting particular shapes or colors of pill; and/or patients demanding branded pills when less expensive, generic options are available, without a reasonable explanation for that demand.