American Psycho

The Rambunctious Nature of the Anti-psychotic Drug Industry

By Lucas Thomas

Houses tucked away behind swirling farm roads, carved from the woods of countless rural Maine towns often defy the logistics of GPS technology, justified by my mystification of 139 Garland Road's whereabouts. After passing it three times I've finally located the muddy driveway and when my car rolls in pot holes ravage the floor pan. Stepping out, six creaky steps lead to a musty porch. After a knock I'm greeted at the door by a large man in his early fifties--probably six-foot-two and 270 pounds, holding himself up with crutches on each arm. He invites me inside his home, where nothing would ever be mistaken for modern architecture. The house is clustered and dusty, not really dirty but very apparent that cleaning is not an everyday occurrence in this home. I've spoke with this man on the phone several times so we are familiar with one another and he welcomes me into his home to tell me his story. I take the first seat and throw my notepad down as Ron Baroca White Rum fills the available space in a glass sitting on the kitchen table of Lester Carrow's Exeter, Maine home; a home he's dubbed "The Exeter Ghetto".

It's a striking image, one that inevitably leads me to a mental split screen. On the left is the current image described above of Lester as he sits with me in his home; the right side plays a mixture of pharmaceutical commercials that my brain is accustomed to seeing. They depict a middle aged couple bathing in a hot tub on top of a grassy hill in the middle of nowhere, holding hands in love; another one shows man and woman walking along the

beach as their golden retriever runs along the edge of the breaking waves to fetch a stick; and the last one that seems to strike me is the family picnic on the prototypical family picnic day, not a cloud in the sky.

I ask myself: how would the nature of prescription drug use in America be different if Lester's image—rather than that of a happily married white couple who, by their outdoor physical activities, are still vibrant and healthy well into their mid-50s—was the scene as the soothing voice of an AstraZeneca spokesperson explains to me why I should ask my doctor about Seroquel?

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For years, major drug companies providing anti-psychotic drugs have illegally marketed to physicians and consumers for off-label uses, despite convincing clinical findings that suggested these drugs can lead to diabetes and increased risk of death in some. Headlining this epidemic are three blockbuster anti-psychotics that dominate the industry: Bristol-Myers Squibb's *Abilify*, Eli Lilly's *Zyprexa,* and AstraZeneca's *Seroquel.* All three of these companies have paid out millions of dollars in multi-state consumer protection settlements as well as millions (sometimes reaching billions) in federal fines paid to the FDA and Department of Justice due to predatory marketing tactics—tactics that depict disturbing trends in the industry.

The similarities in the lawsuits, especially the ones pertaining to Zyprexa and Seroquel, show patterns that go beyond the parameters of a single company and blanket an entire industry. Lilly and AstraZeneca were found to have marketed their respective drugs

for unapproved uses such as anxiety, depression, sleep disorders, PTSD, and dementia; as well as targeting two unapproved markets—children and elderly. At the time Seroquel and Zyprexa were only approved for schizophrenia and bipolar mania in adults. Bristol-Myers Squibb was found to have also illegally targeted the elderly with dementia related conditions. As it stands now according to the Physician's Desk Reference, the only off-label use mentioned in the settlements that now has approved usage is depression. Typically, the industry standard for anti-psychotics is the treatment of schizophrenia, bipolar disorder, and depression.

Pioneering this dangerous yet lucrative frontier of expanded drug use creates industry frenzy. As soon as the first pin falls, the residual effects are seen as other companies follow suit hoping to keep pace with in the cut-throat nature of pharmaceutical sales. It is now somewhat of a follow the leader system, one company dabbling is seemingly enough for other companies to follow suit and perpetuate the off-label marketing practices. Similar allegations and verbiage in the settlements show that these marketing practices are more symbolic of the industry in general rather than a single company.

The State of Maine has received a piece of each of these settlements. In 2008, BMS paid $389 million total in government fines and state settlements, $829,862 of the allotted state settlement came to Maine. Later that year Eli Lilly dished out a combined total of $1.4 billion to settle the Zyprexa embarrassment. Of that money $62 million was paid to the 33 states, $1,020,609 of it to Maine. This March the Maine Office of the Attorney General announced their involvement in the largest ever multi-state consumer protection settlement for any drug company when AstraZeneca agreed to pay $68.5 million to 38 states, $969,000 which according to Assistant Attorney General Christina Moylan is in the

process of being allocated across Maine. In total—with state and federal settlements--AstraZeneca paid out $520 million in the Seroquel case. The complaints, stated the court documents provided by Moylan, brought against Lilly and AstraZeneca in the Zyprexa and Seroquel cases allege that the companies engaged in “unfair and deceptive practices” by downplaying harmful side effects while trumpeting favorable research. The complaint filed against Zyprexa by the State of Maine alleged that Eli Lilly said its drug had “uses, benefits, and qualities that it does not have.” Both lawsuits allege that “unfair and deceptive trade practices” were used by the companies to market their drugs.

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Lester Carrow is a diabetic. He hoists the glass of Baroca--his second now in 30 minutes--and with tears streaming down his cheeks he explains to me his drinking habits. “I have to stay drunk all the time; it’s the only way to keep the pain away.” The pain he is referring to is that in his legs, the reason for the crutches. After a 2005 car accident that he attributes to complications from the diabetes, he is now disabled and cannot work. At the time of the accident he was still adjusting to the change that blind-sided his life, because before walking into his doctor's office in 2005 to complain about trouble getting to sleep, Lester was a perfectly healthy man. Maybe even healthy enough to appear on a TV commercial.

That's when his doctor prescribed him a drug she thought might help him out, Seroquel. This was an example of one of the most common occurrences in the pharmaceutical drug practice: off-label prescribing, something that is perfectly legal and

commonplace among any doctor with the authority to prescribe. There is a distinction between off-label prescribing and off-label *marketing*.

An important detail to decipher is the difference between off-label marketing and off-label prescription. The term “off-label” refers to uses of a drug that do not have the support clinical trials and are not FDA approved. Therefore they will not be found on the drug's official label. The act of marketing drugs off-label is what lands drug companies in legal trouble. However doctors have the freedom to prescribe medication for off-label use if they deem it beneficial to the patient. Off-label prescription can be very effective with most drugs, and it is common practice among prescribers. It creates an interesting conundrum in the industry: drug companies find themselves on the raw end of multi-million dollar settlements for off-label marketing, while the doctors are encouraged to prescribe off-label if it benefits the patient. In many cases the potential benefit of a drug is only maximized through off-label uses. As long as a drug can help a patient, a doctor will prescribe it regardless of what the label says. That's the fundamental difference in corporate bottom lines, and Hippocratic Oaths—off-label practice is only acceptable for those professionals that swear by the latter of the two.

For Lester and his doctor the ill-effects of Seroquel were undiscovered. “All she knew at the time was it was for people with depression and sometimes they gave it to people who can't sleep,” he said. At the time none of these settlements had come to light and the practice of off-label marketing for Seroquel was in its prime. Lester's doctor was unaware of the side effects: the increased glucose levels and subsequent risk of diabetes contraction. Although far from universal, the effects were prevalent enough in clinical trials so that AstraZeneca felt the need to suppress that information when promoting and

marketing Seroquel to doctors, and so Lester's doctor never got the memo on diabetes. According to the Office of the Attorney General this is a case of AstraZeneca having "failed to adequately disclose the drug's potential side effects to health care providers and withheld negative information about Seroquel's safety and efficacy."

"I took it for about a year, I pissed a lot and got tired but it never helped me sleep." What Lester did get from taking Seroquel, was diabetes.

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Bob Whitaker has authored two books—*Mad in America*, and *Anatomy of an Epidemic*. The latter which recently won an investigative journalism award from the *Investigative Reporters and Editors.* Both books detail the spiraling recklessness of the psychiatric drug industry. It starts with the clinical trials, which he describes are "structured to produce favorable results," in an effort to expand the uses of anti-psychotic drugs and create new markets (for instance children and the elderly), citing trials for Zyprexa and Janssen Pharmaceutica's Risperdal—a similar anti-psychotic. He mentions Joseph Biederman, and his case is an alarming example of how the emergence of new drug markets can lead to exponential profits for pharmaceutical companies.

Biederman, a renowned thought leader in the field of child-psychiatric, and Harvard professor is responsible for research that between 1994 and 2003 drastically increased diagnosis rates of bipolar disorder within children—some say by up to 40 times the previous amount. The research created the need for drugs to combat the sudden increase of children with bipolar disorder. The possibilities of uses of anti-psychotic drugs in children were growing, as was a corresponding market.

Frank Ellis, Professor of Psychology at the University of Maine at Augusta, has extensively examined the nature of the anti-psychotic drug industry. He explained that "the original intention of these medications was folks with schizophrenia, but the important fact is that even if all individuals with schizophrenia were prescribed these drugs, it would only equal about 6 million people," or about 2% of the US population. "This is certainly a lot, but in today's USA marketing world it's not enough. If you could expand the use of these medications to folks with other disorders, like depression, and kids you could be talking about 60 million (20% of the 300 million). You don't have to be a rocket scientist to see the value of off-labeling marketing." Constant efforts to expand use of drugs beyond label-approved uses suggest a sense of invincibility from drug companies as the need to continuously broaden the potential use of a drug trumps any possible legal ramifications from off-label marketing. From this expansion, brand new markets are created and more consumers emerge, naturally increasing sales and profits of a drug.

Not only is there financial value in off-label marketing, there is much to be gained from broadening the uses and applications of a drug—something that cannot yield an FDA-approval without significant clinical information supporting the safety and efficacy of said use. Evidence exists of a conscious effort by AstraZeneca to downplay the significance of clinical results that suggested weight-gain was a direct result of Seroquel use. An email dated June 30, 2006 from Martin Brecher; a leading doctor responsible for the Seroquel clinical trials to AstraZeneca's Executive Director of Patient Safety Ronald Leong reveals the intent to manipulate results in the company's favor. Leong requests the latest glucose-metabolism figures from the clinical trials and the response email from Brecher reads:

> "*Regarding the weight, the key fact is 3-3.5 kg wt gain after 52 weeks. Don't know how you can spin that and therefore hope team can settle on positioning of glucose metabolism that will largely de-emphasize weight gain."*

Weight gain and glucose levels are specifically what can lead to diabetes. Court depositions and company emails like the aforementioned one, provided online by the Drug Industry Document Archive assembled by the University of California San Francisco, tell the story of how the favorable results that Bob Whitaker alluded to are produced. A string of emails obtained by prosecution and used against AstraZeneca in the Seroquel case reveal knowledge within the company, by corporate executives and doctors conducting clinical trials that Seroquel could lead to weight-gain and diabetic symptoms. Documents related to the clinical trials and emails between doctors working on the Seroquel clinical trials, display how results were downplayed, buried, omitted, and ignored in an effort to produce research that would expand Seroquel's FDA approved uses. One email cautions doctors to be weary that while "positive data would be advantageous in distancing ourselves from diabetogenic atypicals," they should be weary of conducting studies that run the risk of the enforcement of "regulatory sanctions against us." Another email, in an effort to gain a leg up on Seroquel's primary competitor Zyprexa, urges clinicians to gather information supporting AstraZeneca's claim that "the risk of developing diabetes is greater with Zyprexa than other anti-psychotics." Without favorable clinical results, it is impossible for a drug company to jockey for and maintain a position atop the industry—it is what the industry has become, and to survive, you have to play ball.

AstraZeneca's Seroquel sales strategy updated on December 18, 2000—obtained through the UCSF archive—outlines the company's objectives for the performance of its blockbuster anti-psychotic. In five parts it reads as follows:

Step 1: Maintain competitive in the market with sales figures.
Step 2: Deliver compelling data into the marketplace—this includes results from clinical trials.
Step 3: Broaden Seroquel use on and off label--"Utilize whole selling team. Educational programmes to share off-label data," the memo reads.
Step 4: Maintain competitive label.
Step 5: Communicate efficacy at the correct dose—that is producing safe and accurate dosing guidelines for the drug.

The memo emphasizes the need for AstraZeneca to remain competitive within the market. It's this type of rat race that breeds predatory marketing practices that the major drug companies are forced to employ in order to keep up with their industry rivals.

The degree of expansive research funded directly from the pharmaceutical giants themselves has some people asking questions. Where Biederman ran into trouble was when his record of payments from some of the major players in the industry became public. From 2000 to 2007 he received $1.6 million from major drug companies such as Johnson&Johnson for his research on the uses of anti-psychotics in children, and failed to report many of these payments to Harvard officials. It sparked the ethical debate over conflict of interest that lingers over the pharmaceutical industry now more than ever. The debate is local regardless of where in America you live.

Payments from Drug Companies to Doctors

In early fall of 2010 ProPublica, a Pulitzer winning online investigative journalism website, released their *Dollars For Docs* investigation, which is now widely known and referred to within the industry. The investigation is a disclosure of payments made from eight drug companies to doctors across the United States for promotional duties during 2009 and 2010—and it is a precursor to The Physician Payments Sunshine Act. When put into effect in 2013, the act will require all drug companies to make public all payments to

physicians and health care professionals. These promotional duties include speaker compensation for educating peers on the effects and uses of a specific drug, holding Continuing Education Programs, and any other activity that is used as a means of distributing knowledge of a drug within the industry. The eight companies that decided to disclose their figures early were: Eli Lilly, Pfizer, Merck, AstraZeneca, Johnson&Johnson, GlaxoSmithKline, Cephalon and ViiV. ProPublica's figures show total payments of $320 million to doctors across the country. The general data is below.

- **Eli Lilly:** $144.1 million paid nationwide/ $466,987 paid to doctors in Maine
- **GlaxoSmithKline:** $96.4 million/ $146,882
- **AstraZeneca:** $22.8 million/ $52,450
- **Pfizer:** $19.8 million/ $18,681
- **Merck:** $9.4 million/ $20,875
- **Johnson&Johnson:** $10.6 million/ $16,224
- **Cephalon:** $14 million/ $23,500
- **Viiv:** $3.4 million/ $1000

The controversy involved with the naming of some of physicians on the list is that many high paid physicians have histories of medical malpractice and government sanctions. In regards to the selection process and background checks of their hired speakers, AstraZeneca states: “We check that as the need arises. If we become aware of say a media story that would raise some issue about an individual, we check first of all to see are we engaging that individual as a speaker or a consultant or in any capacity and then we

evaluate that further." Eli Lilly's statement reads: "Lilly strives to hold our contracted speakers to the highest ethical standards. We actively monitor — daily — federal debarment lists, including: the Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities; and General Services Administration's List of Parties Excluded from Federal Programs." The only doctor on ProPublica's list from the State of Maine to ever receive any government sanctions was paid by both Eli Lilly and AstraZeneca.

Jeffrey Barkin, a psychiatrist from Portland, has paid $15,000 in fines throughout his career and experienced sanctions on his license in Connecticut, Massachusetts, and Maine. His violations, according to the court documents from three different states, include writing out pre-signed blank prescriptions to his wife for personal use, failing to inform his employer of the surrendering of his DEA license, continuing to prescribe drugs while his license was suspended, and failing to properly maintain records of large quantities of controlled substances. However it should be noted that Barkin has been clear of any other regulations and sanctions for the better part of this last decade. Barkin was paid $63,375 by Eli Lilly in 2009, and $33,933 in 2010; AstraZeneca paid him $18,900 in 2010. His total during the two year span is $116,208 from the two pharmaceutical companies, the highest paid doctor on Maine's list. Though he could not be reached (despite extensive efforts to contact him via phone and facebook) to comment on this story, Barkin's role as a mental health physician means he was likely providing services and receiving compensation for Seroquel and Zyprexa related speaking engagements—the respective mental health drugs of the two companies that paid him.

The idea of drug companies paying doctors for is nothing new; it's as old as the industry. However it has always raises an ethical questions about doctors being paid by drug manufacturers and then prescribing those very drugs; and the details have been kept secret. In regards to the recent wave of monumental lawsuits within the anti-psychotic industry, the connection between these illegal off-label marketing practices and the doctors who promote the companies drugs has been examined, and depending on where you get your news the opinions vary. The doctors will tell you that they have nothing to do with the fines paid, that the investigations and settlements are 100% corporate driven. Numerous calls and attempts were made to contact local psychiatrists on ProPublica's list, but my efforts only yielded many rejections, even more ignored calls and messages, and only one response among doctors in the local community.

Thomas Rusk, a psychiatrist at Penobscot Community Health Center in Bangor, received $6,200 in 2010 from AstraZeneca for giving talks to other physicians about the uses of Seroquel. Rusk was adamant on the phone about the fact that neither he, nor any doctor he has come in contact with has ever promoted any drug for off-label use during a company sponsored event. In fact, in light of the recent settlements more and more doctors are becoming weary of speaking for companies because they either have to “violate their contract or be a puppet,” as he described it. His sentiments are scathing, from the moment we began talking—he interpreted the message I left on his machine earlier in the day as bias and agenda driven, and only after I convinced otherwise did he begin speaking to me casually.

As bitter as he initially came across I soon learned his logic. He carries a sentiment among the medical community regarding corporate driven abuse, and he belongs to the

population of doctors that maintains their values. The doctors involved in these payment programs understand the pending lawsuits and settlements, and the inevitable reflection it has on their career and practice. Rusk makes sure to maintain a model of transparency with his patients making his speaking duties and payments known to those that step into his office, and ensuring that prescription rates are based on patient need rather than brand name. When asked about where Seroquel and Zyprexa rank with him among prescription priorities of the off-label conditions mentioned in the Seroquel and Zyprexa lawsuits, Rusk said "not in my top two or three for either of the drugs."

He mentions the effectiveness of off-label use in specific cases, how patients have made full recoveries and benefitted immensely from a doctor's off-label prescription—mentioning himself that he's probably done it "ten or twelve thousand times." His words carry with them frustration at how doctors are being portrayed amidst the recent industry scandals. In closing with me he raises an interesting medical observation. He notes the effectiveness that placebo has on patients, saying that if a patient requests a specific drug they are more likely to respond to it as opposed to another leading brand. "If a patient asks me for a specific type of drug, I'll prescribe it to them," he says. So how then would a patient find their preference? Rusk's statement highlights the possible effectiveness a marketer can have on the consumer.

Rusk's monetary incentive from drug companies does not reach a point that could be considered noteworthy, but in some cases across America, payments to some doctors began to exceed their yearly salaries. When the money reaches those proportions, what is being said by these doctors is magnified more critically. Contrary to Rusk, Bob Whitaker believes the physicians who receive compensation from drug companies are a major aspect

of the marketing scheme. “It couldn't be done without industry thought leaders,” he says noting the influences that doctors can have on clinical trials and the promotion of a drug. Some of the ways Whitaker notes physicians have been compensated are cushy company retreats to Caribbean locales where doctors attend occasional meetings during mini-vacations, tickets to ball games, and drug reps buying lunch for an entire doctor's office. As of late he says, the recent lawsuits within the anti-psychotic industry have curtailed this compensation procedure, and the presence of marketing representatives in doctor's offices has shrunk.

John House, a local pharmacist who has been working in the Central Maine area since 1984, echoes those thoughts. He remembers times when marketing representatives would buy his whole office lunch, and even recalls cases of friends in the medical profession who were part of companies that were taken on retreats where they were “wined and dined” by the drug companies. “We don't see them as much as we used to,” he said. When asked about the impact of marketing practices, House is quick to point out patterns he has noticed. “You can actually see when a marketer has been in the area because of a brand increase in prescriptions, a truly good marketer *can* influence the numbers.”

The descriptions I have gotten of what shape these marketing reps take varies anywhere from the smooth talking, sharply dressed swashbuckler to the attractive young female in her early-20s. Regardless of which it is I hear, it's apparent either way that these reps are carefully trained, handpicked, and meticulously assigned to appeal to a certain type of doctor or physician. House describes to me a trip to a Merck plant many years back in which he witnessed drug marketers being trained and schooled on the do’s and don’ts in

a classroom; and despite how aesthetically pleasing they may appear, they are more than pretty faces, their job is to promote prescription drugs.

The fact that a skilled marketer can go on assignment with gel in his hair or a fitted red dress and actually influence prescription drug use in a region places an interesting and polarizing perspective on the issue of payment to doctors in the pharmaceutical industry. If a marketer can get through to a certain physician, then that physician may be more inclined to carry and prescribe a company's drug. Doctor's influences on the promotion of drugs are hard to ignore, as they are the actual ones carrying out the speaking duties, and hosting the educational programs. Doctors are given slides from the drug companies, and told not to deviate from the company's presentation. "They're mouthpieces," Whitaker says, "they become a story-telling apparatus and a bribery apparatus." A statement that lies in sharp contrast to Rusk's message.

Corporate Marketing Strategies

In reality the inner-workings of the industry do derive from corporate headquarters and trickle down from there. Jim Gottstein, an Alaskan attorney and Founder and CEO of www.psychrights.org, is best known for his role in obtaining and releasing "the Zyprexa Papers"—a series of document's that spawned the Congressional Investigation into Zyprexa's marketing practices. The documents show exactly how Eli Lilly downplayed negative effects of Zyprexa and how the company went about illegally marketing the drug for off-label use.

Before the information could become too widely distributed a judge ordered in 2007 that Gottstein had obtained the documents illegally by "violating a Protective Order"

that kept the documents secret and as a result was ordered to halt the distribution of the Zyprexa Papers and return them immediately to the company. But not before the documents reached the hands of the *New York Times* and the nature of its contents went public. The Zyprexa Papers were an eye opener for scores of people involved in the pharmaceutical industry.

Gottstein talks about the corporate strategy of drug companies when it comes to anti-psychotic marketing. He points out that support of doctors and thought leaders is identified as a necessity in marketing strategies. “The only way for this to stop is to go after the doctors and the pharmacists,” he says. He also points out that the massive fines, and residual lawsuits are just a “cost of doing business for drug companies.” Psych Rights is dedicated to combating the industry and providing a database of court documents and government precedents that have signaled advancements in developing fair trade practices. “These company executives use the 'IBG-principle', once these government sanctions finally reach the company, I'll Be Gone, and it won't matter.”

In talking with Bob Whitaker he detailed this “cost of business” that Gottstein briefly glossed over. Often times he says, drug companies are able to shrug off massive fines and pay record breaking settlements with no lasting impact for a few different reasons. One, obviously being the money generated from emerging drug markets and increased sales from expanded use. The fines can simply be deducted from the revenue. The more inconspicuous factor though, is how the sales figures drive up a company's value. “A $500 million fine can be irrelevant because of what the sales due to the stock options.” Despite the repercussions handed out the company's value remains prosperous.

In most cases, sound business is when profit outweighs the cost; in the context of drug sales the swirling recklessness of the trade yields a system ripe for abuse that, from a business standpoint, provides tremendous incentive to exploit areas of potential profit. Nothing is currently in place to prevent this from happening, so it's easier and more convenient to deal with the problem after stacking the bills and skyrocketing share value by just paying the fine. “Whatever safeguards are in place, I don't think are working too well,” Whitaker says.

From a government standpoint there isn't much that can be done when taking on corporations that dwarf even some agencies. “It takes a tremendous amount of work and time necessary to be prepared to file a government lawsuit relative to these massive pharmaceutical cases,” Moylan said.

Patients’ options in the scheme of things

For a patient who has suffered and experienced the ill-effects of a drug, the legal options can be bleak. In Lester's case, he was channel surfing one day when an ad popped up on the screen for St. Louis based law firm Brown&Crouppen. “If you or someone you love has ever taken the drug Seroquel...” was all Lester needed to hear before dialing the number right away. He didn't really know what he was getting into at the time. Initially he and his new found attorneys agreed that $675,000 was an adequate compensation for his damages. Lester, along with 186 other people, was essentially “recruited” by B&C so that the firm could develop and launch a massive class action lawsuit against AstraZeneca. This is nothing new for a law firm that boasts its experience in dealing with pharmaceutical settlements. The compilation of 187 cases from across the United States resulted in several

years of litigation and court cases. Eventually, in mid-2010 Lester was informed by B&C that a settlement had been reached with AstraZeneca, and the 187 people involved in the case would finally be receiving their settlements.

But there was a major discrepancy in the papers that Lester's attorney's urged him to sign. The combined settlement to be distributed 187 ways only equaled $2,097,195—a far cry from the $675,000 he was initially looking for. To boot, the papers mailed to Lester didn't even disclose his specific portion of the settlement, yet his attorneys still made several attempts to squeeze him into signing. Feeling duped he vowed not to sign his name on the forms that would signify his agreement to the terms of the settlement. The papers provided from B&C to Lester directly prohibit him from disclosing the terms of the settlement with any third-parties. They outline why a settlement was the best route; because as the document reads “only once has a case proceeded to trial, and in that case AstraZeneca won a total victory. In other cases that approached trial, the trial judges determined that the plaintiffs had not met their burden of showing that the diabetes suffered by the plaintiff was caused by Seroquel.” Brown&Crouppen go on to assume a realist perspective on taking a drug company to trial: “It is not unusual for trial-related costs in a case like yours to approach or exceed one million dollars,” the document reads—“we think it always advisable to explore settlement where possible before additional trial-related costs are incurred.”

It's not that easy though for Lester to just accept the settlement. Accepting the settlement of a few thousand dollars means that his total assets will make him ineligible for MaineCare insurance; not a viable option for someone who is unable to work. It's either

abandon insurance, or abandon his only shot at ever receiving any sort of reimbursement from AstraZeneca for taking Seroquel.

The prospect of prevailing in the court of law is incredibly grim, and essentially non-existent. “In class action lawsuits, the lawyers do well, the defense caps its liability, and the plaintiff doesn't get much,” Gottstein points out. Class action lawsuits produce headlines, but the results are deceptive. “The law firm makes the money and the client gets screwed,” Lester says, “by agreeing to the settlement you just sold your case and you don't even know it, I wonder how many of the 187 just sign it?”

Countless factors contribute on different levels to the existing and perpetual debacle within the anti-psychotic drug markets. Abuse, manipulation, and exploitation at this point are well known characteristics of the industry. However, ambiguity as to who is to blame, and what steps can be taken to prevent the occurrence of illegal marketing practices in the first place make it increasingly difficult to find a concrete resolution. The battle has pit pharmaceutical giants—some of the most powerful and influential corporations in the entire world—against government agencies; and countless numbers of victims that have suffered as a result of illegal marketing practices are given front row seats to the fight, but are never granted any power or opportunity to change their situations in a pro-active manner. For people like Lester, it’s a real life Twilight Zone—once you are in, you can’t get out.

In the ever growing business of drug sales, the need to expand applications for drugs and the pressure from shareholders to remain fiscally competitive drives the industry to damaging and irreparable lengths. Call it irresponsible, find someone to blame,

and try to make a difference; but don't overlook that this problem is complex and multi-layered. Finding one liable party will only lead you to another. No single entity is responsible for the current epidemic. Instead, it's a culmination of doctors, lawyers, CEOs, pharmacists, government agencies, clinical studies, thought leaders, medical experts, and even the patients themselves that contribute to an ongoing trend among prescription drug use in America that prolongs a crisis with incredible momentum and no end in sight.

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About an hour has passed now in my visit with Lester, and it's time now for me to head back home. Admittedly I'm upset that I wasn't offered a drink during our meeting, but when I think about it that's his medicine—and since he already gave synthetic drugs a shot, it's tough to blame his choice of therapy. I thank him graciously for assisting me in my story, and providing me with all the help he possibly can. He embodies the frustrations of so many people whose lives have been hijacked by a drug. I admire his desire to take a stand, and like to think it doesn't differ much from my own; but it has become painstakingly evident that a cynical disposition and outspoken voice are incapable of halting the trend. To do so would require fundamental overhauls of deeply rooted institutional practices that don't seem to be going anywhere soon.

Nonetheless he points to me before I open the door and—perhaps this is the Baroca speaking—proclaims: “I'm counting on you kid, I believe in you. You'll make a difference.” I can't find a combination of words to mirror the profoundness of his. It isn't easy to stare into the eyes of a man who understands what is slowly killing him—the emotions are honest, and desolate. Perhaps seeing my toil, Lester ends our meeting with a jestful remark.

“Next time, bring a bottle of whiskey,” and a deep laugh bellows out as the tears are now drying on his cheeks. I force a smile with him. “You bet, Les.”

And with that I open the sliding glass door, and make my way out of The Exeter Ghetto. It's not the type of place you'll see on a commercial.