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Surging Heroin Addiction a Major Public Health Threat in Washington, D.C.

-- Nearly half of substance abuse treatment admissions due to heroin; resources on private office-based treatment available for D.C.-area consumers --

Richmond, VA (June 13, 2006) – Opioid addiction, particularly to heroin, is a rapidly growing public health threat in the greater Washington, D.C. area. According to a recent government report, as many as 18,000 D.C. residents are addicted to heroin. Heroin is one of the three most frequently abused drugs in the District, and was the primary substance of abuse for more than 40% of substance abuse treatment admissions in 2003. Thousands more Washington-area residents also seek treatment for opioid dependence due to misuse of prescription painkillers such as oxycodone, hydrocodone, and morphine.

The District's problems reflect a nationwide public health crisis – according to the most recent *National Survey on Drug Use and Health (2005)*, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 4.4 million teens and adults nationwide reported using prescription opioid painkillers for nonmedical purposes. In addition, in terms of new users, in 2004 more people abused opioid pain relievers for the first time than any other drug, including marijuana and cocaine, and opioid painkillers are the most heavily abused substance among teens and young adults. An estimated 1.5 million more Americans abuse heroin.

Many people do not fully understand the danger of misusing opioid painkillers. A national survey on the public's perceptions of opioid addiction, *Prescription Painkiller/Heroin Addiction and Treatment*, revealed that nearly half of the US public does not know that misusing prescription opioid painkillers is as harmful to the body, and fully as addictive, as heroin abuse.

“Dependence on opioids is a serious and growing health concern right here in metropolitan D.C.,” said Dr. Robert Keisling, Associate Medical Director for Mental Health, Unity Health Care Inc. “Whether to prescription painkillers or heroin, opioid addiction affects every sociodemographic segment in the D.C. area. In my facilities, we have treated people young and old, people with good, stable careers and people who are homeless. The good news is that although opioid addiction is a chronic disease that can happen to anyone, it now can be medically treated, just as we treat other long-term

conditions such as diabetes or high blood pressure.” It is now possible for any doctor to take the training to become certified to treat opioid dependence in his or her private office using an FDA-approved medicine. Many patients prefer the privacy, convenience, and discretion that office-based treatment offers. “Here in the greater metropolitan D.C. area, more doctors need to become trained to treat opioid dependence in their offices.”

Resources for Opioid Dependence and its Treatment

Addiction to opioids is defined as a long-term brain disease by the World Health Organization and the National Institute on Drug Abuse. It is a treatable medical condition that is caused by changes in the chemistry of the brain. This dependence can start with use of medicine that a doctor prescribes for serious pain but that a person continues to use after the medical need for pain relief has passed. Or it may begin as recreational drug use that spins out of control.

Individuals who need more information about opioid dependence and its treatment, either for themselves or for someone they are concerned about, have several options. Educational materials on opioid dependence are available to answer questions about this often-misunderstood disease and the treatments that are available for it. To receive a free educational Resource Kit on these topics, visit turntohelp.com or call **1-866-455-TURN**, both provided by Reckitt Benckiser Pharmaceuticals.

Additionally, the non-profit patient advocacy group NAABT – National Alliance of Advocates for Buprenorphine Treatment – is dedicated to helping educate the public on opioid dependence and treatment in a private doctor’s office. “Increasingly more people are contacting NAABT for information on opioid dependence and treatment,” said Timothy Lepak, president of NAABT. “This is a disease that does not discriminate. It affects people from all walks of life and all socioeconomic and demographic levels.”

For more information on Washington-area physicians who can prescribe medicine to treat opioid dependence in a private medical office, visit naabt.org. SAMHSA’s Web site also provides a physician locator and other valuable information at buprenorphine.samhsa.gov.

In the United States, Suboxone® (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets and Subutex® (buprenorphine HCl) C-III Sublingual Tablets are the only controlled medications under the Drug Addiction Treatment Act of 2000 approved by the FDA for treatment of opioid dependence in a doctor’s office. Suboxone and Subutex are manufactured by Reckitt Benckiser Pharmaceuticals.

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Reckitt Benckiser Pharmaceuticals Inc. is a specialty pharmaceutical company that manufactures and markets Suboxone® (buprenorphine HCl/naloxone HCl dihydrate [2 mg/0.5 mg and 8 mg/2 mg]) C-III Sublingual Tablets and Subutex® (buprenorphine HCl [2 mg and 8 mg]) C-III Sublingual Tablets, formulations of buprenorphine used to treat opioid dependence. Suboxone and Subutex are the only controlled medications under the Drug Addiction Treatment Act of 2000 approved by the FDA for office-based treatment

of opioid dependence. Reckitt Benckiser Pharmaceuticals Inc. is committed to expanding access to medical therapies for patients suffering from the chronic, relapsing brain disease of opioid dependence. For more information, visit suboxone.com or opioiddependence.com. Reckitt Benckiser Pharmaceuticals Inc. is a wholly-owned subsidiary of Reckitt Benckiser PLC, a publicly traded UK firm.

Important Safety Information

Intravenous use of buprenorphine, usually in combination with benzodiazepines or other CNS depressants has been associated with significant respiratory depression and death. Suboxone® and Subutex® have potential for abuse and produces dependence of the opioid type with a milder withdrawal syndrome than full agonists. Cytolytic hepatitis and hepatitis with jaundice have been observed in the addicted population receiving buprenorphine. There are no adequate and well-controlled studies of Suboxone or Subutex (a pregnancy category C medication) in pregnancy. Due caution should be exercised when driving cars or operating machinery. The most commonly reported adverse events with Suboxone have included headache (36%, placebo 22%), withdrawal syndrome (25%, placebo 37%), pain (22%, placebo 19%), nausea (15%, placebo 11%), insomnia (14%, placebo 16%), sweating (14%, placebo 10%). See full prescribing information for complete information.

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