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## **Detroit Deaths from Fentanyl-Laced Heroin Overdoses Could be Reduced by Medical Treatment**

*--Physician training sessions will increase patient access to medical office-based treatment for opioid addiction--*

**Detroit, MI (October 3, 2006)** – A recent string of opioid overdoses and deaths in Detroit and elsewhere in Wayne County highlights the devastation of a dangerous new illegal drug mixture: the combination of heroin with fentanyl, a powerful opioid painkiller used to treat cancer pain and in anesthesia. According to the Medical Examiner’s office, so far there have been at least 122 fatal overdoses in the Detroit area attributable to heroin laced with fentanyl, while several times this many have occurred nationwide.

“Fentanyl-related overdoses in the Detroit area serve as a tragic reminder that there is a need for better patient access to aggressive and effective medical treatment for opioid addiction,” said Mark Menestrina, MD, addiction medicine physician at Brighton Hospital. “Opioid addiction is a chronic disease that can afflict anyone and needs to be treated much like we treat other chronic conditions. Medical treatment is oftentimes prescribed in the privacy of a doctor’s office, creating a confidential, convenient, and respectful atmosphere. Currently, there are not enough certified doctors in Detroit available to handle the increasing number of people seeking help for opioid addiction. It is critical that office-based medical treatment become more widely available in order to contain this crisis and prevent more deaths throughout the greater metropolitan Detroit area.”

Addiction to opioids, which includes heroin as well as the prescription painkillers oxycodone, hydrocodone, fentanyl, and morphine, is a growing public health problem that affects people from all walks of life. In Michigan, misuse of prescription opioid painkillers continues to be a major problem and, in Detroit, heroin remains widely available, according to a report by the U.S. Drug Enforcement Administration (DEA).<sup>1</sup> And as evidenced by the current surge in fentanyl-heroin use, drug dealers are targeting this mixture in the Detroit area.

The recent problems in Detroit and throughout Michigan reflect a national public health crisis – according to the most recent *National Survey on Drug Use and Health (2006)*,

published last month by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 4.7 million people currently misuse prescription pain relievers, second only to marijuana use. Among young adults, nonmedical use of prescription drugs increased from 5.4 percent in 2002 to 6.3 percent in 2005. In addition, in terms of new users, in 2005 more people 12 years and older – 2.2 million – misused opioid painkillers for the first time than any other drug, including marijuana and cocaine.

Many people do not fully understand the danger of misusing opioid painkillers such as fentanyl. A recent 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.<sup>2</sup>

### **Physician Certification Training Available at Sessions and Online**

Any doctor may become certified to treat opioid dependence in his or her private office using an FDA-approved medicine called buprenorphine. Many patients prefer the privacy, convenience, and discretion that office-based treatment offers. According to Dr. Menestrina, access to buprenorphine treatment for patients addicted to opioids is vital to reduce the number of deaths due to drug overdoses.

Doctors will find information about becoming certified to treat with buprenorphine at **docoptin.com**. Additionally, information about online and CD-ROM training options may be obtained from 1-877-782-6966.

“An increase in the number of doctors certified to treat opioid addiction is an important step in the fight against the problem we're facing in Detroit,” said Dr. Menestrina. “It is unfortunate that patients seeking buprenorphine treatment are turned away simply because not enough doctors are certified to prescribe this medication. This is especially upsetting considering the great success I have seen in my practice with buprenorphine. I strongly urge other physicians to learn about this treatment option and seriously consider becoming certified to treat the exceedingly high number of chemically dependent individuals in the Detroit area.”

### **Resources for Opioid Dependence and Its Treatment**

Addiction to opioids is defined as a long-term brain disease by the World Health Organization (WHO) and the National Institute on Drug Abuse (NIDA). 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](http://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. NAABT now offers a nationwide confidential matching service to pair individuals seeking buprenorphine treatment with available doctors. “Increasingly more people are contacting NAABT for information on opioid dependence and treatment and for help finding doctors who can prescribe buprenorphine,” 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 Detroit-area physicians who can prescribe medicine to treat opioid dependence in a private medical office, visit [naabt.org](http://naabt.org). SAMHSA’s Web site also provides a physician locator and other valuable information at [buprenorphine.samhsa.gov](http://buprenorphine.samhsa.gov).

In the United States, buprenorphine is marketed as Suboxone® (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets and Subutex® (buprenorphine HCl) C-III Sublingual Tablets, 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.

#### **About Reckitt Benckiser Pharmaceuticals Inc.**

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](http://suboxone.com) or [opioiddependence.com](http://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.

Suboxone and Subutex are registered trademarks of Reckitt Benckiser Pharmaceuticals Inc.

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<sup>1</sup> U.S. Drug Enforcement Administration, *Briefs and Backgrounds, Drugs and Drug Abuse, State Factsheets*- State of Michigan 2006. Available at <http://www.dea.gov/pubs/states/michigan.html>.

<sup>2</sup> Schulman, Ronca, & Bucuvalas, Inc., *Prescription Painkiller/Heroin Addiction and Treatment, 2006*. Available to download from [www.srbi.com/national\\_survey\\_on\\_painkillers.html](http://www.srbi.com/national_survey_on_painkillers.html).

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