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Overdose Deaths from Fentanyl-Laced Heroin Could be Reduced by Medical Treatment

--September 9 physician training session will increase patient access to medical office-based treatment for opioid addiction--

Richmond, VA (31 August 2006) – A recent string of opioid overdoses and deaths in Harrisburg and elsewhere in Pennsylvania highlight 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. To date, numerous fatal overdoses attributable to heroin-laced fentanyl have been reported in the Harrisburg area, while several hundred more have occurred nationwide.

“The mixture of fentanyl and heroin is a disastrous experiment by drug dealers,” said Robert Fierer, M.D., who practices internal medicine at Kandra, Fierer, and Kuskin Associates Ltd., in Harrisburg, PA. “However, as public health officials and the medical community struggle to contain this crisis and prevent more deaths, it is critical that medical, in-office treatment for opioid addiction be made more widely available. Opioid addiction can now be treated in a doctor’s private office, and the current fentanyl crisis highlights the need for more effective and aggressive treatment of this disease.”

Opioid addiction is a growing public health problem that affects people from all walks of life. In Pennsylvania, misuse of prescription painkillers such as hydrocodone, oxycodone, and fentanyl is a major problem and heroin remains widely available in the Commonwealth, according to a report by the Office of National Drug Control Policy (ONDCP).¹ And as evidenced by the current fentanyl-heroin surge in the Harrisburg area, drug dealers increasingly are targeting small towns and rural areas.

Pennsylvania’s recent problems reflect a national 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.²

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.³

Upcoming Training Will Alleviate Shortage of Certified Doctors

Any doctor may take the training to become certified to treat opioid dependence in his or her private office using an FDA-approved medicine called buprenorphine; such treatment is comparable to how other chronic diseases such as diabetes or high blood pressure are medically managed. Many patients prefer the privacy, convenience, and discretion that office-based treatment offers. According to Dr. Fierer, greater patient access to doctors who can prescribe buprenorphine is critical to reducing the area's high levels of opioid dependence.

Interested physicians are invited to attend a buprenorphine training session in Harrisburg, sponsored by the American Psychiatric Association:

Saturday, September 9
7:00 AM – 5:30 PM
Harrisburg Hilton
One North Second St., Harrisburg

For those unable to attend, more information on training may be found at **docoptin.com**. Additionally, information about online and CD-ROM training options may be obtained from 1-877-782-6966.

“We have a crisis on our hands, and more doctors in Eastern Pennsylvania need to join the fight by becoming certified to treat opioid addiction,” said Dr. Fierer. “I have to turn away dozens of people seeking treatment for this devastating disease. This is tragic, given the tremendous success I have seen in my practice with buprenorphine. I would urge every physician to learn about this treatment option and to consider becoming certified to treat the many, many patients who need this help.”

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 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 Pennsylvania 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.

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 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.

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

¹ Office of National Drug Control Policy, *Drug Policy Information Clearinghouse*, State of Pennsylvania – Profile of Drug Indicators, July 2006. Available at <http://www.whitehousedrugpolicy.gov/statelocal/pa/pa.pdf>

² Substance Abuse and Mental Health Services Administration. (2005). *Overview of Findings from the 2004 National Survey on Drug Use and Health* (Office of Applied Studies, NSDUH Series H-27, DHHS Publication No. SMA 05-4061). Rockville, MD, and National Institute on Drug Abuse, Monitoring the Future Annual Survey: Johnston, L. D. *et al.* (December 19, 2005). *Teen drug use down but progress halts among youngest teens*. University of Michigan News and Information Services: Ann Arbor, MI.

³ Schulman, Ronca, & Bucuvalas, Inc., *Prescription Painkiller/Heroin Addiction and Treatment, 2006*. Available to download from www.srbi.com/national_survey_on_painkillers.html.

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