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Available Medical Treatments Could Counter Growing Prescription Painkiller Abuse Among Young Adults, Teens

– More treatment in private doctors' offices with FDA-approved medication could curb rising painkiller abuse, as reported in newest National Survey on Drug Use and Health –

Richmond, VA (September 19, 2006) – The most recent *National Survey on Drug Use and Health (2006)*, published this month by the Substance Abuse and Mental Health Services Administration (SAMHSA), paints a mixed picture. Although overall illicit drug and alcohol use among youth ages 12-17 is on the decline, prescription painkillers are being misused at an increased rate among young adults ages 18-25, and are attracting the most new users of any drug among those 12 and older. Prescription painkiller misuse being on the rise is particularly alarming because increased numbers of teens and young adults are being exposed to the dangers of opioid addiction – the same type of dependence which occurs with heroin.

“SAMHSA’s recent survey results show that efforts to discourage teen drinking and drug abuse have been very successful. This is good news, but on the flip side, teens and young adults are reaching more and more for what’s inside the medicine cabinet,” said Edwin A. Salsitz, MD, Beth Israel Medical Center, New York City. “As more people who experiment with prescription painkillers become physically dependent and perhaps addicted, it will be critical for doctors and the general public to understand that private office-based medical treatment for opioid addiction is available with an FDA-approved medication called buprenorphine.”

Among young adults, according to the most recent SAMHSA survey, 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. The increase among teens and young adults reflect a national public health crisis – a total of 4.7 million people currently misuse prescription pain relievers, second only to marijuana use.¹

Many people do not fully understand the danger of misusing opioid painkillers. 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.²

“Opioid addiction is a chronic disease, like diabetes or high blood pressure, that can afflict anyone,” said Dr. Salsitz. “The good news is that this disease can now be treated in a doctor’s office, just as other serious medical conditions are treated. Given the rising prevalence of opioid painkiller misuse that SAMHSA’s data show, I would urge every doctor to screen his or her patients for this disease, and to become certified to treat it.”

Private Office-Based Treatment with Buprenorphine

Buprenorphine is an FDA-approved medicine used to treat opioid dependence that can be prescribed by doctors in their offices and with take-home prescriptions. Many patients prefer the privacy and convenience that office-based treatment offers.

Any doctor may take the training to become certified to treat opioid dependence with buprenorphine in his or her private office. According to Dr. Salsitz, greater patient access to doctors who can prescribe buprenorphine is critical to reducing the growing levels of opioid dependence reported by SAMHSA. Information on the training offered by the medical societies for certification to treat with buprenorphine can be found at **docoptin.com**. Additionally, information on online and CD-ROM training options are available by calling 877-782-6966.

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. Free 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. 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 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, 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** 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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¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *National Survey on Drug Use and Health (2006)*. Available at <http://www.oas.samhsa.gov/nsduh/2k5nsduh/2k5results.pdf>

² Schulman, Ronca, & Bucuvalas, Inc., *Prescription Painkiller/Heroin Addiction and Treatment, 2006*. Available to download from www.srbi.com/national_survey_on_painkillers.html.