

**FOR IMMEDIATE RELEASE**

**Media Contact:** Cory Tromblee  
617-761-6715  
Cory.Tromblee@fkhealth.com

## **Chicago 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--*

**Chicago, IL (September 21, 2006)** – A recent string of opioid overdoses and deaths in Chicago and elsewhere in Cook 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 nearly 200 fatal overdoses in the Chicago area attributable to heroin laced with fentanyl, while several times this many have occurred nationwide.

“The recent spike in fentanyl-related overdoses underscores the need for more aggressive treatment approaches and better access to new medical treatments,” said Dr. Sarz Maxwell, Medical Director of Chicago Recovery Alliance. “Opioid addiction is a devastating chronic disease that needs to be treated much like we treat other chronic conditions such as diabetes and high blood pressure. Patients can now be treated, confidentially and conveniently, in the privacy of their doctors’ offices. The problem is that there aren’t enough doctors to handle the patient load. As we work to contain this crisis and prevent more overdoses, it is critical that access to medical treatment be made more widely available to patients throughout the greater metropolitan Chicago area.”

Opioid addiction is a growing public health problem that affects people from all walks of life. In Illinois, misuse of prescription painkillers such as hydrocodone and oxycodone remains a major problem and, in Chicago, heroin use is at alarming levels, 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 Chicago area.

The recent problems in Chicago and Illinois reflect a national public health crisis – according to the most recent *National Survey on Drug Use and Health (2006)*, published this 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. Maxwell, it is critical that more doctors make themselves accessible to patients in need of treatment in order to reduce the area's high levels of opioid dependence and deaths.

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

“The current crisis in Chicago and throughout Illinois serves as a reminder that treatment is essential in saving the lives of people suffering from addiction,” said Dr. Maxwell. “It upsets me greatly to think that there are people out there seeking buprenorphine treatment who are unable to get it -- especially when I consider the 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 extremely high number of patients in the Chicago area who remain in need of care.”

### **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 Chicago-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.

---

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

###