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Opioid Addiction, a Public Health Threat in Detroit, Can Be Medically Treated

-- New educational resources on treatment available for Detroit consumers --

Richmond, VA (September 20, 2005) – Recent surveys reveal that opioid addiction is a growing public health concern in Detroit. According to a report by the Michigan Department of Community Health, Detroit reports the highest rate of opioid dependence – dependence to prescription painkillers or heroin - and opioid use over one’s lifetime. The number of emergency room admissions in Detroit that is associated with opioid abuse also is increasing.

Detroit’s problems reflect a national public health crisis – according to the most recent *National Survey on Drug Use and Health (2004)*, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), last year approximately 4.4 million teens and adults nationwide reported using prescription 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.

Dependence on opioids – prescription painkillers and heroin – is defined as a long-term brain disease by the World Health Foundation 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 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.

“Dependence on opioids is a serious and growing health concern in Detroit and its surrounding suburbs, and it is important for people to talk to their physicians about treatment,” said Mark Menestrina, MD, addiction medicine physician at Brighton Hospital. “It is a chronic disease that can happen to anyone, and it can be treated, just as we treat other long-term conditions such as diabetes or high blood pressure. Now, any doctor may take the training to become certified to initiate the treatment of opioid dependence in his or her private office. Many patients prefer the privacy, convenience, and discretion that office-based treatment offers.”

Despite the large number of people nationwide who are misusing prescription painkillers and abusing heroin, many are not actively seeking treatment for their dependence. In 2004, according to the SAMHSA survey, only 424,000 and 283,000 people sought treatment for prescription painkiller and heroin abuse, respectively.

Individuals who need more information about opioid dependence and its treatment, either for themselves or for someone they are concerned about, have several resources. The non-profit organization 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, and we encourage people to become more educated about the disease and its treatments.” The group’s Web site, naabt.org, provides general information about the disease and office-based treatment, assists patients in locating prescribing doctors in their local areas, provides an online discussion room where people can talk about their experiences with opioid addiction and its treatment, and offers information on other organizations that advocate for people with this disease.

In addition, new educational materials on opioid dependence are available to answer questions about this often-misunderstood disease and the treatments that are available for it. People who are interested in receiving a free educational Resource Kit on these topics, or who wish to locate a physician who can prescribe medicine to treat opioid dependence in his/her office, may visit turntohelp.com or call **1-866-455-TURN**, both provided by Reckitt Benckiser Pharmaceuticals. SAMHSA’s Web site also provides valuable informational resources, at buprenorphine.samhsa.gov.

In the United States, Suboxone® (buprenorphine / naloxone) and Subutex® (buprenorphine) are the only medications 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 is a specialty pharmaceutical company that manufactures and markets Suboxone® and Subutex®, formulations of buprenorphine used to treat opioid dependence in a medical office-based setting. Suboxone and Subutex are the only products approved by the FDA for office-based treatment of opioid dependence. Reckitt Benckiser Pharmaceuticals is committed to expanding access to medical therapies for patients suffering from the chronic, relapsing brain disease of drug dependence. For more information, visit www.opioiddependence.com. Reckitt Benckiser Pharmaceuticals, Inc. is a wholly owned subsidiary of Reckitt Benckiser PLC, a publicly traded UK firm.

Statement of Fair Balance

Intravenous misuse of buprenorphine, usually in combination with benzodiazepines or other CNS depressants has been associated with significant respiratory depression and death. Suboxone has 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 (a category C medication) in pregnancy. Due caution should be exercised when driving cars or operating machinery. The most commonly reported adverse events with Suboxone include 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%).

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