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Office-Based Medical Treatment and Internet Resources Are Potential Solution to Rising Painkiller Misuse Among Teens, Young Adults

– Treatment in private doctors’ offices with FDA-approved medication could increase access to treatment for young adults dependent on opioid pain killers–

Richmond, VA (September 12, 2007) – The most recent *National Survey on Drug Use and Health (2006)*, just released by the Substance Abuse and Mental Health Services Administration (SAMHSA), shows that while illicit drug use has declined among teens aged 12 to 17, prescription painkiller abuse continues to rise among young adults. According to these new national statistics, an estimated 6.4 percent of young adults used prescription painkillers for nonmedical purposes in 2006, **and in terms of new users, more people 12 years and older – 2.2 million – misused opioid painkillers for the first time than any other drug, including marijuana and cocaine.**¹

“SAMHSA’s survey quantifies the depth of the public health problem we have in this country with prescription painkiller misuse,” said Mark Menestrina, MD, Medical Director of Brighton Hospital Detox Unit, Brighton, MI. “Clearly there is an urgent need for public education, particularly for teens and young adults, about the dangers of experimenting and misusing prescription painkillers. Additionally, it is important for medical professionals to provide those who have become dependent on opioids with all available treatment options, including office-based medical treatment with buprenorphine. Physicians have an obligation to their patients to provide quality care for all types of diseases, including addiction.”

An estimated 5.2 million people aged 12 or older used prescription painkillers for nonmedical purposes in 2006, an increase from 4.7 million in 2005. An additional 1.6 million were classified as being physically dependent on opioid prescription painkillers. The new survey showed that the main source of these drugs was a friend or relative, for free.²

“Addiction doesn’t discriminate, afflicting people from all walks of life, ages, and gender. Parents, families and friends need to discuss with teens and young adults the ramifications that opioid dependence can have on their lives,” continued Dr. Menestrina. “Given the rising prevalence of opioid painkiller misuse demonstrated by SAMHSA’s data, I would urge every doctor, especially the family doctors who are on the front line of healthcare delivery, to screen their patients for this chronic brain disease and to become certified to treat those who are opioid dependent with Suboxone[®], an FDA-approved medication that allows treatment in a physician’s office. This office-based treatment

allows opioid dependence to be medically managed with the same privacy and patient confidentiality that we accord any other serious medical condition.”

Resources for Opioid Dependence and Its Treatment

Individuals who need more information about opioid dependence and its treatment, either for themselves or for someone they are concerned about, have several options.

Visit **TurnToHelp.com** or call **1-866-455-TURN** for a free educational Resource kit on opioid dependence and the treatments that are available for it, both provided by Reckitt Benckiser Pharmaceuticals, Inc.

The Addiction411 page on ***MySpace*** offers direct access to information about this increasingly prevalent disease and practical guidance on how to find treatment for opioid dependence. Visit www.myspace.com/addiction411 if you or someone you know would like to access ***Addiction411***.

NAABT , a non-profit patient advocacy group– 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 offers a confidential nationwide matching service to pair individuals seeking buprenorphine treatment with available area physicians; visit **naabt.org**.

SAMHSA’s Web site also provides a physician locator and other valuable information at **buprenorphine.samhsa.gov**.

About Suboxone® Treatment for Opioid Dependence

Suboxone® (buprenorphine HCl/naloxone HCl dihydrate) C-III Sublingual Tablets and Subutex® (buprenorphine HCl) C-III Sublingual Tablets are the only FDA-approved controlled medicines that can be prescribed by doctors in their offices and with take-home prescriptions, under special legislation. After opioid-dependent patients are initially inducted onto Suboxone® or Subutex®, the medicine is prescribed in an office-based setting by certified doctors with monthly take-home prescriptions. Treatment with buprenorphine is attractive to many patients because of the privacy and convenience that office-based treatment offers.

Buprenorphine is a *partial* opioid agonist, which allows it to be used to treat opioid dependence for two critical reasons: first, it acts on the brain in a way similar to full opioid agonists (prescription opioid painkillers, heroin or methadone) to largely or entirely prevent cravings and withdrawal; and second, because it is a *partial* opioid agonist, it does not excite the same level of opioid-induced brain activity as full agonists do, and thus does not produce the maximal euphoric effect of a full agonist.

Buprenorphine is sold under the brand names Suboxone® and Subutex® by Reckitt Benckiser Pharmaceuticals, Inc.

About Reckitt Benckiser Pharmaceuticals Inc.

Reckitt Benckiser Pharmaceuticals Inc. is a specialty pharmaceutical company that 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 in a medical office-based setting. Suboxone and Subutex, manufactured by Reckitt Benckiser Healthcare Ltd., 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.

Statement of Fair Balance

SUBOXONE[®] (buprenorphine/naloxone sublingual tablets) is indicated for the treatment of opioid dependence.

Buprenorphine, usually by the intravenous route, 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.

Caution should be exercised when driving cars or operating machinery.

Always store buprenorphine containing medications safely and out of the reach of children and destroy any unused medication appropriately.

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%), and sweating (14%, placebo 10%). Please see full prescribing information for a complete list.

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

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *National Survey on Drug Use and Health (2006)*. Available at <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.cfm#LOT>.

² Substance Abuse and Mental Health Services Administration (SAMHSA), *National Survey on Drug Use and Health (2006)*. Available at <http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.cfm#LOT>.