## Whitney Houston's Death Sparks Questions About Over-Prescription of Sedatives

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While the cause of Whitney <u>Houston</u>'s death hasn't yet been determined, we do know that she was taking a <u>cocktail of prescription drugs</u> including at least three <u>benzodiazepines</u>: Xanax, Ativan and Valium. Those three also happen to be among the most prescribed anti-anxiety sedatives on the market. By far the most prescribed drug of the group is Xanax (generic name: <u>alprazolam</u>), with nearly 50 million prescriptions in the U.S. last year.

Of all the benzos, Xanax is the one most often criticized by the psychiatric community for its addictive potential and severe withdrawal effects. The half life for Xanax is extremely short (6-20 hours) relative to other drugs in its class, and it's rapidly absorbed by the brain in as quickly as 10 minutes.

On the face of it, this seems like a great combination—you get a quick hit of anxiety relief and the drug leaves your system within a 24-hour period. But in practice what often happens is that because the drug acts so quickly and dissipates quickly, the patient begins taking more of it to maintain the effect. Two pills a day turns into four, which turns into six and so forth.

That's bad news, but it gets worse. As more of the drug is absorbed by the brain, the brain reacts by decreasing its production of <u>GABA</u>—the naturally occurring chemical that slows down brain activity when your cerebral gaskets start overheating. With so much of the sedative (Xanax) available, the brain's efficiency process kicks in and turns down the GABA tap.

So what happens when someone who has been using Xanax daily stops taking it? The brain doesn't immediately respond by restoring GABA production to its original level—that process takes time, and during that time withdrawal sets in. Xanax withdrawal is notoriously painful, including piercing headaches, nausea, diarrhea and seizures, and it's not uncommon for a user to be hospitalized as the symptoms worsen. Even just cutting down the dose of the drug can result in withdrawal. Cold turkey is a guaranteed ticket to hell.

With all of that in mind, why are so many doctors still prescribing Xanax? The answer I've heard from a few people in the psych community is simply that "it's cheap and it works." But the same people admit that they've frequently seen patients become addicted to it and have a hard time getting them unhooked. With 50 million prescriptions in the U.S., that's a lot of probable addiction to a drug infamous for how difficult it is to kick.

Now add alcohol to the picture and you have the perfect storm: a potent prescription sedative enhanced by a potent depressant. The combination in high enough doses sends a message to your brain that your body should stop breathing. If you happen to be in a bathtub full of water when that happens, the outcome could be extremely bad.

An additional question that Houston's death should spark is why are some doctors prescribing multiple sedatives to treat the same condition? Xanax, Ativan, Valium, Clonazapam and other benzos all accomplish the same goal: they depress nervous system activity. Any doctor who would write one patient prescriptions for several of these drugs should be investigated. And any pharmacy that would fill the prescriptions without calling foul on the doctor's judgment should also be investigated.

Perhaps Houston's death will energize efforts to crack down on these licensed drug pushers, but even if that happens we are still facing a culture-wide problem that appears to be worsening every year: more prescriptions, more addictions, and more prescription-drug-related deaths. According to the <u>CDC</u>, prescription drug overdose is now the leading cause of accidental death in the U.S., topping automobile accidents for the first time in 30 years.