



The cause of Whitney Houston's death is not yet known, but authorities are looking into the anti-anxiety drug Xanax found in the singer's hotel room and the doctors who prescribed it. No wonder.

While Xanax and similar drugs are less notorious than narcotic painkillers such as OxyContin and Vicodin, they're addictive, widely prescribed and, combined with alcohol, can be just as dangerous. They cause 373,000 overdoses a year, almost as many as the narcotic painkillers. Collectively, the two classes of drugs kill about 70 people a day, according to estimates by the Prescription Monitoring Program Center of Excellence at Brandeis University.

That's a stunning number: more than double the death toll from all illegal drugs combined, and almost as many as die in auto accidents. But the danger goes largely unnoticed because unlike heroin and cocaine, the prescription medicines are miracle drugs. For people with extreme, chronic pain — particularly from terminal illnesses that make addiction meaningless — the narcotics are close to indispensable. For people with significant anxiety problems, Xanax and similar medications — used properly — bring relief.

But the overdoses and deaths scream that the drugs are often abused — either because doctors are inattentive or because addicted patients use them excessively or improperly, mixing them with alcohol or other drugs.

It's a vexing problem, but as it has begun to be noticed, several useful responses are emerging. They're just not yet being widely applied:

- Prescription monitoring.** Unaware that a patient is getting multiple prescriptions from several sources, doctors are often unwitting accomplices in addiction. Databases to monitor prescriptions are up and running in 40 states, where pharmacists enter prescriptions for certain drugs so doctors can check. But even in states with the best registries — Connecticut, Kentucky, Maine, Nevada, Ohio and Virginia — the vast majority of doctors don't use them. The profession needs to make use of these programs an ingrained practice.

- Education.** Many physicians and dentists are not up to speed on how dangerous certain drugs are. They prescribe the drugs, sometimes with refills, before trying non-addictive options. The Obama administration, Congress and universities are all now plugged into the problem, exploring training programs to make doctors more knowledgeable. Those should be common practice. Likewise, many patients know little about the risks. Parents who wouldn't think of leaving a liquor cabinet unlocked fail to secure leftover painkillers and anti-anxiety drugs, allowing teens access. Public education programs would help.

- Law enforcement.** Several states have become magnets for "pill mills," where unscrupulous doctors perform cursory exams on patients, write prescriptions and dispense addictive

painkillers. Florida, once the epicenter of this trade, barred doctors from dispensing the drugs directly last year and saw the volume of prescriptions plummet. Other states should follow suit.

- Insurance vigilance. Some medical insurers have been lax in monitoring the prescriptions patients receive for addictive drugs. In 2006 and 2007, about 65,000 Medicaid beneficiaries in five states visited six or more doctors and got prescriptions for narcotic painkillers, according to a Government Accountability Office study. Medicaid paid for them. Insurance companies, known for refusing to cover all sorts of medical expenses, need to do a better job of oversight.

The single most effective solution would be to develop non-addictive, equally effective drugs. But efforts to produce them have not worked.

When a star dies of an overdose, all eyes are on lethal prescription drugs for a few moments. Then interest fades. The deaths of about 26,000 Americans each year, celebrity and non-celebrity alike, demand more sustained attention.

For more information about Prescription Drug, [please click here](#).

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