

The effects of xanax abuse research paper

[Sociology](#), [Violence](#)



Imagine a drug so powerful it can make you calm down from your most pressing panic attack. What's more, it can also get you high, or enhance the high you already have. Not only that, you can get it from your doctor and pick it up at your local pharmacy. Alprazolam, otherwise known as Xanax, is a type of benzodiazepine prescribed to many people throughout the world. Released in 1981, it is meant to deal with panic attacks and anxiety disorders, calming the patient through releasing itself as a sedative and muscle relaxant.

Xanax abuse is rampant in this country, with a great number of people becoming dependent upon it and abusing it in conjunction with other drugs. Statistics show that, twice as many Americans abused sedatives in 1998 than they did a decade prior (Gupta et al., 2002). Due to the ease by which one can become addicted to recreational Xanax use, steps must be taken to radically confront the prescription drug abuse problem in this country. In this paper, the drug's history, effectiveness, pharmacology, and misuse are explored, as well as the effects of it on a specific subset of the American people, namely middle-class women.

Xanax- Why it is Prescribed

Xanax is often prescribed in order to address issues of anxiety disorder and panic attack. Those people who are afflicted with these disorders experience a great deal of stress and discomfort around normal social situations, and are plagued with fits of despair brought on by this anxiety. As a result, one possible treatment, in conjunction with therapy to address the reasons behind their stress, is to trick their body into calming itself down, inhibiting the parts of the brain that cause anxiety and stress. Having accomplished

this, the user can be prevented from feeling so wound up, instead becoming relaxed and euphoric. Also, if a patient is undergoing chemotherapy, they often are prescribed Xanax to curb the feelings of nausea that often occur. If one is pregnant, it is often advised that one not be prescribed Xanax, as the medication can get into the breast milk and the fetus and cause congenital abnormalities (Brown University, 2005).

History of Xanax

Upjohn, a pharmaceutical company that would soon merge with Pfizer, released Alprazolam in 1981, after gaining patents for it in 1976. Back when it was first released, it was said to only treat panic disorders, at the recommendation of David Sheehan, a psychiatrist who used it for that purpose. The DSM-III distinction that had just been created to classify anxiety disorders in a different way, including panic disorder, was attributed to Xanax. During this time, panic disorder was thought to be untreatable but for the use of tricyclic antidepressants (Walker, 1996).

Despite claims of ineffectiveness for panic disorder, benzodiazepines such as alprazolam were pushed for that purpose by Sheehan; Upjohn was told that marketing Xanax for this purpose could showcase just how potent the drug was, and preliminary testing groups were very positive in their appraisal of the drug. There were even people in the initial testing group who enjoyed the drug so much they invested in Upjohn stock, making an incredible profit when the drug received FDA approval (Walker, 1996).

Not long after it hit the streets and experienced extensive usage, there were many reports of withdrawal symptoms by those who would stop taking the drug. Rebound anxiety, seizures and the development of psychoses were

documented and encountered as soon as a prescription was over. After studies were performed on the drug, it was found that alprazolam, after eight weeks, did no more good than a placebo, as a more effective alternative was found in behavioural therapy and imipramine treatments (Walker, 1996).

The effects of Xanax on the human brain

Alprazolam acts as a benzodiazepine which is very potent. According to the pharmacology of it, the benzodiazepine binds to the GABA-A receptor in the human brain cell, modifying its functions, which are to create calming or inhibiting responses in the brain. Benzodiazepines, especially alprazolam, are meant to suppress the hypothalamic-pituitary-adrenal axis, which causes amnesic, hypnotic, muscle relaxant, and anticonvulsant properties to occur. This effect results in short-term anxiety relief being experienced in those who take it; the drug has to continually be taken each time the patient needs to curb anxiety and stress in their own behavior. It can have adverse effects on those who are contemplating suicide, or who have extreme manic depression (Brown University, 2005).

How Xanax is abused

People of all age ranges, from teenagers to the elderly, have an equal likelihood of abusing Xanax, and it is most often associated with abuse of other drugs (heroin, alcohol, etc.) (Brown University, 2005). Xanax is abused in a number of ways, in order to benefit from its relaxing or intoxicating properties, despite the fact that one is not ill. For one, it is often taken orally, but sometimes intravenously or through the nose is an option. Xanax has the effect of a barbiturate when abused; the results are not dissimilar to when

one is intoxicated via alcohol. People often get their fix through prescriptions originally taken for medical purposes, but then shift its use to recreation once the symptoms are managed, or even regardless of that (Scelfo and Contreras, 2002).

One of the more disturbing things about Xanax is its danger factor among those who abuse it. Studies have shown that those who abuse Xanax are at higher risk for abusing other drugs as well, being more risky with diseases such as HIV and HCV, and they take higher doses of methadone than others. While this does not imply a causal relationship, there is a strong correlation between these other risky behaviors and Xanax abuse (Scelfo and Contreras, 2002).

There are even those who fake anxiety disorders in order to get their Xanax prescriptions. One infamous example is Noelle Bush, the daughter of Florida governor Jeb Bush and George W. Bush's niece. She was caught attempting to pick up a prescription for forty Xanax by calling in a fake prescription under a false name. Not only that, there have been many instances of youngsters attempting to pick up Xanax prescriptions for recreational drug use, due to an attitude that its availability indicated its legitimacy (Scelfo and Contreras, 2002).

Why is Xanax so addicting?

The fear of withdrawal is the primary motivator behind those who become dependent upon benzodiazepines such as Xanax. Withdrawal symptoms are often severe and painful, and so people keep taking the drug in order to avoid them. Due to the GABA-A receptor changing its makeup and frequency

of use after repeated use of Xanax, it adapts to this higher frequency, needing the drug to spur it to action. It also affects the opioid system in a similar manner. Like most sedative-hypnotics, it works primarily through what they do to these GABA-A receptors (Brown University, 2005).

There are other reasons for taking the drug as well; animal studies have revealed the use of Xanax to promote reward seeking behaviors, so they will continue to take the drug in order to feel the high they receive. This particular high is sedative-hypnotic, leading the user to feel excited, energetic, relaxed, pleasurable, euphoric, and the like. One unique use for the drug is to ease people down from the high of a stronger drug, such as a stimulant, or make the high one gets from heroin or alcohol substantially higher (Brown University, 2005).

One specific subset of people who frequently abuse prescription drugs are young, middle-class women, who have college educations and who are also rampant marijuana users. This subset has increased dramatically in the past decade, leading to a study performed by Bardhi et al. regarding the reasons why this demographic is drawn so much to these barbiturates. An ethnographic study was conducted, wherein the researchers studied and talked to a dozen of these women to gauge their drug use and their motivators for taking these drugs. (2007)

One motivator for drug use among these women were recreational – this was the primary subject of the study. For these women, Xanax was used in order to provide an unnecessary, but desired, high in order to feel good or relax. Another one was legal medical – they needed Xanax in order to address a

legitimate anxiety or panic disorder. Quasi-medical pill use was also observed; often these women were prescribed Xanax for a legal medical reason, but they also used it recreationally. These patterns of pill use would shift constantly among the women, with few of them maintaining a strict pattern throughout (Bardhi et al., 2007).

As previously mentioned, their primary uses for the pills were to enhance the effects of marijuana, alcohol, ecstasy or cocaine, or to help them come down off the high of these drugs. They were also taken to make it less expensive to continually purchase cocaine and alcohol. The results of these findings revealed that many drug users also abuse pills, creating an entire subset of pill users who also use other drugs in conjunction with them (Bardhi et al., 2007).

The interesting question to be raised is why these relatively well-off, intelligent women would abuse drugs in this way, especially prescription drugs. From a sociological standpoint, those who are well-off tend to rebel more frequently, and many women, when abusing drugs, are thought to be much more evil and deviant in their behavior than if a man were to abuse drugs in that manner. This can elicit rebellious tendencies in those who wish to shuck their relative affluence and “ feel something.” (Bardhi et al., 2007). In addition to that, the statistical likelihood that women will be prescribed antidepressants is much higher than with men, leading to a greater access to prescription drugs such as Xanax to work from. Younger women tend to be more liberated and uninhibited in their behavior, and Miller’s model of behavior suggests that “ women feel a sense of self and self-worth when

their actions arise out of connection to others and lead back into, not away from, connections” (Bardhi et al., p. 6). This can often come about through combined recreational drug use with a significant other or boyfriend, linking the activity to the man they want to be connected to (Bardhi et al., 2007).

CONCLUSION

Xanax makes one feel calm, sedated, like they can handle any sort of situation. However, that same pull can lead people to abuse it and chase that feeling, independent of any sort of medical need for it. Xanax is prescribed in order to handle many anxiety and panic disorders, allowing the patient to remain calm and handle stressful situations that often lead to panic attacks otherwise. Xanax grew from a simple benzodiazepine to a very popular antidepressant seemingly overnight, with incredible results being seen in its very first release. Xanax works on receptors in the brain to inhibit anxiety and provide a sedative effect on the user. Despite its medical applications, it is also misused and abused to get high, often in conjunction with other drugs. Due to its withdrawal symptoms and the adaptation of the brain receptors it affects, Xanax is also highly addictive, making it very hard to get off once you are on. Studies of upper-middle-class young women have also revealed a drug subculture of recreational Xanax and marijuana use, often together, in order to offer a sense of rebellion and connection to others.

A large portion of recreational Xanax use comes from its easy availability and its status as a “ good” drug, distributed by doctors to those who need it. However, this is far from the truth, and action must be taken to help curb the problem of Xanax abuse in America. More stringent regulations regarding its

usage and prescription must be made in order to avoid unnecessary distribution of Xanax to patients who will only use it for recreational purposes. Greater awareness of the effects of prescription drug usage has to be fostered, as many people are under the impression that prescription drugs are somehow “ more acceptable” than those drugs that have been made completely illegal by the United States.

Works Cited

Bardhi, Flutura, Stephen Sifaneck, Bruce Johnson, and Eloise Dunlap. " Pills, thrills and bellyaches: Case studies of prescription pill use and misuse among marijuana/blunt smoking middle class young women." *Contemporary Drug Problems* 34. 1 (2007): 53-101. Print.

Brown University. " Alprazolam (generic)/XANAX, XANAX XR (BRAND)." *Brown University Geriatric Psychopharmacology Update* 9. 9 (2005): 9-10. Print.

Gupta, Sanjay, and Jonathan Lynch. " What Did She Want with Xanax?." *Time* 159. 6 (2002): 67. Print.

Scelfo, Julie, and Joseph Contreras. " A 'Very Serious Problem'." *Newsweek* 139. 6 (2002): 8. Print.

Tresniowski, Alex, Jeff Truesdell, Amy Green, and Isoul Harris. " Finally, some answers." *People* 68. 5 (2007): 91. Print.

Walker, Sydney (3 December 1996). *A dose of sanity: mind, medicine, and misdiagnosis*. New York: John Wiley & Sons. pp. 64–65.