

Stories to Watch in 2015



An emergency medical technician shows how to administer naloxone. Photo by Eddie Moore / Zuma Press / Newscom.

Concerns surrounding opioids.

- **Annual prescriptions for opioids tripled** from 1991 to 2010 (from 76 million to 210 million), which contributed to opioid addictions and illegal heroin use—and to more than 100,000 deaths in the United States from opioids between 1999 and 2010. Yet there's little evidence that long-term opioid therapy brings prolonged pain relief or improved physical function, according to the American Academy of Neurology (AAN). The AAN urges prescribers to check state prescription drug-monitoring data to track a patient's use of opioids before writing a prescription, evaluate pain and function at each visit, and randomly screen urine before and during opioid therapy, prompting concerns that this might create barriers for those with chronic pain. Complete AAN recommendations can be read at <http://bit.ly/1tRodUl>.
- **Treating overdoses** presents its own challenges, and last spring then attorney general Eric Holder called on first

responders, including law enforcement, to treat heroin and opioid overdoses with naloxone (Narcan) to restore breathing. Since 2001, in states that use emergency naloxone treatment, 10,000 overdoses have been reversed. (See the May 2014 *AJN Reports*.)

Health stories underreported in the media.

- **Drug shortages.** Shortages of several drugs have continued in the United States, including agents used for tuberculosis testing and iv saline. The latter prompted the U.S. Food and Drug Administration (FDA) to allowed imports from Germany, Spain, and Norway. The FDA maintains a searchable database of drug shortages at <http://1.usa.gov/1vUcGoX>.
- **The influence of poverty and violence on health** particularly affects those who find themselves homeless—in the United States that's about 610,000 people—who are as much as five times more likely to die prematurely. Tobacco use, chronic illnesses, and mental illness are prevalent in this population, and more strategies are needed to assist them in obtaining treatment.

Progress—and the lack thereof.

- **Teen health risk factors.** The good news is that drug and tobacco intake has declined among 12-to-17-year-olds (see <http://1.usa.gov/1x1Ny3X>). Teen marijuana use fell from 8.2% in 2011 to 7.1% in 2013,

and nonmedical use of prescription drugs in 2013 was half that seen in 2002 (2.2% versus 4%). Tobacco use dropped from 15.2% in 2002 to 7.8% in 2013. However, more than a third of teens consume sports drinks, and 15% use energy drinks at least once a week. Consumption of such beverages has been linked to playing more video games, watching more television, and smoking cigarettes.

- **Gun violence.** Little progress has been made toward gun control, and firearms still kill more than 32,000 people a year in the United States, making guns the second leading cause of death after motor vehicle crashes. The American College of Physicians, among other groups, calls for a comprehensive public health approach that focuses on culture, substance abuse, mental health, firearm safety, and reasonable regulations to prevent gun injuries and deaths.—*Carol Potera* ▼