**Legal pot, lower opioid death rate**

With Minnesota’s medical cannabis program poised to launch in July and the state still struggling to combat prescription opioid misuse, this research may be of interest.

University of Pennsylvania researchers have shown that states where medical cannabis is legal have lower opioid overdose death rates. The states where medical marijuana is available have a mean annual opioid overdose mortality rate that is nearly 25 percent lower than the rate in states that do not allow medical cannabis. Moreover, the researchers found that the association between medical cannabis being legal and overdoses from analgesic opioids strengthened over time. That is, there were fewer overdose deaths five years after enactment of legalization than during the first year.

An article on the study, “Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010,” was published in the October 2014 issue of *JAMA Internal Medicine.*

In an invited commentary about the study published in the same issue, Marie J. Hayes, PhD, and Mark S. Brown, MD, of Maine, wrote: “The striking implication is that medical marijuana laws, when implemented, may represent a promising approach for stemming runaway rates of nonintentional opioid analgesic-related deaths. If true, this finding upsets the applecart of conventional wisdom regarding the public health implications of marijuana legalization and medicinal usefulness.”

**Unnecessary imaging in EDs**

A new study suggests overuse of imaging is widespread in hospital emergency departments. The survey of 435 emergency physicians explored their perceptions about the care that is provided in their own hospitals. More than 85 percent said patients in their EDs had received too many imaging tests, and 97 percent said they had ordered at least some medically unnecessary advanced imaging.

Why does this occur? The respondents indicated that fear of missing a diagnosis and of litigation are to blame. When asked which of a list of solutions were “extremely” or “very” likely to reduce unnecessary testing, 79 percent selected malpractice reform and 70 percent increased patient involvement through education. Fewer thought shared decision-making and providing physicians with feedback about test-ordering metrics (56 percent and 50 percent, respectively) would make a difference.

The study, “Emergency physician perceptions of medically unnecessary advanced diagnostic imaging,” was published in the March 23, 2015, issue of *Academic Emergency Medicine.*