

Breastfeeding: achieving the new normal



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Breastmilk makes the world healthier, smarter, and more equal: these are the conclusions of a new *Lancet* Series on breastfeeding. The deaths of 823 000 children and 20 000 mothers each year could be averted through universal breastfeeding, along with economic savings of US\$300 billion. The Series confirms the benefits of breastfeeding in fewer infections, increased intelligence, probable protection against overweight and diabetes, and cancer prevention for mothers. The Series represents the most in-depth analysis done so far into the health and economic benefits that breastfeeding can produce.

However, although the Series is comprehensive, the message is not new. In 2013, a *Lancet* Series on maternal and child nutrition established that 800 000 child deaths could be prevented through breastfeeding, and called for further support. Despite consolidation of evidence for breastfeeding's benefits in recent years, in particular the economic gains to be reaped, global action has stalled. Why has so little progress been made?

Rates of breastfeeding vary wildly; it is one of the few health-positive behaviours more common in poor countries

than rich ones. In low-income countries, most infants are still breastfed at 1 year, compared with less than 20% in many high-income countries and less than 1% in the UK. The reasons why women avoid or stop breastfeeding range from the medical, cultural, and psychological, to physical discomfort and inconvenience. These matters are not trivial, and many mothers without support turn to a bottle of formula. Multiplied across populations and involving multinational commercial interests, this situation has catastrophic consequences on breastfeeding rates and the health of subsequent generations.

There are glimmers of hope. Despite—or perhaps, because of—the execrable provision for paid maternity leave in the USA, the Affordable Care Act provides protected nursing breaks and insurance cover for breast pumps. Such allowances, the Series predicts, could increase breastfeeding by 25%. But, more importantly, genuine and urgent commitment is needed from governments and health authorities to establish a new normal: where every woman can expect to breastfeed, and to receive every support she needs to do so. ■ *The Lancet*

See **Comments** pages 413 and 416

See **Series** pages 475 and 491

For more on the **breastfeeding Series** see <http://www.thelancet.com/series/breastfeeding>

For the **Series on maternal and child nutrition** see <http://www.thelancet.com/series/maternal-and-child-nutrition>

For more on **breastfeeding and the Affordable Care Act** see <http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF>

US drug overdose deaths: a global challenge



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On Jan 19, the US Centers for Disease Control and Prevention (CDC) released new country-level estimates showing unprecedented rates of drug overdose deaths, with **47 055 deaths in the USA in 2014**. Since 2000, the age-adjusted drug overdose death rate has more than doubled, from 6.2 per 100 000 population in 2000 to 14.7 per 100 000 in 2014.

Drug overdose deaths in people aged 45–54 years (12 263) are more than three-times greater than in those aged 15–25 years (3798). 61% of deaths involve some form of opiate, including heroin. Death rates in rural areas now outpace the rate in large metropolitan areas. West Virginia, New Hampshire, and New Mexico have the highest rates of drug overdose deaths, with the deadly fentanyl–heroin combination contributing to deaths, especially in New Hampshire. No socioeconomic group is spared, but socioeconomic factors such as intergenerational addiction and poverty, workplace injuries, and poor access to clean injection services all pose complex societal challenges and risks. The CDC calls

for intensified efforts on safer prescribing of prescription opioid drugs and harm reduction.

Globally, the consumption of opiates has more than tripled in the past 20 years, yet access to drugs for medical purposes and pain relief is extremely low in countries such as India and China where strict laws or reduced market incentives exist regarding access to morphine and general use analgesics. As the global burden of non-communicable diseases increases (including late-stage cancers), the right to access pain management has never been more apparent. Doctors must be empowered to treat pain proactively, but also engage and be vocal in tailoring policy to address community gaps in pain and substance abuse management.

In 2016, a new *Lancet* Commission on Drug Policy and Health will examine these issues. In May, the UN General Assembly convenes a special session (UNGASS) on drugs. Ensuring pain management to all who need it, while preventing the diversion of drugs for substance abuse, is an opportunity not to be missed. ■ *The Lancet*

For the **US CDC drug overdose death data** see <http://blogs.cdc.gov/nchs-data-visualization/drug-poisoning-mortality/>

For **UNGASS** see <http://www.ungass2016/en/cnd-preparations.html>