DOI:10.5055/jom.2021.0657

Mary Lynn McPherson, PharmD, MA, MDE, BCPS, CPE (left), and Mellar P. Davis, MD, FCCP, FAACP (right).

Thank you!

Those words don't quite cover the time and dedication that our two special issue editors have invested in our ***Journal of Opioid Management*** special issue—***Buprenorphine: Clinical and Public Policy Implications***. From the beginning, Mary Lynn McPherson, PharmD, MA, MDE, BCPS, CPE and Mellar P. Davis, MD, FCCP, FAACP have been "all in" lending their expertise and wisdom to create a simply outstanding special issue. The countless emails, reviews and advice are greatly appreciated. Truth be told, we are fortunate to have had their sage wisdom and support going back many years across many projects and 8 conferences! Thank you!

To our authors, I extend my profound thanks for your research, your writing and your patience while we brought this special issue to light during a most difficult time across the globe. Not only have those across the globe been battling a pandemic and the epic change thrust upon us but there has been a continued wholesale transformation in how opioids are viewed and prescribed in the states and elsewhere. There has been rotation in what types of opioids are in favor and how they are prescribed. Combined with myriad other structural changes, the field of opioid prescription has undergone quantum change.

To our Editorial Review Board, your dedication to your craft and to the journal have placed this special issue on a different level. The hours spent on comprehensive reviews are not lost on us, the authors and our readers. Thank you!

To Dr. Michael Krees, who months ago sent us a paper letter, I extend our thanks for presenting the concept of a special issue. In a Letter to the ***JOM*** Editor, Dr. Michael Krees eloquently stated:

> "In a 2019 report, The Best Practices Inter-Agency Task Force recognized the importance of buprenorphine in the management of chronic pain and recommended it as the opioid of first choice if chronic pain is considered sufficient to require an opioid.[1] The task force also noted that the safety profile was on par with acetaminophen. And with advancements in buccal/sublingual delivery, bio-availability is greatly increased."[2]
>
> "The Task Force continues to endorse the long established stepladder pain paradigm which locates acetaminophen and NSAIDs on the first rung if pain is considered severe enough to require pharmacologic intervention. The Report does not include an explanation for its exclusion of acute pain. Perhaps there is concern regarding the initial cost of buprenorphine compared to the initial cost of commonly used full agonists such as oxycodone, codeine, etc. However, there is considerable evidence that the total cost of pain care ("hidden costs") is far greater for NSAIDs compared to opioids. Up to 28 percent of hospitalizations[3] are due to severe NSAID side effects compared to 4 percent for opioids—but near zero for buprenorphine.[4,6] An Italian study reported that "the inappropriate use of NSAIDs" had a yearly cost of over 500 million Euros compared to less than 140 million Euros for opioids.7 The side effects related to NSAID use are strongly related to age. The US is an aging population, accordingly the number of NSAID-related side effects can be anticipated to continue to increase. If an analgesic was to be chosen solely according to side effect profile, buprenorphine would by far be preferred over any NSAID. Even if concerns regarding cost benefit and safety profile favor buprenorphine, providers will remain reluctant to prescribe buprenorphine more widely until sufficient educational efforts are made to alter the widespread perception that buprenorphine is a difficult drug to use and best left to the addiction specialist. If not a difficult drug, why the need for a waiver? The majority of medical providers are not aware that a waiver is only necessary when treating opioid use disorder/addiction. If pcps and emergency physicians were able prescribe buprenorphine for both acute as well as chronic pain, they will be relieved of the ever present anxiety that treatment can lead to respiratory depression or death."
>
> "I hope you will agree that a critical examination of the current pain paradigm is a worth subject for a future issue of the Journal, which I hope will eventually lead to a change in the pain paradigm that promotes both practice efficiency and patient safety."
>
> Dr. Michael K. Krees, MD, MPH,
> Letter dated November 19, 2019
> References on Page 14

To our Editor-in-Chief, Dr. Paul A. Sloan, I extend my sincere thanks for enduring the endless questions while we brought the concept forward and executed on this largest special issue we have ever published. Thank you.

As always, we look forward to your feedback which can be sent to *jom@pnpco.com*. Or, if you prefer to send us a paper letter, you can mail it to JOM, 470 Boston Post Road, Suite 301, Weston, MA 02493.

Richard A. DeVito, Jr.
Publisher

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