FROM THE PUBLISHER

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We would like to thank our dedicated ***Journal of Opioid Management*** Editorial Review Board for their efforts to bring forth this special issue. We would also like to thank our additional reviewers who joined us to bring the special issue forward and who have spent countless hours reviewing papers. They include: Erin Day, CEO, Community Impact NC; Daniel C. McClughen, JD, Counsel to the Center for US Policy; and Olivia Backhaus, JD, Counsel to the Center for US Policy.

Finally, I would like to thank Michael C. Barnes, JD, our Special Issue Editor, for his leadership on this project and on this everchanging legal landscape of opioid management.

The field of pain management and opioid prescription specifically is at a unique inflection point. Aberrant prescribing has been reduced through the multi-faceted efforts at all levels and data shows that. Conversely, under-treated pain has risen dramatically. Tragically, those who manage their pain with opioids have been tortured by a system that now assumes that everyone who is on long-term opioid therapy is an "addict" or "abuser" or worse. Recently, I lost my Mother after a battle with long covid who had also been suffering under-controlled pain from two unsuccessful hip replacements. The first hip was revised, yet no pain relief resulted from the revision. Long-term tramadol therapy brought her some level of relief but the interventional pain management doctor that she saw was more interested in titrating her to some arbitrary level versus managing for pain control and function. This, a result of the improper and non-specific interpretations of the Centers for Disease Control and Prevention (CDC) Opioid Guidelines. And, to add insult to injury, she suffered the indignities of monthly urine drug screens. The concept of drug testing a 79 year old woman for compliance is outrageous.

While it is unconscionable to return to the free prescribing days, the stigma of utilizing opioids to manage pain has convicted many to live their remaining days in agony, with many wishing a transition to another state, the end. Ultimately, my mother was not a "drug addict" and she was not an "abuser." She actively managed her pain to create some reasonable quality of life, understanding there was no way to go back to her younger years but desperately wishing to get some freedom to continue her favorite pastime creating and painting birdhouses, all while fighting a mindset bent on limiting her access to her pain medicines. In the end, it was not the opioids that led to her passing, it was the upper gastrointestinal (GI) bleed that resulted from the 18 separate pills taken daily representing 14 different medications prescribed by four separate doctors who never collaborated, possibly never fully reviewed her Electronic Medical Record (EMR), and a medical system that is based on razor thin snapshots of a patient's health and even lesser overall view of their total condition.

The pendulum has swung too far. In the United States, we seem hell-bent on imposing rules, laws, and changes to massive systems and never studying the effects of those changes until the problems reach the crisis level. As our Special Issue Editor, many of our Editorial Review Board and some of the authors published in this special issue have advocated for 15 years or more, a more reasoned approach would include trial, test, measurement and adjustment. It would attempt to bring the system to a balanced state and avoid the rip-saw responses pushing the limits of this system harming patients. It is quite possible that concept is just too naive for such a complex system as the human body or managed care. Maybe it is time to take a more Calvinist approach to medicine. . . the old country doctor who managed the body and mind while bringing common sense, order, and reassurance to the patient.

This special issue of the ***Journal of Opioid Management*** is a collection of articles that look at the many legal and regulatory aspects of opioids in medicine and present changes, challenges, and solutions to bring forth more equitable treatment of patients managing pain, OUD or both conditions with opioids.

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Publisher