

Call for Presentations, Papers, Research, Case Studies, Literature Reviews, and Expert Analysis

“BUPE2024 Buprenorphine in Medicine: Clinical and Public Policy Implications”

Journal of Opioid Management (JOM) is pleased to announce our special issue **Buprenorphine in Medicine: Clinical and Public Policy Implications** and educational website, **BUPE2024** focused on all aspects of the use of buprenorphine in medicine. The goal is to broaden the knowledge base on buprenorphine in the healing pharmacopeia and as a pharmacological tool for pain management and addiction. This includes a comprehensive roadmap for medical professionals prescribing buprenorphine, its proper utilization in clinical practice, and the public policy aspects.

Journal of Opioid Management invites the submission of original presentations, papers, research articles, case studies, literature reviews, and expert analysis.

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, bioavailability is greatly increased.²

In a Letter to the Editor, Dr. Michael Krees eloquently stated:

“The Task Force continues to endorse the long established step-ladder 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 hospitalizations³ 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 worthy 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

References

1. CDC Guideline for Prescribing Opioids for Chronic Pain—United States. www.cdc.gov.
2. Raiuck RL, Potts J, Xiang Q, et al.: Efficacy and tolerability of buccal buprenorphine in opioid-naïve patients with moderate to severe chronic low-back pain. *Postgraduate Medicine*. 2016; 128(1): 1-11.
3. Howard RL, Avery AJ, Slavenburg S, et al.: Which drugs cause preventable admissions to hospital? A systematic review. *Br J Clin Pharmacol*. 2007 Feb; 63(2): 136-147.
4. Sultana J, Cutroneo P, Trifiro G: Clinical and economic burden of adverse drug reactions. *J Pharmacol*

We are seeking presentations/papers on the following topics:

- Clinical application of buprenorphine in pain management
- Where does buprenorphine fit on the ladder of analgesics?
- How does one rotate onto buprenorphine from other potent opioids?
- How does one rotate from buprenorphine to other opioids?
- The nuances of buprenorphine PK/PD and its clinical relevance
- Clinical utility of buprenorphine relative to other opioids, safer or not?
- Clinical application of buprenorphine in addiction medicine
- Perioperative management of patients on long term buprenorphine
- Breakthrough pain management on buprenorphine
- What population would likely benefit to using buprenorphine up front?
- Buprenorphine in complex persistent opioid dependence
- Buprenorphine in opioid use disorders
- How safe is buprenorphine in organ failure?
- Comparison of buprenorphine delivery technologies
- PK/PD of various formulations and delivery platforms
- Suboxone as an analgesic off-label
- Are benzodiazepines OK for a patients on long-term buprenorphine?
- Can patients overdose on buprenorphine?
- The role of buprenorphine in addressing the opioid crisis
- Economic considerations in prescribing buprenorphine
- Integration of buprenorphine into practice protocols
- Impact of buprenorphine on crime and legal issues
- Legislation impacting buprenorphine adoption
- The use of buprenorphine in managing pain in advanced illness

Articles will be published in a new Buprenorphine Special Issue. We are targeting 3,500-6,000 word length articles. The special issue is based on the current *JOM* article format. Presentations will go to BUPE2024.com.

Please submit your presentation abstract to jom@pnpc.com by May 27, 2024. The abstract form is located at: <https://wmpllc.org/ojs/index.php/jom/libraryFiles/downloadPublic/10>

Please submit your manuscript by October 1, 2024 via the manuscript submission link at www.opioidmanagement.com.

Contact us with questions at jom@pnpc.com or 781-899-2702, ext. 108 or 116, from 9 AM – 5 PM ET

We thank you for your commitment to the proper and adequate use of opioids and your support of the *Journal of Opioid Management*.

Pharmacother. 2013 Dec; 4(suppl): S73-S77.

5. Pirmohamad M, James S, Meakun S, et al.: Adverse drug reactions as cause of admission to hospital: prospective analysis of 18820 patients. *BMJ*. 2004; July 3; 329(7456): 15-19.
6. European Monitoring Center for Drugs and Drug Addiction: Selected Issues. 2005. Luxembourg. Office for Official Publications of the European Communities. 1-45.
7. Wood E, Laga DL, Klimas J: Pain Management with Opioids in 2019-2020. *JAMA*. 2019; 322(19): 1914-1915.