Unanticipated benzodiazepine withdrawal in the context of an adulterated unregulated opioid supply in Vancouver, BC: A case series.

Category: Poster Presentation (in person)

Abstract Body

Background: Novel psychoactive substance (NPS) benzodiazepines have emerged as frequent adulterants of the unregulated opioid supply in Vancouver, B.C., resulting in increased harms related to co-ingestion of these substances. People regularly exposed to benzodiazepines as adulterants who abruptly discontinue unregulated opioid use may be at risk for complicated benzodiazepine withdrawal, including those presenting to withdrawal management services for stabilization of opioid use disorder (OUD).

Methods: Retrospective case series (n=6) through chart review of people with severe OUD and without history of co-occurring alcohol use disorder or intentional benzodiazepine use presenting to a medically-supervised withdrawal management facility in Vancouver. Cases were identified as those who exhibited signs consistent with complicated benzodiazepine withdrawal. Outcomes of interest included: (1) Signs and symptoms of complicated benzodiazepine withdrawal; (2) total length-of-stay at withdrawal management; (3) transfer to higher level of care; and (4) peak and daily mean CIWA-Ar scores and total administered benzodiazepine dose.

Results: All six patients exhibited some degree of complicated benzodiazepine withdrawal during inpatient opioid withdrawal management. Average length of stay was 7.1 days (range = 5-10), with 2/6 patients requiring transfer to hospital related to benzodiazepine withdrawal, and 5/6 being discharged following subsequent stabilization of benzodiazepine withdrawal. Peak CIWA-Ar scores when assessed ranged from 12 to 26 (mean = 16.8), with one patient exhibiting a withdrawal-related seizure, five experiencing acute perceptual disturbances, and zero fatalities recorded. Substantial heterogeneity was observed in timing and presentation of benzodiazepine withdrawal. Average daily administered benzodiazepine dose in diazepam equivalents was 30.3mg (range = 10 – 60mg), with average total of 90.8mg (range = 30 – 150mg). All patients who completed their withdrawal management stay were stabilized on opioid agonist therapy for OUD before discharge.

Conclusions: In the context of drug markets with high rates of NPS benzodiazepine adulteration, people accessing withdrawal management services for stabilization of OUD may be at elevated risk for complicated benzodiazepine withdrawal. Standardized risk assessment and management approaches are warranted in order to address these potential harms and monitor for evolution of adulteration-associated trends.

Key Words

- Assessment/screening
- Opioids/Opiates
- Pharmacology/Toxicology
- Sedatives
- Withdrawal Management

Learning Objective # 1

To describe the risks associated with abrupt cessation of unregulated opioid use in people regularly exposed to NPS benzodiazepine adulterants in the unregulated opioid supply.

Learning Objective # 2

To describe the clinical course, including management approaches, of unanticipated benzodiazepine withdrawal in a medically-supervised setting for people undergoing withdrawal management for opioid use disorder.

Reference # 1

BC Centre on Substance Use. (2021, June 8). Clinical Bulletin: Benzodiazepines and Opioids. https://www.bccsu.ca/wp-content/uploads/2021/06/Bulletin-Benzos-and-Opioids.pdf

Reference # 2

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