Managing Benzodiazepine Contamination

Within the Context of Opioid Dependency Treatment

In Alberta, the current drug supply contains many adulterants which has contributed to the increase in drug poisonings, and other drug-related harms. Unregulated benzodiazepines are considered novel psychoactive substances and are commonly added to the unregulated drug supply. Furthermore, when an individual stops accessing the unregulated drug supply (and therefore benzodiazepines) suddenly, such as following a buprenorphine/naloxone initiation, rapid-induction buprenorphine extended-release, hospitalization, or incarceration, they are at the highest risk of benzodiazepine withdrawal.

The withdrawal of benzodiazepines from a contaminated drug supply poses a significant risk of a seizure. A prescribed benzodiazepine taper remains the safest option to mitigate these serious complications. The prescriber and individual should discuss treatment options to select the most therapeutically suitable intervention based on their needs. Meeting an individual's self-identified needs is imperative for sustaining treatment retention, reducing unregulated opioid use, and minimizing the risk of morbidity and mortality.

This document is intended to assist healthcare providers who are working with individuals who have suddenly stopped or are expected to stop their unregulated opioids. Please note that this resource is not intended to be used for individuals who are intentionally accessing benzodiazepines and may have benzodiazepine use disorder.

Lower Intensity → **Higher Intensity**

Withdrawal Management

Regardless of which treatment option is used, the abrupt discontinuation of unregulated opioids may result in benzodiazepine withdrawal.

Opioid Agonist Treatment (OAT)

- **BUP/NLX, BUP-XR** — 1st line
- **Methadone** — 2nd line
- **SROM** — 3rd line

Designated Narcotic Drugs (DND)

- **Hydromorphone** — AMP approval
- **Fentanyl** — Medical Director approval

Benzodiazepine Withdrawal Risk Due to Unregulated Opioid Supply Screening Tool

Does the individual use unregulated benzodiazepines intentionally?

- **YES** → If **YES**, proceed with a benzodiazepine clinical assessment. This should include determining if the individual meets the criteria for sedative, hypnotic, anxiolytic use disorder. Consult RAAPID for clinical advice.
- **NO** → If **NO, and/or may be using unregulated opioids containing unknown amounts of benzodiazepines** proceed with Benzodiazepine Withdrawal Risk Screening Tool questions.

Benzodiazepine Withdrawal Risk Screening Tool Questions and Assessment

Questions

- Does the individual use at least 2 points of fentanyl each day, for more than 2 weeks?
- Has the individual experienced benzodiazepine withdrawal in the past?
- Has the individual used substances that they know are laced/ mixed with benzodiazepines daily for more than 14 days?
- Does the individual have a history of hallucinations/perceptual disturbances, seizures, or disorientation when opioid use decreases?
- Does the individual have a history of benzodiazepine withdrawal symptoms such as tremors, severe anxiety, nausea, vomiting, sweating, or restlessness that were not relieved by using more/higher doses of opioids?

Clinical Assessment

- Urine drug screen (UDS) results for benzodiazepines:
  - ***Negative*:** A negative UDS result alone does not exclude the risk for benzodiazepine withdrawal (e.g., some benzodiazepines may not be detected in standard urine drug screens despite the individual having been exposed)
  - ***Positive*:** If the USD result is positive, and the individual answers "no" to the screening questions above, use clinical judgment to determine their risk level.
- Given the overlap of the signs and symptoms between opioid and benzodiazepine withdrawal, the clinician should complete a COWS and CIWA-Ar to guide management.

Benzodiazepine Taper

Does the individual use at least 2 points of fentanyl each day for more than two weeks, and meets one or more additional criteria (i.e., positive UDS, additional confirmation within Benzodiazepine Withdrawal Risk Screening Tool questions, or 1 CIWA-Ar signs or symptom that is unique to benzodiazepine withdrawal)?

- **NO** → Continue to monitor for withdrawal symptoms. The individual does not currently describe a history or present with clinical symptoms consistent with benzodiazepine dependence. Prescribers should reassess the individual as needed.
- **YES** → Consider a **Diazepam or equivalent taper** for daily dispense:
  e.g., **Diazepam 5mg TID x 2 days; 5mg BID x 2days; 5mg OD x 2 days; then stop.**

  Note: A benzodiazepine taper is strongly recommended when an individual suddenly stops accessing an unregulated drug supply, such as when they are admitted to a hospital, a withdrawal management program, or are incarcerated. This also applies to those who are initiating buprenorphine/naloxone or rapid buprenorphine extended-release treatment.

  Note: Lorazepam may be used instead of diazepam for those with severe hepatic impairment due to diazepam accumulation and inadequate clearance.

Diazepam Monitoring

Individuals accessing a **licensed NTS clinic** should be assessed once per day, ideally prior to the dispensing of diazepam. Assessments should include:

- **Vital Signs:** Pulse, BP, O2 saturation, Temperature, and Respiratory Rate
- **Benzodiazepine withdrawal signs and symptoms** (tremors, severe anxiety, nausea, vomiting, sweating, or restlessness)
- **Assess for signs of toxicity** before each benzodiazepine dose (e.g., slurred speech, sedation, ataxia, nystagmus).

Healthcare providers should follow up with individuals **24-48 hours** after their appointment to assess for signs and symptoms of benzodiazepine withdrawal and toxicity for **community or virtual appointments.**

Treatment Note: Individuals using benzodiazepines for 2 weeks or less are at a low risk of experiencing a seizure associated with withdrawal. Furthermore, individuals who use benzodiazepines for longer than 4 weeks are likely to develop a significant dependence. A clinical assessment should be used in addition to the benzodiazepine withdrawal risk screen to confirm the appropriate withdrawal management level of care, monitoring, and medication protocols to mitigate the risk of benzodiazepine withdrawal.

References

Vancouver Coastal Health. (2021). *Benzodiazepine Withdrawal Risk Due to Contaminated Illicit Opioid Supply Screening Tool.*
Vancouver Coastal Health. (2021, September). *Modified CIWA-AR with Diazepam.*
Vancouver Coastal Health. (n.d.). *Risk for Benzodiazepine Withdrawal Using Diazepam.*

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