

PROGRAM INNOVATION

Benzodiazepine WM Protocol

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The unregulated opioid supply in Vancouver, BC has become increasingly toxic due to benzodiazepine contamination since 2018. Clients who use unregulated opioids are at increased risk of experiencing benzodiazepine withdrawal syndrome (BWS) when they decrease their use, and experience increased risk of overdose death with continued use.

Increasing cases of BWS including seizures and delirium tremens, have occurred among clients using unregulated opioids (such as fentanyl) accessing inpatient withdrawal management (WM) facilities. BWS developed in the context of rapidly escalating opioid agonist therapy dosing and BWS specific symptoms - tremor, perceptual disturbances, hallucinations, confusion, delirium, and seizures - presented up to five days after last reported unregulated opioid use. To this end, a working group was established, and quality improvement initiatives to address significant client safety concerns in the context of a benzodiazepine contaminated unregulated opioid supply were undertaken.

A benzodiazepine withdrawal risk screening tool based on literature and chart reviews was developed to identify clients at high risk for experiencing BWS due to unintentional benzodiazepine use. The screening tool supports clinicians to stratify risk for BWS based on patterns of unregulated opioid use and previous history of BWS in the context of opioid withdrawal. The benzodiazepine point of care urine drug test result is documented on the screening tool but has limited utility in predicting risk due to high rates of false negative results and limited sensitivity to benzodiazepines in the unregulated opioid supply.

Pre-printed orders were implemented along with the screening tool to support safe monitoring and treatment using the CIWA-Ar

and benzodiazepines, respectively. The decision to exclude CIWA-B from the procedures was due to several subjective questions which are nonspecific to BWS among a complex and marginalized client population. For example: Do you think you had enough sleep last night, have you been worrying about possible misfortunes lately, do you feel upset, do you feel fatigued?



Evaluation of the screening tool and pre-printed orders are underway within the Vancouver Coastal Health, Vancouver community inpatient WM facilities. Results will inform screening, referral, treatment pathways, medical resources and service delivery models required to meet the increasing acuity, complexity and duration of inpatient medical WM services required to provide evidence-based care for this high-risk population.

FACES OF THE FIELD



Sean LeBlanc
DUAL Founder, CAPUD Board Member, Community Researcher

I was drawn to addictions work when I started to emerge from my addiction to opioids and saw that people who use drugs were not being represented in any meaningful way in initiatives and projects that greatly affect us. So, I started to advocate. Slowly but surely. And I found that the more I advocated, the healthier I became, and the healthier I became, the more I could advocate.

I used to be a full-time peer support worker at Ottawa Inner City Health, an organization providing healthcare to the homeless and street communities. I loved this work, but 7 years of pushing broken wheelchairs through wintery Ottawa took its physical toll. Now I am a (very good) house-husband to my wonderful partner of 8 years. I am also a community researcher with Unity Health, and Mount Sinai Hospital in Toronto, and serve on several boards: Drug User Advocacy League (DUAL), Ontario Network of People who Use Drugs (ONPUD), and Canadian Association of People who Use Drugs (CAPUD). This feeds my passion for advocacy and keeps me busy.

As a university student, I had DJ'd and planned to teach English. I met a nice lady who became pregnant. Life was going well. And then, tragically, she passed away 7 months into her pregnancy. After that I just ... did not want to feel. Addiction, homelessness and criminalization followed. Thankfully, I got out of the opioid game before it was too late: literally every single friend I was using with 20 years ago is now dead. It was my OAT doctor always believing in me, never judging, who allowed me to finally believe in myself. I feel like I have survived a war. And I have - the drug war.

I have gone from being someone invited to participate in research (so someone could check a box), to being a 'mover and shaker', making important decisions and undertaking a leadership role to People Who Use Drugs. PWUD face immense barriers and stigma, and it is for them I advocate. It's challenging but so very rewarding. From accompanying them to court appearances or hospital, to leading health literacy groups, to providing acute-detox via acupuncture, wherever a PWUD needs help, I'm there. Never in a million years did I think I would end up where I am, but I'm sure glad I did!

EVENTS

RAAM monthly videoconferences:

Prescribers Jan 11 8 am
Nurses Jan 12 9 am
Addictions NP Jan 26 12 pm

META:PHI Webinar: Jan 12 7 pm

Dr. Jonathan Bertram

Opioids, chronic pain and opioid use disorder: What can we learn from the POINT study?

PERSPECTIVES

Trauma's Children

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"I was sick for a long time; I drank for many years. I was always so angry; I never knew why. I think it was my childhood. I'm a little better now that I am older. I was in the school for 12 years, from when I was 4," my patient said flatly.

I knew which school. Grollier Hall was a residential school in Inuvik where children from the Beaufort Delta had been placed during their childhood(s). I was working in Inuvik in 1997 when the hearings took place and residential school survivors came back "home" to testify. The first heart attack I treated on my own was when a 56 year old survivor came in at 11 pm with chest pain and S-T elevation. He had testified that afternoon - it was his first time back to the region since his youth. He said he had been smoking and drinking more than usual that day and blamed himself. I told him the only thing he had to do that night was help bring down the "tents" on the monitor by resting. The school had closed but his trauma lived on.

As we sat in my COVID clinic office, my patient spoke more about residential school and of her struggles as a woman and a young mother. I learned she had the same surname as my friend who still lives in the Delta. I asked her if she was related to June*, my friend's grandmother and respected elder. "Oh, she was my auntie!" was her response. We remarked on the fact that my friend had never attended a residential school and that this was very rare. "June was very good with those kids. She kept them out on the land," June's niece said. This is her euphemism for having kept the children hidden from the authorities, raising them out in the bush.

*June is not her real name

My friend, who lost her mother at 11 to a gunshot wound and subsequent tuberculosis, was raised by June. My friend had also had a drinking problem for many years, while in her 20's. Her first child had Fetal Alcohol Syndrome (FAS) and was sent away to a group home in Saskatchewan. After that she stopped drinking and had 3 more kids. I delivered her 3rd child 24 years ago.

My patient was soft-spoken and still. Her chart listed "alcoholism" and "borderline personality disorder". She no longer drank; she stopped on her own some time ago, her anger having exhausted itself.

Decades of trying to cope as adults after childhoods with abusive strangers as role models and surrounded by peers in the same situation takes its toll. Alcohol-related death statistics for the region are not available but alcohol-related hospitalizations are consistently the highest in the country at over 1700 per 100,000 in 2017. Released back to their communities as adults, these men and women no longer fit in, having lost their language and their familial bonds. With no skills to hunt, fish, trap and camp and no vocational skills, they are rootless, unable to understand the intricacies of relationships with each other, nor with their own children.

Three sad stories among thousands. When we treat these patients, we need to acknowledge their trauma and include the generations that sit in the room with them.

IN THE NEWS

[Timmins Treatment Program Outreach](#) (CBC News)

[Travis Lupick book "Light Up The Night"](#) (The Tyee)

[West Coast Grapples With Shifting Drug Supply](#) (Filter Magazine)

[Beyond Stigma](#) (Subject Matter)

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