

Compass Opioid Stewardship in Practice

Microlearning Series



Sustainable Healthcare Transformation

Module 14: Reducing High-Risk Controlled Substance Combinations

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Christine Blake Smith, DO; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case explores a 35-year-old female with a history of chronic insomnia, anxiety, ADHD, and bipolar disorder. Her current regimen includes PRN alprazolam and twice-daily dextroamphetamine/amphetamine 30mg.

Goal

Our clinical goal is to increase patient safety by reducing the concomitant use of controlled substances, specifically Benzodiazepines and Amphetamines in this particular patient.

Achieving our Goal

Provide consistent education at visits and refill requests.

- At patient visits and each time the patient calls for refills, inform the patient that the combination of benzodiazepine and amphetamine is no longer recommended.

Explain risks and clinical concerns.

- Discuss that this combination can increase the risk of misuse, dependence, addiction, and overdose, and note the opposing CNS effects (sedative vs. stimulant).

Encourage safer treatment options.

- Encourage consideration of tapering one medication, discontinuing one medication, replacing one with a safer medication, or referral to psychiatry to take over prescribing or provide safety recommendations. In this case the patient discontinued alprazolam and was started on quetiapine as a mood stabilizer. This also helped reduce insomnia.

Send clear written follow-up communication.

- Use the EMR patient portal to follow up on prior discussions and request confirmation of the plan regarding reducing the combination of controlled medications.

Clarify prescribing recommendations.

- Reinforce that long-term safety and effectiveness data no longer support this combination in primary care and that psychiatric monitoring may be appropriate.

Discuss alternative medication strategies.

- Explore alternative options (such as different medications for sleep) and provide dosing guidance as appropriate.

Initiate referrals when appropriate.

- Begin a referral to psychiatry as a backup plan, recognizing that scheduling may take time.

Provide a firm recommendation when readiness appears.

- After ongoing education over time, present a clear and direct recommendation for change.

Monitor outcomes following the change.

- Continue follow-up after medication adjustments and reassess whether specialty referral remains necessary.

Clinical Pearls

The clinical pearls we want you to remember are:

- Guidelines now recommend treating ADHD first with stimulants, then addressing residual anxiety with non-benzodiazepine options (e.g., SSRIs, CBT, buspirone).
- Stimulants can have a side effect of insomnia. Use sleep hygiene, melatonin, non-benzo medications if needed.
- Substance Use Risk: Most addiction medicine guidelines warn against this combination due to high misuse potential.
- Build a rapport with the patient.. a friendly, open, professional relationship builds trust and fosters a willingness to change.
- Don't assume your patient won't be open to a medication change just because they've been on a regimen for years.
- Educate your patient on current evidence based medicine stating what study outcomes are recommending and keep mentioning it as often as possible and in different ways to ease your patient toward a change and to find an approach that works for them.
- Identify the factors impeding change. In this case, it was the patient's worry about insomnia that was keeping her from tapering/stopping the benzodiazepine. There are many options. In this patient with concurring bipolar disorder, a mood stabilizer that also works for sleep was a great choice.
- It's ok to start slowly but some patients (especially who are on lower doses such as this one) are able to make a simple switch.

The Compass OPSS program provides benzodiazepine tapering resources to help. For more personalized technical assistance on this topic, we encourage you to reach out to your Clinical Coach to schedule a coaching session.

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

Resources

- [Opioid and Benzodiazepine Tapering: How -To Guide](#)