Kennedy's Case

Your colleague, a family physician, contacts you about a patient named Kennedy.

- Kennedy is a 22-year-old female who is currently using intranasal (IN) and intravenous (IV) heroin, about 10 bags daily, up from 3 bags last year. Your colleague is concerned because the patient has had another overdose.
- The family physician (FP) had some prior knowledge about buprenorphine but was never interested in obtaining an X-waiver to prescribe. She shamefully confided; "I didn't think there were 'addicts' in my practice."
- ***An appointment with you is scheduled for the next day.***
- Kennedy's opioid use started in high school with non-prescribed oxycodone tablets, which her friends were crushing and snorting to get "high". Her friends convinced her it was fun to do. At first, Kennedy did not like the feeling from the oxycodone—it made her nauseous and vomit.
- She eventually felt like this was what her brain was "missing".
- Kennedy was sexually abused by an older male cousin when she was 9 years old. Kennedy cries as she speaks of this traumatic event.
- Kennedy had been evaluated by a psychiatrist as a teenager, and a diagnosis of PTSD was made. She was prescribed an SSRI and started seeing a therapist.
- A new boyfriend introduced her to heroin, which was more available and considerably cheaper. She was snorting the heroin to get high, and she subsequently stopped both the SSRI and the therapy.
- She managed to graduate high school and enroll in her local community college. She was unable to continue college due to her continued substance use.
- Soon, she segued into injection drug use (IVU). She obtains sterile needles and syringes from a needle exchange. She admits to two unintentional overdoses and was reversed with naloxone by her boyfriend both times. Fentanyl contamination was suspected in both cases, which she was unaware of.
- Kennedy has entered medically-managed withdrawal three times and one 28-day rehab. She, unfortunately, returned to use in less than one week.

She has attended a few Narcotics Anonymous (NA) meetings with her boyfriend. She thinks medications, such as methadone and buprenorphine, would just be trading one addiction for another. There is no history of street use.

- At this point, it is unknown if Medications for Opioid Use Disorder (MOUD) has ever been offered.
- Currently, she lives with her boyfriend, who also uses IV heroin. He works part time in construction. She has reliable transportation, but is unemployed, and looking for work. She denies any legal ramifications related to her substance use.
- Physical Exam: Drowsy, young, thin, disheveled female, with pinpoint pupils (miosis), and slurred speech. Bilateral upper extremities reveal fresh track marks on antecubital fossae, no abscess or streaking.
- COWS = 3
- Unaware of HIV status or Hep C status.
- Urine drug test (point of care):
    - + opiates, + THC, + fentanyl, and + cocaine
- Kennedy states her last use of heroin was two hours ago. She admits to the use of cannabis but denies the use of fentanyl and cocaine.