Community Resource Case Study Project – Scenario 5: Addiction and Pain Prescription Policies

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Case Introduction

Randy is a 24-year-old man who was prescribed pain medication (an opiate) after ACL surgery during his sophomore year of college. He moved to using heroin when he could no longer access opiates. He eventually dropped out of college when he could no longer keep up with the schoolwork. His parents were very angry and kicked him out of the house. They have dropped him from their health insurance. He would like to get his life back on track but really sees no hope in that. He is also worried about fentanyl and accidental overdose. He works part time but can barely keep that together.

Section A.1: Health

Addiction is a serious problem that takes over peoples' lives and has existed for thousands of years. It can take many different forms and affect peoples' lives in many ways. Addiction is a chronic disease that can be treatable (Olsen, 2022). There are a bunch of different avenues for those who do suffer from addiction to get help. This help can lead to addiction ending, which means individuals suffering from substance abuse disorder can become "clean". However, recovery is not a fast process. Relapses are often involved with addiction, as stopping an addiction suddenly without proper preparation and without the right mindset can set one back. Addiction is a medical disease that involves "complex interactions of brain circuitry, genetics, environment, and an individual's life experiences" (Olsen, 2022). Additionally, addiction does not always have to involve substance abuse. There are a variety of categories of items, actions, substances, etc. that one can become addicted to like gaming and gambling to watching inappropriate videos. What is important is that individuals struggling with addiction do not feel alone and that those affected do not get looked down upon or blamed for what is happening in their lives. There needs to be avenues for addicts to be able to reach out and get help when they

are ready and to not feel judged by society. Help does exist, and good health is what is wanted for each and every individual.

This specific case will be centered around heroin addiction. Use of heroin has actually increased in the past decade, especially among women (Marsh et al., 2018). There have been many different reasons as to why heroin use among people has increased. One of the reasons is that people who already have an addiction to prescription medicines switch to heroin, because heroin is cheaper and easier to get into their hands (*How many people in the U.S. use heroin?*). Ninety-four percent of opioid-addicted people switched from prescription opioids to heroin. Ever since 2010, deaths from overdosing on heroin has become a serious problem. Across the country in the United States, death tolls from heroin overdose have been increasing and becoming more and more of a concern. The number of deaths from heroin almost tripled from 2010 to 2013 (Report, 2018). Another reason for prescription drug users turning to heroin is that they are both very alike regarding their chemical structure, which leads them to be able to produce the same sort of high for users (Report, 2018). The National Institute of Drug and Abuse (NIDA) reported that "eighty percent of heroin users first used, and then misused, prescription opioids." In the year 2020, 13,165 people actually passed away from an overdose involving heroin. Overdosing on heroin is very common. Heroin overdose is actually the most common source of mortality for drug users (Schneider et al., 2021).

There are many different risk factors associated with heroin addiction. It seems that, overall, men abuse the use of heroin and nonprescription drugs more than women do, but women are increasing their use of heroin at a faster rate than men (Marsh et al., 2018). Therefore, there are difference in how addiction affects both genders. There can be careful surveillance done around this and precautions taken when prescribing drugs knowing that gender can be a risk

factor for creating addictions in people. There is also no doubt that one's community, which encompasses peers, neighbors, schools, etc., would influence whether one gets an addiction or not. The most crucial time for addictions to start is from adolescence (Burrow-Sanchez, 2006). Adolescence is when crucial times for development take place like learning languages and forming or stopping certain habits. Most adolescents will experiment with drugs in their schools or out in their communities, and experimenting with different drugs can lead to addiction forming (Burrow-Sanchez, 2006). Consequently, addictions can form from a young age and continue on into adulthood, and this makes intervention especially difficult. Peers and neighbors can make addictions continue if one is under peer pressure, but both can also do the complete opposite as well. The degree of influence from peers and neighbors would depend on case by case. However, communities where drug use is high needs to be closely monitored and paid closer attention to in order to try and prevent addiction from ever even forming in the first place. Expanding on this idea, one's socioeconomic status can greatly influence their addiction status as well. Socioeconomic status can go both ways. Some drugs' use are higher in lower socioeconomic areas like smoking, but other drugs like alcohol and marijuana were higher among those with a higher socioeconomic status (Patrick et al., 2012). This would also be taken case by case, as every drug is not the same.

In addition, one's mental health status can influence one's addiction status as well. Mental and addictive disorders affect a great amount of people globally, especially in high and upper-middle income countries (Rehm & Shield, 2019). Both of these disorders have increased in both prevalence and incidence in recent years (Rehm & Shield, 2019). Reasons for the increase in these disorders is due to both stigma and lack of receiving treatment (Rehm & Shield, 2019). There are outlets for people to use instead of turning to drugs to cope with their problems,

so the proper resources need to be offered and made known. One's past can also greatly influence addiction as well. If someone's parents had an addiction to a substance, it makes it more likely that that person may develop an addiction to substances as well. This can also be because they have most likely had exposure to drugs since they were little, and the common exposure can lead drug users to think that this behavior is normal. Going on, one's childhood could also influence whether they choose to try drugs or not. If one's parents are not present during their childhood, they may have more room to experiment with drugs, which would lead to addiction. Childhood trauma can also lead one to experiment with drugs. Drugs may be a coping mechanism for these children going through tough times. The more they use this drug, the closer they are to getting addicted to it. Furthermore, there have been studies done that show that exposure to alcohol prenatally can increase baby's chances of getting addiction. The National Institutes of Health (NIH) states that "Prenatal exposure to alcohol, cigarettes, and illicit drugs is associated with physical, cognitive, and behavioral problems in offspring…and is also related to increased risk of offspring substance use and abuse in adolescence and young adulthood" (Dodge et al., 2019).

The bright side with these risk factors is that a lot of them are modifiable, meaning that they can be changed with proper behavior changes. The modifiable risk factors should be altered as soon as possible to ensure the best possible health outcome for human beings. Prevention and intervention methods can also be put in place to lessen the burden of negative health effects that take place occur for addicts as well.

The most common way that opioids are accessed is through a medical prescription for the management of chronic pain (*U.S. Opioid Dispensing Rate Maps*, 2021). As 75% of individuals who use opioids report their first opioid use was via prescription, it is important to acknowledge

providers as the first step in combating the issue (*Prescription opioid use is a risk factor for heroin use*, 2018). Chronic pain, pain lasting longer than three months, is one of the most common reasons for an individual to visit a physician (*U.S. Opioid Dispensing Rate Maps*, 2021). In this millennia, the year with the highest dispensing rate of opioids was 2012 with 81.3 prescriptions per 100 people. This number has declined since and in 2020 there were 43.3 prescriptions per 100 people (*U.S. Opioid Dispensing Rate Maps*, 2021). Chronic pain continues to be an issue for Americans, but there have been more effective treatments found and used as the number of opioid deaths continues to rise annually. In 2010 opioid-related deaths totaled 21,089 individuals whereas in 2020 the deaths totaled 80,411 individuals, a 281% increase across a 10-year period (*Drug Overdose Death Rates*, 2023). Unfortunately, this statistic solely focuses on reported opioid deaths and does not include those actively struggling with addiction.

In Georgia, drug overdoses increased 61.9% from 2019 to 2021 indicating that the opioid epidemic is still growing. For opioids, specifically, the drug overdose rate increased 232.1% during the same period. As rates continue to rise, alternatives to opioid medication have become more widely used (*Applying the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain*, 2022). Non-opioid medication and noninvasive alternatives are useful in treating chronic pain without the risk of developing substance dependence. Non-opioid medication includes the use of non-steroidal anti-inflammatory drugs (NSAIDs) and tricyclic antidepressants (TCAs). NSAIDs and TCAs are used in opioid treatment as first-line for general pain relief and for neuropathic pain (*Applying the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain*, 2022). Non-opioid medication can have small to moderate benefits for users but work best in combination with other treatments. Chronic pain can be a result of many different diseases and disorders, so the pain management regimen varies based on the condition.

There are recommendations for other effective treatment options based on the pain and physicians often recommend self-care and preventative measures to help prevent pain from developing or worsening. Additionally, physical treatment and behavioral treatment have been found effective as alternatives to prescribing medication.

Since 1999 nearly one million people have died from an opioid overdose. While heroin overdose rates have steadily decreased since 2016, 75% of heroin overdoses in 2021 also involved fentanyl (*Drug Overdose Death Rates*, 2023). Fentanyl is a highly potent drug that can be incorporated into other drugs and individuals are often unaware of the presence (*Fentanyl Facts*, 2022). Due to the high potency, it takes a small amount of the drug to be present to cause an overdose. Death from overdose relies heavily on bystanders. Signs of an overdose include constricted pupils, loss of consciousness, weak breathing, discolored or cold skin, and choking noises (*Fentanyl Facts*, 2022). Naloxone is a drug that can be administered, via nasal spray or injection, to reverse the effects of an overdose by blocking the opioid's impact (*Fentanyl Facts*, 2022). It would be always recommended that Randy carry one of these with him to prevent an overdose from occurring to him or a friend. The five steps outlined by the CDC are first call 911, next administer naloxone when available, try to keep the victim conscious, turn the victim on their side to prevent choking, and stay with the individual until emergency personnel have arrived (*Fentanyl Facts*, 2022). In Georgia, and many other states, good Samaritan laws are in place to encourage bystanders to contact emergency resources without the fear of legal repercussions (*The Georgia 9-1-1 Medical Amnesty Law*, 2022). Georgia 911 Medical Amnesty Law protects individuals in the state of Georgia with legal immunity for getting help when witnessing an overdose (*The Georgia 9-1-1 Medical Amnesty Law*, 2022). The Center for Disease Control and Prevention (CDC) provides ten guidelines for overdose prevention. These

guidelines focus on preventative measures along with emergency actions (*Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*, 2022). The strategies include targeted naloxone distribution, medication-assisted treatment, academic detailing, 911 good Samaritan laws, and measures to assist in criminal justice settings (*Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*, 2022).

Heroin accounts for nearly 20% of opioid-related deaths (*Preventing Heroin Use: Facts, Factors, and Strategies* 2016). Heroin is considered one of the most addictive drugs and the strongest risk factor for heroin use is opioid dependence (*Preventing Heroin Use: Facts, Factors, and Strategies* 2016). If the previously recommended prevention methods are unsuccessful or if the dependence has progressed past that, heroin prevention is important. Individuals are at increased risk if they have other mental health disorders, a history of alcohol or other drug abuse, or genetic disposition.

There are many treatment facility options available for individuals struggling with opioid addiction. In Georgia specifically there are free programs that provide rehabilitation options to individuals who may not have insurance or cannot afford to be treated. In the case of Randy, he does not have health insurance, therefore a state-funded program is a great way for him to get the help he needs. Within public programs there are four types of treatment payment options: sliding scale, non-profit, faith based, and payment assistance. Sliding scale treatment allows individuals to pay what they can. This option would fit the needs of Randy because he could use his job pay to help support himself. Non-profit treatment is typically at a reduced price, which also may be a good choice for Randy. Some churches offer faith-based assistance and offer free drug and alcohol treatment for those who join their ministry. If Randy is religious, this would be a reasonable option. Lastly, payment assistance is a situational option at many rehabilitation

centers. There are many state-funded treatment programs that can help Randy despite his lack of insurance. It is important that Randy knows he has options for getting back on track and that he may need to save some money but there are less barriers to getting the help that is needed.

Section A.2: Culture

In the context of opioid prescribing and misuse, there are many cultural factors that influence one's risk for opioid addictions. Different factors such as race, socioeconomic status, geographic region, and education all influence opioid use behaviors. Race alone is one of the biggest predictors of opioid prescriptions and misuse. Data from multiple studies has shown that non-Hispanic whites are much more likely to be prescribed opioids compared to those who are black or Hispanic. Specifically, one study found that 31% of White patients who went to the emergency room for pain were prescribed opioids compared to 23% of Black patients and 24% of Hispanic patients (Pletcher et al., 2008). Another study found similar results stating that 11.3% of White patients received opioid prescriptions when presenting to the emergency room for pain compared to 9.3% of Black patients and 9.6% for Hispanic patients (Cho & Chang, 2022).

The idea that race influences one's likelihood for obtaining prescription opioids is concerning for multiple reasons. First, minority patients are often underserved and may not be able to obtain the care or medicines they need when they really are in pain. This could lead to individuals having to turn to other methods or substances to alleviate their pain. Second, disproportionately overprescribing opioids to white individuals is a major contributor to the current state of the opioid epidemic within the United States. Non-Hispanic white individuals have the highest rates of prescription opioid misuse compared to all other races other than those who are Native American. Additionally, heroin use is highest among White individuals and more

than doubled within the last two decades (Schuler et al., 2021). These concerning trends are directly related to the overprescribing of opioids and availability of prescription and nonprescription drugs.

Even though opioid use prevalence is highest among Whites, opioid overdose rates are highest within other groups. Between individuals aged 15 to 34, overdose death rates are highest among American Indian and Alaska Native men, and of those who are 35 to 64 years old, overdose death rates are the highest among Black men (Han et al., 2017). These statistics largely reflect the disproportionate access to opioid addiction treatment among racial or ethnic minorities. Although opioid misuse is highest among Whites, addiction treatment is the most accessible to them, which reduces their overall risk for overdose related deaths. Typical opioid use disorder treatment consists of either buprenorphine, methadone, or naloxone. After an official opioid use disorder diagnosis, non-Hispanic white individuals are much more likely to start treatment. One study found that of those who were diagnosed with an opioid use disorder, 50.6% of White individuals began addiction treatment compared to 29.7% of Black individuals (Hollander et al., 2021).

Specific treatment type also varies by race. Buprenorphine is a less active opioid than methadone and is labeled as a Schedule III drug, whereas methadone is a Schedule II drug. Because buprenorphine is Schedule II, it is often dispensed for patients to take at home. This can make it easier for patients to stay on the medication and makes the treatment more effective. On the other hand, methadone must be dispensed in a clinic and requires patients to visit the clinic daily for addiction treatment. This form of treatment presents many barriers to care and can be a difficult form of treatment to adhere to. Studies have found that providers in predominantly White neighborhoods are more likely to prescribe buprenorphine than providers in Black or

Hispanic neighborhoods, and methadone treatment clinics are more prevalent in minority communities (Andraka-Christou, 2021). Furthermore, providers who do not accept Medicaid are more likely to prescribe buprenorphine, but people of color are twice as likely to have Medicaid than White individuals. This greatly reduces the access to effective opioid use disorder treatment for minority communities and people with low-income. There is also a significant stigma associated with methadone treatment compared to buprenorphine treatment. Methadone is often more stigmatized because it is a stronger opioid than buprenorphine is, and it can also have worse side effects. When methadone is the main treatment type available, the likelihood of opioid use disorder treatment being initiated is much less.

Another significant predictor of opioid misuse is socioeconomic status. The socioeconomic status of an individual encompasses many different aspects including income, education, and employment, and these aspects are closely related with one another. The majority of data shows that opioids are typically prescribed more frequently to populations with higher socioeconomic status. A recent study that specifically examined the rates of opioid prescriptions in emergency room settings across the U.S. found that on the neighborhood level, people living in areas with high poverty rates were much less likely to receive prescription opioids (Joynt et al., 2013). In this study, neighborhoods with high levels of poverty were considered to have more than 20% of the population living below the poverty line. The study also found that individuals making over $50,000 annually were almost 10% more likely to receive an opioid prescription from the emergency room compared to individuals making less than $30,000. Lastly, the researchers found that those who have a college-level education were more likely to be prescribed opioids than those who do not. Although socioeconomic status is directly associated

with opioid prescribing frequencies, racial and ethnic disparities still were present after adjusting for socioeconomic status (Joynt et al., 2013).

Additionally, opioid use rates vary based on the type of opioid being considered. While those with high incomes and higher levels of education are more likely to misuse prescription opioids, heroin use is more common in socioeconomically disadvantaged populations (Rigg & Monnat, 2015). One particular study examined the differences in heroin-only use and prescription opioid-only use. The data obtained in the study suggested that heroin-only users were more likely to be between the ages of 26-49, have a low-income, and have a high school degree or less, but prescription-only users were more frequently college educated, employed full-time, and were between the ages of 18-34 (Rigg & Monnat, 2015). Research has also shown that socioeconomically disadvantaged populations are more likely to experience drug overdoses, and this relates back to the accessibility of substance use addiction treatment.

Geographic location, or rural versus urban locations more specifically, are often correlated with different risks for opioid abuse, overdose, and addiction. Studies have shown that opioid abuse and prescription opioid use is higher in rural areas compared to urban areas (Keyes et al., 2014). This is especially true in states with large rural populations such as West Virginia, Kentucky, Oklahoma, and Alaska. Possible explanations for higher rates of opioid misuse in rural areas is that rural populations are often older and more likely to experience injury or chronic pain so they receive opioid prescriptions more often, and states with large rural populations often have the highest per capita prescriptions of opioid analgesics (Keyes et al., 2014). There are many different factors that influence the relationship between rurality and opioid misuse, with two of the main ones being socioeconomic status and occupation. Those living in rural areas are more likely to work in jobs that require heavy labor, which could

increase their risk for injury and need for prescription opioids. Additionally, residents of rural communities often have a lower socioeconomic status, and because low socioeconomic status is directly associated with an increased risk for opioid abuse, this could influence their outcomes as well. Lastly, rurality is associated with many social stressors such as high rates of unemployment, job insecurity, and low-wage jobs that could all contribute to opioid use (Keyes et al., 2014).

In addition to higher rates of opioid use in rural areas, rural communities face a lack of access to addiction treatment services. Residents of rural areas often are not able to obtain needed opioid use disorder treatments such as buprenorphine or methadone because of the overall lack of healthcare providers and providers who will prescribe these medications (Lister et al., 2020). One of the significant barriers to care that rural communities face is the travel and cost burden associated with treatment. Because addiction treatment is primarily available in urban areas, travel is a major barrier that rural residents must overcome to obtain care. Studies have also shown that rural communities have a lack of concurrent mental health services needed for patients undergoing substance abuse treatment, and providers in rural areas often feel they do not have the resources or are unprepared to offer opioid addiction treatment to their patients (Lister et al., 2020).

Since many addictions begin with the legal use of prescription opioids, much of the current crisis can be traced back to the over prescription of these drugs. Despite recent awareness of the addiction potential of opioids, the amount of opioid analgesic prescriptions more than doubled worldwide between 2001 and 2014, with even higher increases seen in North America (Berterame et al., 2016). Over prescription is a distinctly American problem: opioid medications are given for procedures that, elsewhere in the world, are rarely prescribed. For example, no

patients in a Dutch hospital received opioids after undergoing hip fracture repair, whereas 77% of patients in a U.S. hospital received opioids after the same procedure. Similarly, 6% of patients of Dutch patients received them for an ankle fracture repair compared with 82% of Americans. (Lindenhovius et al., 2009). For head and neck surgery, 87% of patients in an American hospital received opioid orders after surgery versus less than 1% of patients in Hong Kong (Li et al., 2018). In comparison to Canada and Sweden, the mean dose of opioid prescriptions was highest in the U.S. (Ladha et al., 2019).

This difference can be explained by cultural expectations for pain management. In 2006 the Centers for Medicare and Medicaid Services implemented the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The system provides a survey to randomly sampled patients to score their satisfaction with various parts of their care. Importantly, pain management is one of the major categories scored. Results on the surveys influence federal hospital funding, so administrators stress high achievement. This encourages doctors to prescribe more pain medication to boost patient satisfaction, as lower doses and prescription durations are associated with lower assessment scores (Ahmed et al., 2021).

In addition, pharmaceutical companies aggressively promoted the use of opioids to physicians. Specifically, Purdue Pharma was found guilty of illegally marketing their product, Oxycontin. They misrepresented Oxycontin as a pain management tool with a very low potential for addiction and employed deceptive tactics to increase its use. Databases were created to find and target physicians with the highest prescription rates for further advertisement. All-expense paid resort conferences for health care providers were held to promote the drug, sales representatives were offered large bonuses for increased uptake, and free coupons for a 7 to 30 day supply were distributed (Van Zee, 2009). This made opioid prescription commonplace.

Primary care or family medicine physicians are the largest source of opioid prescriptions, handing out 41.9% of the opioid supply (Volkow et al., 2011). However, this group reported more exposure to education or training on proper opioid prescription practices (Price et al., 2021). High prescription percentages may be explained by primary care being the frontline for complaints about chronic pain.

Dentists are another one of the top providers of opioid prescriptions, giving out more than one in ten scripts (Volkow et al., 2011). Between 25 and 50% of dental patients are prescribed more than the recommended amount of medication. Young patients, males, and those living in the Southeastern U.S. were significantly more likely to receive an excessive amount. 76% of these orders were for hydrocodone-containing agents, which have high potential for abuse (Suda et al., 2020).

Post-surgical pain management is a significant factor in opioid prescriptions. 65.1% of hospital patient discharges with opioid prescriptions were for acute pain after surgery (Calcaterra et al., 2016). However, many of these prescriptions may be inappropriate for the scale of the procedure. Over 80% of patients fill opioid prescriptions for minor or low-risk procedures (Wunsch et al., 2016)

There are also “pill mill” doctors who are willing to overprescribe opioids for financial gain. They benefit from higher practice engagement, as well as kickback benefits from drug marketing companies. For example, two Alabama pill mill doctors were found to have bought stock in a fentanyl producing company and then prescribed large amounts of the drug to increase stock value. They also received $20,000 to $80,000 in kickback payments per month. There are legal repercussions for these tactics, including loss of medical license and criminal indictments. The aforementioned doctors each received a 20 year prison sentence (Dyer, 2017).

Some patients may also “doctor shop” or “hop”, jumping around to different practices to present their pain issues and get opioids. Doctor shopping is more common in urban areas, possibly due to greater access to a larger number of physicians. This behavior is highly correlated with substance use disorders; doctor hoppers were 272 to 324% more likely to engage in high-risk use of opioid medications (Young et al., 2019).

In light of these overprescription practices, it is encouraging that most patients do not use their entire prescription due to adequate pain control and fear of addiction. Up to 92% patients report some number of opioid pills going unused after surgery. However, 73 to 77% percent of them did not keep them in a locked location (Bicket et al., 2017). This creates the opportunity for other members of the household to use leftover pills. 53.7% of people with opioid use disorders report gaining access to the medication through prescriptions of friends or family (Han et al., 2017).

Once a substance use disorder is established, stigma is another important cultural factor in the continuation of addiction. People with substance use disorders are seen as dangerous, untrustworthy, and weak-willed. (McGinty et al., 2018). A survey of 65,000 Americans showed that respondents especially don’t want to work with people with substance use disorders or have them marry into their families (McGinty et al., 2018).

This isolation can push people with substance use disorders further into addiction. Internalized stigma is highly correlated with continued substance use problems (Kulesza et al., 2017). Fear of being stigmatized is also a barrier to seeking treatment, which prolongs and worsens the disorder (Husain et al., 2023).

Even during treatment, healthcare providers harbor negative views towards patients with substance use disorders. They are more likely to see patients with SUDs as manipulative, lazy,

irresponsible, and potentially violent (van Boekel et al., 2015). In the case of opioid use, this can contribute to an unwillingness to prescribe medications such as buprenorphine and methadone (Stone et al., 2021). Denying these treatments to people with SUDs prolongs their reliance on illicit drugs. In addition, patients report their medical concerns being overshadowed by their substance use, leading to mistrust and dehumanizing treatment (Garpenhag & Dahlman, 2021).

Especially relevant in the context of heroin addiction is the stigma of injection drug use. Studies show that people who inject drugs are particularly maligned. Intravenous drug users report significantly more interactions with stigma in social settings (Etesam et al., 2014). There is also stigma against injection among opioid users, with 45.8% of respondents in an addiction treatment center reporting negative beliefs towards intravenous users. Some even made it a point of pride that they've "never stuck a needle in [their] arm" (Scherzer et al., 2022). This shame leads users to underutilize pharmacy syringe access and safe syringe programs (Paquette et al., 2018). Risky injection behaviors and lack of clean needles put users at higher risk of bloodborne infections such as Hepatitis B, C, and HIV (Degenhardt et al., 2016).

Negative media portrayal is a driver of this stigma against addicts. The opioid crisis is reported more so as a criminal issue than a public health emergency, as news stories overwhelmingly focus on law enforcement solutions than preventative measures (McGinty et al., 2016), creating a culture that views opioid addiction as a moral failing that should have punitive repercussions.

This view can cause social rejection on a smaller scale, within families and friend groups. Substance seeking behaviors can lead users to steal prescriptions or money, causing mistrust, anger, and complete rejection. Estrangement can be especially harmful in treatment of SUDs, as family engagement is a strong predictor of treatment retention. Patients with family support are

three times more likely to successfully complete a treatment program (Al Ghafri et al., 2022). People reporting a loneliness score during buprenorphine treatment were more likely to test positive for non-prescribed opioids (McDonagh et al., 2020), showing that social connection is a protective factor against relapse.

Section B: What is Needed

In this scenario. Randy needs help. Randy is suffering from addiction to heroin after being addicted to opiates after his ACL surgery his sophomore year of college. He is receiving no help financially, mentally, physically, etc. He got kicked out of his house, and his parents also took him off their insurance. He would like to get his life together again. This is proving to be difficult as he does not know where to turn to, as he is receiving absolutely zero support and just got kicked out of his home and his nowhere to go. Randy needs help to ween off his addiction with the end goal of getting clean. He has a job but may not have enough to cover health insurance on his own as well. Therefore, Randy first needs insurance and then centers that deal with addiction and having housing and food are absolutely needed in order for Randy to be able to live the best quality of his life again.

Section C: Resources

Insurance and Medical Care

Considering Randy's parents have kicked him off of their insurance plan, he is now uninsured. Randy currently does not have a way to afford medical care, and he may not be able to afford many addiction recovery services without insurance. Unfortunately for Randy, he is not eligible for Medicaid in Georgia. Georgia has not expanded Medicaid under the Affordable Care Act, so Georgia residents currently must meet the income cutoffs in addition to having an additional factor such as having a child, having a disability, or being blind. While Randy may

meet the income cutoff, he does not have the additional factor to be considered. Also, he is not eligible for subsidies through the ACA until he reaches 138% of the Federal Poverty Line, which is around $19,000 annually for 2023. It may be rather difficult for Randy to make over $19,000 annually because he is struggling to keep a part-time job due to his drug misuse, but if he is able to stay employed and make above 138% of the Federal Poverty Line, he would be eligible for a tax subsidy of about $316 per month to help purchase insurance through the federal Health Insurance Marketplace. According to the Health Insurance Marketplace, the cheapest Silver insurance plan is an HMO through Cigna, and it would cost $39.53 a month after the $316 subsidy. This plan has a $200 deductible and $1,300 out-of-pocket limit, and substance abuse services are charged a 5% coinsurance. If Randy is able to stay employed part-time, this would be the best option for him and would greatly reduce the burden of obtaining medical care and substance abuse treatment. However, this may prove to be rather difficult, and Randy may need to look at obtaining care through free or low-cost clinics in the Athens area.

Athens Nurses Clinic

Athens Nurses Clinic is a non-profit clinic aiming to address the healthcare needs of uninsured low-income of Athens. The clinic provides free medical and dental services including evaluation, treatment, and health education. Some of the services provided include acute care for viral or bacterial illnesses, chronic disease management, and laboratory services. The clinic is located at 240 North Avenue, Athens, GA 30601, and it operates 8:30 am to 3:00 pm Monday through Thursday. To be eligible to receive services here, potential patients must not have any type of health insurance, and their household income must fall at or below 150% of the Federal Poverty Level. When individuals are establishing care at the clinic, they must provide proof of income from a recent tax return or from the Department of Labor.

Mercy Health Center

Mercy Health Center is a non-profit clinic that provides a wide range of services including primary care, specialty care, dental care, pharmacy, behavioral health, and lab services. The clinic is open Monday through Friday from 8:30 am to 4:30 pm, and they are also open for specialty care Tuesday and Thursday nights from 4:30 pm to 8:00 pm. The clinic is located at 700 Oglethorpe Ave, Suite C7, Athens, GA 30606. Patients must be 18 or older, uninsured, and at or below 150% of the Federal Poverty Level to receive care. Additionally, patients must live in Clarke, Barrow, Jackson, Madison, Oconee, or Oglethorpe County. Patients must provide valid identification, proof of income, and proof of residency when establishing care.

Athens Neighborhood Health Center

Athens Neighborhood Health Center is a Federally Qualified Health Center serving the Athens community with locations at 402 McKinley Dr, Athens, GA 30601; 675 College Ave, Athens, GA 30601; and 870 Gaines School Rd, Athens, GA 30605. Athens Neighborhood Health Center specializes in Family Medicine and Pediatrics, although they also provide acute care, laboratory services, mental health services, immunizations, and chronic disease management. There are no specific eligibility requirements to receive care here. However, fees are assessed on a sliding scale, and low-income and uninsured patients pay less and often receive free services as a result.

SAMSHA: Substance Abuse and Mental Health Services Administration

SAMSHA is a federal agency within the U.S. Department of Health that focuses on advancing the behavioral health of the nation by connecting people to substance abuse and mental health resources. SAMSHA has a National Helpline that operates 24 hours a day, 7 days a week, and 365 days a year. The Helpline can be reached by dialing 1-800-662-HELP (4357). By

connecting with SAMSHA, individuals can receive confidential support and free referrals to local treatment facilities, support groups, and community-based organizations. For those with a low-income or no insurance, SAMSHA will work to find free or low-cost services that are charged on a sliding fee scale. SAMSHA also works to find state-funded treatment programs for uninsured individuals, and they will work alongside state offices to make the proper referrals to get people the care they need.

Housing

Randy needs both temporary and permanent options for housing while he gets back on his feet and determines his recovery path. In Athens, there are emergency shelter options for Randy along with other resources that provide a longer-term and more secure option for housing for Randy.

Bigger Vision of Athens

Bigger Vision of Athens offers an Emergency Shelter Program located at 95 North Ave. This shelter works on a call system and individuals are required to call at 4 pm to reserve a bed for that night and must arrive before 8 p.m. A meal, shower, laundry, bed, and breakfast are provided. Individuals can stay a maximum of 180 days (about 6 months) per year (between November 1 and October 31). If an individual calls and does not show up, there are penalties. If an individual cancels before 6 p.m. there is a minimum one-day suspension, if they cancel after 6 p.m. there is a three-day suspension, and if they do not arrive by 8 p.m. there is a minimum seven-day suspension. Individuals must leave by 7 a.m. and there is no re-entry. Bigger Vision of Athens is a volunteer run emergency shelter.

Habitat for Humanity

Habitat for Humanity offers services to purchase, rent, or repair homes. Randy will likely need to rent first. To qualify, individuals must demonstrate a need for residential stability, a monthly income of at least $1,000, SSI/SSDI applicable, and be a resident of Clarke, Oglethorpe, or Oconee County. SSI/ SSDI is disability insurance eligibility. Randy would need to check his eligibility for SSI/SSDI to be able to apply. Rent is 30% of an individual's income, with a $300 monthly minimum.

Once Randy is ready to purchase a home, he can work with Habitat for Humanity again. Individuals wanting to purchase a home must demonstrate the need for a house, the ability to pay, and 500 hours of Sweat Equity. Sweat Equity is work done helping to build a Habitat home, such as painting or making lunches.

Advantage Behavioral Health Systems

Refresh is an option that is provided by Advantage Behavioral Health Systems. The Refresh program is a men's transitional housing program that offers up to 12 months of safe, stable, and substance free residence to men over 18 years of age. To qualify, individuals must complete an application, Brief Assessment of Recovery Capital (BARC –10) and demonstrate a need for Recovery Capital building assistance. Additionally, all recommended treatment from an intensive outpatient program must be completed. Individuals can be referred to the program by PROUD, Advantage Behavorial's addiction recovery program, after participating for 120 days. Lastly, the ability to care for themselves, daily needs such as eating, must be demonstrated. More information on recovery programs through Advantage Behavioral is provided in the next section of resources.

Advantage Behavioral Health Systems also offer housing vouchers. These vouchers are available to individuals exhibiting an immediate need for shelter for a short period of time. These vouchers can provide up to 30 days of assistance.

Abundant Life Program

Once Randy is in recovery, he can apply to join the Abundant Life Program through Bigger Vision Athens. To qualify he must pass a drug test, schedule an appointment, and complete intake paperwork including his pathway. The Abundant Life Program provides job skills and housing for individuals experiencing homelessness but are employed. This is an option for more sustainable housing options and helping him get a more permanent job.

Substance Abuse Treatment

Athens Addiction Recovery Center

Athens Addiction Recovery Center is located on Macon Highway and is a four-acre treatment campus. The addiction treatment programs are for those struggling with alcohol addiction, opioid addiction, benzodiazepine addiction, stimulant addiction, and prescription drug addiction. The clients here do need insurance, but a lot of the major insurances are accepted here like Anthem, Humana, Magellan Health, Tricare, First Health, Beacon Health Options, and Aetna. There are free assessments and consultations offered here as well. It does say that the cost of rehab will likely be covered with insurance. Athens Addiction Recovery Center provides both detox and withdrawal management services for men and women. The programs they incorporate are backed up with research evidence and includes a combination of detox only using medicine when necessary. There is also group and individual counseling. Everyone here is held under some accountability process as well. The detox services that are offered here are residential withdrawal management and fluid, electrolyte, and vitamin replacement. The clients all have

their own personalized program as well as many options are available. Patients can choose which program they wish to be involved in. There is an intensive outpatient program, partial hospitalization program, and intensive outpatient program. In the programs, clients will be given the choice to participate in both holistic and evidence-based therapies. There are activities like nutritional counseling, yoga, meditation, mindful exercises, daily recreational and exercise. Healthy coping skills can be developed as well. These activities are all created with the intention of helping client accomplish their own personal goals, whatever that might be.

Athens Addiction Recovery Center is built on three pillars, which includes primary treatment, family education and guidance, and continuing care. Each pillar is extensively worked on and tailored to patients in order to ensure the best patient outcome. Clients at Athens Addiction Recovery Center can also involve their families and have them be involved in certain steps of the program as well. This can be very helpful for Randy as his relationship with his family due to his addiction is taking a toll. The Athens Recovery Center also has options when complex inpatient detox or residential dual-diagnosis treatment services are needed. In these cases, they collaborate with Serenity Grove, which is their affiliated residential detox and treatment center.

The Rehabilitation Center at the Addiction Care Treatment Program

The Rehabilitation Center at the Addiction Care Treatment Program in Athens, Georgia is located on Alps Road. It serves both women and men who live with a drug or alcohol dependency caused by physical, emotional professional, or monetary suffering. There are three types of rehabilitation treatment options offered here, which includes inpatient treatment, detoxification and rehabilitation services, and outpatient services. There is also an addiction care treatment program that combines both inpatient and outpatient care with the goal for the client to

relearn responsible habits and coping mechanisms. The insurances accepted here include Anthem Blue Cross Blue Shield, Kaiser, United Health Care, and Peach State. If one wishes to receive Telehealth Addiction treatment, Medicaid and Medicare is accepted. If clients do need help paying, the Center does provide financial resources that can be reached out to in order to find out if they can receive financial help. Each client get their own personalized recovery plan as well. The program lengths here differ as the options are 30 days, 60 days, and 90 days. The different lengths of the programs offer different services as well. There are four necessary steps to all these programs that are: Evaluation, Detoxification, Therapy, and then Aftercare. There is help offered here 24/7 for all those who need it.

Advantage Behavioral Health Systems-PROUD

Advantage Behavioral Health Systems is a nonprofit service that provides addictive disease and substance abuse treatment for both men and women. There are a ton of different services offered from Advantage Behavioral like Adult Community Based Services, Adult Day Programs, Clinic Based Services, and Homeless Services among many. Advantage will serve all people who are eligible. To be eligible, there are a lot of different insurance plans accepted that include Medicaid, Medicare part B, Peachcare for Kids, Amerigroup, Wellcare, Cenpatico, Blue Cross Blue Shield, and United Health Care. If one is experiencing a crisis though, Advantage will not turn him/her away due to an inability to pay. Additionally, there are on-site financial counselors to help provide support services to clients, and a sliding scale is used for the service fees. The outpatient treatment program best for Randy under Advantage in Athens Peers in Recovery from Opioid Use and Dependency (PROUD) on Mitchell Bridge Road. PROUD is a non-intensive outpatient, peer-led, opioid specific program that focuses on “the connection as the solution to addiction”. PROUD recognizes that each person’s recovery journey will be very

personal to them and different from everyone else's. PROUD's mission is to "connect any person with an opioid use diagnosis to the best care possible to achieve recovery and wellness, and to provide ongoing support including medication assisted treatment where appropriate". PROUD's operating hours are 5 days a week, Monday-Friday 8:30 AM to 5 PM.

Alliance Recovery Center

Alliance Recovery Center is located on Sycamore Drive in Athens, Georgia. It has been providing medication-assisted treatment for individuals living with opioid addictions since 1996. The staff is made up of doctors, nurses, and pharmacists that cooperatively do their work together to "actively monitor clients' medications and overall health". Treatment here is "all about therapy and connection". Instead of focusing heavily on medication as a solution, Alliance Recovery Center focuses more on time to work through whatever problems the client may be facing. For example, they will dive deep into what led the client to develop an addiction and instead of connecting to that drug/substance to turn and make a new connection with something that will not have so many adverse health effects. When the client feels comfortable where they are in their recovery journey, the next goal at Alliance Recovery Center is to ween the client off of medications if this is what the client wants.

At Alliance Recovery Center, there is not an admission fee. However, there is a per day rate for treatment. They wish to provide affordable rates so that those who need treatment can get it. Cash, Visa, MasterCard, Discover, and American Express is accepted here. Medicaid, Medicare along with Medicare part B, Amerigroup, Peachstate, Caresource, Humana, Wellcare, and United Health Care are the insurances accepted here. There are different phases of treatments, and the price varies according to that. Phases 1 through 5 which includes Methadone is $12 per day, while Phases 6, 13, and 27 which also includes Methadone is $11 a day.

Treatment involving Buprenorphine is $16 a day, and admission and the annual physical exam is free of cost and so is monthly drug screens. Drug screen retests are $10, and a rapid drug screen is also $10. There are a lot of services offered here along with specific services for pregnant women as well. any information shared with Alliance Recovery Center is 100% confidential as well under The Health Insurance Portability and Accountability Act of 1996 and The Code of Federal Regulations Title 42 Part 2. There are 3 locations of Alliance Recovery Center as well.

Food

Unfortunately, since Randy does not have a house, his food and cooking options are limited. He may not have access to a stove or microwave. However, some shelters may provide food. Specifically, the Advantage Homeless Day Service Center provides food along with showers and laundry services.

SNAP (Supplemental Nutrition Assistance Program)

Previously known as food stamps, SNAP is a government program that gives a monthly stipend to help people with low incomes buy enough food. In Georgia the SNAP requirement for a one person household is that the recipient makes under $18,954 a year. The person must have a combined savings and checking balance of less than $2,001. As Randy only has a part time job, it's likely that he makes the income cut. Luckily SNAP benefits do not require an address or proof of residence.

Normally SNAP also requires that able bodied adults without dependents (ABAWD) work a certain number of hours a month, but on Friday, July 15, 2022, the federal public health emergency was extended and the ABAWD work requirement is suspended until the federal PHE ends.

There are two ways to apply for SNAP. For an online application Randy would have to log onto https://gateway.ga.gov and select "Apply for Benefits." He would only be able to apply Monday-Friday 5 a.m. to midnight, excluding weekends and holidays. This requires computer and internet access; luckily these are provided at every Division of Family and Children Services (DFCS) location. The Athens DFCS is located at 284 North Ave, Athens, GA 30601. He could also mail or drop off a physical copy of his application to a DFCS office. This requires access to a printer and a car. In addition, Randy would have to complete a phone interview with an eligibility worker at Georgia's DFCS, which requires access to a phone. He would be asked questions about his income and bills. Unfortunately, it takes time to process the application and receival of SNAP benefits can be delayed by up to 30 days.

An EBT card is provided after approval for SNAP benefits. SNAP can only be used for food items. Randy would not be able to buy any alcoholic beverages or food items with SNAP. In addition, SNAP cannot be used for hot, prepared food items such as a burger from McDonald's. Most grocery stores and even some farmers markets accept EBT payments. The Athens Farmers Market offers a double SNAP benefit, so $5 of buying power becomes $10.

USDA National Hunger Clearinghouse

The USDA has a program to connect individuals with food assistance in their area. They can be reached 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative who can find food resources at a certain location. They also have a website at https://www.fns.usda.gov/national
-hunger-clearinghouse. Reaching this program would require a phone or computer and internet connection.

Randy also has some options in regard to food banks and pantries: UGA's Community Food Resources Athens-Clarke County has a calendar showing all food assistance opportunities in Athens. It can be found at https://uga.givepulse.com/group/396610-Community-Food-Resources-Athens-Clarke-County, though viewing this calendar would require a mobile device or computer and an internet connection. Some options include:

Food Bank of Northeast Georgia

This program works with various community kitchens, food pantries, and worship centers. Their food distributions occur at multiple locations in Athens, usually once a month at each. The dates and times vary. There are no requirements for receiving food assistance, but Randy would probably need a car to reach the distribution centers.

- Food Bank of Northeast Georgia Athens Branch, 835 Sunset Dr, Athens, Ga
- Center UMC 426 Old Commerce Rd. Ext, Athens, Ga
- Hill Chapel Baptist Church, 1692 West Hancock, Athens, Ga
- Designing Minds Enterprise, 145 Anderson Street, Athens, Ga
- Cornerstone Food Pantry, 4680 Lexington Rd, Athens, Ga
- Pinewood Estates 1465 Hwy. 29 N, Athens, Ga
- Terrapin, 180 Paradise Blvd, Athens, Ga
- City of Hope, 8780 Macon Hwy, Athens, Ga
- iServe Ministries, 2301 College Station Rd, Athens, Ga

Holy Cross Lutheran Church of Athens

This church has a monthly free food pantry, but dates are variable. It gives out canned goods, meat, dairy, infant formula, and other free food items. No requirements must be met to

use the pantry. It is located at 800 West Lake Dr Athens, GA 30606. A car may be needed for transport.

Action Ministries Athens and Downtown Ministries- Our Daily Bread Food Bank

Our Daily Bread has two distribution points with varying hours. The Action Ministries soup kitchen and food bank is open Mondays through Fridays from 1 pm to 3 pm. This program is located at 465 N Lumpkin St, Athens, GA 30601. The bank at Downtown Ministries serves prepared meals only. They have breakfast hours on Tuesday and Thursday from 8 am to 9 am. Lunch hours are Monday through Friday from 12 pm to 1 pm. This center is located at the First Baptist Church on 355 Pulaski St, Athens, GA 30601. There are no requirements to use these programs. However, reaching them would likely require a car.

Ebenezer Baptist Church West

They offer both a clothing closet and food pantry open Mondays through Thursdays 5:30 pm - 7 pm. There are no requirements to use either service. The church is located at 205 N. Chase St. Athens, Georgia 30606. Like most of the other options, a car may be needed for transport.

Salvation Army Food Bank

They run pantry and soup kitchen. There are no requirements to use either service. They also have a service to help people apply for food stamps/SNAP. The center is located at 484 Hawthorne Ave. Athens, Georgia 30606.

Open Hearts Center, Inc.

They offer a food pantry open Wednesday and Friday afternoons from 2:00-4:00 pm. There are no requirements to use this service. It is located at 150 Old Winterville Rd. Athens, GA 30601. Again, a car may be needed for transportation.

First AME Church

They offer a food pantry. Their website says that it is for struggling families, the unemployed, and working poor. It located at 521 N. Hull St. Athens, GA 30601. The Food Bank is open each Thursday beginning at 10:00 a.m. and closes at 1:00 p.m. Again, a car may be needed for transportation.

Athens Community Fridges

There are two Athens Community Fridge locations. One is located at 256 W. Clayton Street and the other at 585 Vine Street. They are open 24/7 every day of the week. There are no requirements to use the fridges, but a car may be needed to reach them. Unfortunately, these fridges are not a completely reliable source of food because they depend on individual donations and may sometimes be empty.

Section D: Sustainable Solutions

Addiction Treatment and Prevention

The Substance Abuse and Mental Health Services Administration (SAMSHA) has a working definition of recovery, "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential". In addition to this definition, recovery is characterized by the four major dimensions: health, home, purpose, and community. Achieving stability in each of these categories is how recovery is maintained and many rehabilitation programs prioritize these sectors. Different programs use different mnemonics to represent these goals, such as the four Ps of recovery and the seven Rs of recovery. The overarching theme that drives recovery is hope, recovery is a very individualized process. It is important for programs to focus on building resilience and foundations for success. Individuals going through treatment have stated that it recovery is highly dependent on support

and the social context (Silva & Andersson, 2021). Additionally, these individuals state that the process is constantly changing and therefore treatment plans must change with it (Silva & Andersson, 2021). Community-based interventions correlate to sustainable opioid treatment and prevention (Driscoll et al., 2022). Within these spaces, financing and reimbursement, serve integration, and workforce capacity have been shown to be the hardest to obtain when trying to achieve sustainable measures(Caton et al., 2020). SAMSHA provides grants to fund these interventions, but funding is not accessible for all communities (Driscoll et al., 2022). Sustainable solutions for treatment vary by location and since programs are very individualized, sustainability looks different for each person.

Current opioid use disorder and addiction treatment centers around the use of opioid agonists and antagonists, including methadone, buprenorphine, and naltrexone. Each of these medications have varying efficacies, and they are often used in conjunction with behavioral therapy. Studies have shown that treating opioid use disorders with medication alongside behavioral therapy is much more effective than behavioral therapy alone, although medications for opioid use disorder are still not widely available in many places. Additionally, treatment options using methadone and buprenorphine have been shown to decrease opioid misuse and overdose and increase treatment retention (Volkow et al., 2019). Methadone can only be given at qualified opioid treatment centers and buprenorphine can be given by primary care doctors that have Drug Abuse Treatment Act 2000 waivers. In contrast, naltrexone can be prescribed by any medical provider because it is an antagonist instead of an agonist. Even though the efficacy of opioid use disorder medications has been widely studied, only about 34% of patients in treatment facilities received them (Volkow et al., 2019). Research has shown that educating providers about opioid use disorder medications and reducing the barriers for prescribing them is essential

to expanding access to successful treatment. Furthermore, expanding treatment for those in prison or criminal justice settings is important for reducing overdoses because about 60% of those in prison have substance use disorders, and inmates face a 12 times higher likelihood of overdosing within two weeks of release compared to the general population (Volkow et al., 2019).

Opioid Prescribing and Substance Abuse Policies

There are many federal laws and regulations pertaining to substance abuse. Regarding federal laws, there is one called the SUPPORT Act. It was created in 2018 during the nation's opioid overdose epidemic. The act includes provisions to "strengthen the behavioral health workforce through increasing addiction medicine educations; standardize the delivery of addiction medicine; expand access to high-quality, evidence-based care; and cover addiction medicine in a way that facilitates the delivery of coordinated and comprehensive treatment" (https://www.samhsa.gov/about-us/who-we-are/laws-regulations). Among these provisions, a lot of benefits came from the SUPPORT Act as well. It prohibited states from ending Medicaid eligibility for an individual under the age of 21 or from foster care youth up to age 26 while incarcerated. It required the states to redetermine one's eligibility for Medicaid prior to release without requiring people to fill out a new application. Therefore, this act proved to be very helpful for those suffering from an addiction. Furthermore, the CARA (Comprehensive Addiction and Recovery Act) greatly increased the availability of treatment programs for those who need help with addictions. The treatment programs are all evidence-based. CARA also expanded recovery support to include the younger population, particularly students in high school. The availability of naloxone to law enforcement agencies and other first responders were given through this act as well. Naloxone is huge in helping save peoples' lives who may be

suffering from overdose. Finally, CARA also reauthorized a grant program for residential opioid treatment for pregnant and postpartum women and their children. There are many useful effects that were able to come about due to CARA for those struggling with addiction. The Affordable Care Act (ACA) of 2010 also greatly helped those with addiction. It made it easier for them to get insurance. Insurance companies cannot discriminate against those who may be suffering with an addiction anymore.

One of the main components of the Affordable Care Act was that substance abuse and mental health treatment must be covered under the new Medicaid expansion. However, not everyone who suffers from substance abuse disorders is able to benefit from this or has access to treatment because individual states were allowed to decide to adopt Medicaid expansion on their own. Because the majority of people who battle substance abuse have low income, Medicaid expansion is arguably the single most effective method for increasing access to substance abuse treatment. Currently, it is estimated that almost one-quarter of Georgians who would qualify for Medicaid under the expansion suffer from a mental illness or substance abuse disorder (Harker, 2020). Furthermore, other states who have adopted the Medicaid expansion have seen drastic increases in people being able to access substance abuse treatment services; Kentucky specifically had a 700% increase in Medicaid beneficiaries utilizing newly covered substance abuse treatment services after expansion (Harker, 2020). Because thousands of people in Georgia who suffer from substance abuse disorders are currently uninsured and do not have access to affordable treatment options, adopting Medicaid expansion is the best solution for increasing the availability of substance treatment services.

There are also many federal regulations put in place to help those with an addiction. Federal workplaces are allowed to do drug testing. However, the provisions around this policy

have changed with time. There are specific scientific and technical procedures that the federal workplace must follow for drug testing. Oral fluid and urine are the only specimen types that they can currently take. Those who are found to fail their drug test cannot keep their jobs. They will be put up for termination, and the employee will be notified of this. Additionally, in the United States, Federal Regulation 42 CFR Part 8 helps to treat those with opioid dependence with opioid medications. Opioid treatment programs need to be certification-based and accredited as well. The regulation acknowledges that addiction is a medical disorder that those who do suffer from will require differing treatment protocols ("<Laws and Regulations for Substance Abuse & Mental Health Services _ SAMHSA.pdf>," 2023). There are also federal regulations to help with patient record confidentiality. The disclosure and use of patient records around substance abuse treatment are not allowed to be disclosed to anyone. These files are not to be given or shared to anyone. This allows for those who have gone through addiction help, are going through one, or have an addiction to be able to keep this information to themselves and not jeopardize opportunities that may come to them like a job.

In recent years, more coordinated efforts have been made by federal, state, and local governments to combat the current opioid epidemic. One of the initiatives crafted by the National Institutes of Health is the National Pain Strategy which serves as a blueprint for pain prescription policy and practices in the U.S. Some of the specific focuses of the NPS include the training and education for primary care pain providers, educational materials for behavioral health and opioid treatment, and the effectiveness of non-opioid pain treatments and their associated reimbursement. The inadequate reimbursement by insurance for non-opioid treatments is a probable cause for the overprescribing of opioid pain medications (Gross & Gordon, 2019). Insurance companies often cover opioids but not nondrug and nonmedical

treatments, which restricts the availability of non-opioid treatment options for patients. While the NPS is not policy itself, it does provide useful, evidence-based recommendations for legislators.

Another important area of research regarding prescriber practices of opioids following surgeries is the dosage of opioids given. Currently, many physicians overprescribe opioids by giving doses that are too high and may be more likely to be habit forming or by giving opioids when acetaminophen and ibuprofen are appropriate. Research has shown that patients have no difference in pain level and respond similarly to 75 mg of opioids and acetaminophen as needed following cholecystectomy compared to 250 mg of opioids. Additionally, only 2.5% of patients taking 75 mg requested a refill compared to 4.1% of patients taking 250 mg. By reducing the prescription size, the authors of this study found that opioid prescriptions were reduced by 63% and the number of long-term prescriptions was greatly reduced as well (Howard et al., 2018). This data highlights the importance of reviewing and updating evidence-based prescribing guidelines for physicians.

Prescribing guidelines of opioids specifically for children and adolescents is another important issue. A systematic review of the literature has shown that youth are particularly vulnerable to opioid misuse, as 17% of adolescents using opioids report opioid misuse (Kelley-Quon et al., 2021). Adolescents most frequently obtain opioids through prescriptions, and opioid misuse during adolescence is associated with heroin use later in life. Based on the available data, the review also found that opioid-free postoperative analgesia is often clinically appropriate in many cases, and opioid use can be reduced by utilizing non-opioid enteral and intravenous medications following surgery. The data reviewed showed that using opioid alternatives following surgery not only reduced pain and opioid use, but it also was associated with decreased complications such as postoperative nausea and vomiting (Kelley-Quon et al., 2021). By

focusing on non-opioid treatments, the likelihood of opioid use and misuse among youth and later in life can be greatly reduced. Lastly, the researchers highlighted the importance of patient and family education about pain management and proper storage and disposal of unused opioids if they are prescribed, as storing and diverting unused opioids is one of the main factors for opioid misuse and addiction (Kelley-Quon et al., 2021).

As previously discussed, American physicians commonly prescribe opioid pain medications for procedures that physicians in other countries do not (Li et al., 2018; Lindenhovius et al., 2009). Looking abroad to distinguish surgeries for which opioids are necessary could help guide prescription policies. Eliminating opioid prescription for minor procedures would be a crucial first step.

Enacting limits on pill count and prescription duration would also help to curb over prescription. Importantly, there is a tendency among healthcare providers to overprescribe out of convenience. Physicians are more likely to prescribe a 30-day supply of pills instead of 6-8 days because pharmacists and programming systems prefer default numbers. As such, lowering the default pill count in an electronic medical record system leads to a significant decrease in the amount of opioids prescribed. A default pill count change in a multihospital network to 12 pills resulted in a percentage decrease of 30-day prescriptions from 35.6% to 17.0% (Chiu et al., 2018).

The number of pills given to a patient greatly affects the probability of an addiction forming. An increase in days' supply of an opioid medication directly reduces the likelihood of discontinuation (Shah et al., 2017). Therefore, limiting supply promotes timely cessation of opioid medications. Importantly, lowering standardized pill counts can be achieved without compromising patients' pain management. For example, the median opioid prescription for an

ambulatory oncologic surgery in a New York cancer center was twenty pills. This was then standardized to seven, eight, or ten pills without an increase in reported pain (Fearon et al., 2020). The same was found for a urologic surgeries: standardized pill counts lowered the amount of opioids prescribed without an in reported pain (Gessner et al., 2021).

In addition, state legislation prescription duration has contributed to a significant reduction in the proportion of patients receiving opioid medications, as well as their mean total dosage of morphine milligram equivalents. A 2018 Florida law limited opioid prescriptions for acute pain to three days, with an extension of up to seven days with further provider approval. After implementation of this law the proportion of patients receiving an opioid prescription decreased by 21% and mean total dosage decreased by 64.2 morphine milligram equivalents (Potnuru et al., 2019).

Implementing required healthcare worker education programs on addiction to opioids and pain medications could also mitigate the current crisis. A national survey of healthcare providers found that those with exposure to educational information or training about opioids within the last 12 months were less likely to prescribe these medications (Price et al., 2021). Such programs also help to reduce stigma and encourage healthcare workers to provide adequate care to their patients. This includes more positive attitudes towards peoples with SUDs and appropriate referral to treatment centers (Avery et al., 2019; Salvador et al., 2023).

Because another main source of opioid addiction is access to unused pills, more convenient programs to return unused medication could be enacted. The usual disposal rate for opioids is approximately 30%, but brief patient education on disposal resulted in a significantly higher disposal rate at 71% (Buffington et al., 2019; Dollar et al., 2022). However, many drug drop off station locations are inconvenient. They tend to be at hospitals and pharmacies that patients do

not visit regularly. 84.2% of patients reported that they would be more likely to dispose of their medication properly if the take-back location was located at a place they frequented. Respondents also indicated that an incentive such as cashback or a pharmacy coupon would make proper disposal more likely (Buffington et al., 2019).

Overall, the research and evidence around the topic shows that the most helpful and sustainable solutions to combat substance abuse and increase treatment would be increasing insurance coverage so that treatment is more accessible and affordable, updating prescribing guidelines to reduce the over prescription of opioids, increasing access to medications for those with opioid use disorders, and expanding education for healthcare professionals about opioid prescribing and substance abuse treatment.

Reflections

Celeste Pak's Reflection

What seemed to be hardest about this case study surrounding Randy is health insurance. A lot of the resources we ended up finding for Randy were obviously not cheap. This project shined light to me on how expensive rehabilitation centers are. I feel like I used to not really understand why those with an addiction wouldn't just go to rehab centers and try to get clean. understand why they do not anymore. It is not that they don't want to, but it is rather that they can't. Now that I know more about the situation and what resources are available, I will approach all situations surrounding addiction with an open mind. It is important for us as public health students to try and lessen the stigma around addiction and make those who may be struggling with one be comfortable enough to come forward and ask for help if they want. Insurance helps cover a lot of the costs of rehab, but without insurance, it would be nearly impossible for those with an addiction to pay for it. I'm not sure if Randy's situation would apply to the majority of

people with an addiction, but I am sure it would. Due to his addiction, Randy could barely keep his job, had to drop out of school, got kicked off his parent's insurance as well as out of their home. This meant he did not have a primary address or way to pay for rehab, even though he was concerned about overdosing. Therefore, moving forward, I really do hope there is some kind of way where free or super cheap help can be offered for those who have an addiction and want to get help. There should also be some more easily accessible and well-known resources for people like myself who do not have very much knowledge surrounding the topic of addiction to learn more about. This can lessen the stigma and judgment around addiction, which in the future will prove to be very helpful. I think what can be super helpful is like how there are housing for those experiencing houselessness, there could be housing for those with an addiction so that they can be able to be around people who personally understand their struggles and can be a source of comfort. I thoroughly enjoyed this project, and I appreciate that it made me a more-open minded student in the public health field. I truly feel that I have a deeper understanding of addiction now and hope that this knowledge can spread to everyone.

Malori Haley's Reflection

Collecting information from agencies around Athens was difficult to find out-of-pocket cost of services for individuals without health insurance. Considering Randy no longer has health insurance, he needs options that he can afford once he gets back on his feet. Additionally, finding a rehabilitation center that would be fitting for Randy was difficult because of the restrictions that some sites have. Not knowing Randy's full story, such as his income or whether he is experiencing homelessness, made it difficult to find the perfect match for a facility. I think this reminded me that you never really know exactly what someone is going through unless you

speak with them. This also reminded me why community health is so focused on what the community itself needs.

Since we weren't able to speak with him, we don't know what resources he feels he really needs and where we can actually help him get better. I also think it was eye opening to see the resources in Athens compared to a larger city like Atlanta. It really shows the health disparities in accessing care that can be found in rural areas compared to urban areas. I learned that there is no resource that is one size fits all. In my career, I can see how I will have to really understand my patients before providing them with resources because of restrictions. This is important because I will really need to be familiar with the community that I am working in so I know what requirements each resource has. I think that moving forward I just hope to be able to show empathy for individuals and understand the struggles that they may be facing. Additionally, just knowing how important education surrounding care and insurance is an important first step so if I can help, that is where the most help can be provided. Specifically for addiction, it really is about what the individual needs and how harmful the cultural stigma surrounding addiction is.

Chase Reece's Reflection

Overall, this case study was very eye-opening and revealed many problems around substance abuse and addiction treatment that I had not previously considered. As far as our resources go, there are definitely resources to help, but being able to actually access and utilize those resources is an entirely different story. One of the most evident issues that we came across is that addiction treatment can be rather expensive and often requires health insurance to cover the costs. However, as addiction primarily impacts people with low income that are more likely to be uninsured, people are largely kept from obtaining the treatment and services that they need

and deserve. Furthermore, Georgia has not expanded Medicaid, and doing so would drastically increase access to substance abuse treatment. The case study also revealed many other problems that people facing substance abuse experience, including trouble working and going to school, and it can also impact one's relationships. This really highlighted the importance of not only treatment and one's physical health, but also the importance of social support for those facing addictions. Some of the information about specific eligibility requirements for obtaining the resources we discovered was not clearly published, which made it difficult to know exactly what all would be available for Randy. It would definitely be beneficial for people like Randy to have a central location for accessing all of the available information and resources that they may need. Another important challenge that we discussed was pain prescription policies and the education around opioids and substance abuse treatment for healthcare professionals, which revealed many of the systemic issues present within today's healthcare system. The disparities present in both the prescription of opioids and the treatment of substance abuse that we uncovered are rather disturbing and show that significant work needs to be done to address the issue, but it was beneficial for us to learn how one's background, socioeconomic status, race and ethnicity, and sex all contribute to disparities for so many different health issues. Overall, I believe that this project has helped me become more community-minded and will allow me to better address individual disparities in my future career as a public health professional.

Brenna Turner's Reflection

I found it discouraging that there were very few treatment programs catering to people without health insurance. This was an important revelation for me because I'd never considered access to healthcare as a problem that people with substance abuse disorder face. To me, the more obvious concerns were houselessness and overdose. In fact, inability to receive treatment

for addiction traps people in these dangerous circumstances. Furthermore, a lot of the food assistance resources we could find were quite vague on what they offered. The descriptions often just said “food pantry/bank” without specifying whether they provided canned food or produce and pantry items that would require preparation and access to a kitchen. This was relevant because Randy was kicked out by his parents and doesn’t have anywhere to cook. In addition, it was difficult to ascertain when a program would be open. Through this project, I learned how much stigma impacts people with substance use disorders. It isolates them socially and prevents them from seeking treatment. Negative perceptions are especially dangerous when held by healthcare workers. In my future career I want to be cognizant about giving my full empathy and understanding to patients who may be suffering from a substance use disorder. This will help me to provide the treatment they deserve. I’m thankful that we’re exposed to a community-based perspective as public health students because we learn that an individuals’ health status is not due to any personal failings. This directly combats the cultural idea that people with substance use disorders lack willpower. It’s encouraging that my peers will have this insight in their future practice. I hope that, going forward, more programs will be implemented to help people with substance use disorders. As we mentioned, Medicaid expansion is a possible solution.

Resource Handout

ATHENS ADDICTION RECOVERY CENTER
8801 Macon Hwy #2, Athens, GA 30606
844-959-4711

Athens Addiction Recovery Center gives patients high-quality addiction treatment programs. The programs are offered to alcohol addiction, opioid addiction, benzo addiction, stimulant addiction, and prescription drug addiction. The programs offered differ based on if it is focused on addiction therapy, addiction treatment, and substance abuse treatment, so based on what the patient needs, there will be different options for them. Programs offered include drug and alcohol detox, intensive outpatient, and partial hospitalization. Athens Addiction Recovery Center provides both detox and withdrawal management services for men and women. The programs they incorporate are backed up with research evidence and include a combination of detox only using medicine when necessary. There is also group and individual counseling. Everyone here is held under some accountability process as well. The detox services that are offered here are residential withdrawal management and fluid, electrolyte, and vitamin replacement. The clients all have their own personalized program as well as many options available. Patients can choose which program they wish to be involved in. There is an intensive outpatient program, partial hospitalization program, and intensive outpatient program. In the programs, clients will be given the choice to participate in both holistic and evidence-based therapies. There are activities like nutritional counseling, yoga, meditation, mindful exercises, daily recreational and exercise. Healthy coping skills can be developed here as well.

THE REHABILIATION CENTER AT THE ADDICTION CARE TREATMENT PROGRAM
196 Alps Rd #2, Athens, GA 30606
706-510-0282

The Rehabilitation Center at the Addiction Care Treatment Program serves both women and men who live with a drug or alcohol dependency caused by physical, emotional professional, or monetary suffering. There is drug rehab, alcohol rehab, detox, and intervention. There are three types of rehabilitation treatment options offered here, which includes inpatient treatment, detoxification and rehabilitation services, opioid treatment programs, rehab for LGBTQ, residential services, and outpatient services. There is also an addiction care treatment program that combines both inpatient and outpatient care with the goal for the client to relearn responsible habits and coping mechanisms. Each client gets their own personalized recovery plan as well. The program lengths here differ as the options are 30 days, 60 days, and 90 days. The different lengths of the programs offer different services as well. There are four necessary steps to all these programs that are: Evaluation, Detoxification, Therapy, and then Aftercare. There is help offered here 24/7 for all those who need it.

ADVANTAGE BEHAVIORAL HEALTH SYSTEMS- PROUD
250 Bray St, Athens, GA 30601
706-389-9774, tconlin@advantagebhs.org

Advantage Behavioral Health Systems is a nonprofit service that provides addictive disease and substance abuse treatment for both men and women. There are a range of different services offered here that include behavioral therapies, family therapy, brief therapy, adult Community Based Services, Adult Day Programs, Clinic Based Services, and Homeless Services. There are different options depending on if one wants the in-patient versus out-patient option. There are different rehabilitation programs as well. There are specialized ones for LGBTQ members, women/girls, teenagers, and faith-based programs. The outpatient treatment program under Advantage in Athens Peers in Recovery from Opioid Use and Dependency (PROUD) on Mitchell Bridge Road. PROUD is a non-intensive outpatient, peer-led, opioid specific program that focuses on "the connection as the solution to addiction". PROUD's operating hours are 5 days a week, Monday-Friday 8:30 AM to 5 PM.

ALLIANCE RECOVERY CENTER
119 Sycamore Dr, Athens, GA 30606
706-850-2121

Alliance Recovery Center has been around since 1996 and has been treating opioid use disorder in outpatient opioid treatment programs. There are three locations in Georgia which include Athens, Conyers, and Decatur. The services offered include different phases of treatments, and the price varies according to that. Phases 1 through 5, which includes Methadone is $12 per day, while Phases 6, 13, and 27 which also includes Methadone is $11 a day. Treatment involving Buprenorphine is $16 a day, and admission and the annual physical exam is free of cost and so is monthly drug screens. Drug screen retests are $10, and a rapid drug screen is also $10. Additionally, there are a lot of different group counseling sessions that Alliance Recovery Center offers as well. Alliance Recovery Center groups their counseling sessions based on different topics. The topics offered are Orientation Group, Addictive Behavior, Relapse Prevention, Men's Group, Women's Group, Life Skills, Health Awareness (this group counseling session is led by a medical doctor), Open Process Group, Self-Discovery Group, Grief and Loss, Self-Esteem, Stress Management, Veterans Group, and Methadone Anonymous (this group is run by fellow clients). There is also a medication assisted treatment specific for pregnant women as well, and you are required to let Alliance Recovery Center know if you are pregnant.

ATHENS NURSES CLINIC
240 North Ave, Athens, GA 30601
706-613-6976

Athens Nurses Clinic is a non-profit clinic aiming to address the healthcare needs of uninsured low-income individuals living in Athens. The clinic provides free medical and dental services including evaluation, treatment, and health education. Some of the services provided include acute care for viral or bacterial illnesses, chronic disease management, and laboratory services. The clinic is open Monday through Thursday 8:30 am to 3:00 pm. To be eligible to receive services here, potential patients must not have any type of health insurance, and their household income must fall at or below 150% of the Federal Poverty Level. When individuals are

establishing care at the clinic, they must provide proof of income from a recent tax return or from the Department of Labor.

MERCY HEALTH CENTER
700 Oglethorpe Ave c7, Athens, GA 30606
706-425-9445

Mercy Health Center is a non-profit clinic that provides a wide range of free services including primary care, specialty care, dental care, pharmacy, behavioral health, and lab services. The clinic is open Monday through Friday from 8:30 am to 4:30 pm, and they are also open for specialty care Tuesday and Thursday nights from 4:30 pm to 8:00 pm. Patients must be 18 or older, uninsured, and at or below 150% of the Federal Poverty Level to receive care. Additionally, patients must live in Clarke, Barrow, Jackson, Madison, Oconee, or Oglethorpe County. Patients must provide valid identification, proof of income, and proof of residency when establishing care.

BIGGER VISION OF ATHENS
95 North Ave, Athens, GA 30601
706-340-6062

Bigger Vision of Athens offers an Emergency Shelter Program in Athens. The shelter works on a call system and individuals are required to call at 4 pm to reserve a bed for that night. Individuals must arrive before 8 pm. This shelter provides individuals experiencing houselessness with a meal, shower, laundry, bed, and breakfast. Individuals can stay a maximum of 180 days (about 6 months) per year (between November 1 and October 31).

HABITAT FOR HUMANITY
532 Barber St building 1, Athens, GA 30601
706-208-1001

Habitat for Humanity offers services to purchase, rent, or repair homes. For renters, individuals must meet qualifications. These qualifications include demonstration of a need for residential stability, certify a monthly income of at least $1,000, be SSI/SSDI applicable, and be a resident of Clarke, Oglethorpe, or Oconee County. can work with Habitat for Humanity again. Individuals wanting to purchase a home must demonstrate the need for a house, the ability to pay, and 500 hours (about 3 weeks) of Sweat Equity. Sweat Equity is work done helping to build a Habitat home, such as painting or making lunches.

ADVANTAGE BEHAVIORAL HEALTH SYSTEMS
195 Miles St, Athens, GA 30601
706-369-5745

Refresh is an option that is provided by Advantage Behavioral Health Systems. The Refresh program is a men's transitional housing program that offers up to 12 months of safe, stable, and substance free residence to men over 18 years of age. To qualify, individuals must complete an application, Brief Assessment of Recovery Capital (BARC –10) and demonstrate a need for Recovery Capital building assistance. Additionally, all recommended treatment from an intensive outpatient program must be completed. Individuals can be referred to the program by PROUD, Advantage Behavorial's addiction recovery program, after participating for 120 days. Lastly, the ability to care for themselves, daily needs such as eating, must be demonstrated. Advantage Behavioral Health Systems also offer housing vouchers. These vouchers are available to individuals exhibiting an immediate need for shelter for a short period of time. These vouchers can provide up to 30 days of assistance.

ABUNDANT LIFE PROGRAM
95 North Ave, Athens, GA 30601
(706) 340-6062

The Abundant Life Program is a program through Bigger Vision of Athens that aids individuals experiencing homelessness obtain a GED and job skills. This is an option for sustainable housing rather than emergency housing. To qualify individuals must pass a drug test, schedule an appointment, and complete intake paperwork including their chosen pathway. They work with different programs, but host weekly information sessions on Wednesdays at 1 p.m.

ATHENS NEIGHBORHOOD HEALTH CENTER
402 McKinley Dr, Athens, GA 30601; 675 College Ave, Athens, GA 30601; and 870 Gaines School Rd, Athens, GA 30605
706-543-1145

Athens Neighborhood Health Center is a Federally Qualified Health Center serving the Athens community with three locations. Athens Neighborhood Health Center specializes in Family Medicine and Pediatrics, although they also provide acute care, laboratory services, mental health services, immunizations, and chronic disease management. There are no specific eligibility requirements to receive care here. However, fees are assessed on a sliding scale, and low-income and uninsured patients pay less and often receive free services as a result.

SAMSHA: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
5600 Fishers Ln, Rockville, MD 20852
1-800-662-4357

SAMSHA is a federal agency within the U.S. Department of Health that focuses on advancing the behavioral health of the nation by connecting people to substance abuse and mental health resources. SAMSHA has a National Helpline that operates 24 hours a day, 7 days a week, and 365 days a year. By connecting with SAMSHA, individuals can receive confidential support and free referrals to local treatment facilities, support groups, and community-based organizations. For those with a low-income or no insurance, SAMSHA will work to find free or low-cost services that are charged on a sliding fee scale. SAMSHA also works to find state-funded treatment programs for uninsured individuals, and they will work alongside state offices to make the proper referrals to get people the care they need.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
284 North Avenue Athens, GA 30601
877-423-4746

SNAP (Supplemental Nutrition Assistance Program) is a government program that gives a monthly stipend to help people with low incomes buy enough food. An EBT card is provided after approval for SNAP benefits. There are no fees associated with applying for and using SNAP, but applicants must be below income thresholds based on their household size. SNAP can only be used for food items. SNAP cannot be used for hot, prepared food items or alcoholic beverages. Most grocery stores and even some farmers markets accept EBT payments.

USDA NATIONAL HUNGER CLEARING HOUSE
50 Broad St. Suite 1504 New York, NY 10004
1-866-3-HUNGRY or 1-877-8-HAMBRE (for Spanish speakers)

The USDA National Hunger Clearing House is a government program to connect individuals with food assistance in their area. It includes a national database of food assistance programs accessible by calling the hotline number. It also provides other nutrition and social service information. There are no fees associated with calling the number.

FOOD BANK OF NORTHEAST GEORGIA
861 Newton Bridge Rd, Athens, GA 30607
(706) 354-8191

The Food Bank of Northeast Georgia is an organization that works with various community kitchens, food pantries, and worship centers to distribute food. Distributions occur at multiple locations in Athens, usually once a month at each. The dates and times vary. Picking food up from the program is free. The distribution sites are at the following locations:

- Food Bank of Northeast Georgia Athens Branch, 835 Sunset Dr, Athens, Ga
- Center UMC 426 Old Commerce Rd. Ext, Athens, Ga

- Hill Chapel Baptist Church, 1692 West Hancock, Athens, Ga
- Designing Minds Enterprise, 145 Anderson Street, Athens, Ga
- Cornerstone Food Pantry, 4680 Lexington Rd, Athens, Ga
- Pinewood Estates 1465 Hwy. 29 N, Athens, Ga
- Terrapin, 180 Paradise Blvd, Athens, Ga
- City of Hope, 8780 Macon Hwy, Athens, Ga
- iServe Ministries, 2301 College Station Rd, Athens, Ga

HOLY CROSS LUTHERAN CHURCH OF ATHENS
800 West Lake Dr, Athens, GA 30606
(706) 548-3329

The Holy Lutheran Church of Athens is a religious organization that offers food assistance to the community. This church has a monthly free food pantry, but dates are variable. It gives out canned goods, meat, dairy, infant formula, and other free food items. No there are no fees or requirements to use the pantry.

ACTION MINISTRIES ATHENS AND DOWNTOWN MINISTRIES- OUR DAILY BREAD FOOD BANK
465 N Lumpkin St, Athens, GA 30601 and 355 Pulaski St, Athens, GA 30601
(706) 353-6647

Our Daily Bread is a food assistance program maintained by two Athens religious organizations: Athens Ministries Athens and Downtown Ministries. They provide a soup kitchen with prepared meals and a food bank with ingredients. There are two distribution points with varying hours. The Action Ministries soup kitchen and food bank are open Mondays through Fridays from 1 pm to 3 pm. Downtown Ministries serves prepared meals only. They have breakfast hours on Tuesday and Thursday from 8 am to 9 am. Lunch hours are Monday through Friday from 12 pm to 1 pm. There are no fees associated with using their services.

EBENEZER BAPTIST CHURCH WEST
205 N. Chase St. Athens, Georgia 30606
(706) 543-9644

West Ebenezer Baptist Church is another religious organization in Athens that offers food assistance. The church offers a food pantry as well as a free clothing closet. It is open Mondays through Thursdays 5:30 pm - 7 pm. There are no fees needed to use either service.

SALVATION ARMY FOOD BANK
484 Hawthorne Ave. Athens, Georgia 30606
(706) 543-5350

The Salvation Army Food Bank is comprised of a pantry and soup kitchen. There are no fees or requirements to use either service. They also have a service to help people apply for food stamps/SNAP.

OPEN HEARTS CENTER INC.
150 Old Winterville Rd. Athens, GA 30601
706-354-8566

Open Hearts Center Inc. is a religious organization in Athens that offers food assistance. It is open Wednesday and Friday afternoons from 2:00-4:00 pm. They offer a food pantry with no fees required.

FIRST AME CHURCH
521 N. Hull St. Athens, GA 30601
(706) 548-1454

The First AME Church is a religious organization that offers a food pantry for struggling families, the unemployed, and the working poor. The food bank is open each Thursday beginning at 10:00 a.m. and closes at 1:00 p.m. There are no fees associated with using the food bank.

ATHENS COMMUNITY FRIDGES
256 W. Clayton Street Athens, GA 30601 and 585 Vine Street Athens, GA 30601
Instagram: @athenscommunityfridge

The Athens Community Fridges are standalone refrigerators where surplus food is shared with the community by local businesses and individuals. They are open 24/7 every day of the week. Using the fridges is completely free and anonymous.

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