

Community Resource Case Study Project

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COMMUNITY CASE STUDY

Scenario 2: Addiction/Pain prescription policies

Randy is a 24-year-old man who was prescribed pain medication (an opiate) when 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. What is available to help Randy and his family with his situation?

HEALTH

What is addiction?

Addiction is a complex condition that can affect all aspects of a person's life (Cleveland Clinic, 2023). Addiction is characterized by compulsive drug seeking and taking, despite negative or harmful consequences (National Institute on Drug Abuse, 2018). The two main types of addiction are substance addictions also known as substance use disorders and non-substance addictions also known as behavioral addictions (Cleveland Clinic, 2023). The only behavioral addiction that is defined in the DSM-5 is gambling addiction (Cleveland Clinic, 2023). For the purposes of this paper we will focus on substance use disorders. Substance use disorder is a mental health condition where you experience a problematic pattern of substance use that affects your health and quality of life (Cleveland Clinic, 2024b). Substance use disorders develop because substances change how your brain functions over time, especially in the reward center (Cleveland Clinic, 2023, 2024b). Your body naturally releases a chemical called dopamine that makes you feel pleasure when you do things like hug a loved one or eat (Cleveland Clinic, 2023). Substances can artificially release large amounts of dopamine at one time causing a euphoric feeling for a short amount of time (Geyer, 2023). Once this dopamine high is over, a come down or crash is experienced because of the lack of dopamine. Continued use of substances changes the dopamine receptors in your brain (Cleveland Clinic, 2023). Brain changes due to drug use can be persistent which is why drug addiction is considered a "relapsing" disease (National Institute on Drug Abuse, 2018). People in recovery are at a high risk of returning to drug use even years after being sober (National Institute on Drug Abuse, 2018). Relapse does not mean that treatment has failed (National Institute on Drug Abuse, 2020).

How is substance use disorder classified?

According to the DSM-5 signs of substance use disorder are as follows: (Cleveland Clinic, 2024b)

- Taking the substance in larger amounts and for a longer amount of time than you're meant to if it's a prescription.
- Having a strong desire or urge to use the substance.
- Having unsuccessful efforts to cut down on or manage substance use.
- Spending a lot of time obtaining or using the substance or recovering from its effects.
- Having issues fulfilling responsibilities at work, school or home due to substance use.
- Continuing to use the substance, even when it causes problems in relationships.
- Giving up social, occupational or recreational activities because of substance use.
- Using substances again and again, even when it puts you in danger.
- Continuing substance use despite an ongoing physical or psychological problem that's likely caused or worsened by the substance.
- Developing tolerance (need for increased amounts to get the same effect).
- Experiencing withdrawal symptoms, which can be relieved by taking more of the substance.

Substance use disorder can be categorized as mild, moderate, or severe depending on the number of signs a person experiences (Cleveland Clinic, 2024b). Two to three signs indicate a mild substance use disorder (Cleveland Clinic, 2024b). Four or five signs indicate a moderate substance use disorder (Cleveland Clinic, 2024b). Six or more symptoms indicate a severe substance use disorder (Cleveland Clinic, 2024b). Substance use disorder can be categorized as

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How is substance use disorder diagnosed?

Substance use disorders typically follow the pattern of experimental or prescription use, occasional use, heavy use, and finally substance use disorder (Cleveland Clinic, 2024b). Experimental or prescription use is trying a substance once or using it as prescribed (Cleveland Clinic, 2024b). Occasional use is defined as using the substance socially or not as prescribed (Cleveland Clinic, 2024b). Heavy use is defined as taking a substance routinely with few or no days off using the substance (Cleveland Clinic, 2024b). Substance use disorder is defined as using the substance daily or multiple times a day and it is rare that you aren't using the substance (Cleveland Clinic, 2024b). A substance use disorder is diagnosed through multiple tests that can include drug tests, taking a medical history, understanding behaviors around substance use, mental health history, and the signs previously mentioned (Cleveland Clinic, 2024b). Substance use disorders typically follow the pattern of experimental or prescription use, occasional use, heavy use, and finally substance use disorder (Cleveland Clinic, 2024b). Experimental or prescription use is trying a substance once or using it as prescribed (Cleveland Clinic, 2024b). Occasional use is defined as using the substance socially or not as prescribed (Cleveland Clinic, 2024b). Heavy use is defined as taking a substance routinely with few or no days off using the substance (Cleveland Clinic, 2024b). Substance use disorder is defined as using the substance daily or multiple times a day and it is rare that you aren't using the substance (Cleveland Clinic, 2024b). A substance use disorder is diagnosed through multiple tests that can include drug tests,

taking a medical history, understanding behaviors around substance use, mental health history, and the signs previously mentioned (Cleveland Clinic, 2024b).

Effects of substance use disorder

Substance use disorders can have a number of effects on the person. An overdose is the most common and deadly complication of substance use disorder (Cleveland Clinic, 2024b). An overdose can occur when a toxic amount of one or more substances is taken and interferes with the body and brain's functioning. If an overdose isn't fatal, it can still produce negative short-term and long-term effects (American Addiction Centers, 2024). Other common complications of substance use disorder are cancers, depression, infections including hepatitis B and C and HIV, memory loss, academic or career challenges, interpersonal relationship difficulties, and unsafe, risky, or illegal behaviors (Cleveland Clinic, 2024b). These complications can affect the person with the substance use disorder and their loved ones.

Who is at risk of developing a substance use disorder?

Substance use disorder affects people of all ages, races, sexes, genders and socioeconomic levels. You may be more at risk of developing a substance use disorder if you:

- Have an underlying mental health condition
- Have a biological relative with a SUD
- Have a history of adverse childhood experiences
- Have a genetic susceptibility (a genetic variant makes SUDs more common)
- Have exposure or easy access to substances
- Started using substances early (Morales et al., 2020)
- Are taking a highly addictive drug (Mayo Clinic, 2022)

- Peer pressure (Mayo Clinic, 2022)
- Lack of family involvement (Mayo Clinic, 2022)

Risk Factors of Opioid Usage

Since opioid use is a significant public health concern, it is important to be aware of the risk factors that could lead to an addiction or overdose. Implementing prevention methods for individuals who are at risk and establishing intervention strategies for those who have already been compromised by this chronic disorder is crucial to this public health issue. Almost 4 million individuals that are older than 12 years old reported misuse of pain medication, and half of these people suffer from opioid use disorder (OUD) (Arsene et al., 2023). This proves that it is crucial that there are preventative methods and others have knowledge of risk factors so that appropriate interventions can be made. The three main risk factors for OUD include biological, psychiatric, and social risk factors . These risk factors can lead to misuse, addiction, comorbidities, and/or overdose (Webster, 2017).

Biological Risk Factors

Opioids were primarily created as a legitimate form of therapeutic medication for individuals suffering from chronic pain (Webster, 2017). There is a stigma surrounding opioid prescription and usage now since OUD has become an epidemic in the United States for the past decade (Skolnick, 2018). When prescribed opioids, the drug binds to receptors on cells in the brain, spinal cord, and other organs that are involved with emotions, which releases large amounts of dopamine throughout the entire body (National Institute on Drug Abuse, 2024). This causes the body to have a biological dependence for the drug because individuals want to be able to experience a euphoric feeling. However, the misuse of opioid use involves taking the medicine

in way that was not prescribed by the doctors and can have negative side effects such as confusion, fatigue, nausea, constipation, and bradypnea (Skolnick, 2018). The use of opioids to alleviate chronic pain has been associated with consistently 80% of patients that were prescribed opioids (Webster, 2017). Finally, OUDs appear to have coexisting health issues present, which further the psychological desire to continue abusing this drug (Nazarian et al., 2021; Webster, 2017). Opioids were primarily created as a legitimate form of therapeutic medication for individuals suffering from chronic pain (Webster, 2017). There is a stigma surrounding opioid prescription and usage now since OUD has become an epidemic in the United States for the past decade (Skolnick, 2018). When prescribed opioids, the drug binds to receptors on cells in the brain, spinal cord, and other organs that are involved with emotions, which releases large amounts of dopamine throughout the entire body (National Institute on Drug Abuse, 2024). This causes the body to have a biological dependence for the drug because individuals want to be able to experience a euphoric feeling. However, the misuse of opioid use involves taking the medicine in way that was not prescribed by the doctors and can have negative side effects such as confusion, fatigue, nausea, constipation, and bradypnea (Skolnick, 2018). The use of opioids to alleviate chronic pain has been associated with consistently 80% of patients that were prescribed opioids (Webster, 2017). Finally, OUDs appear to have coexisting health issues present, which furthers the psychological desire to continue abusing this drug (Nazarian et al., 2021; Webster, 2017).

Psychological Risk Factors

OUDs are typically associated with comorbid psychological issues, with 72% of patients experiencing depression and 55% experiencing bipolar disorder (Webster, 2017). The simultaneous effects of these disorders, while using opioids, increase a person's risk of misusing

the drug and become psychologically dependent on it. This dependence and overuse of the drug lead to other negative psychological issues such as impaired cognition and psychomotor skills (Jamison & Mao, 2015). These issues can lead to opioid-induced hyperalgesia (OIH) which is a disorder in which an individual's pain sensitivity increases when used for a long period of time (Jamison & Mao, 2015). This only increases an individual's dependence on the drug and decreases any desire to stop taking the drug, especially when the primary prescription of the medication is due to chronic pain.

Furthermore, when an individual eventually becomes addicted to the drug, they become more prone to developing uncharacteristic behaviors (Jamison & Mao, 2015). Addiction is classified as being a neurobiological disease in which a person becomes psychologically and biologically dependent on something which leads to aberrant drug-related behaviors (Jamison & Mao, 2015). These behaviors changes occur when an individual becomes completely dependent on the drug that they change personalities and begin to propose excuses as to why they need to continue using it. The psychological risk factors are one of the most dangerous types because a person is fixated on elated feeling that they receive from it, and it is difficult to abstain this form of dependence.

Vulnerable Populations

Opioid use can occur in any individual experience biological, psychological, and/or social risk factors. However, there are particularly susceptible populations that begin using opioids. A primarily vulnerable population to OUDs are those who are young because this population is typically experimenting to find their likes and dislikes, as well as who they are as a person. Furthermore, a previous family or personal history with substance abuse and legal problems may lead to OUD, since a person has become comfortable with being around drug use

(Jamison & Mao, 2015). Finally, an individual's history with chronic mental disorders, stress, and abuse could make them more susceptible to OUDs, as they typically are of unsound mind and adopt a negative mentality of themselves (Jamison & Mao, 2015). Ultimately, there are several reasons as to why a person begins abusing opioids, however, having knowledge about the risk factors and implementing intervention strategies will aid opioid users in their own rehabilitative process.

Mental Health

In the United States, two million adults have an opioid use disorder, and 62% of them have a co-occurring mental illness (National Institutes of Health, 2020). Mental illness can increase the risk for opioid use disorders because it can interfere with someone's ability to make health care decisions. In addition to this, many people use opioids to numb their emotional pain by seeking out the endorphins that come with opioid use. The endorphins then, in turn, create a cycle of chasing the endorphins and increasing dependence due to decreasing mental state (National Institutes of Health, 2020).

The misuse of prescription painkillers and other forms drives opioid use disorder. Opioid addiction not only affects an individual's physical and mental health, but it also causes a heavy strain on the healthcare systems, families, and communities. Access to effective treatments for opioid misuse is necessary for overcoming addiction. However, there are also many barriers to treatment for opioid use, including societal bias against drug users, lack of insurance or financial barriers, homelessness, stigma, and family rejection.

What are opioids?

Opioids fall under the drug class of narcotics (Cleveland Clinic, 2022). Narcotics are a class of chemicals that interact with nerve cells and have the potential to reduce pain (Cleveland Clinic, 2022). Opioids are any chemical that binds to and activates opioid receptors (Brewer, 2023). Opioids can be natural, synthetic, or semisynthetic (Brewer, 2023). Natural opioids are opiates (Cleveland Clinic, 2022). Synthetic and semisynthetic are just called opioids (Brewer, 2023). Opiates come from naturally occurring chemical compounds in the opium poppy plant (Cleveland Clinic, 2022). Some examples of prescription opiates that are approved by the FDA are codeine and morphine (Brewer, 2023). Synthetic opioids are made in labs from human made materials (Brewer, 2023). Some examples of synthetic opioids used medicinally are fentanyl, loperamide, methadone, and tramadol (Brewer, 2023). Semisynthetic opioids come from opiate products like morphine (Brewer, 2023). Some examples of semisynthetic opioids are oxycodone and hydrocodone (Brewer, 2023). Narcotics are prescribed to treat acute pain such as injury or surgery recovery and can sometimes help with chronic pain (Cleveland Clinic, 2022). Opioids and opiates can become addictive because they treat pain as well as produce a feeling of euphoria in some people (Cleveland Clinic, 2022). Combining these factors with an increasing tolerance can lead to opioid use disorder (Cleveland Clinic, 2022).

How do opioids work?

When opioids enter the bloodstream, they travel through the body and to the brain and bind to opioid receptors on certain nerve cells in the central and peripheral nervous system (Stein, 2016). Typically, these receptors normally interact with naturally occurring molecules in the body to regulate functions like pain, respiration, and stress responses (Corder et al., 2018).

However, when opioids bind to these receptors, they trigger changes that block pain messages being sent from the body to the brain and spinal cord, altering the perception of pain. The main effects of opioid pain relief and relaxation. However, other effects of opioids include drowsiness, confusion, nausea, slowed breathing, and constipation (National Institute on Drug Abuse, 2021b).

Who uses opioids?

Opioids are intended to treat acute-to-chronic pain, and most times are prescribed after surgery or injury (Centers for Disease Control, 2024). However, there is a point where the prescription of opioids may become an issue. In 2023, around 125 million opioid prescriptions were given in the United States (Centers for Disease Control, 2024). Opioid misuse is primarily driven by addiction, which is a condition in which something that may have started as pleasurable is now something you cannot live without (Mayo Clinic, 2024). Opioids trigger the release of endorphins in your body to make it less likely that you will feel pain, which can lead you to want to take another dose when it wears off (Mayo Clinic, 2024). When taking opioids consistently, your body does not release as many endorphins, which builds a tolerance, leading to people wanting to take more to reach their original state (Mayo Clinic, 2024). Because opioid addiction is such a big problem in the United States, it is often challenging to get a prescription extended or refilled, leading people to search for illegal ways to find opioids. There are many different reasons why people use opioids, legally or illegally, including athletes experiencing pain, people trying to manage chronic pain, and mental health.

Athletes

Athletes are an incredibly vulnerable population when it comes to opioid misuse. Prescription opioids are commonly distributed for injuries and can become a gateway to the use

of other drugs. In addition to being prescribed prescription drugs to combat injury, many athletes also experience mental health issues due to the inability to play or reduced ability (St. John's University, 2023). Because of the additional factors, athletes may turn to illegal use of opioids or other drugs that are even more harmful (St. John's University, 2023).

How and why are opioids prescribed?

Prescription opioids are prescribed by physicians (or nurse practitioners depending on the state) to treat acute to severe pain, often following surgery or injury, and are used for managing pain from various health conditions.

Pain is one of the most common reasons that adults seek medical care in the US. In 2023, approximately 125 million US patients were prescribed opioids at some point (CDC, 2024a).

Acute pain is pain that has lasted for less than a month and often has a known cause, such as surgery, trauma, or injury. Subacute pain is unresolved acute pain that lasts 1-3 months and can lead to chronic pain. Chronic pain is pain lasting more than 3 months and can result from a disease or condition, injury, inflammation, or an unknown cause (CDC, 2024a). During 2021, approximately 51.6 million US adults experienced some form of chronic pain, and 17.1 million adults reported experiencing high-impact chronic pain, which is defined as experiencing pain on most days during a 3-month period that limited life activities (CDC Morbidity and Mortality Weekly Report, 2023). Chronic pain can greatly impact a person's quality of life, with impaired physical functioning, interference with professional and social life, decreased sleep quality, and interference with mood (Hadi et al., 2019). In addition, pain management is expensive, not only for the patient, but for the nation. In 2010, it was estimated costs associated with chronic pain were \$560 billion to \$635 billion per year. This is comprised of health care costs (\$261 billion to \$300 billion), workdays missed (\$11.6 billion to \$12.7 billion), hours of work missed (\$95.2

billion to \$96.5 billion), and lower wages (\$190.6 billion to \$226.3 billion) (Smith & Hillner, 2019). The cost of pain was more than heart disease, at \$309 billion, cancer, at \$243 billion, and diabetes, at \$188 billion (Gaskin & Richard, 2012).

Opioid prescription in the US has greatly increased in the last decades, with opioid prescribing increasing fourfold from 1999-2010. During this time, along with the overall increase in opioid prescriptions, the way opioids were prescribed also changed, with opioids being prescribed at higher doses and for longer durations (Bohnert et al., 2011). In the past decade, prescribing practices for opioids have improved and standardized, with the CDC releasing the CDC Clinical Practice Guideline for Prescribing Opioids for Pain, with the most updated release year being 2022. These guidelines provide recommendations for clinicians providing pain care, including information about selecting opioids determining dosages, and information on determining the appropriate duration of prescription. However, prescription opioid misuse and addiction are still a prevalent issue in the United States. In 2020, approximately 9.49 million Americans 12 years of age and older reported opioid misuse at least once a year, with 96.6% of opioid misusers using prescription pain relievers (National Center for Drug Abuse Statistics, 2023). In addition, approximately 3-19% of people who take prescription pain medications develop an addiction to them (American Psychiatric Association, 2022).

What is opioid use disorder?

Opioid use disorder is a subcategory of substance use disorder (Cleveland Clinic, 2022). Opioid use disorder is a mental health condition in which a problematic pattern of opioid misuse causes distress and/or impairs your daily life (Cleveland Clinic, 2022). Opioid use disorder may involve physical dependence and psychological dependence (Cleveland Clinic, 2022). People are psychologically dependent when a drug is so central to their thoughts, emotions and activities

that the need to continue its use becomes a craving or compulsion despite negative consequences (Cleveland Clinic, 2022). The signs of opioid use disorder are the same as those of substance use disorder, just replace the word “substance” with “opioids”. The likelihood of developing dependence following opioid use is high compared with most other drugs. Opioids have high addiction potential because they activate powerful reward centers in your brain. Opioids trigger your brain to release endorphins (Cleveland Clinic, 2022). This neurotransmitter both decreases your perception of pain and creates feelings of euphoria (Cleveland Clinic, 2022). Once the opioid has worn off, so do these sensations (Cleveland Clinic, 2022). You may have a strong desire to continue using opioids to continue the feeling (Cleveland Clinic, 2022). Opioid dependence can develop very quickly, in as little as four to eight weeks (Cleveland Clinic, 2022). The average prescription length for opioid painkillers after surgery is 4-15 days (Scully et al., 2018). Opioid use disorder is common (Cleveland Clinic, 2022). It affects over 20 million people worldwide and is responsible for 120,000 deaths annually (Cleveland Clinic, 2022). Opioid use disorder affects over 3 million people in the United States and is classified as an epidemic (Cleveland Clinic, 2022).

From opioids to heroin

Heroin is an opiate that is derived from morphine and is used exclusively for recreational purposes (Cleveland Clinic, 2022). Heroin is illegal because it doesn't help your health like other opioids can and is often very harmful (Cleveland Clinic, 2024a). People who misuse prescription opioids often switch to heroin when prescription drugs become difficult to obtain (Cleveland Clinic, 2022). Initiation of heroin use is frequently associated with prior use of prescription opioids (Knott et al., 2025). 45% of heroin users started their journey with prescription opioids (Cleveland Clinic, 2022).

Fentanyl

Fentanyl is a powerful synthetic opioid that is 50 times more potent than heroin and 100 times more potent than morphine (American Psychiatric Association, 2022). Prescribed fentanyl is used to treat patients with severe pain and is often used to treat patients who are tolerant to other opioids (National Institute on Drug Abuse, 2021a). When prescribed by a doctor, fentanyl is given as a shot, a patch, or as lozenges. However, fentanyl is also illegally manufactured in labs. This fentanyl is sold illegally as a powder, dropped onto blotter paper, put in nasal sprays and eye drops, or made into pills (National Institute on Drug Abuse, 2021a). Some illegal forms of fentanyl are mixed with other drugs, such as heroin, cocaine, and methamphetamine (National Institute on Drug Abuse, 2021a).

Overdose

Opioids are involved in the majority of overdose deaths in the drug overdose crisis in the US. An opioid overdose occurs when a person takes a higher drug dose than their body can handle. When a person takes a high dose of an opioid, breathing can greatly slow to fatal (National Institute on Drug Abuse, 2024). Between 1990 and 2017, opioid use resulted in over 400,000 fatal overdoses in the US (Patterson Silver Wolf & Gold, 2020). In 2022 alone, there were approximately 108,000 drug-involved overdose deaths, with 81,806 overdose deaths involving opioids (National Institute on Drug Abuse, 2024). Fatal opioid overdose also contributes significantly to the economic burden, with overall life lost due to opioid overdose in 2017 at \$480.7 billion (Florence et al., 2021).

CULTURE

Cultural Factors

Although the opioid crisis is typically caused by addiction, politics and culture are at the forefront of this issue. The United States has had a complicated history understanding and implementing drugs into medical practice. For example, in 1898 The Bayer Co. introduced heroin, a new remedy for cough and pain (CDC, 2024b). Today, heroin is considered a highly addictive and dangerous drug. In the 1860s, morphine was used to treat wounded soldiers (Behavioral, 2018). Many of these soldiers went on to develop addictions after the war. As time went on, the US began to place regulations on opioids and outlawed heroin in the 1920s. During this time, the drug was overly prescribed, but the crisis hadn't yet begun. The Controlled Substances Act, a federal regulation on the possession, use, and distribution of drugs, was enacted in 1970 (Behavioral, 2018). This act allowed the federal government to fight against drug use. Although this act was helpful, this was only the beginning of America's fight against opioid use.

Targeted marketing is the vehicle that drove the opioid epidemic forward. In the 1990's, new prescription and synthetic opioid drugs like oxycontin and methadone were introduced. Purdue Pharma claimed that these drugs were gentle and non-habit forming, despite a lack of research or evidence (Behavioral, 2018). These drugs were marketed heavily along with an advocacy campaign that fought for greater pain management in America. The combination of these influences caused prescription opioid sales to quadruple from 1999 to 2010 (FCC, 2024). This created the first wave of the opioid epidemic that resulted in a spike in addiction and opioid related deaths and overdoses. The mortality rate has not decreased in recent years, while the production and availability of new pharmaceutical substances have continued to rise.

The second wave began in 2010 with a higher number of deaths being caused by heroin. Increased heroin availability along with high potency, low price, and an increased need drove this market (CDC, 2017). During this time 2 million people reported a substance use disorder, while 600,000 identified heroin being attached to their disorder. In 2010, oxycontin was reformulated to be potentially abuse-deterring. Rather than decreasing addiction, this reformulation of oxycontin drove a proportion of users to heroin. During this period, opioid overuse shifted primarily from the 50–64 age group to individuals aged 20–30 (CDC, 2017). Individuals in the younger group were more likely to overdose with heroin rather than prescription opioids. The strongest risk factor for these addictions is the misuse of prescription drugs. An estimated 75% of people who abuse heroin originally misused their prescription opioids (Martins et al., 2022).

The third wave of the opioid epidemic began in 2013 with the introduction of illicitly manufactured fentanyl (IMF) into the heroin market. Fentanyl was a driving force of the heightened overdose rates during this wave. Drug traffickers and opioid misusers mixed fentanyl into the United States illegal drug supply as adulterants or replacements for white powder heroin (CDC, 2017). Fentanyl is considered a more dangerous drug than heroin due to its rapid onset action and high potency. It is estimated that half of the deaths involving heroin during this time were caused by using both heroin and fentanyl (CDC, 2017). Most of these individuals do not intend to consume fentanyl or have knowledge about how dangerous it is. Carfentanil, a drug 100 times more potent than fentanyl, was found to be a cause of many of these deaths as well. Among carfentanil, illicitly manufactured fentanyl was also detected (CDC, 2017). The heightened desperation among individuals with opioid use disorder, combined with the

introduction of fentanyl into the illicit drug supply, significantly exacerbated this public health crisis.

Today, the opioid crisis is still ongoing and causing high numbers of overdose mortality. In 2017 the U.S. The Department of Health and Human Services declared the opioid crisis to be a public health emergency (HHS, 2025). Although efforts have been made to combat the opioid crisis, it remains deeply embedded in multiple aspects of American life, making it challenging to control. Since 1999, more than 760,000 people have died from drug overdose (HHS, 2025). These overdoses occurred from prescription and illegal opioids. Nearly one million lives have been lost to this epidemic, with many of these deaths potentially preventable through stricter regulatory measures and reduced opioid prescribing practices in the United States. In 2022, an estimated 224 people died each day from an opioid overdose (CDC, 2017). The government shifted their focus from offenses involving marijuana to prioritizing offenses with methamphetamines and fentanyl. In 2018, only 63 fentanyl related convictions were reported. During the first half of 2023, convictions increased to more than 1,200. Despite this, overdose rates continue to rise (Progress, 2023). In May of 2023 the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded \$5.4 million in grants to increase the access and quality of long-term support for people with substance use and mental health disorders (Progress, 2023).

The government needs to continue to treat this crisis as a public health issue and create policies and programs that will do so. Using evidence-based treatment and recovery options can help slow this epidemic down. Some of these practices include opioid overdose reversing medications like naloxone, fentanyl test strips, medication-assisted treatment (MAT), education regarding overdose risk factors for practitioners, and good Samaritan laws. Naloxone is an over-

the-counter Narcan that is sold as a nose spray (Progress, 2023). It can be used to reverse an overdose, and the distribution of it could save hundreds of lives. Narcan needs to be made more accessible and affordable for it to reach communities where overdoses are occurring (Progress, 2023).

Social Factors

Societal Bias of Drug Users

People with opioid use disorder are often stigmatized as “addicts” or “criminals.” In addition to this, the treatment itself can also be looked down upon because some people see it as trading one drug for another drug (McCurry et al., 2023). Society also tends to view those who use opioids as having a personal weakness (Hammarlund et al., 2018). These stigmas from society can deter people from seeking treatment for fear of being labeled by people, which could lead to reluctance.

Homelessness

A study found that 25% of people who were homeless identified that drug use was the primary reason for being homeless (National Alliance to End Homelessness, 2016). People who are homeless oftentimes also experience mental health disorders. It is estimated that 45% of the homeless population in the United States has a mental illness (Crisis House, 2023). This can create a vicious cycle of mental health and addiction that exacerbates the instability of housing. Being homeless can also make it difficult for people to participate in different treatment programs because they often require transportation and a stable environment. Oftentimes, the treatment facilities are in areas that are not easily accessible, and many of them do not provide services to help people get there.

Stigma and Family Rejection

There is a significant stigma around opioid use disorder, which can lead to shame or reluctance to seek help. As a result of this stigma, people who face opioid use disorder may internalize the beliefs other people have, further preventing them from seeking treatment. Because of these societal stigmas, family members may distance themselves or reject the family member with opioid use disorder due to fear of what others or the community may think (Recovery Research Institute, n.d.). This distancing can be detrimental to someone facing opioid use disorder because, many times, family support is crucial to recovery. The combination of stigma within society and family rejection can exacerbate feelings of hopelessness or even depression, which can make it harder for individuals to overcome their addiction (Recovery Research Institute, n.d.).

Social Risk Factors

The use of opioids is typically associated as a private habit and not usually performed in a social setting, since there is social stigma surrounding its usage (Fine et al., 2021). However, due to the psychological and biological factors of using opioids, individuals typically have decreased social interactions and behavioral issues. Since opioid usage is usually comorbid with other chronic illnesses, such as stress and anxiety, individuals often might feel the urge to use opioids in order to function in social settings (Webster, 2017). Stressors that occur in social settings may increase an individual's urge to use in order to combat negative feelings towards social interaction (Nazarian et al., 2021). This feeling of loneliness only contributes to other risk factors and creates a nostalgic feeling amongst peers. Because of the isolation factor of using this drug, it makes an individual crave it more and having little to no peer support in the intervention and support process.

Economic Factors

Lack of Insurance/Financial Barriers

Many people who face opioid use disorder also lack health insurance, which can make it very hard to afford treatment. When people have insurance, they can often be denied because their policy does not cover certain services or only selects facilities (Hammarlund et al., 2018; McCurry et al., 2023). Treatment facilities have high costs for outpatient, inpatient rehabilitation, and long-term therapy, which can be a significant deterrent for people who are lower income or have unstable employment. Even people who qualify for treatment through insurance face a considerable charge and have low reimbursement rates, which can further reduce the number of accessible programs.

Chronic Pain Management

More than 30% of the population in the United States has some form of acute or chronic pain, which leads to many patients being prescribed opioids to help with the pain (Volkow & McLellan, 2016). Many physicians say they are not confident in the correct way to prescribe opioids or even detect addiction (Joynt et al., 2013; Volkow & McLellan, 2016). Because of this, patients oftentimes are prescribed large amounts of opioids to help with the pain, which can lead them to get addicted to the endorphins and lack of pain. Once out of their prescription, these patients may turn to other areas to seek out the endorphins (Volkow & McLellan, 2016).

WHAT IS NEEDED?

Randy is currently addicted to heroin, kicked out of his parents' house, has no health insurance, is worried about the potential dangers of fentanyl and overdose, and sees no hope. He really wants to be able to get his life back on track but doesn't know where to start. He needs help and resources in a lot of different areas.

Addiction Treatment and Drug Use Resources are Needed

Since Randy is addicted to heroin, he needs resources that will help him get detox, stop using drugs, and get clean. There are many levels of addiction care. The lowest level of addiction care is alcoholics and narcotics anonymous. These are public programs that anyone can attend at any stage in their addiction journey, regardless of class, social status, or insurance status. This would be a great place for Randy to start. Narcotics anonymous is run by and for addicts with the goal of showing any addict can stop using drugs, lose the desire to use, and find a new way to live (Narcotics Anonymous, 2025). Being able to share his story about drug use and meet other addicts will help him feel socially connected and supported. Through narcotics anonymous Randy could get a sponsor who would help hold him accountable throughout his recovery process. This sponsor can act as a friend and mentor who will help Randy find hope again. Higher levels of addiction care include inpatient and outpatient detox programs that help the patient get off drugs as smoothly as possible. These programs can include the use of drugs like methadone, naltrexone, and buprenorphine to help mitigate withdrawal symptoms (National Institute on Drug Abuse, 2025). Typically, these programs require payment. Many will accept Medicare and Medicaid. These programs are still inaccessible to many lower income people.

Randy is using heroin and is worried about fentanyl and accidental overdose. Fentanyl has increasingly become a problem within street drugs in the United States. Street drugs are often cut with fentanyl to decrease manufacturing costs and increase profits for the drug dealer (rehabs.org, 2022). This is very dangerous because it is easy to overdose on fentanyl if your body isn't used to its presence. Fentanyl is an extremely strong synthetic opioid with about 50 times the potency of heroin and 100 times the potency of morphine (rehabs.org, 2022). It would be helpful to Randy if he was able to learn a little bit more about fentanyl to understand how it

could affect him and what he can do to protect himself. The main way he can protect himself from fentanyl and accidental overdose is by using fentanyl test strips with the drugs he does use. Fentanyl test strips are a quick, easy, and cheap harm reduction strategy. By using this resource Randy can ensure his drugs are free from fentanyl. Since he is injecting heroin, he could also benefit from something like a supervised injection site or clean needle exchange program. Both resources are helpful to avoid infection and the spread of HIV. Many syringe exchange programs distribute fentanyl test strips for free so Randy can access multiple resources at once (rehab.org, 2022).

Housing is Needed

Since Randy's parents kicked him out of their house, he needs somewhere safe to stay. His two main options are staying with a friend, coworker, or other family member, or staying at some kind of homeless shelter or halfway house. We are unaware of Randy's social support system, so staying with a friend, coworker, or family member is not a very viable option. Many homeless shelters require residents to be clean from using drugs to be eligible to stay there. Unless he can find a shelter that accepts drug users, it is likely that Randy will end up living on the streets until he gets clean.

Medical Insurance is Needed

Randy's parents dropped him from their health insurance because of his drug use and dropping out of college. This means he is currently uninsured. Because of this he needs free or low-cost resources that don't require insurance coverage until he is able to get new insurance, if he is able to get insurance. We know that Randy has a part time job, but we don't know how much money he makes or what benefits are offered. If his company offers health insurance, he could get it through there. If his company does not offer health insurance, he could potentially

purchase his own policy through the health insurance marketplace. However, we don't know how much money he makes to know if he can afford to purchase his own policy. Another option is to apply for federally or state funded health insurance. Since the state of Georgia has partially expanded Medicaid, this might be an option. Georgia Pathways to Coverage offers Medicaid coverage to Georgians ages 19-64 who have a household income of up to 100% of the federal poverty level (Georgia Pathways to Coverage, 2025). This program requires participants to complete at least 80 hours of qualifying activities per month (Georgia Pathways to Coverage, 2025). These activities include things like employment, job training, community services, education, and vocational rehabilitation (Georgia Pathways to Coverage, 2025). If Randy can gain Medicaid coverage through Georgia Pathways to Coverage, he will have a lot more options for rehabilitation services and medical care. However, Georgia Pathways to Coverage has previously had issues regarding the distribution of coverage to qualifying applicants. Because of this it is possible that he likely will not get insurance through this avenue. Randy's final option is to apply for subsidies through healthcare.gov. If he makes under 133% of the federal poverty level, he may be eligible for subsidized health insurance through healthcare.gov. This means the cost of his insurance would be more proportional to his income and therefore more affordable. None of these options seem very promising for Randy to obtain insurance so it is likely that he will need free or low-cost resources for the time being.

Family Resources are Needed

Addiction is something that affects the whole family. Parents often blame themselves for their child's addiction and wonder what they could have done for things to turn out differently. Randy's parents have obviously been affected by his addiction since they kicked him out of their house and dropped him from their insurance. They were probably disappointed that their son

dropped out of college and isn't on the path they expected him to be. Randy's parents need to learn more about addiction to better understand what their son is going through. Understanding more about addiction will probably create some empathy among Randy's parents. They may not understand the disease like nature of addiction and think that Randy is doing this to himself. They also need some type of social support. This could come in the form of family therapy, Facebook groups, Nar-Anon and other support groups. Nar-Anon is like narcotics anonymous, but for the family and friends of the addict (Nar-Anon, 2025). It allows the loved ones of addicts to connect to other people with similar experiences and gain community (Nar-Anon, 2025). This could be very helpful for Randy's parents and any other family or friends who might be affected by his drug use.

Mental Health Resources are Needed

Randy has a very negative outlook on the current state of his life. He sees no hope in getting his life back on track. Because of this he needs social support and mental health resources. This support and socialization could also come through something like narcotic anonymous where he will meet other people with similar experiences. Hopefully by getting a sponsor, Randy will gain a friend and mentor who will restore his hope that things will get better. He could also benefit from other mental health resources like individual or group therapy. However, due to Randy's financial status this seems unlikely since therapy is typically expensive. It is important that Randy has access to the national suicide hotline and other local mental health hotlines. The national suicide hotline is free and confidential, giving you one-on-one access to a professional counselor (988 Lifeline, 2025).

RESOURCES AVAILABLE/ASSET MAP

Addiction and Drug Services

Georgia Addiction Rehab Network

706-480-8733

Addiction Rehab in 5 locations

- 1) Atlanta, GA
- 2) **Athens, GA**
- 3) Savannah, GA
- 4) Macon, GA
- 5) Augusta, GA

The Georgia Addiction Rehab Network aids individuals suffering from drug abuse using interventions, drug detoxification, and rehabilitation facilities. Their Addiction Care Treatment Program assists in the misuse of alcohol, opiates, prescription drugs, designer drugs, crystal meth, cocaine, hallucinogens, and marijuana. In Athens, short-term and long-term treatments are available, ranging from 30-day, 60-day, and 90-day treatments. Also, the network offers inpatient rehab programs, outpatient services, residential services, opioid treatment programs, LGBTQIA+ rehab, and payment programs. The inpatient rehab program is beneficial for 24/7 supervised care by a medical profession with and support for those in need of a more hands-on approach. Outpatient services are offered for individuals in need of detoxification and intensive treatments in a location that is nearby. Residential services offer treatment centers in which the individuals can reside during their treatment programs. Opioid treatment programs offer Substance Abuse and Mental Health Services Administration (SAMHSA) certified programs that are available in the areas mentioned above. LGBTQIA+ rehab services are focused on those who

have been affected by abuse. Finally, payment programs offer financial assistance and sliding fee scales to individuals who may not be able to afford the care that is essential to their health and well-being. The network provides care, locally, so that individuals maintain their social support system and know somewhere safe to go if a relapse is triggered. This program would be beneficial in Randy's case because of the financial aide that is provided, variety of rehabilitation services, and the ability to be treated within the facility.

The Athens Addiction Recovery Center

Location: 8801 Macon Hwy #2, Athens, GA, 30606

844-959-4998

The Athens Addiction Recovery Center's mission is to provide the highest level of care and treatment to every client's unique case. It provides addiction treatment and therapy for individuals who struggle with alcohol, opioids, benzo, stimulants, and prescription drug addictions. Also, dual diagnosis treatments are offered to manage comorbid mental health conditions. The three aspects of the recovery treatment include primary treatment, family education and guidance, and continuing care. These three factors are essential to the recovery process because it provides treatment necessary for addicts to recover, educates the individual's support system, and offers continuation of care in order to prevent relapse. The facility is easily accessible and provides for uninterrupted residential care, if necessary. The majority of these treatments are covered by several insurance plans and financial support is available. This treatment option will be beneficial to Randy because it provides addiction therapy for prescription addictions, as well as guidance and education for families of addicts.

Kind Recovery Center

Location: Prince Ave. Ste. 14 Athens, GA 30606

Hours:

Saturday	Closed
Sunday	Closed
Monday	10 AM–7 PM
Tuesday	10 AM–7 PM
Wednesday	10 AM–7 PM
Thursday	10 AM–7 PM
Friday	10 AM–5 PM

The Kind Recovery Center is a shame-free trauma and addiction counseling center in Athens Georgia. They provide personalized counseling that is either one-on-one or in a group. Specifically, they offer trauma therapy, outpatient treatment, alcohol abuse counseling, telehealth counseling, relapse prevention and care, and ketamine therapy. Offering a holistic approach, kind recovery is partnered with other providers in the community like psychiatrists, recovery coaches, trauma informed yoga, and family and couples counseling services. They are located at 740 Prince Ave. Ste. 14 Athens, GA 30606 and can be contacted at (706) 363-0261 or at cole@kindrecoverycenter.com or tj@kindrecoverycenter.com. Patients can schedule a free consultation through their website kindrecoverycenter.com. Sessions costs range from \$125/hr to 140\$/hr. They are not paneled with insurance companies, but they do offer superbills. Since most insurance plans offer out of network benefits, most patients can get reimbursed for their sessions. Randy would be able to receive a consultation for free and get a better idea of what his next steps may need to be. If he needed the center's counseling services, Randy would not be able to afford this on his own since he doesn't have insurance. Randy would need to gain Medicaid coverage through Georgia Pathways to Coverage and make sure it is covered in order to access this.

Advantage Behavioral Health Systems – Crisis Center/Crisis Stabilization Unit

Location: 240 Mitchell Bridge Road, Athens, GA 30606

706-583-7307

Hours:

Saturday	Closed
Sunday	Closed
Monday	8 AM–5 PM
Tuesday	8 AM–5 PM
Wednesday	8 AM–5 PM
Thursday	8 AM–5 PM
Friday	8 AM–5 PM

The Behavioral Health Crisis Center is a branch of Advantage Behavioral Health Systems that offers crisis stabilization, temporary observation, and crisis walk-in services. This gives individuals a safe space to decide what their next stage of treatment should be. The temporary observation unit places adults in crisis in a hold of up to 23 hours where they will decide if a crisis stabilization program, inpatient unit, or a return back home is necessary. The crisis stabilization unit offers short-term residential stabilization services for adults struggling with substance abuse or psychiatric distress. Services offered within the program include psychiatric assessment, ongoing care, nursing assessment, medication administration, evaluation, treatment planning, group counseling, education, and referrals to other various services. If one is experiencing a crisis, they will not be turned away if they can't pay. Advantage accepts Medicaid, Medicare part B, Peach care for Kids, Amerigroup, WellCare, Cenpatico, Blue Cross Blue Shield, and United Health Care. If the patient is uninsured, they may be eligible for a state assistance program. They have financial counselors on site to help make all services accessible. Appointments can be scheduled through an appointment request form, and emergency services are dealt with in person. If Randy can gain Medicaid coverage through Georgia Pathways to

Coverage than it will cover this treatment. If not, Randy can apply for another state assistance program that can cover this.

Access Point of Georgia Inc

Free HIV/HEP C testing & Wound Care available every Tuesday

Athens Tuesdays: 6pm to 8pm

240 North Ave. Athens, GA 30601 @ Homeless Day Center

Athens Wednesdays: 5pm to 7pm

Drop-in SSP exchange and peer services @ 183 Paradise Blvd Suite 108 Athens, GA 30607

Athens Friday: 4pm to 7pm

Drop-in SSP exchange and peer services @ 183 Paradise Blvd Suite 108 Athens, GA 30607

Athens Saturday: 1pm to 5pm

Drop-in SSP exchange and peer services @ 183 Paradise Blvd Suite 108 Athens, GA 30607

(762) 234-6068

Phone Hours vary: Tuesday-Saturday (typically from 11am to 7pm)

Access Point of Georgia is Athens, Georgia only syringe service program. They offer syringe exchange, peer support services, recovery resources, and referrals. Specifically, they offer case management, coordinated care, fentanyl test strips, education, MAT referrals, naloxone distribution, overdose services, safe sex items, syringe services, and wound care services. To inquire about syringe service locations, peer support, or referrals call or text 762-234-6068. To sign up for services visit accesspointgeorgia.org. All services are free of charge.

This would be an accessible resource for Randy because it is free of charge. Learning about overdose and receiving products to stop it could save Randy's life. The fentanyl test strips would also be a great resource for Randy and could stop an accidental overdose. Lastly, Randy could take advantage of their case management and coordinated care and learn about his next steps to treatment for free.

SAMHSA's National Helpline

SAMHSA's National Helpline is a free and confidential treatment referral information service for those facing mental and/or substance use disorders. This service is open 24/7, 365 days a year and provides referrals to local treatment facilities, support groups, and community-based organizations. They can provide referrals based on your financial status. If you have no insurance, they can refer you to your state office, which is responsible for state-funded treatment programs, or refer you to free or low-cost programs in your area. They also can refer you to facilities that charge on a sliding fee scale or accept Medicare or Medicaid. The referral service is free of charge.

Contact Options:

Call: 1-800-662-HELP (4357). This service is provided in English and Spanish.

Text: text your 5-digit ZIP Code to 435748

Note: Message and data rates may apply

For this case, this resource is completely free to access and is best used for when an individual is unable to locate any local treatment facilities, support groups, and community-based organizations and needs referrals to those services in their areas based on their financial status. However, this service does require access to a phone, either to call the service and/or to text the

service. In terms of this case, an individual wanting to use this service must either have access to their own personal phone that can call and/or text, or they must have an ability to locate a phone that they would be able to use to call/text.

The 988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline is a network of over 200 local and state-funded crisis centers located across the United States. The 988 Lifeline responds to 24/7 to calls, chats, or texts from anyone who needs support for suicidal, mental health, and/or substance use crisis, and connects those in need with a trained counselor who listens and talks through your unique situation to give judgment-free support. There are many reasons someone may connect with the 988 Lifeline beyond suicide. Some examples include drug or alcohol use, emotional distress, anxiety, depression, relationship troubles, and more, including just needing someone to talk with. People using the 988 Lifeline are not required to provide any payment. There is no reason too big or too small to reach out to 988.

Contact Options:

Call: three-digit dialing code - 988

- Callers who follow the “press 1” prompt are connected to the Veterans Crisis Line
- Callers who follow the “press 2” prompt are connected to a Spanish-speaking crisis counselor
- Callers who follow the “press 3” prompt are connected to a crisis counselor specifically trained in supporting LGBTQI+ callers
- All other callers may stay on the line to be connected to an English-speaking counselor
 - The 988 also provides translation in more than 240 languages through Language Line Solutions. To request an interpreter, when calling the 988, you can ask for an

interpreter in English if you are able or you can say the name of the language you need.

Note: The National Suicide Prevention Lifeline was relaunched in July 2022 as the 988 Suicide & Crisis Lifeline. However, the 10-digit number (1-800-273-8255) remains functional and will connect to the 988 Lifeline services

Text: send any message to 988

- You will be given options to connect with a counselor from the Veterans, Spanish-language, LGBTQI+ service, or the main 988 Lifeline
 - To connect with Veterans Crisis Line, text 838255 directly
 - To connect with Spanish-speaking crisis counselors, text “AYUDA”
 - To connect with LGBTQI+ counselors, text “PRIDE”
 - To connect with main 988 line, reply “NEXT” to move through prompts

Note: Message and data rates may apply

Chat: available in both English and Spanish through the 988 Lifeline’s website at 988lifeline.org/chat

- A brief survey will open that helps 988 crisis counselors understand how to best support you
- After filling out survey, hit “Start a Chat” to connect to a counselor

In terms of this case study, this resource is free to access and is best used for when an individual is experiencing a crisis and wants to talk to someone (in this case, the crisis would be related to a substance use or mental health crisis). However, this service does require access to a

phone that can call, a phone that can text, or to a device that has access to the internet (for the chat feature). For this case, an individual wanting to use this service must either have access to their own personal device that can call/text/has access to the internet, or they must have an ability to locate a device that they would be able to use to call/text/access the chat service.

The Potter's House

Location: 655 Potter House Rd, Jefferson GA, 30549

Phone Number: 706-543-8338

The Potter's House is a 12-month, Christian-based, residential recovery program run by Atlanta Mission for men facing homelessness and addiction. This program helps individuals overcome drug and alcohol addiction with a team of certified peer specialists and counselors who can provide one-on-one therapy, clinical groups, process groups, and life skills classes to meet the emotional needs of men dealing with addiction recovery.

There are a variety of services included at The Potter's House, including:

- Evidenced-based curriculum
- 12 Step coaching
- Spiritual education services
- Clinical Groups and Classes
- Recovery Groups
- GED Classes
- Job Coaching and development
- Financial literacy education
- Small groups
- Worship and recreational opportunities

To be eligible for admission, candidate must meet be various criteria, including:

- Be over the age of 18
- Be fully detoxified with at least 72 hours since last use of drugs or 48 hours since last use of alcohol
- Be physically able to work. For example, being physically able to participate in landscaping, housekeeping, kitchen, and maintenance
- Be medically able to participate in a program that does not provide medical care, dental care, or assistance with medications
- Be mentally stable and capable of functioning in a therapeutic community environment with classroom and group activities
 - Note: This program is not able to care for individuals the dual diagnosed individuals or those on antidepressant, mood stabilizing, or antipsychotic medications
- Those with child support or legal issue must provide written releases from appropriate parties assuring unhindered one-year program
- Understand that clients are not permitted to have visitors onsite

To be considered for admission, complete the following steps:

1. Review admission requirements to understand eligibility
2. Review the suggested packing list for accepted applicants
3. Complete and submit an electronic application, and print a copy for their records
4. Call the admissions coordinator

If accepted to The Potter's House, pack according to the following list. Clients may have (up to):

- 16 pairs of pants
- 18 shirts
- 5 pairs of shoes
- 3 coats/jackets
- 2 sweaters
- 8 underpants
- 2 pairs of long underwear
- 8 pairs of socks
- 4 ties
- 3 hats
- 1 laundry bag
- 1 book bag
- 1 alarm clock
- 1 bible
- 1 sealable storage container
- Pens
- Pencils
- Paper
- Notebooks
- Personal hygiene items (non-alcoholic)
- Laundry detergent
- Miscellaneous personal effects (conductive to Christian atmosphere)

If the potential client is receiving income of any kind, the program has a fee of \$100 per week. Those with no personal income will not be charged unless their income status changes. The Potter's House is located outside of Athens, about 20-30 minutes away. So, there is no public transportation to the location and other transportation would need to be arranged. However, as this is a 12-month program where the client lives on the 550-acre property, transportation would just be needed twice, once to arrive and once to leave.

In terms of this case study, although there is a fee of \$100 per week if the client is receiving income of any kind, this is a 12-month, on-site, residential program, so an individual working a part-time job would not be able to keep that job, and therefore would not be making any personal income, so this resource would be free for that client. In addition, this resource does require the client to be fully detoxified with at least 72 hours since last use of drugs or 48 hours since last use of alcohol. So, for this case study, an individual would need to be sure that they are detoxified from heroin use for at least 72 hours.

Athens Clinic DM & ADR

Location: 1710 Commerce Rd, Athens, GA 30607

Phone Number: 706-552-0688

Fax Number: 706-546-0689

Email: athensclinic@hotmail.com

Hours:

Mon - Fri: 6am - 12pm

Saturday: 7am - 10am

DM & ADR is a treatment center that combines intervention and treatment with methadone and buprenorphine maintenance, education, counseling, medical and nursing care,

group therapy, and peer support to treat OUD and addiction. Their mission is to provide a therapeutic environment in which to treat one's addiction to pain medication and/or heroin. They are regulated and accredited by The Georgia Board of Pharmacy, Drug Enforcement Agency, the Georgia Department of Community Health, and the Joint Commission for the Accreditation of Health Care Organizations.

At DM & ADR, they use methadone or buprenorphine as the primary intervention to stabilize a person physically, to interrupt the pattern of drug seeking behavior and craving and then follow with group therapy and counseling to begin the process of healing the mind, body, and spirit. They are staffed with certified and licensed additional counselors, licensed practical nurses, a licensed Nurse Practitioner, and an on-site Psychiatrist. Some of their treatment approaches include anger management, cognitive behavioral therapy, contingency management, motivational interviewing, relapse prevention, substance use counseling, and trauma-related counseling.

DM & ADR accepts federal, or any government funding for substance use treatment programs, Medicare, Medicaid, and cash or self-payment.

- Intake fee: \$0
- Transfer fee from another program: \$0
- Daily dosing fee (methadone): \$12 per day for \$79 per week
- Daily dosing fee (buprenorphine): \$16 per day or \$107 per week
- Guest dosing fee: \$25 one-time fee, \$12 per day
- HIV testing: \$0
- Hepatitis C Testing: \$0

DM & ADR is not located near any of the Athens Transit stops, so an alternative transportation plan, or a combination of walking and using Athens Transit may be needed. The closest bus stop is Ruth St & Magnolia Bluff Dr, which has one route - Route 8 - Barber/Vincent (7 days/week). From that stop, it is a 20 - 30-minute walk to the location.

In terms of this case study, as mentioned above, the DM & ADR accepts federal, or any government funding for substance use treatment programs, Medicare, Medicaid, and cash or self-payment. Although cash or self-payment is an option for someone who does not have insurance and just works a part-time job, it is likely not the best option as daily costs will add up. What would be best for this case is to have access to Medicaid, which would be accepted by this service.

Alliance Recovery Center (ARC)

Location: 119 Sycamore Drive, Athens, GA 30606

Phone Number: 706-850-2121

Fax Number: 706-850-2120

Dosing Hours

Monday-Friday: 6am - 11am

Saturday 7am - 10am

Alliance Recovery Center is an opioid use disorder (OUD) treatment program that provides outpatient medication-assisted treatment (MAT), group therapy, peer support, and other services. ARC has been treating OUD in the Atlanta area since 1996 and is accredited by the Commission for Accreditation of Rehabilitation Facilities. They are members of the Opioid Treatment Providers of Georgia and The American Association for the Treatment of Opioid Dependence and are affiliated with The Georgia Department of Behavioral Health and

Developmental Disabilities. At ARC, they believe that all people are worthy of health and wellness and deserve access to holistic treatment and that all people are capable of change and have the ability to be the person they want to be.

At Alliance Recovery Center, they use MAT medications methadone and buprenorphine to help people recover from OUD. However, they believe that medication alone does not produce a sustainable recovery and that therapy and that taking time to work through the issues that may have turned a person to substance use is critical in the road to recovery. They not only treat the symptoms of this disease, but the underlying problems causing the symptoms through individual and group therapy, peer support, and other support services. They work with a team of licensed, master's level therapists during the recovery process. Each client is assigned a primary counselor upon admission. They also utilize peer specialists who have lived experiences with substance use, recovery, and the opioid treatment medications methadone and buprenorphine. Clients also have access to certified medical doctors, nurses, and pharmacists who monitor the effectiveness of your medication and will adjust as necessary. All clients must receive a physical exam upon admission and every year thereafter to assess general health.

At the beginning of MAT, all clients must attend the clinic six days a week to receive medication and counseling. As the treatment program progresses, take-home medication will be given and the frequency of clinic visits will decrease. The length of the treatment is different for each client. Some clients may choose life-long maintenance while others may choose to become less dependent upon medication. In addition, individual therapy is mandatory. However, ARC also offers a wide variety of group counseling sessions that are optional. There are no additional costs associated with individual or group counseling.

Examples of the group counseling sessions by topic:

- Orientation Group
- Women's group
- Men's group
- Addictive behavior
- Relapse prevention
- Life skills
- Health awareness (led by a medical doctor)
- Open process group
- Self-discovery group
- Self-esteem
- Stress management
- Veterans group
- Methadone anonymous (peer-run group led by fellow clients)

Alliance Recovery Center does not charge an admission fee, only a per day rate for treatment. They accept Cash, Visa, MasterCard, Discover, and American Express. In addition, they also accept some insurances, including Georgia Medicaid, Amerigroup, Peachstate, Caresource, Medicare: Original/Straight Medicare Part B, Humana, Wellcare, and United Health Care.

- Phases 1-5: \$12 per day - Methadone
- Phases 6, 13, & 27: \$11 per day - Methadone
- Buprenorphine Treatment: \$16 per day

- Peak and Trough Test: \$10; Required dose for increases over 120mg of Methadone or upon M.D. request
- Admission and Annual Physical Exam: \$0
- Monthly Drug Screen: \$0
- Additional Drug Screen: \$15
- GCMS Drug Screen Confirmation: \$40
- Drug Screen Retest: \$10
- Request Pregnancy Test: \$10
- Rapid Drug Screen: \$10
- Lock Box: \$15
- Guest Dosing Fee
 - \$12 per day - Methadone
 - \$16 per day - Buprenorphine
- HIV & Hepatitis C Testing: \$0

Using Athens Transit at no cost is an option to accessing Alliance Recovery Center.

There are two stops near ARC, both within a 3-minute walk. The one on the same side of the street is the Atlanta Hwy & Sr Sol Stop. This stop has two routes: Route 6 - Hancock/Baxter (operates 7 day/week) and Route 20 - Georgia Square Mall (operates 7 day/week). The stop on the other side of the street is 2434 West Broad. This stop also has Routes 6 and 20, but also Route 21 - West Athens (Monday - Friday only).

In terms of this case, as mentioned above, this resource accepts case or self-payment and some insurances, including Georgia Medicaid, Amerigroup, Peachstate, Caresource, Medicare: Original/Straight Medicare Part B, Humana, Wellcare, and United Health Care. For the

individual in this case study, cash or self-payment is likely not realistically acceptable, as they are working a part time job and daily costs would add up. In order to access this resource, this most ideal scenario would be to get access to Medicaid, which would be accepted by this service, or to have access to one of the insurances that they accept.

Homelessness

The Sparrow's Nest

Location: 745 Prince Avenue, Athens, GA, 30606

Contact information:

706-549-6693

info@sparrowsnestathens.org

Office Hours:

Mon, Tues, Wed, Fri: 9:45am-2pm

Business Hours:

Mon and Tues- 9am-5pm

Wed and Fri- 9am-3pm

Donation Drop off:

Mon and Tues- 9am-2pm

Wed and Fri- 9am-2pm

The Sparrow's Nest is a non-profit, Christ-centered organization that provides services to those experiencing homeless. They offer several programs such as:

Clean Streetz

- Employment opportunity for displaced individuals who live on the streets, are in shelters, or live under the federal poverty line.
- Includes cleaning city streets twice a week to reduce waste and litter.

Breaking the Cycle Classes

- M and W from 10:30am-12pm or 1:15pm-2:45pm

- Developing a Recovery Maintenance Plan by addressing thinking and behavior of substance use disorder in order to break the generational cycle of poverty

Laundry Services

- M, T, W, and F from 9:15am-2pm
- Offers laundry and shower facilities, devotions, and conversation with volunteers.

The Clothes Closet

- M, T, W, and F from 9:15am-2pm
- Distribution of more than 2,000 pounds of clothing, that is free of charge to those experiencing homelessness, is provided each month.

Social Services Ministry

- M, T, W, and F from 9:45am-2pm
- Aids to the needs of clients by providing prescription medications, obtaining an ID/birth certificate, bus tickets, work boot assistance, diaper bank, food bank, addiction recovery, and referrals to other service agencies.

Computer Lab

- Tuesdays from 9:15am-12pm
- Allows time for individuals to use a computer for job searches, work on resumes, print and scan various documents, checking emails, and connect with family and friends.

Food for Friends

- Breakfast: M, T, W, and F from 9:15am-10:30am
- Lunch: M-F from 12pm-1:30pm
- Provides hot meals throughout the week and distributes 50,000 pounds of food to Athens' residents in need.

Morning Chapel

- Fridays from 9:15am-9:45am
- Use of Christ-centered aide with those who struggle with substance use disorders and homelessness for believers and non-believers.

Emergency Food Program

- Northeast Georgia Foodbank Partner providing emergency food assistance to those who have demonstrated a need for it, such as distribution of hot meals and providing canned goods.

This program would be beneficial for Randy by providing him with food, a community, possible job opportunity, internet access, clothing, and addiction care that will aide him while he is in recovery.

Palm House Recovery Center

610 Oglethorpe Ave, Athens, GA 30606

Hours:

Saturday	8 AM–12 PM
Sunday	Closed
Monday	8 AM–5 PM
Tuesday	8 AM–5 PM
Wednesday	8 AM–5 PM
Thursday	8 AM–5 PM
Friday	8 AM–5 PM

The Palm House Recovery Center is a halfway house for men with substance related problems. They are a THOR, GARR, and RPH approved facility that offers a monitored and peer-based recovery support program. Its services are nonprofessional and non-clinical, emphasizing the importance of social support, emotional control, and focusing outward. To

apply, residents must fill out an application. The entry fee is \$800, and the first two weeks' program fee is \$225 per week for a total of \$1250 that must be paid to enter. The rent is \$225 a week which includes food, utilities, tv, and WIFI. Residents are required to maintain 30-40 hours a week of employment, 5 12-step meetings per week, have a sponsor, attend house meetings twice a week, attend pre-MRT and MRT classes, to complete volunteer led relapse prevention classes, financial planning classes, adhere to curfews and chores, and be subject to random drug screenings and contraband searches. Adults can inquire about receiving donations for their stay on palmhouserecovery.com. In Randy's case, this would be a more difficult program for him to access. He would most likely need to receive funding from friends or family if he can make things right with his parents. If he can use this resource, its housing, employment requirements, and recovery services would keep Randy on a good path to recovery.

Bigger Vision of Athens

95 North Ave, Athens, GA 30601

706-340-6062

Open 24 hours

Bigger vision of Athens is a non-profit homeless shelter serving Athens Georgia. They have an overnight shelter program that provides up to 36 beds, two meals, showers, and laundry services. Individuals can also come by during the day for essential supplies such as hygiene items and community resources. Their Abundant Life program provides up to five fully employed individuals experiencing homelessness with continuous shelter for up to six months. This helps them save up money and get on their feet. To reserve an overnight bed, guests must call 706-340-6062 at 4:00pm. Guests must be at least 18 years old. Check for the night occurs from 6:00-8:00pm, and guests will be provided with dinner, socialization, and a change of

clothes after checking in. Breakfast is served at 7:00am, and guests must leave after eating. In Randy's case, bigger vision of Athens would be a great resource for hygiene items and occasional stays. It is a free of charge, but it is not a place he can stay long term, so Randy would need to use this for emergencies only.

Insurance

Piedmont Athens Regional Medical Center- Community Health Needs Assessment

Implementation Strategies

Piedmont Athens Regional Medical Center conducted a community health needs assessment and developed implementation strategies to address health priorities for the fiscal years of 2023, 2024, 2025.

- 1) Low- and no- income patients will receive assistance for necessary care
 - a. Goal- eligible patients are enrolled in Medicaid or hospital-based financial assistance program
- 2) Vulnerable populations receive healthcare
 - a. Goal- provide primary care home for the under-insured
- 3) Community members can physically access care
 - a. Goal- to provide transportation for low-income patients
- 4) Low-income patients receive essential lab services
 - a. Goal- providing necessary lab work for low-income patients
- 5) Community members will receive mental health services
 - a. Goal- increased access and mental health treatment provided by Clay Community Care Clinic; quality behavioral services provided in a timely and efficient manner
- 6) Children will have access to dental care

- a. Goal- Improving children's dental health by partnering with Hilsman Health Canter and other local dentists

This needs assessment provided opportunity to enroll in a financial program, transportation services, and aide in health issues that may arise when he is on the road to recovery.

Healthcare.gov

Healthcare.gov is the federal health insurance marketplace established under the Affordable Care Act (ACA). It was created to facilitate access to affordable health coverage for families and individuals across the United States. It centers on providing a centralized platform for consumers to compare, select, and enroll in health insurance plans that best suit their needs and budgets. The main goals of Healthcare.gov include expanding access to healthcare, reducing the overall costs of healthcare, and improving the quality of care.

The services that are offered through healthcare.gov include:

- **Plan Comparison and Enrollment:** Users can explore various health insurance plans, compare the benefits and costs, and enroll in coverage during the annual Open Enrollment Period or the Special Enrollment Period triggered by qualifying life events.
- **Financial Assistance Assessment:** The website assesses eligibility for subsidies like premium tax credits and cost-sharing reductions to make coverage more affordable based on someone's income and household size.
- **Educational Resources:** Healthcare.gov provides information on the basics of health insurance, enrollment, and guidance on utilizing health coverage effectively.

All marketplace insurance plans that are available through Healthcare.gov cover mental health and substance abuse services as essential health benefits. This can include behavioral health treatments, substance use disorder treatment, and inpatient services.

Enrollment in Healthcare.gov is accessed via the Internet, and if someone does not have access to the Internet, they can visit the Athens Regional Library at 2025 Baxter Street, Athens, GA 30606. They are open Monday through Friday from 9 AM to 9 PM, Friday and Saturday from 9 AM to 6 PM, and Sunday from 2 PM to 6 PM.

Public transit, walking, or driving are great options to access the Athens Regional Library. To use public transit, bus 20 has a stop at ACC Library at 2025 Baxter Street, which is around a three-minute walk from the library, or bus 5 has a stop at Baxter St at Dudley St ACC Library, which is also about a three-minute walk to the library. Both of these routes run all week long and on the weekends.

Enrollment in person is available at the Athens-Clarke County Division of Family & Child Services located at 284 North Avenue, Athens, GA 30601, and reachable at (706) 227 – 7021.

To access the Athens Division of Family & Children Services to apply, the applicant must arrange their transport to the location. This can be via car, walking, or using free local transport, Athens Transit. During the week, Athens Transit buses 1 and 24 drop off at DFCS Ob right in front of the DFCS office. Additionally, bus 8 drops off at the Bus Shelter on North Ave, directly across the street from the DFCS office.

The cost of health insurance plans through healthcare.gov varies based on income, the selected plan's coverage level, and household size. Many people also qualify for financial assistance to lower the monthly premiums or out-of-pocket costs associated with these plans.

The eligibility criteria to qualify for coverage through Georgia Access are as follows:

- **Residency:** The applicant must be a resident of Georgia.
- **Citizenship:** The applicant must be a U.S. citizen or be legally present in the U.S.
- **Non-Incarceration:** The applicant must not currently be incarcerated.

Healthcare.gov is an essential resource for Randy because he no longer has health insurance coverage through his parents. As a federally operated health insurance marketplace, it can help him explore different insurance plans, including Medicaid. Because Randy has part-time employment and currently faces financial instability, he may qualify for tax credits and subsidies to reduce the monthly premiums, helping to make the cost more affordable. The platform also offers educational resources for Randy to help him understand the basics of insurance and his coverage.

Georgia Pathways to Coverage

Location: 2 Martin Luther King Jr. Drive SE East Tower ATLANTA, GA 30334 or online at

[Georgia Gateways](#)

Contact: (404) 656 – 4507

Georgia Pathways to Coverage is a program designed to provide Medicaid coverage to eligible low-income Georgians aged 19-64 who may not otherwise qualify for traditional Medicaid. This program aims to increase access to affordable healthcare, reduce the rates of uninsured people across the state, and support an individual's journey to financial independence while facilitating their transition into private coverage.

To qualify for Georgia Pathways, applicants must meet the following criteria:

- **Residency and Citizenship:** The applicant must be a Georgia resident and a U.S. citizen or legally residing non-citizen.
- **Age:** The applicant must be between 19 and 64 years old.

- **Income:** The applicant must have a household income up to 100% of the Federal Poverty Level (FPL). In 2025, this equates to \$15,650 for an individual or \$26,650 per year for a family of three.
- **Qualify Activities:** The applicant must complete 80 hours per month of qualifying activities. The qualifying activities or combination of activities can include:
 - Full-time or part-time employment
 - On-the-job training
 - Job readiness assistance programs
 - Community service
 - Vocational educational training
 - Enrollment in the Vocational Rehabilitation program of the Georgia Vocational Rehabilitation Agency (GVRA)
 - Higher education through enrollment in public and private universities and technical colleges
 - Current college course-load credit hours will be granted qualifying activity hours as follows:
 - At least 11.5 credit hours will count as 80 hours per month.
 - Between 5.50 and 11.49 credit hours will count as 40 hours per month.
 - Between 0.01 and 5.49 credit hours will count as 20 hours per month.

- The applicant must not qualify for any other type of Medicaid and not be incarcerated.

The Georgia Pathways program covers a comprehensive range of medical services like:

- Doctor's visits
- Hospital stays
- Emergency services
- Prescriptions
- Laboratory and X-ray services
- Family planning
- Chronic disease management
- Preventative and wellness services.

It does not cover non-emergency medical transportation unless the member is aged 19-20.

The coverage of mental health services includes substance abuse treatment, which provides access to necessary care without the burden of high out-of-pocket costs.

Applicants can apply for Georgia Pathways online at <https://gateway.ga.gov/access/>, in person at the local Athens Division of Family & Children Services office, by mail, or by phone. The local DFCS office is located at 284 North Avenue, Athens, GA 30601. To apply via phone, the number is (706) 227 – 7021. The office is open from 9 AM to 4 PM, Monday through Friday.

To access the Athens Division of Family & Children Services to apply, the applicant must arrange their transport to the location. This can be via car, walking, or using free local transport, Athens Transit. During the week, Athens Transit buses 1 and 24 drop off at DFCS Ob right in front of the DFCS office. Additionally, bus 8 drops off at the Bus Shelter on North Ave, directly across the street from the DFCS office.

Enrollees in the Georgia Pathways program are not required to pay co-pays for covered services. However, they must maintain eligibility by completing the required 80 hours of qualifying activities each month. If the participant is unable to meet this requirement due to different circumstances, like disability, they are able to request a Reasonable Modification.

The Georgia Pathways to Coverage program offers a great opportunity for Randy as a low-income adult who resides in Georgia. Because he works part-time and is seeking insurance, this program could provide healthcare, including mental health services, substance abuse treatment, and primary care at no out-of-pocket cost. Randy's part-time work could count towards the 80 hours per month of eligibility; he could also explore job training, schooling, and community service options to supplement his other completed time. This program would help to ensure medical support and help Randy work towards financial stability.

Healthcare

Athens Neighborhood Health Center (ANHC)

The Athens Neighborhood Health Center is a Federally Qualified Health Center dedicated to providing affordable, high-quality care to individuals in Athens-Clarke Country and the surrounding areas. ANHC's philosophy is to ensure accessible healthcare for all, regardless of their financial status, with a particular focus on underserved populations. Its main goals include delivering comprehensive primary care services, facilitating access to necessary medical resources, and promoting community health.

The services offered at Athens Neighborhood Health Center include:

- **Comprehensive Primary Care:** ANHC offers primary care services for all ages, including pediatrics, family medicine, and adult care.

- **Acute and Chronic Care:** They treat acute illness and help manage chronic conditions like hypertension, asthma, and diabetes.
- **Medication Program Services:** Patients are assisted in accessing reduced-price medications to ensure affordability as well as adherence to treatment plans.
- **Laboratory Services:** On-site laboratory services allow for convenient access to necessary diagnostic testing.
- **Immunizations:** ANHC offers a wide range of vaccines recommended by the Centers for Disease Control and Prevention.
- **Mental Health Services:** On-site professional counseling and mental health services address behavioral health needs.
- **Health Insurance Navigation:** ANHC offers Certified Health Plan Navigators to assist with enrollment in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) programs.

ANHC is committed to serving uninsured and underinsured individuals by offering services based on income and family size with a sliding fee scale. This allows healthcare services to be accessible to people with limited financial resources. Additionally, ANHC accepts various payment methods, including Medicaid, Medicare, and private insurance. For people dealing with substance abuse issues, ANHC offers mental health and counseling services that are aimed at supporting recovery and overall well-being.

There are multiple locations throughout the Athens area, with numerous modes of transportation available. The locations offered are:

- College Avenue Location

- 675 College Avenue, Athens, GA 30601
- (706) 546 – 5526
- Monday, Wednesday, and Thursday from 8 AM to 5 PM; Tuesday from 8 AM to 7 PM; and Friday from 8 AM to 2 PM
- McKinley Drive Location
 - 402 McKinley Drive, Athens, GA 30601
 - (706) 543 – 1145
 - Monday through Thursday from 8 AM to 5 PM; Friday from 8 AM to 2 PM
- Gaines School Road Location
 - 870 Gaines School Road, Athens, GA 30605
 - (706) 546 – 7463
 - Monday through Thursday from 7:30 AM to 4 PM; Friday from 7:30 AM to 12 PM

Transportation to these locations varies and includes walking, driving, or taking the city transit buses, Athens Transit.

Bus eight can be taken to Health Center IB 8 or Health Center OB 8 to access the College Avenue Location via Athens transit. This route runs from 6 AM to 9:45 PM Monday through Friday and from 7 AM to 6:45 PM on weekends.

For access to the McKinley Drive Location via Athens transit, bus two can be taken to the Vine and Grissom OB stop, followed by a short three-minute walk from 7:30 AM to 7:30 PM Monday through Friday.

To access the Gaines School Location via Athens Transit, bus 25 will drop riders off at Gaines School Road at Hilsman MS IB from 6:15 AM to 6:15 PM, Monday through Friday. Additionally, bus 27 drops riders off at 1060 Gaines School Road, about a nine-minute walk from the Gaines School location from 6:45 AM to 5:45 PM Monday through Friday.

There are no specific eligibility requirements, but to access services, patients are required to provide:

- A valid photo ID or driver's license
- Proof of income
- Proof of insurance (if applicable)

The Athens Neighborhood Health Center is a great local resource for Randy because they offers a sliding scale fee based on his income, which is essential because of his financial instability. They provide primary care, chronic condition management, and mental/behavioral health services, which are crucial for someone who is facing addiction and is at risk for overdose. Additionally, they can also assist Randy with enrolling in Medicaid to ensure he has continuous care.

Mercy Health Center

Mercy Health Center is a faith-based, non-profit organization in Athens, Georgia. It is dedicated to providing free, quality healthcare to low-income or uninsured individuals in the community. Its philosophy includes delivering compassionate, whole-person care in a Christ-centered environment. Mercy Health Center works to address not only physical health but also emotional and spiritual well-being. The main goals of Mercy Health Center include promoting health education, offering comprehensive medical services, and fostering a supportive environment for people in need.

Mercy Health Center offers many different services, including:

- **Medical Services:** Mercy provides primary care through volunteers, including treatments for acute and chronic conditions, preventative care, and health education.
- **Dental Services:** They also offer dental services like extractions, cleanings, and fillings in order to address the oral health needs of all people.
- **Pharmacy Services:** Eligible Patients have access to prescription medications at little to no cost to ensure that patients receive the necessary care without financial burdens.
- **Behavioral Health Services:** Mercy provides counseling services for conditions like depression, grief, anxiety, stress management, and trauma in both Spanish and English.
- **Vision Services:** They also offer vision care to address eye health and corrective needs.

Mercy Health Center is located at 700 Oglethorpe Avenue, Suite C7, Athens, GA 30606.

They are open Monday through Thursday from 8:30 AM to 4:30 PM and Friday from 8:30 AM to 3 PM and can be reached by phone at (706) 425 – 9445.

Mercy Health Center can be accessed in various ways, including walking, driving, and Athens Transit. To access via Athens Transit bus, five can be taken to Hawthorne Avenue at Oglethorpe Avenue, a five-minute walk from Mercy, from 6:15 AM to 9:10 PM Monday through Sunday. Additionally, bus seven can be taken to 810 Hawthorne Avenue from 6:40 AM to 8:40 PM Monday through Friday and 7:40 AM to 6:40 PM on weekends.

To be eligible for services at Mercy Health Center, individuals must meet the following requirements:

- **Uninsured:** Applicants must have no form of health insurance.
- **Income:** The applicant's household income must be at or lower than 150% of the Federal Poverty Level (FPL).
- **Residency:** Applicants must reside in one of the following counties: Clarke, Barrow, Jackson, Madison, Oconee, or Oglethorpe.

Additionally, prospective patients must complete an application process to determine their eligibility, which includes proof of income and residency. To visit Mercy Health Center: appointments are necessary, and walk-ins are not accepted.

Mercy Health Center is an excellent source for Randy because they offer holistic health services to low-income and uninsured individuals in the Athens-Clarke County area. Because Randy is uninsured and works a part-time job, he would likely meet the eligibility requirements if he shows proof of income and residency. They provide primary and preventative care, mental health counseling, and substance abuse support, which are all things Randy urgently needs. It is a faith-based, whole-person care approach that may offer Randy practical health services and emotional support to help him build a pathway to recovery.

Family Resources

Nar-Anon

The Nar-Anon Family Groups are a worldwide fellowship for those affected by someone else's addiction. Nar-Anon is a spiritual group meeting organization that connects people who have been affected by a loved one's addiction. It is similar to the more commonly known narcotics anonymous, which is a group organization for addicts to come together for sharing and support, but for the friends and families of the addict. Nar-Anon is not group therapy. One person speaks at a time, sharing their story, but there is no dialogue, debates, or cross-talking.

Sharing is voluntary. Some people may prefer to just listen. The vision statement of Nar-Anon is to carry the message of hope throughout the world to those affected by the addiction of someone near to them. It allows people to connect with others experiencing something similar to them. Each group is autonomous so there is some variation in the way meetings are conducted. Nar-Anon states "Every group ought to be fully self-supporting, declining outside contributions". There is no cost to participate in a Nar-Anon meeting. They pass an offering basket where donations can be made to help with materials, rent, and sometimes donations to their local area.

- Journey to Hope Location
 - Athens GA 30606
 - Contact journeytohopega@gmail.com for the link to the virtual meeting
 - Tuesdays at 6:15 pm EST
 - Group ID: 104-052(V)
- Path To Recovery Location
 - Commencement Center 1175 Mitchell Bridge Road Athens, GA 30606
 - Wednesdays at 6:30pm EST
 - Group ID: 104-003

SUSTAINABLE SOLUTIONS

Homelessness

Solving homelessness is a complex issue that is not based on solving one central phenomenon. It has to be understood that to solve the central problem of homelessness, people will always need crisis housing. Emergency housing is important because it provides a place for people to go when needed. It is geared towards individuals and families who are currently

homeless, at risk of experiencing homelessness, fleeing or attempting to flee domestic violence, sexual assault, dating violence, or human trafficking, and people who have a high risk of housing instability (Atlanta Housing, n.d.). Affordable housing is important because it significantly prevents long-term homelessness by providing a place for people to gain immediate access to housing. However, there are many challenges and limitations associated with affordable housing that could be changed to allow it to benefit people in the way it was created.

The ability to obtain affordable housing is a critical step in combatting homelessness in that it not only provides shelter, but safety and a stable place for low-income individuals and families to call home. There are many barriers to individuals experiencing homelessness including access to healthcare, education, employment, and many more. Housing inequality and insecurity due to poor living conditions and the burden of the costs of living is considered to be a determinant of health (Keene & Blankenship, 2023). The stability of having an affordable housing option can aide little-to-no income individuals in order to help them get back up on their feet and increase their ability to obtain access to the barriers that accompany homelessness. The investment of affordable housing is a proactive solution that allows these individuals to overcome barriers related to homelessness and strengthens themselves and their communities. It is unjust that so many individuals are experiencing the effects of homelessness due the affordable housing crisis in the United States.

It is crucial that federal agencies continue to implement efforts in order to support and maintain affordable housing (Office, n.d.). Even before the effects of the 2020 COVID-19 pandemic, the United States had previous long-term issues with affordable housing. There could be several options to stabilize this on-going issue. To begin, for those individuals who are interested in becoming homeowners, rather than renting, manufactured housing is a good

resource. This type of affordable housing option includes ready-made and factory-built houses that typically target low-income buyers (Office, n.d.). However, due to the financial status of these individuals, they may or may not qualify for mortgages and are in need some sort of financial aid to afford this form of housing. The U.S. Department of Housing and Urban Development has created new loan programs or modified existing loan programs that provides financial aid for these homeowners (Office, n.d.). Also, the administration of the Self-Help Homeownership Opportunity Program (SHOP) offered a federal grant program in which non-profit organizations were awarded to develop affordable housing units (Office, n.d.). The program expects buyers to contribute “sweat equity” by aiding in the production of the homes that they will reside in (Office, n.d.). However, this program has faced many costs that have risen over the years and the grant has only its spending limit a total of two times (Office, n.d.). This issue can be resolved by increasing funding for this grant with better monitoring of inflation and recession rates so that the project stays afloat. It is important that these projects are completely implemented to ensure the full extent of the project and resolve the affordable housing crisis.

To continue, some of these individuals may not have the financial capacity to own a home, and they must succumb to rental housing options. When considering affordable rental housing, there are fewer options due to a shortage of these kinds of facilities that will accept low-income status. The Housing Trust Fund program was created in 2016 to increase the amount of affordable housing units and preserve pre-existing housing units (Office, n.d.). The implementation of the program could be very beneficial, however there is more that could be done to surveillance these projects to ensure that they are properly carried out (Office, n.d.). Also, the U.S. Department of Housing and Urban Development provides financial assistance for renters in-need that provide allowances for utility payments that are separate from rent (Office,

n.d.). Finally, the Department of the Treasury provides around \$47 billion to tribal, state, territorial, specific local governments, and the District of Colombia through an Emergency Rental Assistance program (Office, n.d.). With the proper surveillance and implementations of this program, it can prove to be helpful in the fixation of the affordable housing crisis.

These sustainable solutions to the affordable housing crisis in the United States could be a monumental step forward, as long as implementation and surveillance of these programs are properly examined. The ability to maintain affordable housing options in the United States can bring down socio-economic barriers and prevent homelessness. Affordable housing could be a step forwards to fixing a multitude of issues that have been a continuum in the United States.

Insurance

The current best option to address uninsurance in the state of Georgia is to fully expand Medicaid coverage. In 2014 The Affordable Care Act expanded Medicaid to cover all adults with an income below 138% of the federal poverty level (FPL), up from 100% FPL (Healthcare.gov, 2025). This expansion made more people eligible for state Medicaid coverage because it took away the necessity to have a second qualifier like disability or pregnancy and based eligibility solely on income (Healthcare.gov, 2025). Eventually, the supreme court overturned this expansion based on states' rights, they couldn't force states to expand Medicaid. However, many states had already begun the process of expansion or had fully expanded Medicaid, so they kept it. Generally, the states that did not expand Medicaid are the same states that were a part of the confederacy, emphasizing the fight for states' rights. Georgia is one of the ten states that still has not fully expanded Medicaid (Kaiser Family Foundation, 2025). In 2022 the uninsurance rate in Georgia was 13.6% for people under 65 years of age, which is about 1.5% higher than the national average (Carl Vinson Institute of Government, 2022). Through

expansion, more adults would have access to preventative care and a primary care provider, keeping them out of emergency rooms except for in actual emergencies. Expanding Medicaid would also increase access to addiction treatment for those who have low incomes and are struggling. The offer to help fund Medicaid expansion from the federal government still stands. This process starts with the federal government paying 100% of the costs associated then slowly decreasing down to 90% over a few years where it will stay, and the Georgia government will pay the other 10%. It would not be very hard to expand Medicaid coverage in Georgia because of this extensive support from the federal government.

The other option that would increase medical coverage in Georgia is creating universal health care in the United States. Universal healthcare takes away the need for private or state funded health insurance by granting every legal citizen of the United States federally funded health insurance. If universal health care was implemented in the United States taxes for all would increase to cover the costs of care. This is balanced out by not having to pay premiums, copayments, or coinsurance. If all Americans pay into universal health care, everyone gets the same coverage, and all providers would be in network so price gouging would not be possible. There are some downsides to universal health care like longer wait times for care because more people have access to it. Canada, a country known for having universal health care which they call Medicare, does not allow citizens to purchase private insurance on top of Medicare to protect its universal access. In 2022 the United States spend 17.3% GDP on healthcare, compared to Canadas 12.4% GDP in 2024 (Canadian Institute for Health Information, 2024; Vankar, 2024). While spending less money on healthcare, Canada has better health outcomes than the United States (Santhanam, 2020).

Drug addiction/prescription

There is little doubt that the opioid crisis has raised concerns throughout the medical community and prompted urgent calls for actions to address addiction and misuse. A pivotal factor contributing to this epidemic is the over prescription of opioid medications. Addressing this issue needs a multifaceted approach that includes enhancing education for healthcare providers and enacting supportive policies and legislation.

Educational initiatives targeting healthcare professionals are fundamental in promoting responsible opioid prescribing. Opioid training aims to give medical professionals the information and abilities they need to manage patients' pain in a compassionate and efficient manner while reducing the hazards connected with opioid use. The goal of opioid education and training is to increase the use of alternative approaches to address pain, lessen the demand for prescription opioids, and to increase awareness and resources for those who may need it (Centers for Disease Control and Prevention, 2022). Research has shown that providing healthcare professionals with the appropriate knowledge about opioid prescribing practices can lead to significant reductions in prescription rates. In a study from the NIH where opioid prescription and use following five common operations was studied, researchers found that the number of opioid pills prescribed for those operations decreased by 53% when compared to the number of pills that would have been given before educational intervention (Hill et al., 2018). In a similar study measuring the effects of multilevel interventions on opioid prescribing within a health system, there was a 58% reduction in morphine milligram equivalents per opioid prescription per clinical encounter per month, 34% reduction in morphine milligram equivalents per opioid prescription, and a 38% reduction in opioid prescriptions per encounter (Meisenberg et al., 2018).

There are already requirements in place to promote this opioid training. As of June 2023, the Medication Access and Training Expansion (MATE) Act requires health practitioners who want to get their Drug Enforcement Administration (DEA) registration, which allows them to prescribe controlled substances, must take a 8 hour training program (online or in person) on the treatment and management of patients with opioid or other substance use disorders (SAMHSA, 2024b). However, there is still a need for increased opioid training and education for these providers, as substantial knowledge gaps regarding appropriate and inappropriate prescribing of controlled substances still exist. Some providers still lack understanding of the pathophysiology of addiction, the populations most at risk for opioid addiction, and the differences in prescription versus nonprescription opioid addiction (Horn et al., 2025). Overall, a practice gap still exists between the recommended best practices for preventing prescription drug abuse and the current clinical practices, highlighting the need for increased standardized opioid training (Horn et al., 2025).

In addition to increasing prescriber education, institutional and policy interventions are crucial in shaping prescribing practices. The American Public Health Association (APHA) makes a few legislative recommendations that could be greatly beneficial in addressing prevention of drug misuse and abuse. For one, enacting legislation requiring a practitioner to examine or evaluate the physical and mental status of a patient before prescribing controlled substances (American Public Health Association, 2015). This practice ensures that opioids are only prescribed when necessary and that the patient's overall health, including their mental well-being, is considered in treatment decisions. This strategy can help reduce the risk of misuse and overdose by ensuring opioids are not prescribed carelessly. Another recommendation from the APHA is the mandatory use of Prescription Drug Monitoring Programs (PDMPs). PDMPs allow

healthcare providers to track patients' prescription histories across state lines, helping to prevent individuals from obtaining opioids from multiple providers. By requiring prescribers to check these databases before issuing prescriptions and periodically after, healthcare systems can limit the misuse of controlled substances. Additionally, legislation aimed at curbing "doctor shopping", where patients visit multiple doctors to collect prescriptions for opioids, is critical in preventing abuse. While doctor shopping is prohibited by all fifty states by the Uniform Controlled Substances Act of 1970, only twenty states have laws that explicitly address doctor shopping, highlighting the need for broader legislative action (American Public Health Association, 2015).

Additionally, policy interventions can prevent opioids from reaching patients who are at higher risk of addiction, helping to stop addictions before they start. Many patients are not aware of the risks that come with taking opioid pain medications. Informed consent policies on opioid risks could educate patients and help them make the decision that is best for their health (PDAPS, 2019). Informed consent occurs between a patient and a provider, and the patient is informed about all risks and benefits before committing to a treatment. It is important that consent procedures are thorough and standardized (PDAPS, 2019). Providing written information that is accessible to everyone regardless of educational background is of the utmost importance. These agreements should clearly outline the goals of opioid use, the roles of the provider and the patient, and grounds for discontinuing or extending the use of opioids. They should also provide patients with alternative forms of treatment and the risks and benefits of receiving opioid treatment, receiving an alternative treatment, or not receiving a treatment at all (Cheatle & Savage, 2012). Standardized informed consent is a seamless intervention that can be

implemented across the country. Its easy implementation makes it a prudent selection for fighting the over prescription of opioids (Cheatle & Savage, 2012).

Making opioid use disorder more difficult to hide and disrupting key aspects of daily life may create greater obstacles to initiation. Requiring employees to implement drug free workplace procedures, employee assistance programs, health and well-being programs, and unions can prevent substance abuse in this sector of American life (SAMHSA, 2024a). The Drug-Free Workplace act of 1988 requires workplaces with a federal contract of \$100,000 or more to implement a drug-free workplace program (SAMHSA, 2024a). These programs may include regular drug testing, strict drug use guidelines, and programs to support employees struggling with addiction.

The American Public Health Association has addressed the workplace and opioid use as well. In 2020, they released the statement *A Public Health Approach to Protecting Workers from Opioid Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress* (APHA, 2020). This statement recommended that employers address the opioid crisis by improving occupational injury and illness programs, addressing ergonomic hazards, provide opioid related education, facilitate peer support, reduce compensated opioid prescription, and offer recovery programs rather than discipline for opioid use. Providing education and recovery programs is particularly important for decreasing negative opioid disorder outcomes (APHA, 2020). If employers are going to reveal who is using substances within their workplace, they need to be prepared to provide supportive solutions and not just consequences. Mitigating stress within the workplace is also crucial, so that employees are less inclined to turn to drugs as a way of coping with negative emotions (APHA, 2020). All in all, the average American spends a significant time at work providing an opportunity for employers to intervene.

Poverty

To solve the issue of poverty, a multi-faceted approach is required to truly solve the problem. As of right now, there are around 35 million people who live in poverty in the United States (Center for American Progress, 2021). There has been progress, but a large amount of the population still remains below the poverty line. In May of 2021, it was reported that around 9 million Americans were unemployed, and 8 million children and 19 million adults had experienced food insecurity (Center for American Progress, 2021). Additionally, more than 10 million renters in the United States are behind on rental payments (Center for American Progress, 2021). In order to work towards solving the issue of poverty, policymakers need to take action in multiple areas. These areas include economic opportunity, education, healthcare access, and social safety nets.

To address economic opportunity, you must first address the 9 million Americans who are unemployed. To do this, policies need to be created that invest in infrastructure to create more employment opportunities. The American Jobs Plan is currently working to address the lack of jobs by using \$2.3 trillion to create new jobs. This is done by rebuilding bridges and roads, expanding essential jobs like caregivers, supporting domestic manufacturing, and creating a green energy economy, all while ensuring these jobs pay decent wages and have benefits (National Association of Counties, 2021). To further help alleviate poverty, the minimum wage should also be raised to ensure economic stability nationwide. Additionally, tipped workers should be eligible for minimum wage.

To address education, policymakers should start early. Over half of all Americans live in an area without childcare, which can lead to job disruptions, waiting lists, and fewer people in the labor force (Center for American Progress, 2021). In addition, childcare is costly, and while

subsidies are available, they often reach fewer than 1 in 10 eligible children (Center for American Progress, 2021). One way to increase the availability and access to childcare is through policymakers voting on the Child Care for Working Families Act, which would ensure affordable or free healthcare for 76% of working families with children under 6 (Center for American Progress, 2023). This would allow families not to worry about finding and affording childcare, allowing them to be fully present in the workforce.

To address healthcare access to relieve poverty, access to healthcare should be expanded. Policymakers can achieve this by working to expand Medicaid in all states to allow people to access affordable and comprehensive healthcare insurance. This would enable people experiencing poverty to have financial protection from unexpected medical costs and make income available for basic needs like rent and food (Center for American Progress, 2021).

To address social safety nets, three main things need to be addressed by policymakers: unemployment benefits, family and medical leave, and targeted programs for those returning from incarceration. To address unemployment benefits, benefits must be expanded to cover monthly expenses and implement programs like automatic triggers when the economy shifts. Additionally, family and medical leave should be addressed by policymakers to pass paid sick leave and paid family/medical leave to support those who need it (Center for American Progress, 2021). Finally, targeted programs need to be created to address people who are reentering society after being incarcerated. Things like barriers to employment, education, housing, and public assistance should be removed to ensure that an individual does not experience a life of poverty because of a criminal record. Additionally, programs within jails need to be expanded to teach inmates skills to have something to re-enter the workforce with (Center for American Progress, 2021).

Overall, addressing and solving the issue of poverty requires a holistic approach and the collaboration of the government, communities, and individuals. Through these programs, the United States can reduce and prevent poverty.

RESOURCE HANDOUT

Addiction and Drug Services

GEORGIA ADDICTION REHAB NETWORK

8801 Macon Hwy, Suite 2, Athens, GA, 30606

Phone: (706) 480-8733

The Georgia Addiction Rehab Network has five locations, throughout the state of Georgia, providing rehabilitative care in Atlanta, Athens, Savannah, Macon, and Augusta. The Athens location of this organization is the Athens Addiction Recovery Center. This network provides numerous short and long-term treatment options, ranging from 30-, 60-, and 90-day treatments, as well as inpatient, outpatient, and residential programs. This organization also provides payment programs that offer financial aid and sliding fee scales for individuals who are experiencing financial difficulties.

THE ATHENS ADDICTION RECOVERY CENTER

8801 Macon Hwy, Suite 2, Athens, GA 30606

Phone: (706) 559-0059 | Email: contact@athensrecovery.org

The Athens Addiction Recovery Center is a CARF-accredited outpatient facility offering personalized treatment for individuals and families affected by addiction in Northeast Georgia. Please note that the prices are not listed on the website, but they do accept most insurance providers.

Outpatient Detox – Provides daily check-ins and counseling to support clients through withdrawal. Referrals to residential detox available if needed.

Partial Hospitalization Program (PHP) – Intensive daytime treatment five days a week, combining individual and group therapy to address both addiction and co-occurring mental health issues.

Intensive Outpatient Program (IOP) – Flexible evening and daytime sessions, including therapy, education, and case management, designed for those transitioning back to daily life.

Therapeutic Modalities – Utilizes evidence-based approaches such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), trauma-informed care, and experiential therapies like yoga and outdoor activities. Family & Group Therapy – Offers support to rebuild relationships and strengthen recovery through structured group sessions and family involvement.

Additional Services – Provides peer mentoring, housing assistance, transportation support, and recovery coaching to facilitate long-term sobriety.

Payment Options – Accepts most major insurance providers, including Medicaid and Medicare, and offers sliding scale fees for self-pay clients.

KIND RECOVERY

675 Pulaski St., STE 1400, Athens, GA 30601

(706) 308 – 7664 kindrecoverycenter@outlook.com

Kind Recovery Center is a locally owned outpatient treatment center in Athens, Georgia, offering personalized, evidence-based care for individuals and families affected by substance use and trauma. This center focuses on a shame-free approach to recovery.

Outpatient & Individual Counseling- Customized treatment plans with individual therapy are available in-person or via telehealth. Fees are discussed during the initial assessment.

Group Counseling- Group sessions are held Mondays and Thursdays, 4:30–6:00 PM. They are \$45 per 90-minute session. These sessions focus on support and community.

Trauma Therapy- Includes EMDR and other trauma-informed modalities to address underlying issues. Fees are determined at intake.

Telehealth Services- Online therapy sessions are available statewide, including individual and group options. Pricing is based on treatment plan.

Ketamine-Assisted Psychotherapy- This is offered in collaboration with licensed prescribers, where ketamine treatment is combined with therapeutic support. Pricing provided during consultation.

Concierge Counseling- This treatment is a high-access, personalized counseling package for clients needing intensive support. Pricing varies by package.

ADVANTAGE BEHAVIORAL HEALTH SYSTEMS- CRISIS CENTER/CRISIS STABILIZATION UNIT

240 Mitchell Bridge Road, Athens, GA 30606
(706) 583 – 7307

The Advantage Behavioral Health System Crisis Center/Stabilization Unit is a community-based mental health and substance abuse treatment center. They provide short-term care that is designed to stabilize the patient and help them determine what their next steps of treatment and recovery are. Their services include a temporary observation unit where adults experiencing crisis can be monitored for up to 23 hours. They feature psychiatric assessments, group counseling, medication administration, education, and referrals to additional services.

Emergency services are provided on a walk-in bases, and no individual experiencing crisis will be turned away due to inability to pay. They accept Medicaid, Medicare part B, Peach care for Kids, Amerigroup, WellCare, Cenpatico, Blue Cross Blue Shield, and United Health Care. People who are uninsured may qualify for state assistance programs, and on-site financial counselors may assist with accessing care.

ACCESS POINT OF GEORGIA

183 Paradise Blvd., Suite 108, Athens, GA 30607
Phone: (762) 234-6068 | Email: admin@accesspointga.org

Access Point of Georgia is a nonprofit harm reduction organization dedicated to providing compassionate care to individuals affected by substance use in Northeast Georgia. Through a peer-led approach, they promote safety, reduce risks, and increase access to life-saving interventions.

Syringe Access Program- Offers sterile injection equipment, naloxone (Narcan) kits, fentanyl test strips, condoms, emergency contraception (Plan B), peer support, and referrals to treatment resources. All services are provided free of charge.

Overdose Prevention Training- Conducts 60–90 minute sessions covering overdose recognition, naloxone administration, and rescue breathing techniques. Trainings are held monthly and are open to the public. No fees are associated with participation.

HIV & Hepatitis C Testing- Provides free, confidential testing with seamless linkage to treatment for positive results. Testing is available during scheduled service hours at no cost to clients.

Peer Support Services- Certified Peer Specialists and Harm Reduction Specialists offer support to individuals navigating substance use and recovery. Services are available during drop-in hours and are free of charge.

Support Groups- Facilitates various peer-led groups, including MAT Talk, Food 'n Sh*t, and a Trans/GNC/NB Support Group. These groups meet weekly or monthly and are open to all individuals. Participation is free.

Advocacy & Referrals- Assists clients in accessing treatment options, including crisis stabilization, inpatient treatment, sober living, opioid treatment programs, primary healthcare, and mental health services. Referral services are provided at no cost.

SAMHSA'S NATIONAL HELPLINE

Phone: 800-662-HELP (4357), Text: 5-digit ZIP Code to 435748

SAMHSA's National Helpline is a free and confidential treatment referral information service for those facing mental and/or substance abuse disorders.

This service is open 24/7, 365 days a year and provides referrals to local treatment facilities, support groups, and community-based organizations based on financial status. If the caller has no insurance, this service can refer the caller to free or low-cost programs in their area.

This referral service is free of charge, although message and data rates may apply when using the Text option.

THE 988 SUICIDE CRISIS LIFELINE

Phone: 988 (or 800-273-8255), Text: 988

The 988 Suicide & Crisis Lifeline is a network of over 200 local and state-funded crisis centers located across the United States.

The 988 Lifeline responds 24/7 to calls, chats, or texts from anyone who needs support for suicidal, mental health, and/or substance use crises, and connects those in need with a trained counselor who listens and talks through each unique situation to give judgment-free support.

This service is free of charge, although message and data rates may apply when using the Text option.

THE POTTER'S HOUSE

655 Potter House Rd, Jefferson, GA 30549

Phone: 706-543-8338

The Potter's House is a 12-month, Christian-based, residential recovery program for men facing homelessness and addiction run by Atlanta Mission. This program helps individuals overcome drug and alcohol addiction with a team of certified peer specialists and counselors who can provide one-on-one therapy, clinical groups, process groups, and life skills classes.

There are a variety of services offered at The Potter's House, including: evidenced-based curriculum, 12-step coaching, spiritual education services, clinical groups and classes, recovery groups, GED classes, job coaching and development, financial literacy education, small groups, worship and recreational opportunities.

If the potential client is receiving income of any kind, the program has a fee of \$100 per week. Those with no personal income will not be charged unless their income status changes.

ATHENS CLINIC DM & ADR

1710 Commerce Rd, Athens, GA 30607

Phone: 706-552-0688, Email: athensclinic@hotmail.com

DM & ADR is a treatment center regulated and accredited by The Georgia Board of Pharmacy, Drug Enforcement Agency, the Georgia Department of Community Health, and the Joint Commission for the Accreditation of HealthCare Organizations that combines intervention and treatment with methadone and buprenorphine maintenance, education, counseling, medical and nursing care, group therapy, and peer support to treat OUD and addiction.

There are a variety of resources offered at DM & ADR, including: methadone and buprenorphine medications, group therapy, anger management counseling, cognitive behavioral therapy, contingency management, motivational interviewing, relapse prevention, substance use counseling, and trauma-related counseling.

DM & ADR accepts federal, or any government funding for substance use treatment programs, Medicare, Medicaid, and cash or self-payment.

The fees are as listed:

- Intake fee: \$0
- Transfer fee from another program: \$0
- Daily dosing fee (methadone): \$12 per day for \$79 per week
- Daily dosing fee (buprenorphine): \$16 per day or \$107 per week
- Guest dosing fee: \$25 one-time fee, \$12 per day
- HIV testing: \$0
- Hepatitis C Testing: \$0

ALLIANCE RECOVERY CENTER (ARC)

119 Sycamore Drive, Athens, GA 30606

Phone: 706-850-2121

Alliance Recovery Center is an opioid use disorder treatment program that is accredited by the Commission for Accreditation of Rehabilitation Facilities.

The resources offered at ARC including medication-assisted treatment, individual therapy, group therapy, peer support, and a variety of group classes, including women's group, men's group, life skills, relapse prevention, open process group, self-discovery group, stress management, methadone anonymous, health awareness, and veterans' groups.

ARC charges a per day rate for treatment. They accept cash or self-payment, and some insurances, including Georgia Medicaid, Medicare: Original/Medicare Part B, Amerigroup, Peach State, Caresource, Humana, Wellcare, and United Health Care. There are no additional costs associated with individual or group counseling.

The fees are as listed:

- Phases 1-5: \$12 per day - Methadone
- Phases 6, 13, & 27: \$11 per day - Methadone
- Buprenorphine Treatment: \$16 per day
- Peak and Trough Test: \$10; Required dose for increases over 120mg of Methadone or upon M.D. request
- Admission and Annual Physical Exam: \$0
- Monthly Drug Screen: \$0
- Additional Drug Screen: \$15
- GCMS Drug Screen Confirmation: \$40
- Drug Screen Retest: \$10
- Request Pregnancy Test: \$10
- Rapid Drug Screen: \$10
- Lock Box: \$15
- Guest Dosing Fee
 - \$12 per day - Methadone
 - \$16 per day - Buprenorphine
- HIV & Hepatitis C Testing: \$0

Homelessness

THE SPARROW'S NEST

745 Prince Avenue, Athens, GA, 30606

Phone: (706) 549-6693 Email: info@sparrowsnestathens.org

Sparrow's Nest is a non-profit, Christ-centered organization that serves individuals and/or families that are experiencing homelessness. It assesses the immediate and long-term needs of individuals and offers services that cater to the needs of these individuals.

Job opportunity- "Clean Streetz" is an employment opportunity that involves individuals cleaning the streets in the city of Athens. It is offered to those who are displaced, live on the streets, reside in shelters, or live under the federal poverty line.

Homelessness services- Facility provides laundry and shower services, clothing, computer time, and obtaining prescription medications, identification cards/birth certificates, and bus tickets.

Addiction Recovery- Development of recovery maintenance plans, addiction recovery, referrals, and chapel for believers and non-believers struggling with addiction.

PALM HOUSE RECOVERY CENTER

610 Oglethorpe Avenue, Athens, GA 30606

Phone: (706) 543-0087 Email: palmhouserecovery@gmail.com

Palm House Recovery Center is a nonprofit, peer-based sober living facility in Athens, Georgia. It provides a structured environment for men and women recovering from substance use disorders. The center emphasizes community engagement, personal responsibility, and life skills development to support long-term sobriety.

Residential Program- A 12-month program requiring residents to obtain full-time employment within 30 days. It includes mandatory attendance at five 12-step meetings per week, weekly house meetings, and participation in life skills and relapse prevention classes. Entry fee: \$800; Weekly rent: \$225 (covers utilities, food, and basic amenities). Total initial cost: \$1,250.

Support Services- They also offer peer-led classes in financial planning, relapse prevention, and moral recognition therapy (MRT). Residents also engage in community service and are subject to random drug screenings and contraband searches.

BIGGER VISION OF ATHENS

95 North Ave, Athens, GA 30601

705-340-6062

Bigger Vision of Athens is a non-profit homeless shelter that has an overnight shelter program that provides up to 36 beds, two meals, showers, and laundry services. Individuals can come by during the day for essential supplies such as hygiene items and community resources. To reserve an overnight bed, guests must call at 4:00pm. Additionally, their Abundant Life program provides up to five fully employed individuals experiencing homelessness with continuous shelter for up to six months.

This resource is free of charge.

Insurance

PIEDMONT ATHENS REGIONAL MEDICAL CENTER

1199 Prince Ave., Athens, GA, 30606

Phone: (706) 475-7000

Piedmont Athens Regional Medical Center conducted a community needs assessment of the Athens area and developed strategies to be implemented through 2023, 2024, and 2025. These

include hospital-based financial aide assistance, providing primary care, transportation services, lab work and mental health services for low-income individuals and households.

HEALTHCARE.GOV

Online at <https://www.healthcare.gov/>

1-800-318-2596

Healthcare.gov is a federally operated online health insurance marketplace that serves to help individuals and families find and enroll in health insurance plans that are affordable. It works to serve residents in states that use the federal exchange. There are no fees associated with using the platform or to receive enrollment assistance.

Services Include:

- Applying for health insurance coverage, like Medicaid and CHIP
- Comparing plans based on coverage and cost
- Determining eligibility for tax credits and subsidies in order to lower the monthly premiums
- Annual open enrollment/special enrollment periods based on qualifying life events
- Provides educational resources on the basics of health insurance, enrollment, and guidance on utilizing health coverage effectively

GEORGIA PATHWAYS TO COVERAGE

Online at <https://gateway.ga.gov/access/>

In-person at the DFCS office: 284 North Avenue Athens, GA 30601

(706) 227 – 7021

Georgia Pathways to coverage is a state Medicaid program that aims to expand coverage for low-income adults in Georgia (aged 19-64) who are not otherwise eligible for traditional Medicaid. It works to support individuals in gaining access to healthcare while promoting financial independence. There are no co-pays for covered services. Eligibility requires completion of 80 hours per month of qualifying activities such as work, education, job training, or community service.

Services include:

- Comprehensive coverage with doctor visits, hospital stays, emergency services, prescriptions, preventative care, family planning, chronic disease management, and substance abuse and mental health coverage
- Reasonable modifications for those who cannot meet the additional requirements due to disability

Healthcare

ATHENS NEIGHBORHOOD HEALTH CENTER (ANHC)

675 College Avenue, Athens GA 30601, 402 McKinley Drive, Athens, GA 30601, 870 Gaines School Road, Athens, GA 30605

(706) 546 – 5526, (706) 543 – 1145, (706) 546 – 7463; info@athensgc.org

The Athens Neighborhood Health Center is a federally qualified health center that is committed to providing accessible, high-quality, and affordable care to individuals in the Athens-Clarke County region. Fees associated are based on a sliding scale according to income and family size. Services include:

- Primary care for all ages
- Chronic condition management
- Behavioral and mental health services
- Laboratory testing and immunizations
- Assistance with accessing affordable medications
- Assistance with enrollment in Medicare, Medicaid, and CHIP

MERCY HEALTH CENTER

700 Oglethorpe Avenue, Suite C7, Athens, GA 30606
(706) 425 – 9445; info@merchyhealthcenter.net

Mercy Health Center is a faith-based, nonprofit organization that offers free healthcare to uninsured and low-income residents of the Athens-Clarke County area. They work to address holistic care, including physical, emotional, and spiritual well-being. To be eligible to be a patient at Mercy Health Center, the patient must be uninsured, have an income that is below 150% of the Federal Poverty Level, and reside in Clarke or neighboring counties. Proof of income and residency is required. Walk-ins are not accepted, and appointments are mandatory. All services are free of charge to eligible patients.

Services include:

- Primary care including preventative services and management of chronic disease
- Dental services like cleanings, fillings, and extractions
- Prescription medications
- Mental health counseling
- Vision services like exams and eye care

Family Resources

NAR-ANON

Journey to Hope-Athens, GA 30606, Virtual
journeytohopega@gmail.com

Path to Recovery-Commencement Center 1175 Mitchell Bridge Road Athens, GA 30606
Nar-Anon is a worldwide spiritual support group for those affected by someone else's addiction. It is a 12-step program similar to Narcotics Anonymous for addicts, but for their loved ones. Nar-Anon is non-denominational but relies on the idea that we are dependent on a higher power to help us solve our problems and achieve peace of mind. Each group is autonomous, meaning it is run individually so there may be variation among meetings held in different places. Nar-Anon is completely free to attend. All contributions are voluntary so members can give whatever they can afford if they desire to. The only requirement of this resource is being respectful of others and not engaging in dialogue, debate, or crosstalk.

REFERENCES

988 Lifeline. (2025). *988 Lifeline is here*. <https://988lifeline.org/>

American Addiction Centers. (2024). *Overdose Symptoms, Risks, and Treatment*.
<https://americanaddictioncenters.org/overdose>

American Psychiatric Association. (2022). *Opioid Use Disorder*.
<https://www.psychiatry.org/patients-families/opioid-use-disorder#:~:text=According%20to%20the%20American%20Medical,develop%20an%20addiction%20to%20them.&text=People%20misusing%20opioids%20may%20try,it%20is%20more%20easily%20available>

American Public Health Association. (2015). *Prevention and Intervention Strategies to Decrease Misuse of Prescription Pain Medication*. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/08/15/11/prevention-and-intervention-strategies-to-decrease-misuse-of-prescription-pain-medication>

APHA. (2020). A Public Health Approach to Protecting Workers from Opioid Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress. *American Public Health Association*. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/protecting-workers-from-opioid-use-disorder>

Arsene, C., Na, L., Patel, P., Vaidya, V., Williamson, A. A., & Singh, S. (2023). The importance of social risk factors for patients diagnosed with opioid use disorder. *J Am Pharm Assoc (2003)*, 63(3), 925-932. <https://doi.org/10.1016/j.japh.2023.02.016>

Atlanta Housing. (n.d.). *Emergency Housing Vouchers*.
<https://www.atlantahousing.org/emergency-housing-vouchers/>

Behavioral, G. (2018). *The Origin and Causes of the Opioid Epidemic*. Georgetown behavioral health institute <https://www.georgetownbehavioral.com/blog/origin-and-causes-of-opioid-epidemic>

Bohnert, A. S. B., Valenstein, M., Bair, M. J., Ganoczy, D., McCarthy, J. F., Ilgen, M. A., & Blow, F. C. (2011). Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths. *JAMA*, 305(13), 1315-1321.
<https://doi.org/10.1001/jama.2011.370>

Brewer, A. (2023). *Opioids vs. Opiates: What's the Difference?*
<https://www.goodrx.com/classes/opioids/opiates-vs-opioids>

Canadian Institute for Health Information. (2024). *National health expenditure trends*.
<https://www.cihi.ca/en/national-health-expenditure-trends>

Carl Vinson Institute of Government. (2022). *Percent Uninsured*.
<https://georgiadata.org/topics/health/percent-uninsured>

CDC. (2017). Trends in Deaths Involving Heroin and Synthetic Opioids Excluding Methadone, and Law Enforcement Drug Product Reports, by Census Region — United States, 2006–2015. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6634a2.htm>

CDC. (2024a). *About Prescription Opioids*. <https://www.cdc.gov/overdose-prevention/about/prescription-opioids.html>

CDC. (2024b). *Understanding the Opioid Overdose Epidemic*. Center for Disease Control and Prevention. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

CDC Morbidity and Mortality Weekly Report. (2023). *Chronic Pain Among Adults - United States, 2019-2021*. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7215a1.htm>

Center for American Progress. (2021). *The Top 12 Solutions To Cut Poverty in the United States*.

<https://www.americanprogress.org/article/top-12-solutions-cut-poverty-united-states/>

Center for American Progress. (2023). *5 Things To Know About the Child Care for Working Families Act*. <https://www.americanprogress.org/article/5-things-to-know-about-the-child-care-for-working-families-act/>

Centers for Disease Control. (2024). *About Prescription Opioids*. <https://www.cdc.gov/overdose-prevention/about/prescription-opioids.html>

Centers for Disease Control and Prevention. (2022). *CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022*.

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w#suggestedcitation

Cheatle, M. D., & Savage, S. R. (2012). Informed consent in opioid therapy: a potential obligation and opportunity. *J Pain Symptom Manage*, 44(1), 105-116.

<https://doi.org/10.1016/j.jpainsymman.2011.06.015>

Cleveland Clinic. (2022). *Opioid Use Disorder*.

<https://my.clevelandclinic.org/health/diseases/24257-opioid-use-disorder-oud>

Cleveland Clinic. (2023). *Addiction*. <https://my.clevelandclinic.org/health/diseases/6407-addiction>

Cleveland Clinic. (2024a). *Opioids and Opiates Are More Similar Than Different*.

<https://health.clevelandclinic.org/opioid-vs-opiate>

Cleveland Clinic. (2024b). *Substance Use Disorder (SUD)*.

<https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud>

Corder, G., Castro, D. C., Bruchas, M. R., & Scherrer, G. (2018). Endogenous and Exogenous Opioids in Pain. *Annu Rev Neurosci*, 41, 453-473. <https://doi.org/10.1146/annurev-neuro-080317-061522>

Crisis House. (2023). *Homelessness, Mental Illness, and Substance Abuse*.
https://crisishouse.org/blog/homelessness-mental-illness-and-substance-abuse/?gad_source=1

FCC. (2024). Focus on Broadband and Opioids. [https://www.fcc.gov/reports-research/maps/connect2health/focus-on-opioids.html#:~:text=Wave%201%20\(1990s\)%3A%20The,spike%20in%20heroine%20Involved%20deaths.](https://www.fcc.gov/reports-research/maps/connect2health/focus-on-opioids.html#:~:text=Wave%201%20(1990s)%3A%20The,spike%20in%20heroine%20Involved%20deaths.)

Fine, D. R., Herzberg, D., & Wakeman, S. E. (2021). Societal Biases, Institutional Discrimination, and Trends in Opioid Use in the USA. *J Gen Intern Med*, 36(3), 797-801. <https://doi.org/10.1007/s11606-020-05974-0>

Florence, C., Luo, F., & Rice, K. (2021). The economic burden of opioid use disorder and fatal opioid overdose in the United States, 2017. *Drug Alcohol Depend*, 218, 108350. <https://doi.org/10.1016/j.drugalcdep.2020.108350>

Gaskin, D. J., & Richard, P. (2012). The economic costs of pain in the United States. *J Pain*, 13(8), 715-724. <https://doi.org/10.1016/j.jpain.2012.03.009>

Georgia Pathways to Coverage. (2025). *Eligibility Criteria*.
<https://pathways.georgia.gov/eligibility>

Geyer, H. L. (2023). In *Losing control: The science of opioid addiction*.
<https://mcpress.mayoclinic.org/opioids/losing-control-the-science-of-opioid-addiction/>

Hadi, M. A., McHugh, G. A., & Closs, S. J. (2019). Impact of Chronic Pain on Patients' Quality of Life: A Comparative Mixed-Methods Study. *J Patient Exp*, 6(2), 133-141.

<https://doi.org/10.1177/2374373518786013>

Hammarlund, R., Crapanzano, K. A., Luce, L., Mulligan, L., & Ward, K. M. (2018). Review of the effects of self-stigma and perceived social stigma on the treatment-seeking decisions of individuals with drug- and alcohol-use disorders. *Subst Abuse Rehabil*, 9, 115-136.

<https://doi.org/10.2147/sar.S183256>

Healthcare.gov. (2025). *Medicaid expansion & what it means for you*.

<https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>

HHS. (2025). Opioid Facts and Statistics. <https://www.hhs.gov/opioids/statistics/index.html>

Hill, M. V., Stucke, R. S., McMahon, M. L., Beeman, J. L., & Barth, R. J., Jr. (2018). An Educational Intervention Decreases Opioid Prescribing After General Surgical Operations. *Ann Surg*, 267(3), 468-472. <https://doi.org/10.1097/sla.0000000000002198>

Horn, D. B., Vu, L., Porter, B. R., & Sarantopoulos, K. (2025). Responsible Controlled Substance and Opioid Prescribing. In *StatPearls*. StatPearls Publishing

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Jamison, R. N., & Mao, J. (2015). Opioid Analgesics. *Mayo Clin Proc*, 90(7), 957-968.

<https://doi.org/10.1016/j.mayocp.2015.04.010>

Joynt, M., Train, M. K., Robbins, B. W., Halterman, J. S., Caiola, E., & Fortuna, R. J. (2013). The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. *J Gen Intern Med*, 28(12), 1604-1610. <https://doi.org/10.1007/s11606-013-2516-z>

Kaiser Family Foundation. (2025). *Status of State Medicaid Expansion Decisions*.

<https://www.kff.org/status-of-state-medicaid-expansion-decisions/>

Knott, V., Baysarowich, R., Corace, K., Willows, M., Carroll, B., Baddeley, A., & Schubert, N.

(2025). A pilot study on craving and its relationship to self-ratings of depression and anxiety in prescription opioid use disorder. *Experimental and Clinical Psychopharmacology*, 33(2), 189-198. <https://doi.org/10.1037/pha0000753>

Martins, D., Khuu, W., Tadrous, M., Greaves, S., Sproule, B., Bozinoff, N., Juurlink, D. N.,

Mamdani, M. M., Paterson, J. M., & Gomes, T. (2022). Impact of changes in opioid funding and clinical policies on rapid tapering of opioids in Ontario, Canada. *Pain*, 163(1), e129-e136. <https://doi.org/10.1097/j.pain.0000000000002420>

Mayo Clinic. (2022). *Drug addiction (substance use disorder)*.

<https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>

Mayo Clinic. (2024). *How opioid use disorder occurs*. <https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/how-opioid-addiction-occurs/art-20360372>

McCurry, M. K., Avery-Desmarais, S., Schuler, M., Tyo, M., Viveiros, J., & Kauranen, B.

(2023). Perceived stigma, barriers, and facilitators experienced by members of the opioid use disorder community when seeking healthcare. *Journal of Nursing Scholarship*, 55(3), 701-710. <https://doi.org/https://doi.org/10.1111/jnu.12837>

Meisenberg, B. R., Grover, J., Campbell, C., & Korpon, D. (2018). Assessment of Opioid Prescribing Practices Before and After Implementation of a Health System Intervention to Reduce Opioid Overprescribing. *JAMA Network Open*, 1(5), e182908-e182908.

<https://doi.org/10.1001/jamanetworkopen.2018.2908>

Morales, A. M., Jones, S. A., Kliamovich, D., Harman, G., & Nagel, B. J. (2020). Identifying Early Risk Factors for Addiction Later in Life: A Review of Prospective Longitudinal Studies. *Curr Addict Rep*, 7(1), 89-98. <https://doi.org/10.1007/s40429-019-00282-y>

Nar-Anon. (2025). *What's Nar-Anon/Narateen?* <https://www.nar-anon.org/what-is-nar-anon>

Narcotics Anonymous. (2025). Welcome to Narcotics Anonymous. <https://na.org/>

National Alliance to End Homelessness. (2016). *Opioid Use and Homelessness*. <https://endhomelessness.org/resource/opioid-abuse-and-homelessness/>

National Association of Counties. (2021). *What's in the American Jobs Plan?* <https://www.naco.org/articles/whats-american-jobs-plan>

National Center for Drug Abuse Statistics. (2023). *Drug Abuse Statistics*. <https://drugabusestatistics.org/#:~:text=Opioid%20Abuse&text=9.49%20million%20or%203.4%25%20of,having%20an%20opioid%20use%20disorder>

National Institute on Drug Abuse. (2024). *Drug Overdose Deaths: Facts and Figures*. Retrieved September 12th from <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

National Institute on Drug Abuse. (2018). *Understanding Drug Use and Addiction DrugFacts*. <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>

National Institute on Drug Abuse. (2020). *Drugs, Brains, and Behavior: The Science of Addiction Treatment and Recovery*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery>

National Institute on Drug Abuse. (2021a). *Fentanyl DrugFacts*. <https://nida.nih.gov/publications/drugfacts/fentanyl#:~:text=Fentanyl%20is%20a%20pow>

[erful%20synthetic%20opioid%20analgesic%20that%20is%20similar,drugs%20involved%20in%20overdose%20deaths](#)

National Institute on Drug Abuse. (2021b). *Prescription Opioids DrugFacts*.

<https://nida.nih.gov/publications/drugfacts/prescription-opioids#:~:text=Opioids%20are%20often%20used%20as,to%20treat%20coughing%20and%20diarrhea>

National Institute on Drug Abuse. (2024). *Opioids*. <https://nida.nih.gov/research-topics/opioids#overdose-crisis>

National Institute on Drug Abuse. (2025). Medications for Opioid Use Disorder.

<https://nida.nih.gov/research-topics/medications-opioid-use-disorder>

National Institutes of Health. (2020). *When Addiction and Mental Illness Collide*.

<https://heal.nih.gov/news/stories/collaborative-care>

Nazarian, A., Negus, S. S., & Martin, T. J. (2021). Factors mediating pain-related risk for opioid use disorder. *Neuropharmacology*, 186, 108476.

<https://doi.org/10.1016/j.neuropharm.2021.108476>

Patterson Silver Wolf, D. A., & Gold, M. (2020). Treatment resistant opioid use disorder (TROUD): Definition, rationale, and recommendations. *Journal of the Neurological Sciences*, 411, 116718. <https://doi.org/10.1016/j.jns.2020.116718>

PDAPS. (2019). *Informed Consent for Prescribing Drug Laws*. Center for Public Health Law Research Staff <https://pdaps.org/datasets/informed-consent-for-opioid-prescribing-laws>

Progress, A. (2023). *Tackling the Opioid Crisis Requires a Whole-of-Government, Society-Wide Approach*. <https://www.americanprogress.org/article/tackling-the-opioid-crisis-requires-a-whole-of-government-society-wide-approach/>

Recovery Research Institute. (n.d.). *Public stigma of opioid addiction*.

<https://www.recoveryanswers.org/research-post/public-stigma-opioid-addiction-opioid-use-disorder-medical-illness/#:~:text=People%20with%20opioid%20addiction%20can,internalized%20and%20contribute%20to%20shame>

rehabs.org. (2022). What Drugs Are Cut with Fentanyl?: Know the Risks.

<https://rehabs.org/resources/drug-overdose-prevention/drugs-cut-with-fentanyl/>

SAMHSA. (2024a). *About the Division of Workplace Programs (DWP)*.

<https://www.samhsa.gov/substance-use/drug-free-workplace/about>

SAMHSA. (2024b). *Training Requirements (MATE Act) Resources*.

<https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines/mate-act/#:~:text=Section%201263%20of%20the%20Consolidated,other%20substance%20use%20disorders%2C%20as>

Santhanam, L. (2020). *How Canada got universal health care and what the U.S. could learn*.

<https://www.pbs.org/newshour/health/how-canada-got-universal-health-care-and-what-the-u-s-could-learn>

Scully, R. E., Schoenfeld, A. J., Jiang, W., Lipsitz, S., Chaudhary, M. A., Learn, P. A., Koehlmoos, T., Haider, A. H., & Nguyen, L. L. (2018). Defining Optimal Length of Opioid Pain Medication Prescription After Common Surgical Procedures. *JAMA Surg*, 153(1), 37-43. <https://doi.org/10.1001/jamasurg.2017.3132>

Skolnick, P. (2018). The Opioid Epidemic: Crisis and Solutions. *Annu Rev Pharmacol Toxicol*, 58, 143-159. <https://doi.org/10.1146/annurev-pharmtox-010617-052534>

Smith, T. J., & Hillner, B. E. (2019). The Cost of Pain. *JAMA Network Open*, 2(4), e191532-e191532. <https://doi.org/10.1001/jamanetworkopen.2019.1532>

St. John's University. (2023). *Expert Outlines Dangers of Opioid Use Among Student Athletes*. <https://www.stjohns.edu/news-media/news/2023-11-14/expert-outlines-dangers-opioid-use-among-student-athletes>

Stein, C. (2016). Opioid Receptors. *Annu Rev Med*, 67, 433-451. <https://doi.org/10.1146/annurev-med-062613-093100>

Vankar, P. (2024). *U.S. national health expenditure as percent of GDP from 1960 to 2022*. <https://www.statista.com/statistics/184968/us-health-expenditure-as-percent-of-gdp-since-1960/>

Volkow, N. D., & McLellan, A. T. (2016). Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies. *New England Journal of Medicine*, 374(13), 1253-1263. <https://doi.org/doi:10.1056/NEJMra1507771>

Webster, L. R. (2017). Risk Factors for Opioid-Use Disorder and Overdose. *Anesth Analg*, 125(5), 1741-1748. <https://doi.org/10.1213/ane.0000000000002496>

INDIVIDUAL PERSONAL REFLECTIONS

Margaret Mueller

Working on this community needs assessment project for Randy's case has been a really insightful experience. While I worked on a few different sections in this paper, the one section that was the most challenging, but also the most interesting, was the asset map section and searching for resources available to Randy in Athens. Because of Randy's particular situation

with no health insurance and a part-time job, we did have to look for resources that would be free or low-cost for him. I primarily worked on resources related to addiction, and while I found that there are a lot of resources in Athens for addicts, a lot of them are not realistically accessible for those with no insurance. While all of the resources have a self-pay option, it's not realistically affordable, especially for someone like Randy who only has a part-time job. So, it was a bit of a struggle to find addiction resources for Randy that are free or low-cost. While of course I was already aware of how important health insurance is, doing this project definitely proves how hard it is to find services when you don't have insurance. It was frustrating at times to come across what looked like a promising resource, only to find that cost would still be a major barrier for someone like Randy, and to see how many addiction services have to be ruled out when you don't have insurance. This really made me realize how overwhelming and discouraging this process must feel for someone like Randy who's trying to recover while navigating homelessness, job instability, and a lack of family support. I will say, through this project, I was surprised to find how many available options there were for Randy when it came to his struggle with homelessness. Athens really does have some great options that are free or low-cost that would be so beneficial for someone who is in Randy's situation. While of course more resources are needed for homelessness, I was surprised to see how many resources already exist and how much work is being done in Athens to address homelessness.

Overall, this project showed me how the gaps in the system make recovery harder than it needs to be. If we actually want to support people like Randy getting back on track, then services need to be easier access for those without health insurance. This has definitely made me more aware of the barriers people face, even in communities that seem to have a lot of resources and has given me a more realistic and empathetic view of the challenges people face, which is

someone I will carry with me in whatever field I end up going to. This project has also highlighted to me the importance of educating both healthcare providers and patients about the dangers of opioids and over prescription. We do really need more policy-level focus aimed at reducing over prescription and increasing opioid education programs.

Melissa Milliron

Because of the nuances regarding insurance in this case, we had to look for mainly free or low-cost resources as well as ways that Randy could receive medical care without insurance. It was not very difficult to find community agencies for Randy since there are many homeless shelters in Athens to support the large homeless population. Similarly, there are multiple free or low-cost clinics for medical care in the Athens area. I was tasked with finding resources for Randy's family. This was a somewhat difficult task because most addiction support groups in Athens focus solely on the addict and not those around them who are also impacted by their addiction. The main resource I was able to find in Athens is a worldwide resource that I already knew about and searched for specifically. Most other things that came up were family, group, and individual therapy. Therapy is a great option for many situations but is expensive and therefore not always accessible.

Through this project I have learned that there are many resources out there for addicts like Randy to find shelter, food, medical care, and emotional support, but not enough being done to stop the problem at the source. There are so many resources available because drug addiction and homelessness are such prevalent issues in Athens and the rest of the country. More work needs to be done at the policy level to decrease opioid prescription and stop illegal drug manufacturing and sales. Studies that educate physicians on the dangers of opioid prescription led to decreased prescription rates which leads to less addiction. Opioid education programs

should be made a part of medical schools or continuing education for doctors. It is also important to educate patients on the dangers of prescription opioids when they need them to treat pain from an injury or surgery. Opioids are prescribed often and without warning because doctors and patients alike are looking for a quick fix to problems rather than taking the time to investigate and try alternative options. I will take this knowledge with me through the rest of my career and hopefully have the option to educate others on the danger of opioids and over prescription. If I don't work in a medical field where medications are being prescribed, I will still have the knowledge that addiction is a disease, and the system is not set up to end it. This empathy will help me in all aspects of life and public health, as it extends to other health issues as well.

Hannah Smith

Completing this project has opened my eyes to an abundance of struggles and resources I had never considered. I always knew Opioid prescription in America had its problems, but I never knew just how deadly the epidemic is. Tens of thousands of people in America die from Opioid misuse every year. To the average person, opioid addiction seems like a distant issue that could never impact them, but the truth is everyone is impacted by this. The creation of synthetic opioids have filled the streets with fentanyl and dangerous substances that can cause even more unnecessary deaths. Providers are unknowingly prescribing patients an addictive drug who may be prone to addiction. There is utmost need for reform in many different spheres that play into the epidemic. Providers need thorough training, and patients need to be adequately informed about the risks of their prescriptions. Policies need to be created to stop over prescription and keep deadly substances off the street.

With all this being said, I am only an individual, not a government or a physician. To do my part I need to use this education to inform others. This knowledge gives me the ability to

recognize warning signs, offer compassion instead of judgment, and help others find paths to recovery. I also need to take care of myself and learn more about my family history and any genetic or environmental risk factors that may increase my susceptibility to addiction. I have taken opioids for a surgery before, and I did not experience any addictive side effects. Truthfully, I did not think much about taking them and I think that this represents the patient experience. We often put our full trust in our doctors, but it is important to recognize that even doctors can have gaps in their knowledge or make mistakes. Addiction doesn't always look the way we expect. It can start with a simple procedure and trust in our healthcare system, and end with an addiction we didn't see coming.

Lastly, this project opened my eyes to the large number of resources in Athens Georgia for addiction, homelessness, and poverty. I always said that Athens needed more resources for homelessness, since I see so many homeless people struggling. Truthfully, I was not aware of the resources that already exist, and I think that this is the issue for people who need them. Maybe we do need more resources, but I wouldn't be surprised if people just did not know about them. Educating the right audience on what addiction truly is and what resources are available can create powerful change.

Emily Graham

When conducting research over this stigmatized topic of addiction, it was an eye-opening process. Seeing how addiction can affect an individual's life drastically has provided me with a better understanding of the resilience and challenging factors that are prevalent within the community that I live in. In this case, the cards were stacked against Randy, and it was encouraging to have the opportunity to learn about what services can be provided locally to those who are struggling with substance use disorders. I learned about how each different organization

had a variety of services to help individuals with addiction, and how these services cater to the needs for those struggling. Each organization brought something different to the table, but it was interesting learning how different factors played a role in providing resources. Some resources provided recovery services, others provided homelessness services, etc., but what stood out to me is when these are put together, it creates the ability to obtain the necessary care that is essential in helping these individuals get back on their feet.

These organizations are so important throughout the process of recovery, when it seems like there is no way out of a situation. Addiction is a chronic illness that affects not only the person that is struggling, but their loves ones, as well, so it important to create awareness to these services that can be the first step in the road to recovery. The struggles of addiction are an issue that will never go away, so it is vital that these organizations create assessments and determine new strategies to combat the growing epidemic of addiction, in the future. A reoccurring issue throughout the research conducted was financial burdens and the effects of homelessness. Financial restrictions can prevent an individual from seeking the necessary help that is needed. This issue should be investigated because, since addiction can cause strain on family dynamics, there may not be a stable form of income for addicts seeking treatment. Also, due to the toll that homelessness and addiction takes on the body, it can be challenging to find a job that provides a suitable income that is necessary to pay for these services. The implementation of funding, whether locally, federally, or through donations, can help with this financial barrier to receiving treatment options.

Ultimately, it was heart-warming to see what has been done to treat individuals that are struggling with addiction. The knowledge that I have gained throughout this research process has given me insight of the unique qualities of addiction. As an undergraduate student that is

pursuing physician's assistant school in the future, this knowledge will only benefit me by being more aware of the signs of addiction, and hopefully cease the issue before it even begins.

Riley Hughes

What did I learn?

In the process of gathering resources of different community agencies for a case like Randy's, I learned that the network of services available for people dealing with opioid use disorder can be both promising and frustrating. Through my research, I found a range of different resources like detox programs, homeless shelters, ways to get insurance, and places to get healthcare. However, many of these services can vary drastically based on factors like insurance, bed availability, and how recently you have used substances. I also learned the importance of looking for resources that did not just benefit the individual, but resources that would benefit family and friends as well. Substance abuse disorder can impact more than just the person using. In Randy's case, family dynamics and their response to his addiction are a significant factor in his sense of isolation and hopelessness due to their consequences.

So What?

This is important because people who are in the same situations like Randy often face many different barriers while they are at their most vulnerable. Things like losing family support, housing, and insurance can create life-threatening gaps in their care. Navigating this system is challenging, but essential for people who are seeking help, and it is essential for providers looking to help them to understand the challenges related to finding help. One big thing I noticed was, if I, as someone who has access to insurance, a car, monetary funds, and the internet, am struggling to find comprehensive sources for someone else, it would be increasingly harder for someone who doesn't have the same access as me and the emotional burden of struggling with

addition to find the needed sources. This process also highlights the importance for agencies to collaborate to help people find sources. I found it really helpful when there were agencies that were created to give out information regarding drug assistance, housing, and healthcare in one place, because I was not having to spend extra time looking for reputable sources. For many people, knowing where services are, what they offer, and if they can access them, especially in crisis, can end up being the difference between life or death.

Now What?

Going forward, I hope to deepen my knowledge of the local and regional community resources for addiction treatment and recovery. Additionally, I hope to find more resources for other situations or in my hometown, to be able to give the information to someone who needs it. I also hope to potentially volunteer at some places in my hometown in order to share the information I will gather to those who need it. In my future career, hopefully in healthcare, I intend to be someone who can bridge the gaps for people like Randy and the services they need. Additionally, the case study has shown the importance of considering family dynamics and working with families and friends to build understanding and to reduce stigma.