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Title

Medication Access Challenges Among Residents of a Long-term Recovery Residence

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Individuals with substance use disorder (SUD) have greater barriers to prescription medication access and poorer health outcomes than the general population. The Athens Free Clinic, which allows pre-clerkship medical students to engage in service learning, recently began offering healthcare at a long-term recovery residence, Acceptance Recovery Center (ARC). Anecdotally, medication access seemed to present a challenge to ARC residents. Objectives: To evaluate healthcare needs of ARC residents, including medication access, and to identify barriers. Study Design and Analysis: Cross-sectional study. Setting: ARC, Athens, GA. Population Studied: Residents of ARC, all of whom are adults with SUD (N=40, response rate 82%). Intervention/Instrument: Anonymous 32-item paper survey administered to residents at an ARC weekly meeting. Outcome Measures: Medication access on entry to ARC by demographics, prior housing, and healthcare experience. For those lacking medications: barriers, length of lapse, and complications were noted. Results: Resident characteristics: 53% aged 30-44, 79% white; 62% male, 74% high school/GED education, 57% without health insurance, and 49% coming directly from incarceration. On entry to ARC, 54% did not have needed medications (excluding SUD treatment); 23% experienced delays of more than 2 months, and 15% were still without medication. For those who had difficulty obtaining or taking medication, the most frequently cited barriers were trouble getting a prescription and difficulty affording medication(s). Four residents reported consequences from lack of medication. Compared to residents entering from other housing situations, a higher percentage of those coming from incarceration reported lack of needed medications (73% vs. 47%). In addition, only 10% of those who reported having had no check-up in the last year had the medications they needed on arrival to ARC. Conclusions: The majority of residents, especially those coming directly from incarceration, did not have needed medications on entry to a residential recovery center, with predictable barriers of lack of prescription/healthcare access and cost. Safety-net clinics could improve outcomes in this community by providing free healthcare, including prescriptions and education regarding access, but medication costs remain a barrier. Future study is needed to further outline the problem and develop and test solutions to improve medication access.

