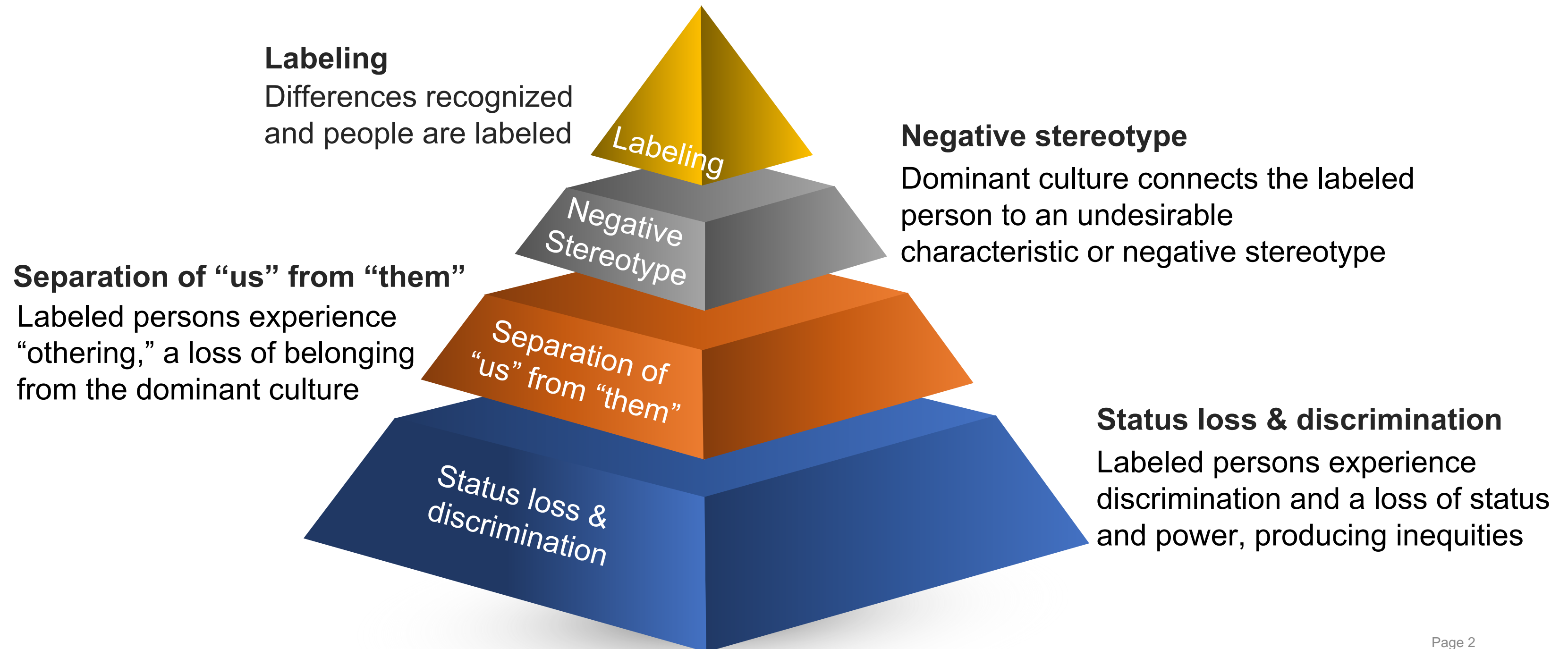


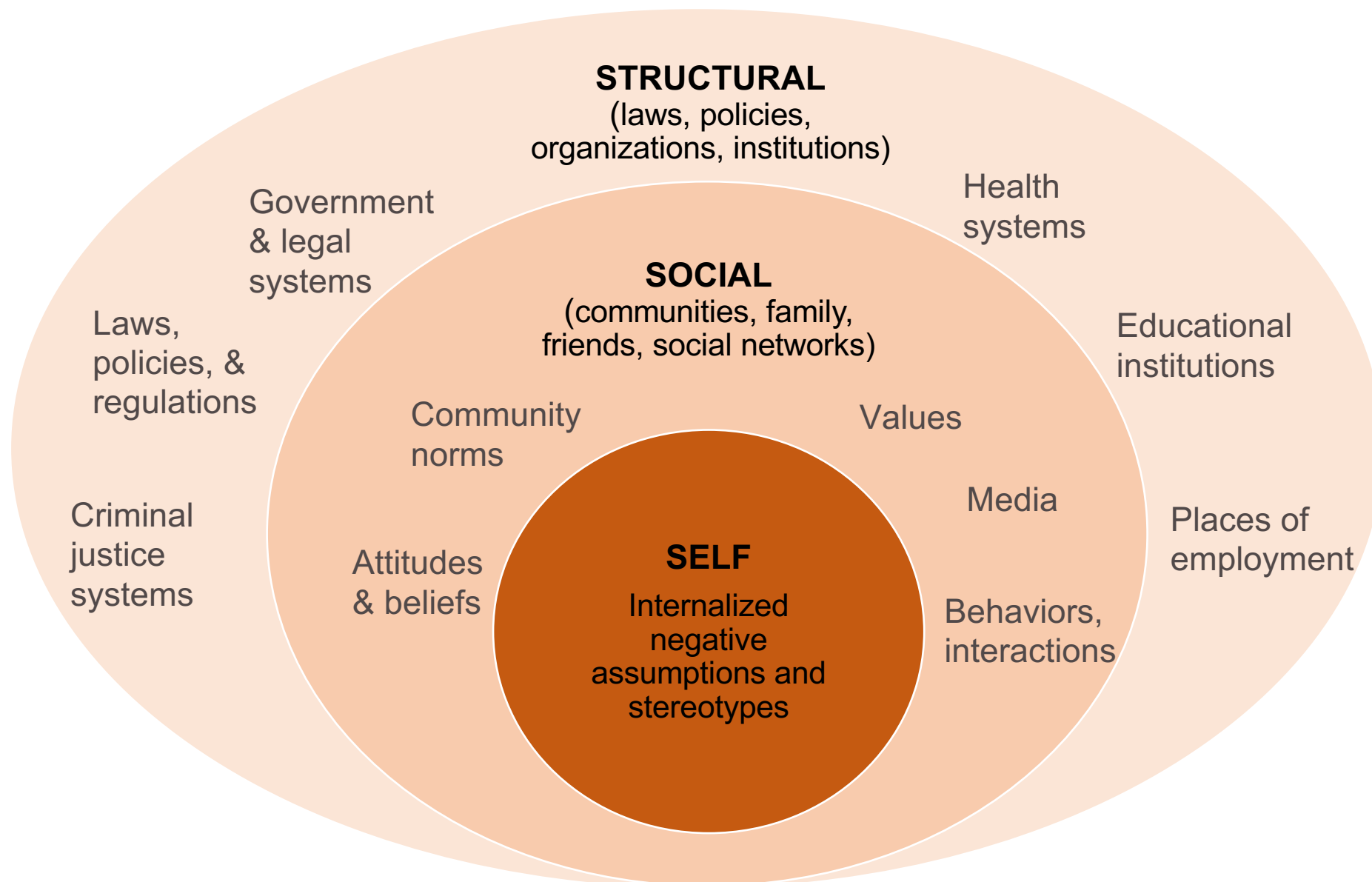
Understanding Addiction Stigma

Context from the Background Research

Stigmatization is the co-occurrence of several experiences



Substance addiction stigma is multidimensional. It occurs and can be addressed at multiple interconnected societal levels



- **Structural stigma** manifests in legal and institutional systems, policies, and practices that limit the rights and opportunities of people with an addiction.
- **Social-public community stigma** manifests in community norms, values, beliefs, and interactions between individuals. It involves harmful or discriminatory attitudes and beliefs.
- **Self-stigma** occurs when people with an addiction internalize society's negative views, beliefs, and stereotypes and apply it to themselves.
- The various types of stigma interact and strengthen each other for a cumulative impact on the individual.

Substance Addiction Stigma Levels: Description and Examples

Structural

Prejudice, discrimination, and unequal opportunity in policies, laws, and institutional practice

- . Addiction is the only medical illness that is criminalized.
- . Individuals with substance addiction being denied a job, promotion, or housing.
- . Restrictive insurance requirements for addiction treatment, higher deductibles, waivers, and pre-authorizations.
- . Restrictions on access to government benefits.

Social

Stereotypes, prejudice, judgements, and discrimination endorsed by the general public

- . People with an addiction as lacking willpower, immoral, bad, untrustworthy, or dishonest.
- . People with an addiction facing rejection, judgment, bullying at home, school, or work.
- . Lack of public awareness or acceptance of addiction as a chronic disease.
- . Lack of political and public support for addiction services and funding.

Self

Internalized endorsement and acceptance of negative assumptions about one's character

- . Shame related to one's addiction.
- . Anticipated stigma: fear of revealing addiction status due to expectations of stereotyping, prejudice, or discrimination.
- . Low self-esteem/efficacy.
- . Hesitancy to reveal addiction to friends or family.

Substance Addiction Stigma Levels: Potential Intervention Targets

Structural

- . Legal, policy, and advocacy strategies
- . Professional education
- . Integration of addiction treatment into mainstream healthcare
- . Increasing representation of people with lived experience in decision making structures

Social

- . Integration of addiction into professional education for healthcare providers
- . Education campaigns.
- . Community-based programming
- . Increase exposure and contact between the public and people with addiction
- . Increasing representation of people with lived experience in positions of social influence
- . Media training and messaging

Self

- . Education
- . Peer support
- . Empowerment strategies
- . Community-based programming
- . Increasing availability and accessibility of treatment

Understanding Substance Addiction Stigma in the Olympic Region: Interview and Survey Themes

Following is a series of concept maps that highlight themes around 1) the experience of stigma, 2) causes and facilitators 3) impacts of addiction stigma in the region, and 4) ideas to address stigma.

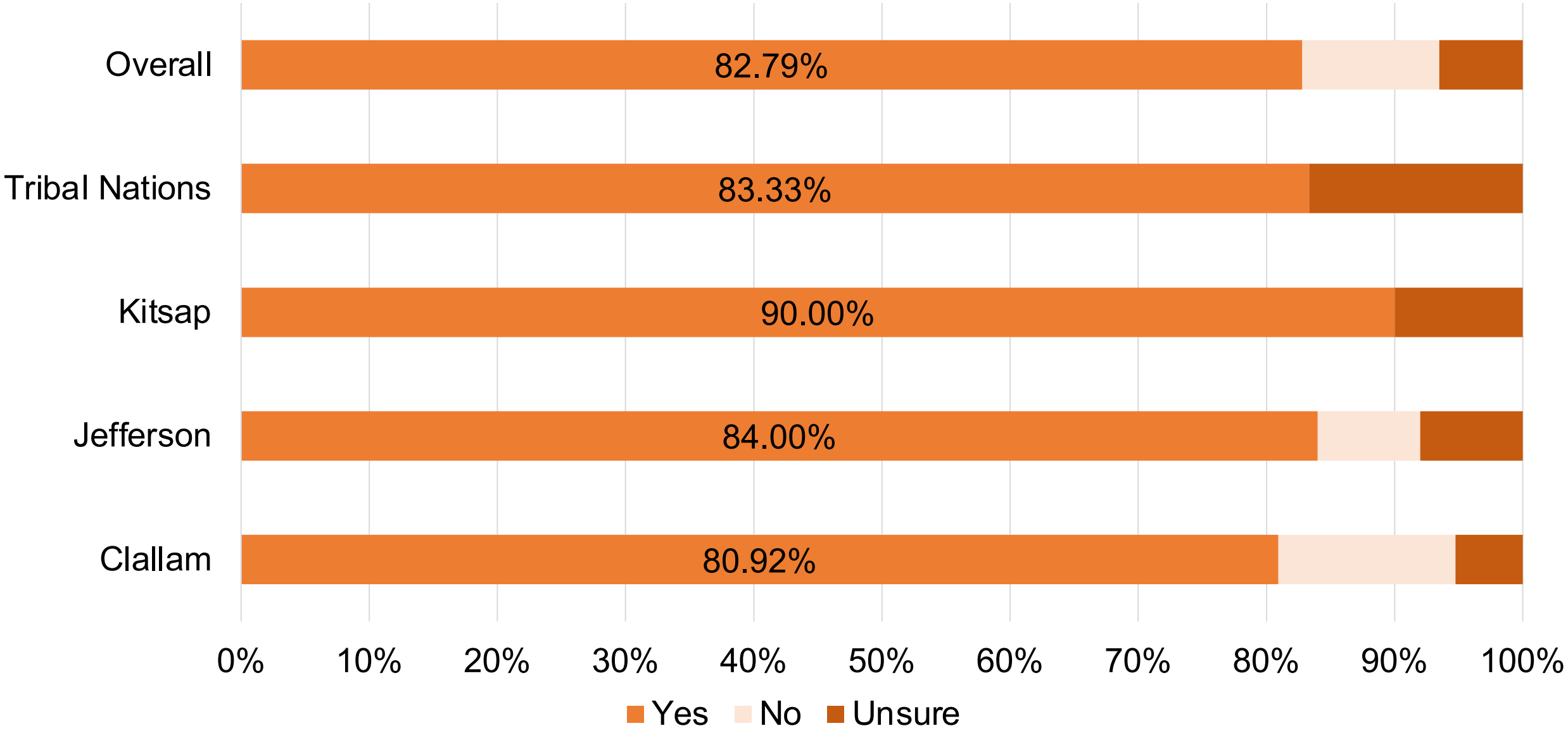
Researchers collected perspectives through:

- Focus groups and interviews (12 focus groups, representing around 70 voices)
- Region wide survey on perceived stigma (218 community member responses)
- OCH implementation partners semi-annual report

These themes represent insights from one aspect of the environmental scan that was conducted around addiction stigma in the Olympic region. Other areas include the collation of publicly available data on substance use rates and deaths in the region, availability of treatment services, and research around evidence-based models and interventions to address addiction stigma.

Substance Addiction Stigma Exists in the Olympic Region

Do you think stigma of substance addiction is a problem in your community?



- Overall, 83% of respondents (n=178) in the region wide perceived stigma survey believe stigma is a problem in the community.
- Community members shared how they believe there are people who care for and are supportive of individuals in recovery, but stigma does exist.

Experience of Substance Addiction Stigma

Experience of Stigma: Community Stigma

Addiction seen as a choice

- Addiction seen as a choice, moral failing, character defect, and personality failing.
- Individuals with an addiction seen as weak, making poor life choices, lacking willpower, to blame for the addiction.

Assumed to have character and behavior flaws

- Labeled and stereotyped as bad people, criminal, dangerous, untrustworthy, unreliable, lazy.

Social rejection and discrimination

- Looked down upon, marginalized, othered, and rejected by public, providers, friends, family.
- Not seen as part of the community and treated as an outcast.
- Often denied housing or employment opportunities.

Lost humanity

- Individuals are reduced to their addiction by the community.
- No longer seen as a full person who needs support. Seen only as walking problem who is written off.
- Lost empathy for the individual.

Resistance to MAT and harm reduction services

- Harm reduction services seen as enabling.
- NIMBY-ism towards establishing treatment services.
- Some community members and others in recovery see only one pathway to quit and abstain.

Assumed to be homeless or mentally ill

- If an individual appears visibly addicted, it is assumed they also have a mental illness and are housing unstable.

Difficult to change reputation

- Challenging to re-enter society even once in recovery.
- Individuals are judged by past behaviors, choices, and substance use.
- Community expects relapse.

Self-stigma

- Individuals experience a sense of shame, embarrassment, and internalized stigma.
- They come to expect stereotyping, prejudice, or discrimination from others and fear that community won't accept them.

Experience of Stigma: Community Stigma

Addiction seen as a choice

People think there is a choice involved in addiction that is not there, so they blame and push aside people who are addicted and think they are very weak.

Assumed to have character and behavior flaws

Labels can be derogatory and promote negative stereotypes based on the negative impacts on physical and behavioral health that addiction can have.

Social rejection and discrimination

Often what you'll hear is they've been rejected by the health care system, by other providers, by their family, by their friends, by their employers.

Creates barriers to recovery, regaining jobs, education, housing, relationships; everything people need to succeed.

Lost humanity

Their value as human beings are diminished and their talents and role in the community is often overlooked because their substance abuse issues are in the forefront.

Resistance to MAT and harm reduction services

There are many folks in meetings who feel MAT is not clean.

For people outside of addiction - not experiencing or working in it, there is a one size fits all mindset, if you do not quit or abstain you are doing it wrong.

Assumed to be homeless or mentally ill

People like to lump every person with SUD with every person committing a crime, with everyone who is homeless or potentially homeless. People put them all together and call them blight. It bleeds together and people do not see the difference.

Difficult to change reputation

I feel like the community, in general, looks down on addicts. Even if the person has reformed and cleaned up, they are still treated like they are actively using, and continuing to make poor choices.

Self-stigma

Internal (speaking from personal experience) comes from not valuing yourself and wondering if you are worth the help, feeling humiliated for things you do when you are using.

Experience of Addiction Stigma: Provider Stigma

Although participants described how most people working in the substance use disorder field are compassionate towards those with addiction, they also expressed ways that provider addiction stigma manifests in the health and social care delivery fields.

Lower empathy and engagement towards people with addiction

- Individuals with an addiction feel they are treated differently than others.
- They feel unheard and that health issues are dismissed or ignored.
- They feel they are treated as if their life is less valuable.

They are treated differently. They sense that their life isn't valuable.

A client shared with me that a provider told them "yes I could do this surgery for you but then you would just keep using so what would be the point."

People with addiction treated with suspicion and judgement

- Individuals with an addiction feel judged by the people meant to help them.
- They feel they are treated with suspicion and assumed to be drug seeking.

I see Doctors not treat clients the same because they think addicts are only drug seeking so they won't prescribe a medication which the patient should be prescribed.

Provider reluctance and reduced competency to manage addiction

- Providers are reluctant to manage addiction as a disease.
- Driven by lack of addiction training, lack of comfort in managing addiction, an inability to manage treatment failures, and/or sense of feeling manipulated by patients.

With medical providers, there is frustration with relapse and experiences with people with SUD making unreasonable demands, getting angry, storming out of the office. This is part of the disease, but it is not pleasant. This is part of the reason there is reluctance to treat SUD.

Denial of care and barriers accessing care

- Individuals with an addiction may be screened out of services, ineligible, or denied care due to their addiction.
- The individual is drug seeking, fear of unpredictable behavior, requirements to 'be clean' or 'sober' before accessing services and seen as not serious about recovery if there is a relapse.

There are barriers to treatment services and social services that are tied to a clean way. It doesn't happen in all services, and it is changing but it is still there. The idea that someone must not be serious about quitting if they can't fully quit.

Causes and Facilitators of Substance Addiction Stigma

Causes and Facilitators of Stigma-Level 1

Negative contact or experience with people with an addiction

- Addiction without treatment increases socially unacceptable behavior; lying, loss of control, manipulation, criminal acts.
- Community sees the symptoms and result of untreated addiction.
- Family, friends, providers carry bias and hurt from previous experience.

Drug use treated as a criminal issue instead of a public health issue

- Framed and treated as a criminal or police problem not a health problem.
- Illegality of certain drugs perpetuates stigma against them.
- Addiction may be associated with criminal behavior-contributes to stigma of all addiction.

Lack of contact or experience with someone with an addiction

- Lack of experience with individuals with addiction-little or no contact with individuals with addiction.
- Fear of the unknown; individuals with addiction assumed to be unpredictable, dangerous, or criminal.

Negative portrayals of addiction and stereotypes on media and social media

- Negative representations of addiction in the local media-stories linking addiction and crime, overdose, and drug paraphernalia in public places.
- Stereotypes of addiction, misconceptions about harm reduction services spread quickly on social media.

Inaccurate beliefs about the causes and drivers of addiction

- Lack of understanding about and education on addiction.
- Addiction is not seen as a disease.
- Seen as a choice; resulting from character flaws, weakness, or moral failing.
- Resistance to scientific information that would change perspective.

Lack of anonymity in smaller communities

- Individuals with addiction experience stigma acutely in smaller communities where there is less ability for anonymity.
- Public disclosure and shaming of people with addiction on social media.

Misconceptions about how people change

- Lack of understanding of the recovery process.
- Abstinence only mindset, seeing harm reduction as enabling; relapse as failure.
- Thinking tough love, hitting rock bottom, and punishment are effective facilitators of change.

Social and community norms

- Stigma entrenched in the dominant culture.
- Social norms that normalize and glamorize substance use up to a point- expectations to be able to handle substance use.
- Ideological and political divisions- creating resistance changing opinions or listening to the other side, government, or science.

Causes and Facilitators Stigma-Level 1

Negative contact or experience with people with an addiction

People may have really suffered from other's addiction; we need to be careful not to stigmatize stigma. It is complex.

The community experiences the negative effects of substance addiction every day. It's hard not to be wary.

Lack of contact or experience with someone with an addiction

People who lack understanding often fear anyone who is different.

People tend to fear them- as if people who are on drugs are going to do something dangerous.

Inaccurate beliefs about the causes and drivers of addiction

A lot of people don't know enough about or understand SUD and have a ton of bias against it.

People must be willing to learn that their thinking is incorrect, and they are not supporting the community they live in by staying ignorant.

Misconceptions about how people change

The idea that someone must not be serious about quitting if they can't fully quit. Instead of acknowledging that relapse does happen, it does not indicate someone's desire to be free of addiction.

Drug use treated as a criminal issue instead of public health issue

If you're going to arrest people and put them in jail then you just told the rest of society that these are criminals and they need to act better, that it's not a disease.

Negative portrayals of addiction and stereotypes on media and social media

The media is a perpetuating factor for stigma –people will post news stories on a local Facebook page about people who have been involved in a drug related crime and it just takes off like fire around the community.

Lack of anonymity in smaller communities

Active substance users get shamed, and their faces plastered on social media, giving them a bad name that makes it difficult to reenter local society.

Social and community norms

We take after our parents and friends. That historical ignorance perpetuates continued hate and ignorance with people with substance use disorder.

Up to a certain point alcohol is glorified as this great thing. For someone to admit they are addicted to alcohol is to admit weakness.

Causes and Facilitators of Stigma-Level 2

Scarcity of Resources

- Competing priorities and needs for limited public resources.
- Resistance to spending limited public resources on people with an addiction.
- People with an addiction blamed for contributing to economic hardship in the community- increased homelessness, increased crime, deterioration of public spaces.
- Fear that people with visible addictions will decrease value of the community and impact property values, tourism, and business.

Addiction has become the target reason for why the community is not as economically successful as it could be and the reason for increased homelessness and crime.

Denial of addiction problem and lack of addressing root causes

- Lack of acknowledgement that addiction is a community problem.
- People don't want to see it or hear about it; visible addiction does not align with their view of the community.
- Lack of acknowledging and addressing the root drivers of addiction-poverty, trauma, mental illness, housing instability.
- Denial that there is a problem of addiction in the community beyond the visibly addicted.

So many people do not want to see it, hear about it, do not want to ruin the image of the lovely seaport town.

They judge and rant and want to ship them out and forget/ignore the root problem. They don't want to admit that drugs (and trafficking) are an issue in this community. They don't want to be a part of the solution.

Lack of access to recovery and treatment services

- Lack of availability of services, barriers to services, delays in accessing services contribute to untreated addiction and relapse that is visible in the community perpetuating stigma.

Perhaps if there were less barriers to treatment and people were readily and quickly able to access treatment, SUD would not have as much opportunity to spiral downward and create the social problems that prompt further stigmatization.

Widespread substance use, with limited resources or lack of apparent recovery in the community contributes to the ongoing stigma.

Racism and intersecting stigmas

- Addiction stigma is not just connected to drug use it is driven by underlying racism, discrimination, and prejudice of intersecting identities. It revolves around those already marginalized.
- Stigma in the community is magnified for individuals who are: visibly addicted (who can no longer hide their addiction), experiencing poverty, housing unstable, mentally ill, people of color and indigenous people, women who have lost their children, & criminal justice involved.

Race and perceived social class drive the way people respond.

With our clients there is intersection of mental health and addiction. With many they further intersect with poverty and homelessness. As a result, our client's experience a great deal of stigma in response to their addiction.

Causes and Facilitators of Stigma-Social and Community Norms Expanded

Stigma is entrenched in the dominant culture

- Belief systems around addiction and substance use have been taught from family and friends.
- The stigma is generational, taught at a young age, and ingrained in the dominant culture.
- The stigma is reinforced through social networks, media, social media, policies and systems that treat addiction as separate from other health conditions and a criminal issue.

There is a lot of generational stigma around substance use that continues to penetrate the current view of those struggling with it.

The stigma connection to law enforcement and race contributes to what continues stigma for generations.

Substance use is normalized and glamorized up to a point

- There is social acceptance of substance use to an extent.
- Substance use, partying is a way to gain social capital. There are social expectations that people will be able to handle their substance use.
- Alcohol is more accepted as a substance. Heroin and meth are more stigmatized than other substances.
- Following from this norm, addiction is seen as a personal failure and weakness where an individual let it get out of hand, or crossed the line. This contributes to people denying their own potential problem.

Assumption is that everyone has methods of escape, and everyone is expected to handle it.

There is a lot of acceptance of partying lightly (some drugs and alcohol), and then there are the ones that cross the line. Even the party crowd ostracizes them because they crossed the line. They can't handle it and they are the problem.

Ideological and political divisions create resistance to changing opinions

- Challenging to change people's opinions and views on addiction, it is learned and entrenched and tied to a person's sense of self.
- Political and social environment where parts of the population are less willing compromise and listen to the other side.
- A sub-set of the population who does not trust expertise, and is anti-government programs and safety-net.

Trying to change people's opinion, I've found over the years is the hardest thing in the world because it all starts when you're born, and you learn from your parents, and they learn from their parents.

I think we're in a stage in this country where we don't trust experts, we don't trust government programs, especially government programs.

Causes and Facilitators of Stigma-Intersecting Stigma Expanded

Addiction stigma is multiplied by intersecting social identities, health conditions, or behaviors that have stigma, prejudice, and discrimination attached to them. These intersecting identities and stigma are socially constructed and rooted in the historical, cultural, and geographic context.

Individuals experiencing poverty	Individuals who are unstably housed	Individuals who are visibly addicted	Individuals involved in the criminal justice system	Indigenous populations and racial minorities
<ul style="list-style-type: none">Poverty was frequently referenced as an intersecting stigma.Individuals who have the least resources described as experiencing more stigma. Individuals who are jobless, those with less income or education.	<ul style="list-style-type: none">Homelessness frequently referenced as and intersecting stigma.People assume those who are homeless also have an addiction and mental illness.This ties into stigma of poverty.	<ul style="list-style-type: none">People with visible addiction are one of the groups most stigmatized. Someone who shows external signs of addiction-lost job, housing unstable, and/or using substances in public, etc.Visible addiction intersects with stigma of poverty, mental illness, and housing instability.It brings community addiction problem to the forefront.	<ul style="list-style-type: none">Individuals who are incarcerated for using illegal substances or committing criminal acts are labeled “criminal.”This results in further stigmatization and structural barriers to resources needed for recovery-employment, housing, social networks.	<ul style="list-style-type: none">Non-white racial and ethnic minorities and immigrant groups in the community experience more addiction stigma.Tribal members experience more addiction stigma than others from non-indigenous populations.Underlying this stigma is racism and racial bias.
<p><i>If people have good lives [resources], they can become addicted to dangerous drugs. They can be addicted without being excluded-they have buffer.</i></p>	<p><i>The stigma of addiction and stigma of mental illness go hand in hand in Clallam County. Throw in homelessness and the person is considered a pariah.</i></p>	<p><i>The stigma comes when people cannot hide addiction anymore. Then there is a judgement towards what is visible. There is less judgement for someone who can cover it up and still function.</i></p> <p><i>When the addiction is visible, and someone is out on the street then there is an urgency to do something about it. The urgency is not to help them rather to get them out of the streets.</i></p>	<p><i>Substance use is often tied to criminal behavior which leads many to shun those individuals permanently, especially since the ramifications of criminal justice involvement can follow you for life.</i></p>	<p><i>People develop stigma of what it means when Tribal members are struggling with addiction, and they view them differently it impacts access to care, resources and health.</i></p>

Effects of Substance Addiction Stigma

Negative Effects of Stigma

Hidden addiction	Lack availability and access to care and treatment	Diminished care and treatment seeking	Social isolation	Barriers to resources and opportunities for recovery
<ul style="list-style-type: none">Stigma promotes an environment where individuals deny their substance use problem and are don't seek help.Hesitance to reveal a history of addiction and experience of recovery.	<ul style="list-style-type: none">Lack of availability of services and investment to expand services. Barriers to accessing existing services.Negative public perceptions of harm reduction strategies- opposition to establishing services (e.g., MAT treatment and sober houses).Lack of providers with training in addiction and comfort in managing it as a disease.	<ul style="list-style-type: none">Stigma is a barrier to asking for help, seeking and initiating treatment.This is driven by shame and internalized stigma, reduced anonymity, anticipated stigma and judgement from providers and community members, and negative previous experiences with providers.	<ul style="list-style-type: none">Feeling unaccepted, ostracized from community and social networks.Social isolation makes it difficult to get connected to support systems and services necessary for recovery. It increases the risk of relapse.Social isolation can exacerbate addiction and drug use and increase vulnerability to relapse.	<ul style="list-style-type: none">Stigma creates barriers to jobs, education, housing, and relationships-everything people need to succeed in recovery.This can exacerbate addiction and increase vulnerability to relapse.
<p><i>There's still a lot of people out there that are afraid to come forward and admit they've got a problem because they're afraid of retaliation by their family, their friends and their employer.</i></p>	<p><i>There is a negative perception of public programs available to help with the impact of substance use like needle exchange, safe injection, publicly funded treatment. If people know public dollars are going towards this, there is a non-acceptance and push back.</i></p>	<p><i>Patients come in with a lot of guilt, a lot of remorse ...And often what you'll hear is they've been rejected so often by the health care system, by other providers, by their family, by their friends, by their employers, that just to come through the door and ask for help is huge.</i></p>	<p><i>Stigma causes people to stay at home & isolate. That is opposite of what they should be doing.</i></p> <p><i>When people come out of rehab, they don't have support groups or friends. People expect them to be better but without a support system they may fail again.</i></p>	<p><i>A lack of resources is holding people back from recovery. For a sense of safety, we need shelter, food, etc. Why would someone stop using if it is the one thing that is making me feel safe.</i></p>

Ideas to Reduce Stigma

Ideal Future As It Relates to Addiction Stigma

<p>Understanding, acceptance, and empathy for addiction</p> <ul style="list-style-type: none"> Community understands causes and drivers of addiction. There is education and open dialogue around addiction. Community is accepting and supportive of individuals with addiction and they are assisted into recovery. Individuals with addiction seen as part of the community. 	<p>Addiction seen and treated as any other disease</p> <ul style="list-style-type: none"> Addiction is talked about and treated as any other medical condition. Individuals are not shamed for their health condition. 	<p>Individuals are comfortable admitting disease and help-seeking</p> <ul style="list-style-type: none"> People are not afraid to admit they have a problem with substance use or ask for help. People are comfortable admitting their disease, seeking help, and returning for help after relapse. Addiction and recovery are talked about openly. 	<p>Acceptance of multiple paths to recovery</p> <ul style="list-style-type: none"> Community focus is on the importance and possibility of recovery. Multiple paths of recovery are available to all people regardless of income including harm reduction, holistic forms of recovery, as well as traditional healing and medicine. Acknowledgement that there is no one right way to recover.
<p>Substance use treatment is readily available</p> <ul style="list-style-type: none"> Addiction services are readily available and easy to access when an individual is ready for treatment. There is more funding and resources dedicated to recovery services. Low barrier services are available. 	<p>Comprehensive wrap around recovery services</p> <ul style="list-style-type: none"> Recovery centers are safe stigma free spaces that offer holistic and comprehensive wrap around services. Resources needed for successful recovery are provided including housing, food, mental health, and employment opportunities. 	<p>Decriminalization</p> <ul style="list-style-type: none"> Substance use is not criminalized. All substances are legalized, regulated, and taxed. Tax revenue is used to fund treatment and recovery services. 	<p>Some respondents, however, do not see a hopeful future</p> <ul style="list-style-type: none"> Some respondents did not see a better future. They did not have hope that stigma would be reduced, or that change would happen on a large scale.

Ideal Future As It Relates to Addiction Stigma

Understanding, acceptance, and empathy for addiction

What has changed is the community understands addiction because it is regularly talked about.

We treat people with addiction with dignity & respect, replacing negative attitudes with evidence-based facts, sharing stories and speaking up when observing someone mistreated because of their drug use.

Addiction seen and treated as any other disease

There is no stigma, and that substance use disorders are treated the same way that cancer or diabetes are - as a disease, not a situation where the person has somehow 'failed.'

Individuals are comfortable admitting disease and help-seeking

There will be no shame in talking about addiction or seeking help. Addiction is talked about openly.

People would be lined up at facilities seeking help. Health care field would keep pace with increased demand and that would mean more funding.

Acceptance of multiple paths to recovery

Acceptance that there is no one right way to recover-not everyone can pull up their bootstraps and just quit some people need MAT some need holistic forms of recovery.

Substance use treatment is readily available

The process in which someone engages in recovery is simplified, when someone is ready to go into recovery there are fewer barriers to act.

Comprehensive wrap around recovery services

Medical centers become truly holistic. All basic human needs met and accepted at the door. Food, water, shelter, healthcare and acceptance.

Decriminalization

There is a lot of money to be had for treatment of drugs, alcohol and mental health if we would consider legalizing all drugs and regulating it and take revenue from it and investing in services and stigma reduction. If you had it all legal, it would take some of the stigma away.

Some respondents, however, do not see a hopeful future

I believe this has been ongoing for so long that I don't see a lot of change on a large scale. As long as we have individual prejudices and biases that people have difficulty moving through, we are going to have issues such as these.

Ideas to Reduce Stigma

Substance addiction stigma can be addressed at multiple interconnected levels-structural, social, and individual (self). Participants shared a variety of ideas to reduce stigma in the Olympic Region. Below are themes around ideas that emerged most frequently in the survey and interviews.

Strategies to address structural stigma

- **Expand peer support services:** people with lived experience as treatment coordinators, peer workers, and CHWs.
- **Expand access to care and treatment:** low barrier services, detox, harm reduction, intensive treatment, and holistic services that include housing and mental health.
- **Integration of addiction treatment and other health and social services:** more holistic addiction care and treatment services and coordination/collaboration across services.
- **Increase availability of and funding for culturally responsive care and treatment services for indigenous communities** including traditional medicine and ceremonies.
- **Decrease policing and criminalization of addiction:** utilize harm reduction frameworks in family services and criminal justice, increase de-escalation and co-responder programs, increase incarceration diversion, decriminalization of possession, and legalization of substances.

Strategies to address social stigma

- **Community education campaigns:** a variety of topics recommended- causes of addiction, role of trauma, understanding recovery, harm reduction, and community resources.
- **Personal story sharing:** by people with lived experience to increase visibility and humanization of addiction and recovery.
- **Education & training for health, social service, and law enforcement providers:** a variety of topics recommended-addiction training, trauma-informed care, harm reduction, bias, chronic pain, and history and context of the community.
- **Community conversations:** listening sessions and talking circles for open dialogue about substance use disorder and stigma to help shift social norms. Using trained facilitators at public forums and community gathering spaces.

Strategies to address self-stigma

- **Expand and spread peer support and recovery communities.**
- **Community recovery events:** public success celebrations for individuals in recovery.