Rural Addiction Internalized Stigma Education & Reduction

THE PHOENIX

RISE | RECOVER | LIVE

2021 Grant Proposal

Substance Abuse and Mental Health Services Administration
FY 2021 Building Communities of Recovery

Prepared by
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Abstract

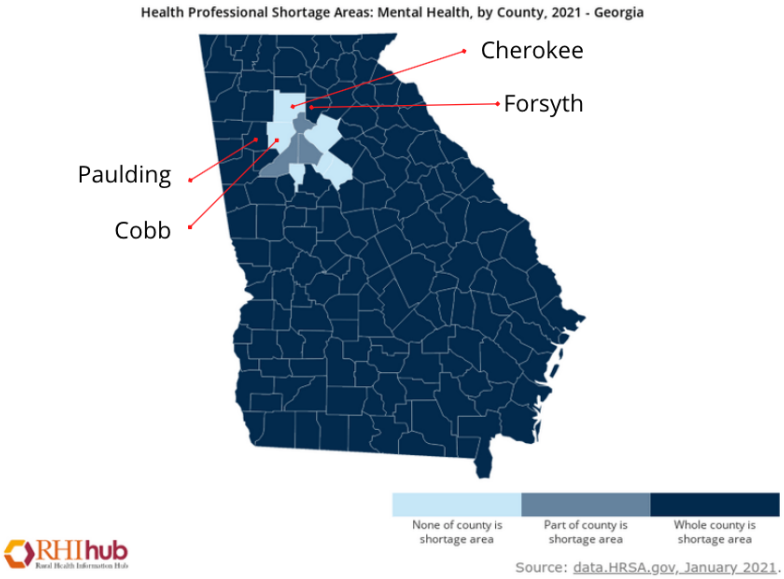
Over 67,000 drug overdose deaths occurred in the United States in 2018. The National Survey of Drug Use and Health found that 99% of Americans meeting criteria for substance abuse fail to seek treatment. This is referred to as the 'substance abuse treatment gap.' Studies have shown a primary factor that is a barrier to substance abuse treatment is stigma. Perceived social stigma by the public may often become internalized by the sufferer, where the individual becomes self-discriminatory, may question their self-worth, feel embarrassed and ashamed, and in turn adopt stigmatized stereotypes. Perceived belonging to a stigmatized group can result in physiological, psychological, and behavioral stressors and adverse health outcomes. Furthermore, women comprise approximately one third of the population affected by substance abuse issues, yet women are consistently less likely than men to utilize treatment services. Results also indicate that women are more likely to report stigma as a barrier to treatment compared with men. To address this critical need, this proposal will develop a communications campaign called RAISER, Rural Addiction Internalized Stigma Education and Reduction, to educate women about the realities of substance abuse disorder and address stigma as a barrier to treatment. This will be achieved by creating a tailored communication campaign to engage individuals suffering from substance abuse and building a restorative social network of peers in an emotionally safe environment. It is expected that RAISER participants will make connections and improve their self-perception in ways that are crucial to sustained recovery. With the results of the RAISER program a nationwide, scalable program may be developed through The Phoenix. Consequently, thousands of individuals in rural areas may remain in remission from addiction, improve their overall health outcomes, and in turn, decrease the burden of drug and alcohol related healthcare cost in the United States.

Project Narrative

Section A: Population of Focus and Statement of Need

A.1

Women comprise approximately one third of the population affected by substance abuse issues, yet women are consistently less likely than men to utilize treatment services. Results indicate that women are more likely to report stigma as a barrier to treatment compared with men (Stringer & Baker, 2015). The RAISER program will be implemented in four women's facilities in north Georgia, in comparatively rural counties. These locations are: Sheltering Grace, Cobb County, Shepherd's Rest Ministries, Paulding County, North Georgia Angel House, Cherokee County, and Family Haven, Forsyth County. Rural communities typically have less access to mental health services that urban or suburban communities (Kelley, 2019). Data from Mental Health America ranks Georgia among the worst for proportion of mental health professionals to state inhabitants. This is further compounded in rural areas, where a lack of employment opportunity, high prison population and crime, as well as a dearth of health insurance often contribute to substance abuse (Rural Health Information Hub, 2021). Drug related deaths in Georgia account for nearly as many annual deaths as car accidents (Kelley, 2019).



A.2

Living in a rural area is a risk factor for numerous poor health outcomes, such as risky sexual behavior, homelessness, and unemployment, which all may be related to substance abuse. In

addition to the lack of mental health professionals in rural counties, Georgia also has the third highest rate of hospital closings in rural communities. This gap in services can impact recovery success for those suffering from addition in many ways. The lack of infrastructure can necessitate that patients seeking treatment need to travel long distances to access service, detox facilities are not readily available, and medical personnel in rural communities may lack the necessary experience to manage addiction issues (Rural Health Information Hub, 2021). There are also potential social barriers for those who would benefit from treatment, because of the nature of small communities, there may not be the discretion of anonymity that those in larger metro areas may enjoy.

Section B: Proposed Implementation Approach

B.1

Building Community of Recovery (BCOR) funds will help The Phoenix fill this service gap in rural Georgia through the RAISER program, where we will address our two main aims. To address this critical need, we will develop a communications campaign targeted to those battling substance abuse to reduce internalized stigma and facilitate the target population in seeking out. The Phoenix's long term impact goal embodies the reduction of stigma, which will be fleshed out in RAISER for rural Georgia.

Number of unduplicated individuals to be serves with grant funds			
Year 1	**Year 2**	**Year 3**	**Total**
360	360	360	1080

B.2

Aim 1: Create a tailored communication campaign to engage individuals suffering from substance abuse disorder. The campaign will communicate to this gender minority the realities of substance abuse disorder, work to reduce perceived and internalized stigma as a barrier to seeking help and promote self-efficacy in accessing treatment and services.

Aim 2: Build a restorative social network of peers in an emotionally safe environment. Rather than propagate the harmful bias of belonging to a stigmatized group, the development of a strong social network of peers actively working on establishing stability and connection will

serve as a protective factor against the comorbidities of internalized stigma such a depression and anxiety.

We will achieve the above aims through the following objectives:

Objective #1 By the end of month three a baseline will be established about perception of stigma as a barrier to seeking treatment using the Internalized Stigma of Substance Abuse (ISSA) survey.
Activity: Survey data will be collected at each site via a Survey Monkey survey on both iPad and paper.
Indicator: Sample size calculated to be at least 350 responses. A minimum of 88 responses will be recorded at each of the four sites.

Objective #2 Promote visits to the campaign website by treatment group by 30% and maintain materials receipt by target population of at least 50%
Activity: Track website visit metrics through use of scannable QR code. Take inventory of materials taken each week.
Indicator: Website metric data at halfway point and intervention close

Objective #3 Gain attendance of at least 22 persons per week to the focus groups in the treatment sites for group discussion with representative volunteers of The Phoenix to share their experiences with substance abuse
Activity: Track attendance to weekly discussions
Indicator: 22 persons is 25% of the target number for survey response, track weekly changes in attendance.

Objective #4 Determine a statistically significant difference between arms of the study
Activity: A survey will be conducted at each of the 4 sites again, minimum of 88 responses from each site
Indicator: A statistical comparison using a T-test in SPSS between the treatment groups and control groups will be conducted after intervention end.

B.3

RAISER Program					
Treatment Group	Sheltering Grace				
	Shepherd's Rest Ministries				
Control Group	North Georgia Angel House				
	Family Haven				
Activity	**Dates**	**Responsible Party**	**Method**	**Benchmark**	**Locations**

Develop ISSA protocol	9/1/21 - 10/1/21	Program Director Program Coordinator Lead Data Analyst Program Evaluator Prevention Specialist	Determine scoring protocol, check all response options for relativity, determine method of administering as well as additional questions as required by SAMHSA for all participants regarding the data collection protocol (**Section D**)	Annual check	N/A
Determine messaging for communications strategy	9/1/21 - 11/1/21	Program Director Program Coordinator Program Evaluator Prevention Specialist	Compare to EBP for successful stigma reduction campaigns	Review at halfway mark each year and year end	N/A
Graphic Designer creates prototypes for communications materials	11/1/21 - 12/1/21	Program Director Program Coordinator Graphic Designer	Up to discretion of the Graphic designer, and reviewed by Program Coordinator and Director	Review at halfway mark each year and year end	N/A
Take baseline survey (ISSA)	12/15/21 - 1/1/22	Program Coordinator Lead Data Analyst Program Evaluator	ISSA will be administered to each participants via an iPad to a Survey Monkey survey, paper surveys will be administered in exceptional cases	Response for at least 90 participants will be captured	Sheltering Grace Shepherds Rest Ministries North Georgia Angel House Family Haven
Communication materials provided at sites	1/1/22 - 6/1/22	Program Coordinator Lead Data Analyst Program Evaluator	Posters will be hung on site, brochures will be provided for pick up weekly	Scannable QR codes to track metrics, inventory of amount of materials taken at each site each week	Sheltering Grace Shepherds Rest Ministries North Georgia Angel House Family Haven

Focus Group	1/1/22 - 6/11/22	Program Coordinator Lead Data Analyst Program Evaluator Prevention Specialist Volunteer #1 Volunteer #2	Focus group will be held for women at shelters for group discussion about mental health and substance abuse	Attendance will be recorded	Sheltering Grace Shepherds Rest Ministries
Take midpoint survey (ISSA)	4/1/22 - 4/15/22	Program Coordinator Lead Data Analyst Program Evaluator	ISSA will be administered to each participants via an iPad to a Survey Monkey survey, paper surveys will be administered in exceptional cases	Response for at least 90 participants will be captured	N/A
Take final survey (ISSA)	6/1/22 - 6/15/22	Program Coordinator Lead Data Analyst Program Evaluator	ISSA will be administered to each participants via an iPad to a Survey Monkey survey, paper surveys will be administered in exceptional cases	Response for at least 90 participants will be captured	N/A
Data analysis	6/15/22 - 8/1/22	Program Coordinator Lead Data Analyst	Quantitative data will be processed with SPSS, Qualitative data will be processed with MAXQDA	T-test to measure stigma reduction between treatment group and control group, codebook developed for qualitative themes, data triangulation	N/A
Program Evaluation	1/1/22 - 8/31/22	Program Evaluator	Evaluator will track consistency of materials delivered, inventory, focus group attendance, and data report at intervention end	Outcome evaluation	N/A

This timeline will be repeated with exact dates for Year 2 (2022-2023) and Year 3 (2023-2024).

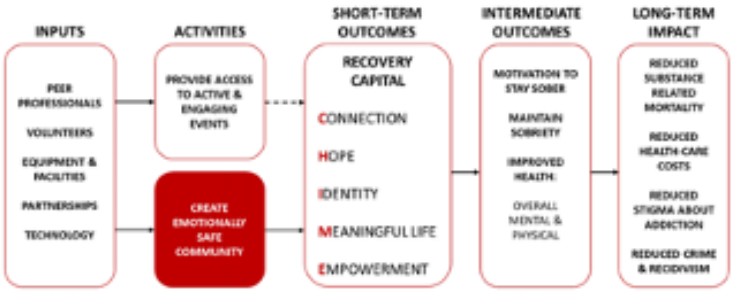
Section C: Staff and Organizational Experience

C.1

The Phoenix was founded by Scott Strode and a small group of members in 2006, with the aim to be a safe, sober active community of peers who support each other. Over the past 13 years, The Phoenix has grown from a small organization serving a small community in Boulder, CO to a national movement that has served over 40,000 individuals through its chapters nationwide. In 2018, Phoenix made significant strides towards developing a national scaling strategy by beginning to pilot different program models throughout the country, including anchor chapters in dense, urban areas such as Boston and with the onset of COVID-19, remote programming to address the needs of widespread recovery support. Remote programming has helped Phoenix expand from operating in 6 locations to 44 communities across 26 states (The Phoenix, 2021). The Phoenix is planning to move into Atlanta this year to begin programming for this target population.

Through a systematic review of nearly 100 studies on personal recovery from substance abuse, Leamy, Bird, Boutillier, Williams and Slade (2011) developed an empirically based conceptual framework. The acronymic title "CHIME," identifies five dimensions in a recovery process that are common. They are: Connectedness, Hope and optimism about the future, Identity, Meaning in life and Empowerment. CHIME serves as the conceptual framework for the Phoenix's Sober Active Community model and is used as the short-term outcomes of Phoenix community members.

The Phoenix: Logic Model



Source: The Phoenix. (2021). Retrieved February 7, 2021, from https://thephoenix.org/

The cost-matching requirement for this BCOR funding opportunity will be met with a grant offered to the Phoenix for implement RAISER from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). The grant is for $50,000.00 which exceeds the match requirement for this opportunity. The DBHDD has experience working with the target population and has an ongoing initiative, the Georgia Overdose Prevention Project (DBHDD, 2021). The Georgia Overdose Prevention Project works with Naloxone provision and the extension of the 911 Medical Amnesty Law, which prohibits prosecution of either the victim or reporter of a drug overdose. Please see **Attachment 1** for a Letter of Commitment from the DBHDD regarding this funding opportunity.

C2.

Position	Name
Project Director	Kelly A. Quinn, MPH
Program Coordinator	Vacant, to be hired within 60 days of award date
Prevention Specialist	Vacant, to be hired within 60 days of award date
Clerical Support	Vacant, to be hired within 60 days of award date
Data Lead Analyst	Vacant, to be hired within 60 days of award date
Graphic Designer	Vacant, to be hired within 60 days of award date
Program Evaluator	Vacant, to be hired within 60 days of award date

The Program Director is key staff with The Phoenix and will be dedicating 10% of their time to the project. She is a graduate of Emory University's Rollins School of Public Health with a Master of Public Health. The Project Director will provide daily oversight of the grant. She will be overseeing all implementation of the program activities, the development of materials, planning and conducting of meetings as well as coordination of internal and external affairs related to the grant. The Program Coordination will be hired specifically to run this project over the course of three years, dedicating 100% of their time. Hiring advertising will look for a candidate with either a bachelor's and 3 years of experience or an advanced degree with at least 1 year of experience. The Program Coordinator will coordinate project services and program activities. This may include training, communications, and information dissemination. They will also be responsible for maintaining relationships with site personnel as well as The Phoenix community volunteers. This is true also of the Data Lead Analyst who will be in charge

of data management including instrument development, data collection, data input and analysis. Hiring advertising will look for a candidate with either a bachelor's and 3 years of experience or an advanced degree with at least 1 year of experience. The Prevention Specialist, Clerical Support and Graphic Designer will work part-time, as needed for project support and their estimated hours and time dedicated is listed on the SAMHSA grant form. All support staff will require at least a bachelor's degree in their field and at least one year of experience.

Section D: Data Collection and Performance Measurement

During the development of the ISSA survey to determine the baseline for stigma in the target populations the key staff will edit the response items to capture the required information by SAMHSA for data collection. This includes:

- Use of illegal drugs or misused alcohol or prescription drugs during the past month;
- Employment status and/or engagement in productive activities;
- Involvement with the criminal justice system;
- Housing stability in the community; and
- Positive social connections and have experienced increased access to recovery support and other services.

The survey will be overseen by the Program Director, Program Coordinator, Lead Data Analyst, Program Evaluator and Prevention Specialist and administered by the Program Coordinator, Lead Data Analyst, and Program Evaluator. The survey will be administered three times annually, in months three, six, and nine. Data from each collection will be submitted to SAMHSA via the Performance Accountability and Reporting System (SPARS). RAISER will likewise report data regarding the attendance for the focus group discussion activities that will take place at the treatment group sites weekly. All performance measurement activities will be undertaken by the Program Evaluator and will be included in an annual report at the grant year's end as well as reported at the midway point of each grant year. Performance measurement indicators will be measured by attendance, fidelity to schedule by program personnel, inventory of communications materials and continued provision, as well as adherence to confidentiality and protection of all program participants, as accuracy of data

collection from surveys and focus group work. The Program Evaluator and Director will report all relevant program progress as well as barriers met and efforts to overcome.

Dissemination

The balance of **$1,169.00** in the DBHDD grant will be allocated for the development of simple website about the RAISER project. A web developer currently employed with the Phoenix will develop the webpage, which will be the endpoint location for all QR code scans on communications materials. The Phoenix will leverage their successful social media presence of nearly 10,000 active followers on Instagram to promote the campaign as well as provide additional resources to website and social media site visitors. The DBHDD will also promote the program and has agreed to support the results of the project to be published in a scholarly journal should the findings prove to be significant.

Sustainability

The Phoenix has a built-in suitability model because of the leveraging of nationwide partnerships. Partnerships with fitness facilities such as CrossFit, climbing gyms, and yoga studios ensure that even after RAISER ends, the program participants will be aware of the restorative community that is laid out in *Aim 2*. Hospital closures, sparse mental health professionals, and poor support infrastructure will not affect members of the Phoenix community. Furthermore, the provision of frequent, virtual programming, will allow those struggling from addiction in rural Georgia to remain connected to the restorative community that has helped so many people nationwide maintain sobriety, find pride and esteem in themselves once again, and make meaningful changes in their life and recovery process.

Limitations

An identified limitation of the program will be ensuring that the number of enrollees is met. Two areas that are identified as rural with a sparsity of mental health professionals have been chosen as have two less rural areas without a sparsity. It is our hope that this balance of the geographical catchment area will enable RAISER to meet its enrollee requirement. There is also the potential

barrier that the target population will not wish to interact with programming because of the very stigma we are hoping to reduce. Social desirability may bias the survey response data away from capturing the true burden of disease. An alternative method to measure stigma would be through anonymous survey administration, yet in that case, we may be able to achieve *Aim 1* but would miss introducing *Aim 2*, which is an integral part of the Phoenix' program model and mission statement.

Budget Justification

We are requestioning a total sum of **$200,000.00** for our proposed project RAISER: Rural Addiction Internalized Stigma Education and Reduction. The non-federal matching requirement will be met through the Georgia Department of Public Health, which will be matching **$48,831.00** to meet the requirement of $15 for every $85 dollars.

The majority of grant funds will be allocated to pay salaries for the appointed staff on the team. There will be seven positions working on this team. The Program Director is key staff with The Phoenix and will be dedicating 10% of their time to the project. The Project Director will provide daily oversight of the grant. They will be overseeing all implementation of the program activities, the development of materials, planning and conducting of meetings as well as coordination of internal and external affairs related to the grant. The Program Coordination will be hired specifically to run this project over the course of three years, dedicating 100% of their time. The Program Coordinator will coordinate project services and program activities. This may include training, communications, and information dissemination. They will also be responsible for maintaining relationships with site personnel as well as The Phoenix community volunteers. This is true also of the Data Lead Analyst and the Assistant Data Analyst who will be in charge of data management including instrument development, data collection, data input and analysis. The Prevention Specialist, Clerical Support and Graphic Designer will work part-time, as needed for project support and their estimated hours and time dedicated is listed on the SAMHSA grant form. The personnel cost per year is estimated at **$168,500.00** with a non-federal match of **$29,737.00**, resulting in a federal request of **$138,763.00**.

The fringe benefit rate is calculated at 29.65%. The rate was calculated including retirement (10%), FICA (7.65%), Social Security (6%), and insurance (6%). This totals **$49,887.00**, with a non-federal match of **$11,461.00**, resulting in a federal request of **$38,426.00.**

There are four sites that have been included in the project throughout rural Georgia. They are Sheltering Grace, Shepherd's Rest Ministries, North Georgia Angel House, and Family Haven. Sheltering Grace and Shepherd's Rest Ministries will be in the intervention arm, where

volunteers will be travelling with the Project Coordinator to engage with target population. North Georgia Angel House and Family Haven will not be receiving the intervention, only the communication materials. The Program Coordinator and two volunteers will visit the intervention sites once a week in a carpool for 36 weeks to deliver communications materials and lead group discussion. The Program Coordinator will visit the control sites once a week for 36 weeks to deliver communications materials. The Program Coordinator and Lead Data Analyst will travel to the site three times a year in a carpool to collect data. All travel will be done via car, carpooling when multiple program staff are visiting a site. We have estimated **$0.38** per mile. The roundtrip costs to Sheltering Grace for 1,794 miles is **$681.00** for 36 weeks. The roundtrip costs to Shepherd's Rest Ministries for 3,220 miles is **$1,223.00** for 36 weeks. The roundtrip costs to North Georgia Angel House for 3,900 miles is **$1,482.00** for 36 weeks. The roundtrip costs to Family Haven for 3,042 miles is **$1,156.00** for 36 weeks. The non-federal match request is **$802.00**, resulting in a total federal request for travel is **$3,740.00**.

Three laptops at **$900.00** a piece will be purchased for the Program Coordinator, the Lead Data Analyst, and the Program Evaluator. A printer will be purchased for **$300.00**. Office supplies and paper will be necessary for communication materials and all attending paperwork. We estimate this will cost about **$620.00** per year. Finally, three MAXQDA subscriptions will be purchases for **$700.00** per year for each the Program Coordinator, Lead Data Analyst and Assistant Data Analyst to analyze all qualitative data from the surveys measuring stigma and the hypothesized reduction. Finally, we will be purchasing an iPad to record survey data at **$329.**00 and an SPSS subscription to process quantitative data for **$1,290.**00. Total supply costs per year are estimated at **$7,339.00,** with a non-federal match of **$1,303.00**, resulting in a federal request of **$6,036.00**.

We are requesting a de minimus rate of **10%** of all direct salaries and wages, fringe benefits, materials and supplies, and travel expenses until such a time that we choose to re-negotiate a different rate. This totals, at this time, **$18,563.00**, with a non-federal match of **$5,528.00**, resulting in a federal request of **$13,035.00**.

Budget Summary

	Year 1		Year 2		Year 3	
Budget Category	**FEDERAL REQUEST**	**NON-FEDERAL MATCH**	**FEDERAL REQUEST**	**NON-FEDERAL MATCH**	**FEDERAL REQUEST**	**NON-FEDERAL MATCH**
A. Personnel	$138,763	$29,737	$138,763	$29,737	$138,763	$29,737
B. Fringe Benefits	$38,426	$11,461	$38,426	$11,461	$38,426	$11,461
C. Travel	$3,740	$802	$3,740	$802	$3,740	$802
D. Equipment	$0	$0	$0	$0	$0	$0
E. Supplies	$6,036	$1,303	$6,036	$1,303	$6,036	$1,303
F. Contractual	$0	$0	$0	$0	$0	$0
G. Construction	$0	$0	$0	$0	$0	$0
H. Other	$0	$0	$0	$0	$0	$0
I. Total Direct Charges (A-H)	$186,965	$43,303	$186,965	$43,303	$186,965	$43,303
J. Indirect Charges	$13,035	$5528	$13,035	$5528	$13,035	$5528
K. Total Project Costs (I-J)	**$200,000**	**$48,831**	**$200,000**	**$48,831**	**$200,000**	**$48,831**

The total project cost for the span of three years is **$600,000.00**.

Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

1. *Protect Clients and Staff from Potential Risks*
   1.1 There are little to no overall foreseeable physical, medical or legal risks that we have identified for this program. We do recognize that addiction and substance abuse disorder and the attending stigma that is being targeting by RAISER may create psychological or social adverse effects. As we are asking the participants to self-report on their physical and mental well-being, there is a small chance that these questions may be upsetting to the respondent.
   1.2 We have identified little to no potential risk to the staff. We will ask the staff not to engage in any physical tasks which may put them in harm's way no share any direct personal contact information with any of the participants including (but not limited to) their home address, personal email, personal cell or phone information.
   1.3 Our program has hired a prevention specialist and our program director is an MPH, both are trained advise on programs involving human subjects and participants. To ensure that participants are protected from any potential adverse effects, we have ensured to the best of our ability that their confidentiality is protected. We have also included a voluntary consent form for each participant that explicitly states that they are welcome to discontinue involvement with RAISER at any time. The participants are also welcome to refuse any answer to a question that they are uncomfortable with.
   1.4 We will work with each facilities case managers if such an issue should arise with any of the participants. Should any of the staff suffer an adverse impact in anyway, they are extended insurance through fringe benefits in the budget plan. Identifying information from any of the participants will be kept separately from their survey response questions. The records will be linked to each participants through a unique identifier and the information used to link records with identifying information will be stored in a password secured digital file only accessible to program staff. Any references to either names or identifying information used in the qualitative data analysis will be eliminated.

2. *Fair Selection of Participants*
   2.1 Participants will be recruited through convenience sampling. The recruitment of participants will take place at each of the four locations. We will also use snowball sampling on site, once a participants has agreed to participate, we will instruct them on how to recruit other participants that meet the inclusion criteria.
   2.2 Exclusion criteria for the program will be minors under the age of 18, unless there is provided the written consent of a parent or guardian for participants aged 16-18. RAISER is also targeting women, so the program will exclude those who identify as 'male.' They survey has not been adapted to other languages, and thus will exclude any non-English speaking participants.

3. *Absence of Coercion*
   3.1 There is no incentive for participation in the program.

3.2 Participants will receive information on how they may receive services even if they chose to not participate in or complete the data collection component of the project. This information will be readily available upon request at each location whether or not an individual wished to answer the survey data or attend RAISER group discussions.

4. *Data Collection*
   4.1 Data will be collected from each participant that takes the ISSA survey adapted for the RAISER program.
   4.2 The data collection procedure will be a survey. There will be an iPad available on site to record participant responses as well as paper surveys. Paper surveys will be transferred to the electronic database by the Lead Data Analyst. Confidentiality will be protected as outlined in section 1.4 **or** 5.1.
   4.3 Please see **Attachment 2** for the "Data Collection Instrument/Adapted ISSA Survey."

5. *Privacy and Confidentiality*
   5.1 Identifying information from any of the participants will be kept separately from their survey response questions. The records will be linked to each participants through a unique identifier and the information used to link records with identifying information will be stored in a password secured digital file only accessible to program staff. Any references to either names or identifying information used in the qualitative data analysis will be eliminated.
   5.2 Recipients will maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. *Adequate Consent Procedures*
   6.1 Please see **Attachment 3** for "Sample Consent Forms." These include:
   (1) informed consent for participation in service intervention;
   (2) informed consent for participation in the data collection component of the project;
   and (3) informed consent for the exchange (releasing or requesting) of confidential information.
   6.2 Special attention will be extended to participants over the age of 60 should they require assistance in providing consent as well as those who have limited reading skills or literacy levels. We will do this by:
   (1) Reading the consent forms aloud;
   (2) Asking prospective participants questions to be sure they understand informed consent
   (3) Providing copies of what is signed;
   6.3 Participants aged 16-18 will be provided consent forms and we will also require consent forms of a parent or guardian for their participation.
   6.4 Non-English speakers are excluded from this program.

7. *Risk/Benefit Discussion*

7.1 We believe that the minimal risks identified in Section 1 are reasonable given the benefits that participants will receive. Participation may build personal resilience as internalized stigma is reduced through RAISER's program model and community building. Education and awareness of addiction and internalized stigma may help participants in becoming willing to seek beneficial treatment for their conditions. A critical foundation to sustained sobriety is finding a recovery support network. Within this network individuals may learn about the recovery process by sharing strength and hope and through their own lived experiences. The internal stigmatization that comes from substance abuse poses an obstacle in discovering or establishing this supportive network. It is our goal that through the CHIME components, the long-term impact for participants would be a reduction of internalized stigma.

Resources

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