THE ROAD HOME: HOW SUSAN ULMER ADDICTION SERVICES SUPPORTS FAMILY REUNIFICATION IN SASKATCHEWAN, CANADA

Nicholas Chielotam Akas, PhD
Senior Research Fellow, Center for Socially Engaged Theater,
University of Regina, Regina, Canada
Email: akasdancescholar@gmail.com

Abstract
Addiction can have significant consequences for individuals and families, including homelessness, disrupted family relationships, and separation between parents and their children. Despite these consequences, individuals experiencing substance use challenges should not be shown solely by their addiction, as appropriate recovery support can provide opportunities for personal change, sustained recovery, and the rebuilding of family relationships. Against this background, this study uses a conceptual and practice-based approach informed by professional observations at Susan Ulmer Addiction Services in Fort Qu'Appelle, Saskatchewan, to examine addiction recovery and family reunification. Specifically, the paper explores the following: (a) how recovery services may support individuals in developing greater self-awareness and commitment to sobriety; (b) how recovery and personal change may contribute to family reunification; and (c) the experiences and challenges of children affected by parental substance use. Drawing on professional observations and contemporary peer-reviewed literature, this study proposes Nicholas Akas' 3W Framework for Positive Change: Who, When, and What as a practice-informed conceptual framework for understanding personal change in the context of recovery and potential family reunification. The framework considers who is seeking change, when substance-use patterns and recognition of the need for change emerge, and what may need to change to support sustainable recovery. Recovery extends beyond abstinence and may involve personal, behavioral, relational, and environmental changes. Family reunification may be an important recovery-oriented goal, contingent on sustained recovery, family circumstances, safety, rebuilding trust, and appropriate professional and social support.
Keywords: addiction recovery, family reunification, parental substance use, practice-based research, recovery capital, Saskatchewan, 3W Framework

Introduction

The term "addiction" can elicit different reactions, particularly among those who have not personally experienced substance dependence. Addiction is commonly associated with misuse of drugs or alcohol; however, in its broader sense, addiction extends beyond the mere use of substances. It involves persistent behavioral patterns that can become difficult to control despite harmful consequences. Addiction primarily refers to problematic dependence on drugs, alcohol, and other harmful substances.

Substance use has significant physical, psychological, behavioral, and social consequences for individuals and their families. McGovern et al. (2023) demonstrated that parental substance use is linked to adverse mental health and behavioral outcomes in children. Similarly, Anderson et al. (2023) found associations between parental drug use disorders and psychological and substance use problems among young people. These findings show that addiction can affect the family system.

Individuals may initially use substances to seek relief, pleasure, or escape from difficult emotions and circumstances. However, relying on substances as a coping mechanism can contribute to ongoing psychological, behavioral, and social difficulties. Substance use can create additional challenges that affect health, relationships, parenting, employment, and stability rather than solving the underlying problem.

The consequences of addiction include stigma, shame, social exclusion, and barriers to treatment. Galanis et al. (2025) and Spata et al. (2024) examined stigma and discrimination in the experiences of individuals with substance use problems. These experiences can further complicate recovery by discouraging people from seeking help or engaging in treatment.

Recovery can involve rebuilding personal strengths, social relationships, community connections, and other forms of capital (Best & Hennessy, 2022). Integrated interventions that address substance use alongside parenting, mental health, child well-being, and other family needs may improve outcomes (Eggins et al., 2024). Therefore, this study examines recovery, family relationships, separation, and the potential for reunification within the context of Susan Ulmer Addiction Services.

Methodology

Conceptual and Practice-Based Approaches

This study adopts a conceptual and practice-based approach. Rather than presenting findings from a formal empirical study with recruited participants, it draws on professional observations and practice-based reflections developed through the author's engagement with an addiction service. The discussion connects

practical observations with peer-reviewed scholarship on substance use, recovery, personal change, and family relationships. It does not establish causal relationships or make statistical generalizations about service recipients.

Practice context and professional observations

The author's professional experiences at Susan Ulmer Addiction Services informed the consideration of substance use, challenges in maintaining recovery, personal and behavioral change, environmental and social pressures, family disruption, and aspirations to rebuild relationships. These observations identify broader conceptual patterns; they are not systematically collected client data, empirical findings on individual participants, or representative accounts of all service recipients.

Development of Nicholas Akas' 3W Framework for Positive Change

Nicholas Akas' 3W Framework for Positive Change (Who, When, and What) emerged from professional observation and reflection. Who invites the person seeking recovery to consider their identity, strengths, needs, and goals. When prompts exploration of the development of substance-use patterns, the surrounding circumstances, and the need for change. It identifies the actions, relationships, resources, and environmental changes that might support recovery. These are connected questions for reflective practice, not a fixed sequence of treatment stages or a prediction that reunification will occur. Existing literature informs the framework's components; it does not establish that the 3W framework was developed or validated.

Professional observations raised the questions this paper addresses, and scholarship helps examine and refine them. The author's role within a single service environment shapes the interpretation. Future research could examine how people in recovery and practitioners understand and use these questions across settings.

This study presents no identifiable client information, individual case studies, or systematically collected client data. Given the sensitivity of addiction, family relationships, and involvement in child welfare, professional experiences are discussed at a general level to protect privacy and dignity. Before submission, organizational descriptions and observations should be reviewed to ensure compliance with applicable workplace confidentiality and publication requirements.

Addiction and Its Effects on Children's Health

Families may face emotional, social, and behavioral challenges when a member's substance use becomes problematic. Farst and Kellogg (2025) examined the effects of parental substance misuse across developmental stages and the roles of risk and protective factors. Children may be particularly vulnerable to changes in family relationships, parental availability, stability, and emotional support. Joyce et al. (2025) examined how maternal substance use disorders affect family functioning and child mental health. Parents with substance use disorders may struggle to remain emotionally and physically present. In qualitative interviews, mothers described the challenges of being fully present as parents and the perceived effects of their substance use on their children (Smith et al., 2025). These difficulties are possible, not inevitable, for every child.

A. Anger and behavioral difficulties

Family instability, inconsistent parenting, conflict, and stress may affect emotional development. In a Swedish population-based cohort, Manhica et al. (2024) found that parental substance use disorder during childhood and adolescence was associated with psychiatric conditions in offspring, including externalizing disorders, when behavioral difficulties are considered within the broader developmental context.

B. Hostile or aggressive language

Children repeatedly exposed to yelling, insults, or hostile expressions may replicate the communication patterns they observe. Research links negative family expressiveness to externalizing problems in young people (Li et al., 2024). This evidence concerns family emotional expression; it does not establish that parental substance use itself causes children to use abusive language.

C. Later Substance Use Problems

Parental substance-use disorders may increase later vulnerability. Imitation alone cannot explain this relationship; genetic, psychological, family, peer, and environmental factors may also contribute. Manhica et al. (2024) found that offspring exposed to parental substance-use disorders had an elevated risk of developing substance-use disorders later. Early support for children and their families may help mitigate these risks.

D. Depression and other emotional difficulties

Children may experience sadness, anxiety, withdrawal, or insecurity, particularly when substance use is accompanied by neglect, violence, unstable caregiving, or separation. Manhica et al. (2024) reported associations with later psychiatric conditions, whereas Joyce et al. (2025) examined links among maternal treatment, family functioning, and child mental health outcomes. Depression is a possible outcome shaped by multiple factors, not an automatic consequence. Protective relationships, stable caregiving, appropriate treatment, and family-focused interventions can improve outcomes for parents and children.

Environmental and Social Pressure

Environmental and social conditions can contribute to the initiation and continuation of substance use. Lin et al. (2024) identified peer networks, neighborhood conditions, unemployment, trauma, and housing instability as factors associated with substance-use trajectories. These factors increase risk but are not universal causes.

A. Homelessness

People without stable housing may face limited safety, reduced access to treatment, diminished social support, and increased exposure to substance-related harms. O'Shaughnessy et al. (2024) identified housing stability as a key foundation for recovery among service users with substance use disorder. Homelessness interacts with broader structural conditions and should not be reduced to individual failure.

Peer networks may also influence substance use. Valente et al. (2025) found that adolescents' exposure to friends' substance use was associated with their own use, whereas Lin et al. (2024) identified negative peer influence across stages of substance use. Apply these adolescent findings cautiously to adult service participants.

B. Vulnerability

Trauma, violence, rejection, loneliness, unstable housing, and other stressors may increase vulnerability to substance use as a coping strategy. Lin et al. (2024) identified trauma and violence as escalation determinants. Individual circumstances and structural conditions interact in ways that vary across individuals.

C. The Need to Accept

Within groups where substance use is normalized, the desire to belong may shape behavior. Evidence from adolescent networks links peer exposure and perceived norms to substance use (Valente et al., 2025). In the author's practice-based interpretation, recovery may also involve building supportive relationships and reducing exposure to social settings that reinforce substance use.

D. The Desire to Try New Things

Although curiosity and experimentation may accompany initiation, experimentation does not necessarily lead to addiction. Repeated exposure in social settings where use is normalized can increase risk (Lin et al., 2024). Prevention and recovery should address housing, trauma, relationships, and other social determinants.

Ideology of Family Reunification at Susan Ulmer Addiction Services

Family reunification may be an important goal for some participants in recovery at Susan Ulmer Addiction Services. In the author's practice observations, participants sometimes link recovery to the hope of rebuilding relationships with their children and extended families. In some cases, substance use co-occurs with family disruption and child welfare involvement. These observations do not show that all participants seek reunification or that the service produced specific reunification outcomes.

In this study, family reunification is understood as a process in which participants pursue recovery, acknowledge the consequences of problematic substance use, and work toward meaningful, sustainable personal and relational change. Therefore, family reunification should not be reduced to merely bringing family members together. Instead, it may involve sustained recovery, accountability, rebuilding trust, behavioral change, and building the capacity to sustain healthier family relationships.

Akas argues that personal change can help rebuild family relationships. The shorthand "You → Change → Family" captures this idea while acknowledging that family members, counselors, outreach workers, communities, and child welfare professionals also shape what support and safe contact are possible. The individual's effort matters, but reunification cannot depend solely on individual motivation or take precedence over a child's well-being.

Contemporary research supports this position, showing that recovery involves processes that extend beyond the cessation of substance use. Jadovich et al. (2024) conceptualize recovery capital as comprising human, physical, social, and community resources. They found that both treatment and non-clinical pathways contributed to developing and maintaining these resources among women receiving treatment for substance use disorder. Their findings also indicate that treatment goals and expectations can motivate the development of recovery resources. Similarly, Ayhan et al. (2024) examined the relationships among internalized stigma, readiness to change, treatment eagerness, and recovery among individuals with substance use disorder, highlighting the importance of psychological and motivational processes in recovery.

Building on this understanding of personal change, Akas proposes the 3W Framework for Positive Change: Who, When, and What. The framework offers three interconnected questions to support an individual's movement from problematic substance use toward recovery and potential family reunification.

A. WHO: Who seeks change?

The first component of Nicholas Akas' 3W Framework focuses on individuals experiencing substance-use challenges. At Susan Ulmer Addiction Services, we refer to individuals receiving services as participants. Participants may have experienced challenges with various substances or with alcohol at different points in their lives.

Within the framework, this represents the "You" identified earlier and recognizes the individual as an essential participant in the recovery process. Although treatment providers, families, peers, and communities may provide valuable support, recovery also involves the individual's growing self-understanding, identity, strengths, needs, and aspirations.

Research underscores the importance of identity in substance use recovery. Lancaster et al. (2025) conducted a daily diary study of 91 individuals and found that a stronger recovery identity was linked to greater day-to-day meaningfulness. These findings help explain why the Who question may be useful, even though the 3W Framework was not tested.

Therefore, the following questions arise: Who am I now, whom do I want to become, and who is the person seeking recovery?

B. WHEN: When did the pattern develop, and when did the need for change become apparent?

The second component of the framework examines the circumstances surrounding the development and continuation of substance use rather than assuming that every substance use problem has a single identifiable cause. WHEN encourages examining when substance use began, when it became problematic, what circumstances surrounded its development, and when the need for change arose.

Based on observations relevant to the present study, contributing circumstances may include difficulty managing stress, social or peer influences, relationship conflict, communication difficulties between partners, anger management challenges, financial pressures, unstable living circumstances, trauma, or other significant life stressors. These factors should not necessarily be interpreted as direct causes of addiction; rather, they may interact with individual vulnerabilities to shape patterns of substance use.

Ford et al. (2025) examined readiness to change in a mixed-methods study of 472 people who injected drugs. Participants described social support, established routines, employment, parenthood, incarceration, and nonfatal overdose as relevant to change. These findings contextualize the When question by illustrating how motivation develops within life circumstances; however, they do not validate the proposed framework.

Consequently, the When component does not merely ask, "When did you begin using substances?" It asks: When did substance use begin? When did it become problematic? What was happening in the individual's life at that time? When did the individual recognize the consequences of the pattern, and when did the desire to change emerge?

Understanding these circumstances may help participants and practitioners identify patterns, vulnerabilities, potential turning points, and areas needing intervention.

C. WHAT: What needs to be changed?

The third component marks the transition from understanding the substance-use problem to identifying ROAs. Participants considered the behavioral, psychological, relational, environmental, and social changes required to support sustainable recovery.

Here, the desire for change meets action. Potential changes include developing healthier coping strategies, strengthening emotional regulation, altering substance-related social environments, rebuilding supportive relationships, consistently engaging in treatment, establishing stable daily routines, strengthening recovery-supportive networks, addressing practical barriers, and accepting greater responsibility for personal and family obligations.

Jadovich et al. (2024) provided particularly relevant support for this component. Their qualitative study of women enrolled in substance-use-disorder treatment found that recovery capital developed across human, physical, social, and community domains. Importantly, improvements in one domain could interact with and facilitate improvements in others. Their findings reinforce the argument that sustainable recovery can involve broader personal and environmental transformation rather than simply discontinuing substance use.

Similarly, Ford et al. (2025) found that participants' experiences of changing substance-use patterns involved broader shifts in established lifestyles and routines. Ayhan et al. (2024) also demonstrated the relevance of readiness to change and eagerness for treatment in treating substance use disorders. Taken together, these studies support the proposition that recovery-oriented change involves interacting psychological, behavioral, social, and environmental processes.

Therefore, it asks: What must I change, what resources do I need, what actions must I take, and what must be sustained to keep recovery moving forward?

Nicholas Akas' 3W Framework for Positive Change

WHO → WHEN → WHAT → RECOVERY SUPPORT → POSSIBLE FAMILY REUNIFICATION

The 3W Framework brings together three strands of recovery scholarship into a practical set of practice questions. Who creates space for identity and personal goals, informed by research on recovery identity (Lancaster et al., 2025)? It situates changing motivation within the person's life circumstances rather than treating readiness as a single decision (Ayhan et al., 2024; Ford et al., 2025). This shifts reflection toward practical support and resources, consistent with research on recovery capital (Jadovich et al., 2024). The framework does not replace established concepts. Its value lies in connecting them in a conversation that can identify a person's priorities and possible next steps. Whether it improves practice or outcomes remains a question for future research.

Component	Guiding Question	Supporting Literature	Practice Application
Who	Who seeks change?	Lancaster et al. (2025) — recovery identity	Reflecting on identity, strengths, needs, and goals
When	When did the pattern develop, and when did the need for change emerge?	Ford et al. (2025) and Ayhan et al. (2024) readiness to change	Examining circumstances, triggers, and turning points
What	What needs to be changed?	Jadovich et al. (2024)	Identifying behavioral, relational, and environmental actions

Table 1. Nicholas Akas' 3W Framework for Positive Change: Components, questions, literature, and application

Illustration of Hypothetical Practice

Consider a fictional parent who says they want to reconnect with their child while recovering from substance use. This invites the practitioner to ask how the parent understands themselves, what strengths they recognize, and what kind of parent they hope to be. It also invites reflection on the development of substance use and family separation, when the parent first noticed a need to change, and what circumstances now heighten vulnerability.

The discussion then turns to concrete next steps: treatment, safer coping strategies, stable housing, supportive relationships, and, where appropriate, parenting support. These steps could inform an individualized recovery plan. However, they would not, in themselves, establish readiness for reunification; child safety, the child's needs and views, family relationships, and relevant professional or legal decisions require separate assessment. This illustration contains no client information and makes no claims about program outcomes.

Although family reunification may be a meaningful goal, it is neither an automatic result of abstinence nor an appropriate outcome for every family. Decisions about contact or reunification must take into account the family's views and safety, family circumstances, sustained support, and any applicable child welfare requirements. The 3W questions can inform reflection and planning; however, they cannot determine those decisions.

A Brief History of Susan Ulmer's Addiction Services

Susan Ulmer founded Susan Ulmer Addiction Services to provide addiction support that helps people work toward recovery while maintaining responsibilities such as work, school, and family care. The organization offers compassionate, confidential support and treatment tailored to individual needs. Its website lists locations in Regina and Fort Qu'Appelle, Saskatchewan (Susan Ulmer Addiction Services, n.d.-a).

Programs at Susan Ulmer Addiction Services designed to support family reunification beyond addiction

The organization's published information outlines relapse prevention, while the following descriptions of parenting activities and the Men's Group are based on the author's observations in general practice. AA and NA are independent peer fellowships that may be part of a participant's broader support network. The 3W framework provides a way to reflect on these activities.

A. Prevention of Relapse

Relapse prevention helps participants identify personal triggers and develop strategies for responding to them. Relapses can occur during recovery, but they are neither inevitable nor proof that a person has rejected change. Assignments and reflection may help participants practice these strategies and monitor progress. The organization describes its service as addressing triggers that could lead to relapse (Susan Ulmer Addiction Services, n.d.-b).

B. Parenting

In the author's observational practice, parenting activities prompt participants to reflect on caregiving, communication, and their relationships with their children. Family separation, difficult childhood experiences, and environmental stressors may also affect these relationships.

C. Men's group

In the author's practice observations, Men's Group offers opportunities to discuss relationships, parenting, and children's development. Participants may consider how to support their partners and children and the effects of their actions on family well-being.

D. AA and NA

AA, Alcoholics Anonymous; NA, Narcotics Anonymous. In the author's observations, meetings of these peer fellowships are part of the recovery-support environment. Members share experiences and support one another; peer meetings should be distinguished from clinical treatment delivered by Susan Ulmer Addiction Services. The author observed an evening meeting that began at approximately 7:00 p.m. and interpreted that timing as an opportunity to connect and reflect at the end of the day. Meeting arrangements may vary.

Together, these activities may support recovery, parenting, and family relationships, while each participant's progress and circumstances remain unique. Reunification also depends on the child's safety, family preferences, and any applicable child welfare decisions.

Limitations

This study has several limitations. It relies on professional observations at a single organization rather than systematically collected data; therefore, the patterns discussed reflect the author's interpretive lens and may not generalize to other services, regions, or populations. No participants were formally recruited, no outcome data were collected, and the 3W Framework itself has not been empirically tested or validated. Rather than a proven intervention model, it contributes conceptually, offering a practice-informed way to organize reflection. The hypothetical illustration shows how the framework might be applied and is not evidence of program effectiveness. Future research needs structured data collection, participant or practitioner feedback, and cross-setting comparisons to assess the framework's usefulness in practice.

Conclusion

This practice-based paper proposes the Who–When–What framework to link identity reflection, the timing and circumstances of substance use and change, and practical recovery support. Observations at Susan Ulmer Addiction Services suggest that family relationships may matter in recovery, and the literature provides context for the framework's components. Safe and supported reunification may be a goal; for others, alternative forms of contact or support may be appropriate. Future research should examine whether the 3W questions are useful to participants and practitioners and how they might inform family-centered practice.

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