

**BEYOND ADDICTION: THE QUEST FOR FAMILY
REUNIFICATION—A PRACTICE-BASED
EXAMINATION OF SUSAN ULMER ADDICTION
SERVICES IN CANADA**

Nicholas Chielotam Akas, PhD

Senior Research Fellow, Center for Socially Engaged
Theatre (C-SET), University of Regina, Canada

Email: akasdancescholar@gmail.com

Abstract

Addiction can have significant consequences for individuals and families, including homelessness, disrupted family relationships, and, in some cases, separation between parents and their children. Despite these consequences, individuals experiencing substance-use challenges should not be defined 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 paper 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: (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, the paper 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 change. Family reunification may be an important recovery-oriented goal, contingent on sustained recovery, family circumstances, safety, rebuilding trust, and appropriate professional and social supports.

Introduction

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

Substance use can have significant physical, psychological, behavioral, and social consequences for individuals and their families. McGovern et al. (2023) demonstrate that parental substance use is associated

with 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 suggest that addiction can affect the broader 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 may contribute to ongoing psychological, behavioral, and social difficulties. Rather than resolving the underlying problem, substance use may create additional challenges that affect health, relationships, parenting, employment, and stability.

The consequences of addiction can extend to stigma, shame, social exclusion, and barriers to treatment. Galanis et al. (2025) and Spata et al. (2024) discuss stigma and discrimination in the experiences of people with substance-use problems. Such experiences may further complicate recovery by discouraging people from seeking assistance or participating in treatment.

Recovery can involve rebuilding personal strengths, social relationships, community connections, and other forms of recovery 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). This paper therefore examines recovery, family relationships, separation, and the possibility of

reunification in the context of Susan Ulmer Addiction Services.

Methodology

Conceptual and Practice-Based Approach

This paper 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 environment. 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 people receiving services.

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 about individual participants, or a representative account 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 identity, strengths, needs, and goals. When explores the development of substance-use patterns, the circumstances surrounding them, and the need for change. What 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 earlier researchers developed or validated the 3W framework.

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

This paper presents no identifiable client information, individual case studies, or systematically collected client data. Given the sensitivity of addiction, family relationships, and child welfare involvement, professional experiences are discussed at a general level to protect privacy and dignity. Organizational descriptions and observations should be reviewed for

any applicable workplace confidentiality and publication requirements before submission.

Addiction and Its Effects on Children

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

A. Anger and Behavioral Difficulties

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

B. Hostile or Aggressive Language

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

C. Later Substance-Use Problems

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

D. Depression and Other Emotional Difficulties

Children may experience sadness, anxiety, withdrawal, or insecurity, especially when substance use is accompanied by neglect, violence, unstable caregiving, or separation. Manhica et al. (2024) report associations with later psychiatric conditions, while Joyce et al. (2025) examine 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) identify 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, access to treatment, and social support, along with greater exposure to substance-related harms. O'Shaughnessy et al. (2024) identify housing stability as an important foundation for recovery among homeless service users with substance use disorder. Homelessness interacts with broader structural conditions; it should not be reduced to individual failure.

Peer networks may also influence use. Valente et al. (2025) found relationships between adolescents' exposure to friends' substance use and their own use, while Lin et al. (2024) identify 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 using substances as a coping strategy. Lin et al. (2024) identify

trauma and violence as determinants of escalation. Individual circumstances and structural conditions interact in ways that vary across people.

C. The Need to Feel Accepted

Within groups where substance use is normalized, a desire for belonging may influence behavior. Evidence on 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

Curiosity and experimentation may accompany initiation, though 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.

The 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 connect recovery with hopes of rebuilding relationships with their children and wider families. Substance use may coexist with family disruption and, in some circumstances, child welfare involvement. These observations are not evidence that

all participants seek reunification or that the service has produced particular reunification outcomes.

Within the context of this study, family reunification can be 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. Family reunification, therefore, should not be understood simply as physically bringing family members together. Rather, it may involve sustained recovery, accountability, rebuilding trust, behavioral change, and developing the capacity to maintain healthier family relationships.

In this paper, Akas argues that personal change can help rebuild family relationships. The shorthand “You → Change → Family” expresses that idea, while recognizing that family members, counselors, outreach workers, communities, and child welfare professionals also shape what support and safe contact are possible. The person’s effort matters, but reunification cannot depend on individual motivation alone or supersede a child’s well-being.

This position is supported by contemporary research demonstrating that recovery involves processes that extend beyond the cessation of substance use. Jadovich et al. (2024), for example, conceptualize recovery capital as comprising human, physical, social, and community resources and found that both treatment and non-clinical pathways contributed to the development and maintenance of these resources among women receiving treatment for substance use disorder. Their findings also

show that treatment goals and expectations can motivate the development of recovery resources. Similarly, Ayhan et al. (2024) examined relationships among internalized stigma, readiness to change, treatment eagerness, and recovery among individuals with substance use disorder, illustrating the importance of psychological and motivational processes within recovery.

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

A. WHO: Who is the person seeking change?

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

Within the framework, this represents the "You" identified earlier. It 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 understanding of self, identity, strengths, needs, and aspirations.

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

Therefore, the questions are: 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 an examination of when substance use began, when it became problematic, what circumstances surrounded its development, and when the individual began recognizing the need for change.

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 and influence substance-use patterns.

Ford et al. (2025) examined readiness to change in a mixed-methods study of 472 people who inject drugs. Participants described social support, established routines, employment, parenthood, incarceration, and non-fatal overdose as relevant to change. These findings contextualize the When question by showing how motivation develops within life circumstances; 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 during that period? 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 requiring intervention.

C. WHAT: What needs to change?

The third component represents the transition from understanding the substance-use problem to identifying recovery-oriented action. It asks participants to consider the behavioral, psychological, relational, environmental, and social changes needed to support sustainable recovery.

This is where the desire for change connects with action. Potential changes may include developing healthier coping strategies, strengthening emotional regulation,

altering substance-related social environments, rebuilding supportive relationships, engaging consistently 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) provide particularly relevant support for this component. Their qualitative study of women enrolled in substance-use-disorder treatment found that recovery capital developed across interconnected 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 changes to established lifestyles and routines. Ayhan et al. (2024) also demonstrate the relevance of readiness to change and treatment eagerness within substance-use-disorder treatment. 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?

Nicholas Akas’ 3W Framework for Positive Change

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

The 3W Framework brings three strands of recovery scholarship into a usable set of practice questions. Who makes space for identity and personal goals, informed by research on recovery identity (Lancaster et al., 2025). It locates 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 turns reflection toward practical supports and resources, consistent with recovery-capital research (Jadovich et al., 2024). The framework does not replace these established concepts. Its proposed value is to connect 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 is the person seeking change?	Lancaster et al. (2025) — recovery identity	Reflecting on identity, strengths, needs, and goals
When	When did the pattern develop, and when	Ford et al. (2025); Ayhan et al. (2024) — readiness to	Examining circumstances, triggers, and turning points

	did the change need for change emerge?		
What	What needs to change?	Jadovich et al. (2024) — recovery capital	Identifying behavioral, relational, and environmental actions

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

Hypothetical Practice Illustration

Consider a fictional parent who says they want to reconnect with their child while working on substance-use recovery. This invites the practitioner to ask how the parent understands themselves, what strengths they recognize, and what kind of parent they hope to be. When invites reflection on how substance use and family separation developed, when the parent noticed a need for change, and what circumstances increase vulnerability now.

The discussion then moves to concrete steps: treatment engagement, safer coping strategies, stable housing, supportive relationships, and parenting support where appropriate. These steps could inform an individualized recovery plan. They would not 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 claim about program outcomes.

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

Brief History of Susan Ulmer Addiction Services

Susan Ulmer founded Susan Ulmer Addiction Services to provide addiction support that enables people to work toward recovery while continuing 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 Designed to Support Family Reunification Beyond Addiction at Susan Ulmer Addiction Services

The organization's published information describes relapse prevention, while the descriptions of parenting activities and Men's Group below come from the author's general practice observations. AA and NA are independent peer fellowships that may be part of a

participant's broader support environment. The 3W framework offers a way to reflect on these activities.

A. Relapse Prevention

Relapse Prevention helps participants identify personal triggers and develop strategies for responding to them. Relapse is possible during recovery but 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 practice observations, parenting activities invite participants to reflect on caregiving, communication, and 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 provides opportunities to discuss relationships, parenting, and children's development. Participants may consider support for partners and children and the effects of their actions on family well-being.

D. AA and NA

AA stands for Alcoholics Anonymous, and NA for 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 beginning at approximately 7:00 p.m. and interprets 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 child safety, family preferences, and any applicable child welfare decisions.

Limitations

This paper has several limitations. It draws on professional observations at a single organization rather than systematically collected data, so 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; its contribution is conceptual, offering a practice-informed way to organize reflection rather than a proven intervention model. The hypothetical illustration is intended to show how the framework might be applied and is not evidence of

program effectiveness. Future research involving structured data collection, participant or practitioner feedback, and comparison across settings would be needed to assess whether the framework is useful in practice.

Conclusion

This practice-based paper proposes the Who–When–What framework to connect reflection on identity, the timing and circumstances of substance use and change, and practical recovery supports. Observations at Susan Ulmer Addiction Services illustrate why family relationships may be an important concern in recovery, while the literature supplies context for the framework's components. For some families, safe and supported reunification may be a goal; for others, different 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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