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Employer Perceptions about Addiction Recovery and Hiring Decisions

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An Undergraduate Thesis Submitted in Partial Fulfillment
of the Requirements for the
Psychology Honors in Discipline Program
Honors College
College of Arts and Sciences
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ADDICTION RECOVERY STIGMA AND HIRING DECISIONS

Employer Perceptions about Addiction Recovery and Hiring Decisions

Drug addiction has been identified as a nationwide epidemic, with there being over 700,000 deaths from drug overdose in the past decade and an estimated 22 million U.S. adults in recovery from substance misuse (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2018; Kelly, Bergman, Hoepfner, Vilsaint, & White, 2017). The Substance Abuse and Mental Health Services Administration (SAMHSA, 2019) estimates that 1 in 13 people age 12 or older are in need of substance use treatment. For the purpose of this research, addiction is defined as partaking in a behavior that can cause significant harm, cannot be reduced by the person, persists over a significant period of time, and causes harm that is functionally impairing in nature (Kardfelt et al., 2017). Unfortunately, individuals who seek treatment for their addiction often face barriers, such as costs, waiting time, and available support (Motta-Ochoa et al., 2017). Those who are able to receive treatment may consequently experience or anticipate stigma from friends and family, healthcare workers, and employers (Earnshaw, Smith, & Copenhaver, 2013). Employer stigma may increase difficulty in obtaining a job when in recovery, which may complicate the recovery process. However, research suggests that employment can serve as an activity to fill time, provide an opportunity for new responsibilities, and potentially, meaningful experiences (Sinakhone, Hunter, & Jason, 2017). If there is an indication that employer perceptions about addiction recovery negatively affect hiring decisions, then steps need to be taken to reduce the stigma of recovery. Reducing stigma of individuals in recovery is not only beneficial for applicants but may also be valuable for employers and companies; employers may feel more knowledgeable, equipped, and confident when dealing with situations involving addiction recovery, such as hiring. Reducing employer stigma may increase selection pools of candidates, thus, potentially increasing a company's competitive advantage. Examining potential

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addiction- and recovery-related stigmas will add to the existing limited body of literature and take important steps towards addressing the addiction epidemic in our society. While there is a vast body of literature on the stigma that individuals in addiction recovery experience in the workplace, there is limited research on whether employers hold biases toward those with *past* substance misuse and whether those perceptions affect hiring decisions (e.g., Earnshaw et al., 2013; Luoma et al., 2007, Roche, Kostadinov, & Pidd, 2019;).

Stigma

Goffman (1963) explains that people create stigmas so that they are able to explain other people's inferiorities and account for the dangers that others may be capable of presenting. He defines stigma as "deeply" discrediting and specifically identifies addiction as being a flaw in character that is viewed by others as weak will (Goffman, 1963). Many stigmatized traits can be hidden from others, such as mental illness, disease, and sexual orientation. However, it may not be convenient or comfortable for individuals with these traits to keep them hidden. Through intimate relationships and mutual confession, people may feel compelled to admit to their situation or otherwise risk feeling guilty (Goffman, 1963).

Individuals in recovery may deal with different types of stigma. For instance, people with current or past drug or alcohol addiction may struggle with self-stigma. Self-stigma is defined as negative perceptions of oneself that may result from being a member of a stigmatized group (Roche et al., 2019). One way to combat self-stigma is by being open to revealing hidden stigmatized traits to others (Corrigan & Wassel, 2008). Where self-stigma focuses on how one views himself or herself, perceived stigma is directed towards how one believes other people may perceive himself or herself. Perceived stigma can be characterized as how individuals with a trait may perceive themselves as being stigmatized and believe that they experience

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discriminative acts by others, regardless of whether those actions are representative of actual beliefs or attitudes (“Perceived Stigma,” 2010). Additionally, there is experienced stigma, which can be defined as an individual’s direct experience with discrimination (Fay et al., 2011). The extent to which individuals experience stigma in a workplace may differ based on how strict or diverse an organization’s culture is; a workplace that promotes tolerance and diversity may differ in stigma when compared to a workplace that promotes conformity and discipline (Roche et al., 2019). Furthermore, individuals who misuse substances are likely to have also been incarcerated or have a mental illness, which may result in compounded stigmas (McNiel, Binder, & Robinson, 2005). Those who have misused substances may experience even more anxiety during job seeking if they are also a member of another highly stigmatized group (McNiel et al., 2005).

Stigmas toward addiction tend to differ based on the substance being abused (Truxillo, Cadiz, Bauer, & Erdogan, 2013). For example, Truxillo et al. found that people had more negative perceptions of medical marijuana use than of prescription medication use, likely because marijuana is associated with illegal drug use. The motivation behind using substances also plays a role in how others are perceived. Stigma may differ based on whether someone is using substances socially or whether someone has been diagnosed with a substance use disorder (Dschaak & Juntunen, 2018). Dschaak and Juntunen found that individuals who were diagnosed with an alcohol use disorder reported a greater public stigma when seeking treatment than those who used alcohol but did not meet the criteria for a disorder.

Even when individuals no longer exhibit stigmatized traits, they are likely to experience the lasting effects of stigma. Individuals who have a history of substance use, but are not currently users, often perceive stigma from those around them (Luoma et al., 2007). Specifically, those with past substance use have reported believing that other people treated them differently

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once they found out about their substance use, or that others became afraid of them after disclosing their addiction (Luoma et al., 2007). If people believe that others will view them differently because of their substance use, it is likely that these individuals will be hesitant to disclose their past substance use with important people in their lives. For instance, people with a history of substance use are likely to worry during the hiring process that employers may discover their history of substance use through criminal background checks, which they believe may affect the employer's hiring decision (Earnshaw et al., 2013). Their concerns are warranted given that individuals have reported that employers and workers would consider them to be untrustworthy, among other stereotypes, even if they were no longer using substances (Earnshaw et al., 2013).

Addiction Recovery and Employment

People who have struggled with drug and/or alcohol addiction in the past, and are no longer using the substance, are considered to be in recovery. A more recent definition of "addiction recovery" that strives to reduce stigma is stated as "a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life" (Kelly & Hoepfner, 2015, p. 9). Recovery capital includes physical and mental health, housing, employment, and other recovery resources, and stable remission refers to "improved functioning at a sub-threshold level" (Kelly & Hoepfner, p. 9). For many individuals, the decision to commit to the recovery process may be difficult to make due to financial and societal barriers. Those who suffer from addiction may be especially hesitant to seek help since society has created other means for dealing with those who misuse illegal substances, such as incarceration (Swensen, Rakis, Snyder, & Loss, 2014). Being incarcerated due to substance use automatically categorizes individuals into two highly stigmatized groups, (i.e., substance abusers

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and criminals), thereby increasing barriers to obtaining and maintaining employment. Co-occurrence of substance abuse and incarceration is common, with 65% of the United States prison population having an active substance use disorder (NIDA, 2019). High co-occurring prevalence coupled with the frequency of mandatory background checks illuminates key barriers to employment. One estimate of background checks during the hiring process is as high as 70% of employers (Holzer, Raphael, & Stoll, 2003). Background checks reveal an individual's criminal history, which in turn can dissuade employers from hiring that person.

Individuals with a history of substance misuse may be facing other barriers as well. People in recovery are likely to have a limited educational background, with many individuals not having completed high school or a GED (Ring, Jarvis, Sigurdsson, DeFulio, & Silverman, 2018) and many others having only a high school diploma (Dunigan et al., 2014). Without having higher education, it is not surprising that people in recovery have mostly worked in unskilled or semi-skilled positions (Ring et al., 2018). Fortunately, both unskilled and semi-skilled jobs can be beneficial for those in recovery. Research has found that obtaining any level of employment can be seen as a success for those recovering from addiction (Shepard & Reif, 2004). However, gaining skilled or unskilled employment may be difficult for some individuals.

Employment has been deemed important for individuals beginning treatment for addiction. Dayal, Balhara, and Mishra (2016) found that individuals who were present at the initiation of treatment for substance misuse, and who were employed, were more likely to remain in treatment than those who were unemployed. For those who have been in treatment, employment has served as an outlet to fill their time (Sinakhone et al., 2017). A main goal for individuals who are unemployed and have a history of addiction, may be to obtain a job; however, sustaining employment is also important for progression in the recovery process.

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Burnett-Zeigler et al. (2013) found decreased odds of employment after one year of drug dependence, showing that substance abuse can predict negative outcomes for employment. Platt (1995) suggests that the loss of a job is often associated with relapse. Whether an individual is able to obtain and sustain a job largely depends on an organization's employers, culture, and hiring practices—each of which stigma may influence.

Hiring Practices

Drug use has been banned in many workplaces for the past few decades. In 1986, the Executive Order 12,564 enacted by Ronald Reagan (Executive Order, 1986), stated that drug use, at any time, produces adverse effects in the workplace. The order required that all federal workers should refrain from drug use and allowed employers to perform drug tests and terminate workers who used drugs after the completion of rehabilitation. Shortly after the executive order, the Drug-Free Workplace Act was enacted, which expanded drug-testing to private corporations as well (The Drug-Free Workplace Act of 1988). Since many people are employed by the government, as well as private corporations, society would likely expect there to be a decrease in drug use. Instead, these laws have had little impact on the widespread use and abuse of substances (Swensen et al., 2014). Overall, there has been an increase in the number of criminals due to using illegal substances (Swensen et al., 2014). Within the workplace specifically, Frone (2012) found that over half of the workforce reported being able to use and obtain both alcohol and illicit drugs in the workplace.

There have been efforts to help individuals who struggle with addiction keep their jobs and have an equal opportunity when applying for jobs. A key example is The Americans with Disabilities Act of 1990 which was created to provide reasonable accommodation for people with a disability or a limiting health condition. Accommodations may include medication

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adherence, flexible scheduling to reduce fatigue, or time off work for doctor appointments (West, 1993). The act protects individuals with alcohol dependence, but if they are dependent on drugs, they have to either no longer be using drugs, be in treatment, or have completed treatment in order to be protected (West, 1993).

Although drug testing has not been effective in helping with the addiction crisis as a whole, it has been found to serve as a motivator for some individuals (Silverman, Holtyn, & Morrison, 2016). Silverman et al. (2016) found that individuals were better able to sustain abstinence when they were required to provide drug-free urine samples in exchange for maintaining access to the workplace and maximum pay. While this has been beneficial for some people, workplace drug-testing may contribute to the stigmatization of addiction, depending on how the testing is implemented. For instance, stigmatization is likely to be promoted if an individual's urine-sample results are positive and their results lead to them being dismissed or no longer being offered a job (Roche et al., 2019). Although there are policies designed to protect individuals who are no longer misusing substances, those in recovery may still face other barriers, such as stigma from employers.

Employer Perceptions

Individuals who belong to stigmatized groups, such as those with mental illness, often experience stigma in the workplace. Employers and coworkers have been found to have prejudices, negative perceptions, and discriminatory attitudes towards individuals with mental illness due to their lack of knowledge about mental health (Schafft, 2014). Individuals who have mental health issues may also struggle with substance use issues, with 1.3% of all adults having cooccurring severe mental illness and substance use disorder (SAMHSA, 2019). Employment service staff reported perceptions of those with mental illness and problematic substance use as

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unreliable, poorly motivated, and likely to be isolated (Harris, Matthews, Penrose, Alam, & Jaworski, 2014). Additionally, employment service staff believed that addiction treatment options, such as methadone treatment, were inflexible (Harris et al., 2014). Medication-assisted treatment (MAT) uses replacement medications to treat opioid use disorder specifically. Methadone, one type of MAT that initially requires daily clinic visits, may result in side effects (such as fatigue or lightheadedness), often requires a physician to be present, and may also require counseling, suggesting that individuals would have frequent doctor visits and may need time off due to side effects. While doctor visits may be reduced after a period of time if the patient qualifies to be administered take-home doses, initial treatment often requires daily, in-person dosing, requiring those in treatment to go to a clinic every day.

Employers who have been willing to hire those in a stigmatized group have witnessed the benefits that employment offers. Jansson and Gunnarsson (2018) found that many employers indicated that individuals with mental health problems had no issues with ability to work and were able to “turn off” their minds and use their time to focus on work. However, it should be acknowledged that Jansson and Gunnarsson (2018) also found employer reports of short-term sick leave and reduced ability to focus, situations that may also arise with those recovering from substance abuse. Furthermore, employers who have had positive experiences with diversity (i.e., hiring individuals with disabilities) are more likely to find it easier to accommodate; however, this is not to say that employers will hire individuals in recovery who do not have the necessary skills for the job (Gilbride, Stensrud, Vandergoot, & Golden, 2003). Employers have emphasized that if they do hire people who need accommodations for disabilities, they expect constant support from outside sources, such as the human resource department or the disability community for personnel support (Gilbride et al., 2003). Employers need this support in order to

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become more knowledgeable about disabilities and appropriate reasonable accommodations (Gilbride et al., 2003).

The primary concern of researchers thus far has been whether different target groups hold a stigma toward individuals with a history of substance abuse. The next step is to determine how perceptions interact with outcomes, such as employment, that are central to the recovery process. Previous research has focused mainly on how individuals in addiction recovery experience stigma. However, research has failed to delve into employer attitudes toward addiction recovery and if employer attitudes interact with hiring decisions. This line of research is an important step in identifying action steps needed to reduce employer stigma and prompting additional research on support mechanisms and resources for employers who employ individuals in addiction recovery. Sharing positive stories and performing motivational interviewing can help improve attitudes of target groups, such as employers (Livingston, Milne, Fang, & Amari, 2012). Finding successful methods for reducing stigma is important for individuals in addiction recovery, as it can provide a more positive recovery process.

The current study was part of a larger study that assessed attitudes toward and beliefs about addiction among employers and within faith communities, as well as perceived stigmas experienced by those living with addiction or who have a history of substance misuse, with particular emphasis on attitudes within the Appalachian Highlands. Participants were asked to complete an online survey that assessed employer perceptions of individuals in recovery and perceived stigma from the perspective of those in recovery. For this study, we hypothesized the following: the majority of employers would indicate negative perceptions of applicants or employees who are in recovery, employers would be hesitant to hire someone who is in recovery, and individuals with past substance misuse would report perceived workplace and

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employer stigma. Our hypotheses align with previous research that has found that those with a history of substance misuse experience various types of stigma, including workplace stigma (Earnshaw et al., 2013; Luoma et al., 2007; Roche et al., 2019).

Method

Participants

Upon approval from the institutional review board, participants at least 18 years of age and English speaking were recruited through social media advertising via Facebook and Reddit platforms, email, and East Tennessee State University's Sona research portal. Participants in the study included 336 participants, with 91 participants identifying as male and 235 participants identifying as female. Of the sample, there were 53 respondents who identified as employers and 23 respondents who identified as living with addiction. Respondents participated on a volunteer basis.

Materials

The survey used included a section of demographic items. A subset of items from the *Addiction Attitudes and Beliefs Scale* (AABS) was also included, with an example item being "It's too much of a risk to hire someone who is misusing drugs and/or alcohol" (1 = agree strongly to 5 = disagree strongly). The *Tobacco, Alcohol, Prescription medication, and other Substance use Tool* (TAPS; McNeely, Wu, Subramaniam, Sharma, Cathers, et al. 2016) was used for the survey, with an example item being "Has anyone every recommended that you seek treatment for alcohol or drug use" (1 = never to 5 = daily or almost daily). The AABS was developed for the larger study and the subset of items used for this study were adapted from previously validated measures: *Substance Use Stigma Mechanisms Scale* (SU-SMS; Luoma, O'Hair, Kohlenberg, Hayes, & Fletcher, 2010) and *Perceived Stigma Addiction Scale* (PSAS;

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Smith, Earnshaw, Copenhaver, & Cunningham, 2016). Items were modified to assess employers' attitudes towards employees and applicants with a history of substance misuse using a 5-point Likert-type response. Items also assessed perceptions of employers and the workplace held by someone who is living with addiction, or who has a history of addiction. Items from the TAPS tool assessed substance use patterns over the past year using a 5-point Likert-type scale response. Single items from the administered instruments were used as standalone measures of the constructs of interest in this study and have not been previously validated for this use. Participants were asked to choose the option that most closely aligned with their viewpoint.

Procedure

A cross-sectional survey research design was used to determine the degree to which employers held negative perceptions of individuals in addiction recovery. Using descriptive statistics, the study also showed the degree to which employers were willing to hire individuals in addiction recovery and if those living with addiction, or with a history of addiction, perceived stigma in the workplace. Upon giving informed consent, participants completed a survey on REDCap consisting of a battery of measures. Participants were prompted to fill out the demographic section and to respond to 12 items assessing beliefs and attitudes of employers about substance misuse, 3 items assessing perceptions of someone who is living with addiction or has a history of addiction, regarding employers and the workplace, and 4 items assessing substance use patterns over the past year. The survey took approximately 20-30 minutes for participants to complete.

Analyses

For this study, we wanted to determine if employers would have negative perceptions of individuals in recovery, be willing to hire someone in recovery, and if those in recovery

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perceived stigma from others in the workplace. There were 15 items from the AABS used, with 12 of those items assessing beliefs and attitudes of employers about substance misuse and 3 of those items assessing perceptions of those with a history of addiction towards employers and the workplace. There were also 4 questions from the TAPS that assessed substance use patterns over the past year. Only the single items used to measure each construct were analyzed within this study. Descriptive statistics and percentages were calculated using SPSS.

Results

For the larger study, 27.1% of participants were male, 69.9% were female, and 3% identified as other. In regard to ethnicity, 0.6% were American Indian or Alaskan Native, 2.7% were African American or Black, 1.8% were Asian or Asian Indian, 2.4 % were Hispanic, Latinx, or Spanish, 90.8% were White, and 1.5% identified as other race or ethnicity. Of the overall sample, 67.6% reported that they had a close friend or relative who struggles with addiction or struggled in the past. Additionally, 6.3% of respondents admitted that they thought they would benefit from treatment for their substance misuse.

There were 53 participants who identified as employers. Of the 53 employers, 28.3% were male and 71.7% were female. Ages of the employers ranged from 18 – 78 ($M = 45.29$; $SD = 19.02$). The majority of participants (92.5%) were White, with the remaining respondents being African American or Black and Hispanic, Latinx, or Spanish. Additionally, 73.6% of employers reported that they had a close friend or relative who struggles with addiction or had struggled in the past, and 5.7% believed that they would benefit from treatment for substance misuse.

There were 23 participants who identified as someone living with addiction. Of those participants, 47.8% were male, 47.8% were female, and 4.3% identified as other, ranged in age

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from 18 – 70 ($M = 37.05$; $SD = 17.310$), and the majority (91.3%) were White. Of those living with addiction, 69.6% had a close friend or relative who struggles with addiction or has struggled in the past, and 52.2% of participants reported that they would benefit from treatment for substance misuse. Additionally, 69.6% used prescription medication, 56.6% used illicit drugs, and 43.5% used alcohol.

Questions indicating a willingness to hire someone with a history of substance misuse revealed most employers are willing. Of employers responding, the majority reported being somewhat or very likely to hire someone who is qualified for a job (72.7%) and few said they would be somewhat or very unlikely to pass over the application of such a person (27.9%). Although most expressed a willingness to review applications or hire, most also indicated they would be somewhat or very likely to feel the need to supervise someone with a history of substance use more closely than those without (68.2%), would be somewhat or very likely to have a drug free/zero tolerance workplace (72.8%), and would be somewhat or very likely to fire an employee for misusing drugs or alcohol (48.9%). The majority of employers indicated that they would be willing to hire someone on MAT (60%) and would allow someone on MAT to adjust their schedule for treatment appointments (66.7%). Although employers expressed a willingness to hire, questions indicating employer perceptions indicated that most employers have negative perceptions of those with a history of substance misuse. The majority of employers reported that employers do not trust people with a history of substance misuse (86.4%) and most said that employers look down on people who have a history of substance misuse (72.8%).

Questions indicating perceptions of employers from the viewpoint of those living with addiction revealed that the majority believed that employers would still be willing to hire them

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(65.2%) but most also believed that employers look down on those with a history of substance misuse (78.2%). Although the majority of participants indicated that they believed employers do not trust people with a history of substance misuse (73.9%), most of the respondents who expressed a directional opinion still feel welcome in the workplace (43.5%), with 26% being unsure. Additionally, 17.4% of participants were unsure, but the majority of those who expressed an opinion in one direction or the other did not feel as if others thought of them as a bad employee due to their alcohol and/or drug use (47.8%).

Discussion

Considering the prevalence of drug and alcohol addiction in the U.S., we were not surprised to find that the majority of respondents had friends or family members who were struggling with addiction or had in the past (Kelly et al., 2017). The percentage of respondents who admitted that they would benefit from treatment for their substance misuse closely aligned with the national reports from SAMHSA in 2019. The results of the study revealed that employers are willing to hire individuals with a history of substance misuse, which contradicted our original prediction. These results indicated that employer stigma may not affect employment outcomes as it was initially believed to. However, while employers may be willing to hire those in recovery, it should be acknowledged that they would feel the need to supervise individuals in recovery more closely than those without a history of substance use. Needing to supervise those in recovery more closely suggests a lack of trust; thus, not surprisingly, the majority of employers did indicate that they did not trust those with a history of substance misuse as much as people without a history of substance misuse. These results support previous research that has also found employers to find those in recovery untrustworthy (Earnshaw et al., 2013). With the majority of employers also revealing that they look down on those with a history of substance

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misuse, our hypothesis that employers have negative perceptions of those in recovery was supported. Although previous research has found people to believe that MAT was inflexible (Harris et al., 2014), our results showed that many employers are still willing to hire individuals on MAT and work around their schedules. Results also revealed that those with a history of substance misuse perceive employer stigma, but do not believe that the stigma affects hiring decisions. Furthermore, those in recovery indicated that they did not believe others looked at them as bad employees, suggesting that they primarily perceived stigma from employers and not coworkers; thus, these results partially supported our third hypotheses. These results also show that views of employers and people in addiction recovery are closely aligned.

Limitations

There were various limitations to this study. There may have been a lack in accuracy due to the use of self-report measures; considering the sensitivity of the topic, people may have been inclined to answer in a way that would make them appear socially desirable. Additionally, the study had a small sample size. Therefore, results may not have been representative of all employers or all of those in addiction recovery. The sample primarily consisted of participants who were White, which could limit generalizability and our ability to analyze possible differences in stigma across ethnicities.

Conclusion

Although we found that most employers were willing to hire individuals in addiction recovery, we also discovered that many employers do have negative perceptions of people with past substance misuse and that many of those individuals perceive stigma from employers. Efforts should still be made to reduce employer stigma so that employers can build trusting relationships with their employees. Ameliorating employer stigma may also subsequently reduce

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the stigma that people in recovery perceive from their employers. Future research should determine other possible outcomes that employer stigma may affect, such as the entry level at which individuals are hired on or promotional opportunities. Since this topic has little supporting research and due to the small sample size used in the study, replication research should be conducted in order to provide further evidence of employer stigma and willingness to hire.

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