BY THE GOVERNOR OF THE STATE OF GEORGIA

A PROCLAMATION

RECOVERY MONTH

WHEREAS: Behavioral health is an essential part of one’s health and overall wellness; and
WHEREAS: Recovery from alcohol and other drug use occurs every day through a variety of
recovery support resources and treatment programs; and
WHEREAS: Prevention of mental and substance use disorders works, treatment is effective, and
individuals in Georgia and across the nation do recover; and
WHEREAS: Millions of people across the United States are in long-term recovery, and are living
happy, healthy, and productive lives; and
WHEREAS: Georgia is a leader in the peer support movement, an emerging best-practice that has
proven to be a cost-effective approach for mental health, addiction, and traumatic
challenges; and
WHEREAS: We should guide those affected by mental and substance use disorders to seek
appropriate treatment and support; and
WHEREAS: Education about recovery is essential to combatting the stigma and discrimination faced
by people who are recovering, regardless of their backgrounds; and
WHEREAS: To help more people achieve and sustain long-term recovery, the U.S. Department of
Health and Human Services, the Substance Abuse and Mental Health Services
Administration, the White House Office of National Drug Control Policy, Alcohol and
Drug Abuse Certification Board of Georgia, the Association of Community Service
Boards, the Department of Behavioral Health and Developmental Disabilities, the
Georgia Addiction Counselors Association, the Georgia Association of Recovery
Residences, and the Georgia Council on Substance Abuse, invite all residents of the
State of Georgia to participate in Georgia Recovery Month; now

THEREFORE: I, BRIAN P. KEMP, Governor of the State of Georgia, do hereby proclaim September
2019 as RECOVERY MONTH in Georgia.

In witness thereof, I have hereunto set my hand and caused the Seal of the Executive Department to be affixed
this 9th day of July in the year of our Lord, Two Thousand and Nineteen.

[Signature]
GOVERNOR

ATTEST

[Signature]
CHIEF OF STAFF