

# **Inclusive Sobriety**

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Transcript

MDS/BAS 495 Undergraduate Capstone Projects

Spring 2022

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Hi everyone, my name is Kristy Swartz, and this is my capstone project entitled, "Inclusive Sobriety," for the multidisciplinary studies program. So, thank you for watching. The problem that I aim to address, and is interesting: AA is very effective for many people, and it's a pretty awesome program.

But there is a whole demographic that it really leaves out. There are people that use medically-assisted treatment, otherwise known as MAT, to get sober, and it's really not accepted in the AA community, or any sobriety community, for that matter.

And these are people who use suboxone to get off of heroin, who use cannabis to get off of alcohol or off of painkillers, or even people who use psilocybin to deal with severe depression and PTSD. And so, my project aims to address that.

So, my innovative approach, the question is: how might we invest ourselves and others by creating an inclusive support network for individuals in non-traditional and early addiction recovery? This project's important because individuals utilizing MAT are typically shunned at traditional meetings, and my solution offers them a safe space to network, learn, and create a healthy support system.

I expected positive impacts on my stakeholders, and as participants are educated, I hoped team members would feel a sense of purpose and gratitude in sharing their experiences with one another. The approach that I've taken to this project is service learning, because of the personal and academic information we present to participants via weekly meetings that are advertised to the public on social media.

These meetings take place on Zoom, so they are very accessible to everyone across the country. Any time or place, really, you can get a hold of us. So, my approach is innovative because it offers the benefits of community and camaraderie to a demographic that's never had a forum to do that.

I've met many sober people who approve of MAT, but it's frowned upon to talk about it in a traditional meeting, because it violates the beliefs of the group.

So, where is one to go if they need to get something off their chest, and they use cannabis to cope instead of alcohol, or methadone instead of heroin? This absence of support and approval is stifling their voices and leaving this demographic susceptible to relapse. My project aims to address this problem.

For my first source, I created a survey and submitted it to a few sobriety groups that I belong to on social media. I used the results, which you can see here, to direct the target of my research. I also consulted individuals in recovery that are respected by myself and peers, and past co-workers from treatment centers that I worked with, with experience in the field.

The idea of group therapy and support groups is not new, but the idea of using cannabis, psilocybin, MDMA, suboxone, and naltrexone to aid individuals in recovery is a new idea. My idea is innovative because it rewrites the rules of traditional therapy and puts a modern, inclusive twist on it.

My creativity comes into play by creating safe space for those using medically-assisted treatment to stay sober. It's unique because it's a forum that's open to everyone, including those using MAT, to get and stay sober. The meeting is held weekly and hosted on Zoom to make it accessible to everyone who may be interested.

We did notice a trend of many individuals attending only one time, but not a second. We were never able to collect enough data to determine why that was the case. My creativity also came into play by utilizing the skills I learned in the innovation and design program to create some targeted ads, and a few sobriety groups that I belong to, which are showcased here on this slide.

So, my project is a weekly Zoom meeting, held by myself and one other, in hopes of reaching others in recoveries from substance abuse and addiction. The process allowed me the ability to empower others, as I took a supportive role, and let my team members shine in their respective talents.

Jordan, my teammate, wrote the opening prayer, which was rather long-winded. (*Laughs*). But I found it fitting. Her sense of value increased with each bit of input that I praised, and it was touching, to say the least.

Our meeting is not typical, and there's no reason that our opening prayer should have been either. I feel that my solution is more innovative than other approaches because I took an AA meeting that has worked for sobriety seekers in the past, and applied the same concept to those seeking sobriety through medically-assisted treatment, where they have typically been shunned from sobriety-based meetings.

I also switched it to an online platform to make it available to more people, which worked, because we had attendees from Chicago, Trenton, New Jersey, and San Diego, California. Hindsight is always 20/20. To enhance innovation, I could have approached this meeting with more of a video content feel.

I could have created better content to post to social media, such as short video interviews with sober people about controversial topics, or short clips of sober stand-up, to draw more attention to the weekly meetings. However, I felt that the vast amount of time I spent in Canva, designing and editing promotional materials to post to social media, should have been sufficient.

The impact that my project has had on participating stakeholders is unclear, due to the low amount of responses I received for my survey. But the data suggests that meetings were more helpful than not for participants.

Over the course of seven meetings, there were six individuals who only attended one meeting and never came back, two regular attendees, and one individual who attended meetings irregularly, about every other week. I believe that the stakeholders affected the greatest were myself and my partner, Jordan, due to her relapse.

It was through that experience that I learned more about the power of connection between the people in the rooms, than the actual rooms themselves. I won't go into detail about her relapse, but I will say it can be a dark, dangerous thing, and loved ones tend to react with anger, disappointment, and loss of hope.

This makes the connections in the room of AA, or any form of recovery meeting, paramount to surviving the journey to sobriety. It is the network of friendships that we form in the rooms and the meetings that become the lifelines that we need them the most.

It truly does matter who we surround ourselves with. Here are a bit of my resources and my references. The links do work, if you care to click. I appreciate you all watching, and have a wonderful day.

END OF TRANSCRIPT.