# Substance Use Disorder & Parenting in the Lower Russian River

## Insights Report

Prepared by ILN Coaching & Consulting

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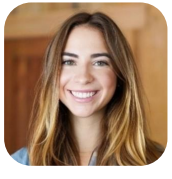
# About the ILN

ILN Coaching & Consulting (ILN) is Chris McCarthy's strategy and innovation consultancy, bringing human-centered design from Kaiser Permanente, systems thinking and strategy from Hopelab Foundation, and art of convening from the Innovation Learning Network – and fusing them into one core practice. According to the Harvard Business Review, the ILN's work has "democratized innovation across systems."

**Chris McCarthy, MPH, MBA**
Founder & Principal



**Louisa Calhoon**
Researcher & Designer

# Intro & Drivers

Project 100 is a multiorganizational, community-wide effort to reduce the negative effects of toxic stress in 0 – 5 years. The community, facilitated by the ILN, built a system map to understand the many intersecting complexities. One leverage point (and concern) is the prevalence of substance use and its effect on parenting and thus their children.

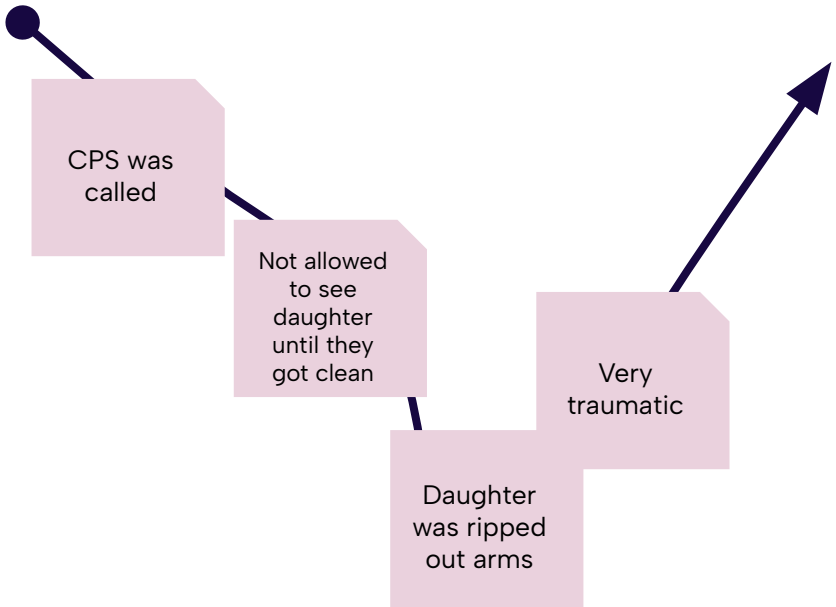
Through a generous grant from the County of Sonoma to West County Health Centers, the ILN was commissioned to interview people who use substances, may be in treatment, and with most having children. The output of the work (this document) is a combination of 2X2s, a unified journey map, and several themes that will guide the development of more effective messaging and solutions. However, before diving into those, we thought it worth a moment to summarize what we learned about the two main drivers of this work. You will find that on the next two pages.

We expect that much of what you will read was already known. For those areas, you might consider this work a validation. We also expect that some of it will be new (or new-ish), and will provide unique insights to explore this very difficult topic of parents and substance use.

**Please Note:** The themes, summaries, and recommendations are based on the thoughts, experiences, and stories of interviewees. *They may not be factually accurate or precise, or represent the views of wider communities.*

# Driver 1 Parenting & Substance Use

The interviewees have many similarities in how they talk about the intersection of parenting and substance use/treatment- mostly regret and a sense of lost time; however, it is worth noting that for some, substance use allowed them to better function as parents (for a time). For example, a bad accident immobilized the interviewee, but narcotics allowed her to get out of bed to cook, clean, and get her children ready for school; however, she still recognized it as a major dilemma.  This Driver is also repeated in Theme 8.




*Part of an interviewee's Journey Map*

Three areas emerged from these interviews:

**1. The Child's Well-being as a Turning Point**
For many, the well-being of their children served as a critical turning point and a source of motivation to stay sober.

**2. The Pain of Missed Opportunities and Guilt**
Parents in active addiction often feel immense guilt over the time lost and harm caused to their children.

**3. Rebuilding a Foundation of Trust**
For parents in recovery, rebuilding trust and providing a stable home for their children is a powerful reward that reinforces their commitment to sobriety.

# Driver 2 Messaging about Substance Use & Treatment

In general, messages, including campaigns, brochures, commercials, and social media, were either not remembered or considered ineffective. While some messages planted seeds of change, many traditional anti-drug campaigns were dismissed as a joke or simply didn't resonate with people who are currently using substances. The more effective messages were often subtle, personal, and focused on compassion rather than fear. You will see a variation of this Driver in Theme 3.


**Ineffective Traditional Campaigns:** Many interviewees recalled traditional anti-drug messages but noted that they *had little to no impact on their behavior.* One recalled the DARE campaign, noting that it was more often "mocked and made fun of" rather than taken seriously by their peers. Another also remembered "this is your brain on drugs" and "just say no," but stated that these campaigns did not deter him from using. For those in the midst of addiction, messages often *felt irrelevant to their reality.* One interviewee, who was struggling with a powerful addiction, said he couldn't think of any advertisements that had an impact on him. He was too focused on his day-to-day struggle to pay attention to a commercial.

**Effective and Personal Messages:** Messages that did make a difference were often highly personal, subtle, and delivered with compassion. Social media can target specific kinds of messages to specific populations. One interviewee *found late-night TV commercials* helpful in a subtle way, as they "etched away" at her mind and drew her toward recovery. She felt that the most effective messages were kind and approachable, emphasizing that help is available regardless of one's situation. Another interviewee recalled seeing advertisements for online Suboxone clinics on *Instagram, which she saw as a "great" resource.* This demonstrates how social media can directly connect individuals with specific, discreet treatment options they might not find otherwise.

# Three High-Impact Recommendations

# Rec 1 "As Early As Possible" Interventions

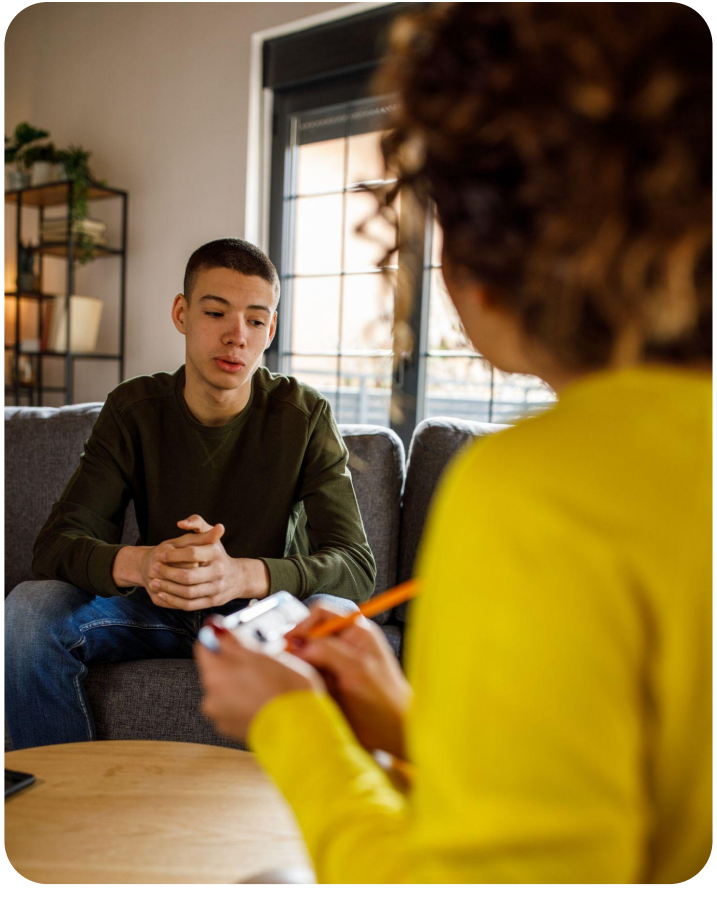
A majority of the interviews were decades-long journeys to substance-use disorder, with many intervention points. And many of those intervention points are also leverage points on the Project 100 System Map. Each of the items below is an opportunity for specific interventions to curve the journey into a more positive direction.

- Domestic Abuse and Violence
- Child Abuse
- Unstable Housing
- Early Experimentation with Substances
- Traumas (all other kinds)

How Might We detect and intervene as early as possible on things that cause trauma?

How Might We ensure kids and teens get the right resources at the right time to process trauma?

How Might We detect and intervene on early drug use?



# Rec 2

# Inter-Generational Substances Use Education & Interventions

In many of the interviews, the first introduction to substances was by an older family member: aunts, fathers, mothers, siblings, and cousins. This is particularly challenging, as these are the very people who are also providing safety, care, and love to the child.

How Might We help communities to better understand intergenerational introduction to substance use?

How Might We educate parents (as early as possible) about intergenerational introduction to substance use?

How Might We help parents talk to their children about their own substance challenges?

How Might We build specific detection and interventions that focus on intergenerational introduction?

# Rec 3 Campaign for the Community

In many of the interviews, it was shared that “normies” don’t understand enough about addiction as a disease. Interviewees also shared the power of kindness in sparking the exploration of treatment. Finally, when someone does slide into addiction, there is a deep divide on medically-assisted treatments (MAT) that they encounter - one camp says that those who are on MAT are not actually “clean,” while the other camp celebrates MAT as a miracle; this seems like a key messaging opportunity to educate and shift the perception community-wide.

How Might We better inform the community that addiction is a disease and that it's treatable?

How Might We normalize medically assisted treatments?

How Might We encourage kindness and connection to those who have substance-use disorders?

How Might many more in the community know where to get the right help at the right moment regarding substance use?

# Our Process

Prep → Interviews → Synthesis

**A Note on Using AI**

*Our synthesis was aided by Gemini by Google. It did not replace our own analysis or judgment; instead, it cross-checked our thinking to see what patterns it surfaced alongside our own.*

# The Prep Process

**SUD Core Group:** The ILN partnered with staff from West County Health Centers to help guide the project and connect us to the community.

**Substance Use in the Lower Russian River Insight Sessions FAQ** was created to support recruitment by clearly explaining the project, who was involved, and the types of participants we hoped to reach. It also outlined practical details, including compensation, contact information, timeline, location, and how interview data would be used.

**P100 SUD Insights Interview Plan** outlined the purpose, context, and interview questions for our primary user group: patients and community members.

**P100 SUD Insights Expert Interview Plan** defined the purpose, context, and interview questions for our expert interviews.

# The Interviews

From July 28 to August 28, 2025, we conducted 13 interviews with patients and community members and three (3) interviews with experts. Each lasted approximately 90 minutes exploring experiences in depth through a combination of traditional open-ended questions and a journey map activity.

Four (4) interviews were held in person at the West County Health Centers in Guerneville, CA and nine (9) took place via Google Meet. Every session was led by the ILN, though there was always a partner – either ILN or West County Health Centers. This approach distributed responsibilities, one person guiding the conversation, the other listening closely and capturing insights.


**Please Note:** You will encounter expletives in this document. We used them only in direct quotes from interviewees.

# Our Synthesis Process

**Interview Debrief** Immediately following each interview, we debriefed and explored: *What stood out? What did we wish we'd explored further? Was there anything we should adjust for the next conversation?* These debriefs allows us to notice early patterns across interviews, and to check in with ourselves emotionally due to the difficult nature of the stories.

**Storytelling**: Before diving into the synthesis itself, we revisited the interviews to refresh our memories — especially the earlier ones or those where one of us wasn't present. This meant the primary interviewer walking through transcripts and notes while the other pulled out emerging themes.

**Quick Themes**: We each jotted down five emergent themes, then shared and compared. Some overlapped, some differed, and the discussion helped sharpen our thinking. To complement this, we used Gemini to analyze transcripts and surface additional themes, many of which echoed what we had noticed ourselves.

**Evidence**: We identified about ten (10) promising themes. We divided them up and combed through transcripts and notes to gather supporting evidence, particularly participant quotes. Gemini was especially useful in surfacing relevant material. We then reviewed each point, confirming accuracy and alignment with the themes.

**Final Themes & Naming:** Looking across the evidence, we refined our themes - some split apart, some combined, and some removed when they proved to be more factual observations than themes. Once we landed on the final set, we focused on naming — making sure each theme was clear, memorable, and true to what participants had shared.

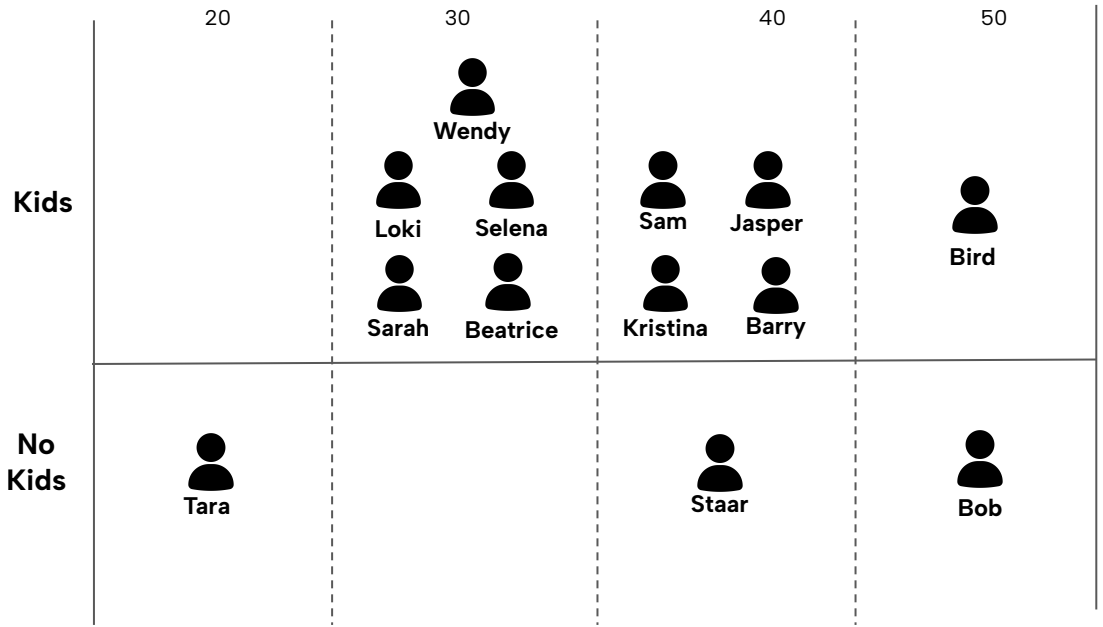
**Journey Map & 2 by 2:** Finally, we considered how to best frame the insights. We organized themes into structures that would make them easier to interpret and act on, including a unified journey map, a set of 2x2 frameworks, and thematic groupings.

# Quick Stats & 2 by 2's*

*A 2x2 is a simple way to make sense of information. There is an x-axis that represents one factor, and a y-axis that represents another. Those axes intersect to form four distinct quadrants (boxes) where data can be placed.

By placing ideas or experiences into these boxes, we can see patterns more clearly. It helps us compare things side by side and notice where stories overlap or where they are different.

# Quick Stats




**Folks navigating Substance Use**

**14**

**Expert Interviews**

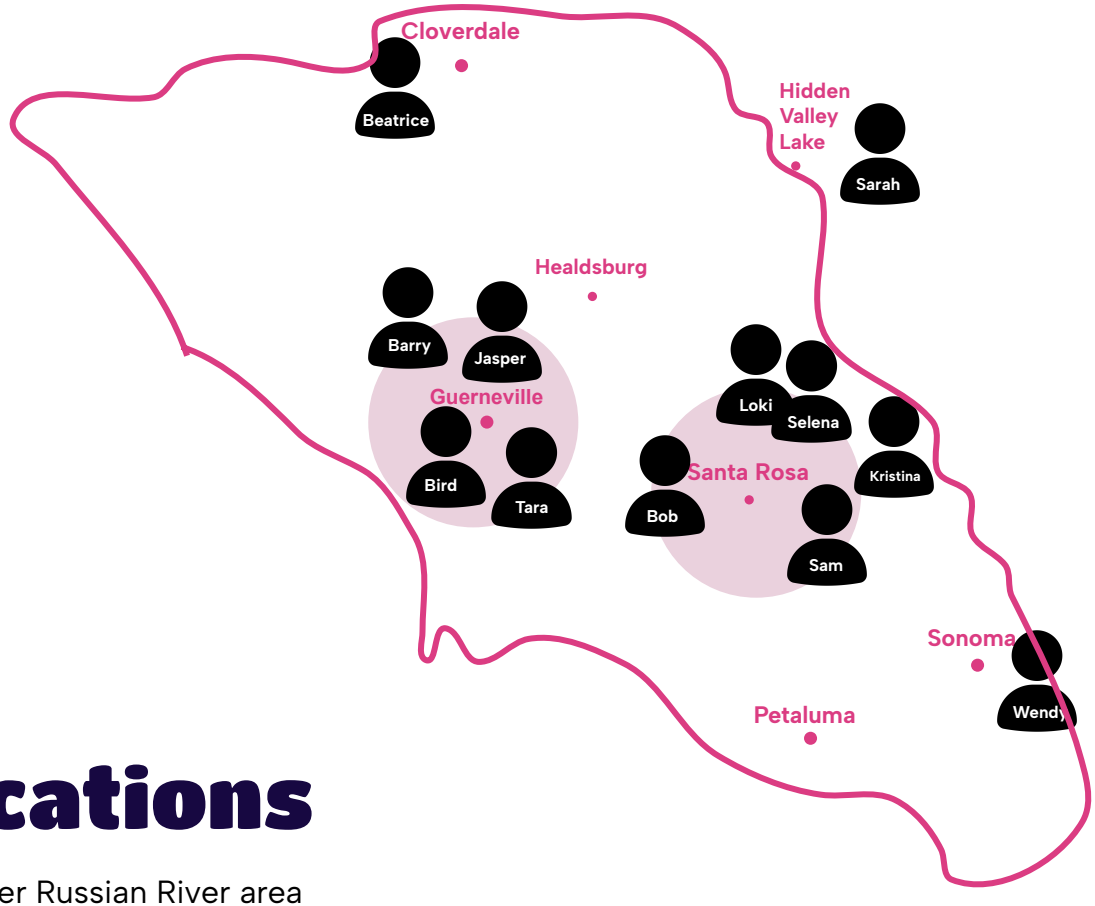
**3**

**Average interview time**

**1 hour, 15 minutes**

**Total Hours of Interviews**

**15 hours**



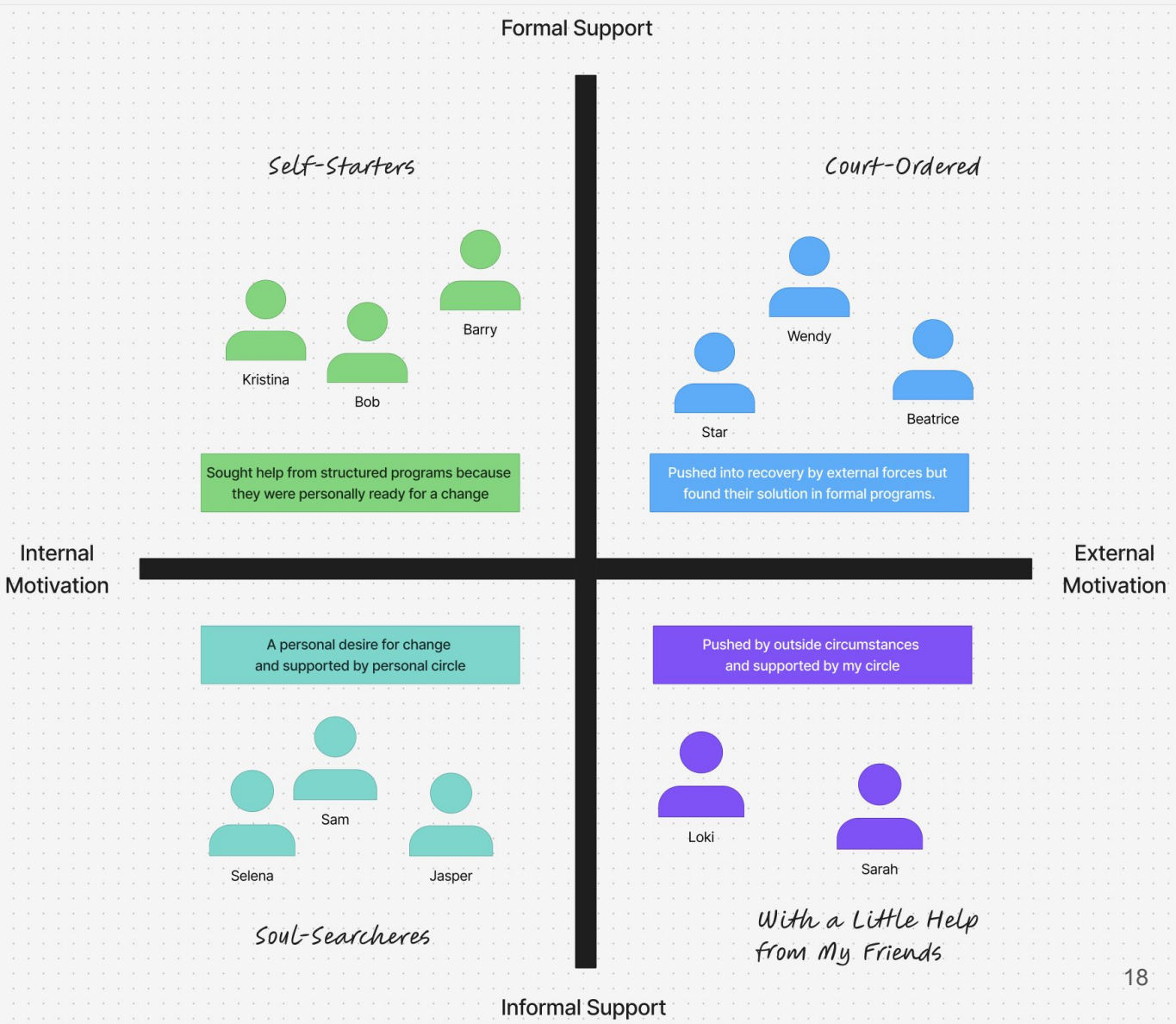

# Current Locations

Many interviewees live in the Lower Russian River area or nearby communities in Sonoma County, but their origins are diverse.

# 2 by 2

## Support verses Motivation

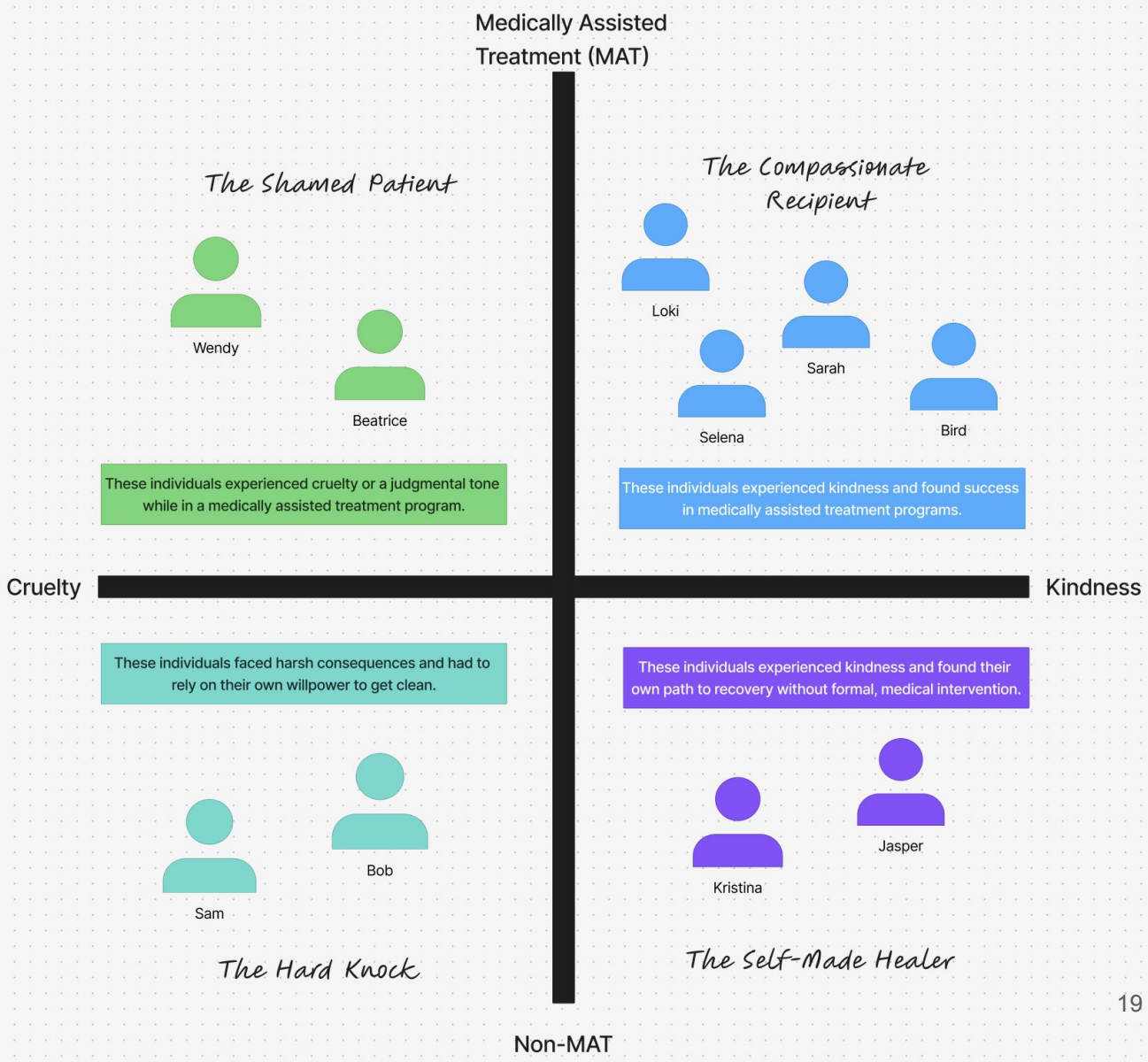
- The **Self-Starters** are the bootstrappers. A deep belief that they alone are responsible for the entirety of their journey.
- The **Court Ordered** are pushed in to treatment by a formal system like jail.
- The **Soul Searchers** want change and rely on their circle of family and friends to help them get there.
- The **"With a Little Help from My Friends"** are pushed/prodded into treatment by those who love them, and those same folks stay involved to help them through it.



# 2 by 2

## Kindness vs Treatment Choice

- The **Shamed Patient** was felt judged while receiving care.
- The **Compassionate Recipient** found support and kindness in the medical system.
- The **Hard Knock** was often given an ultimatum or faced harsh consequences, and relied on will power to get clean.
- The **Self-Made Healer** was able to navigate healing often triggered by the kindness of friends and family.

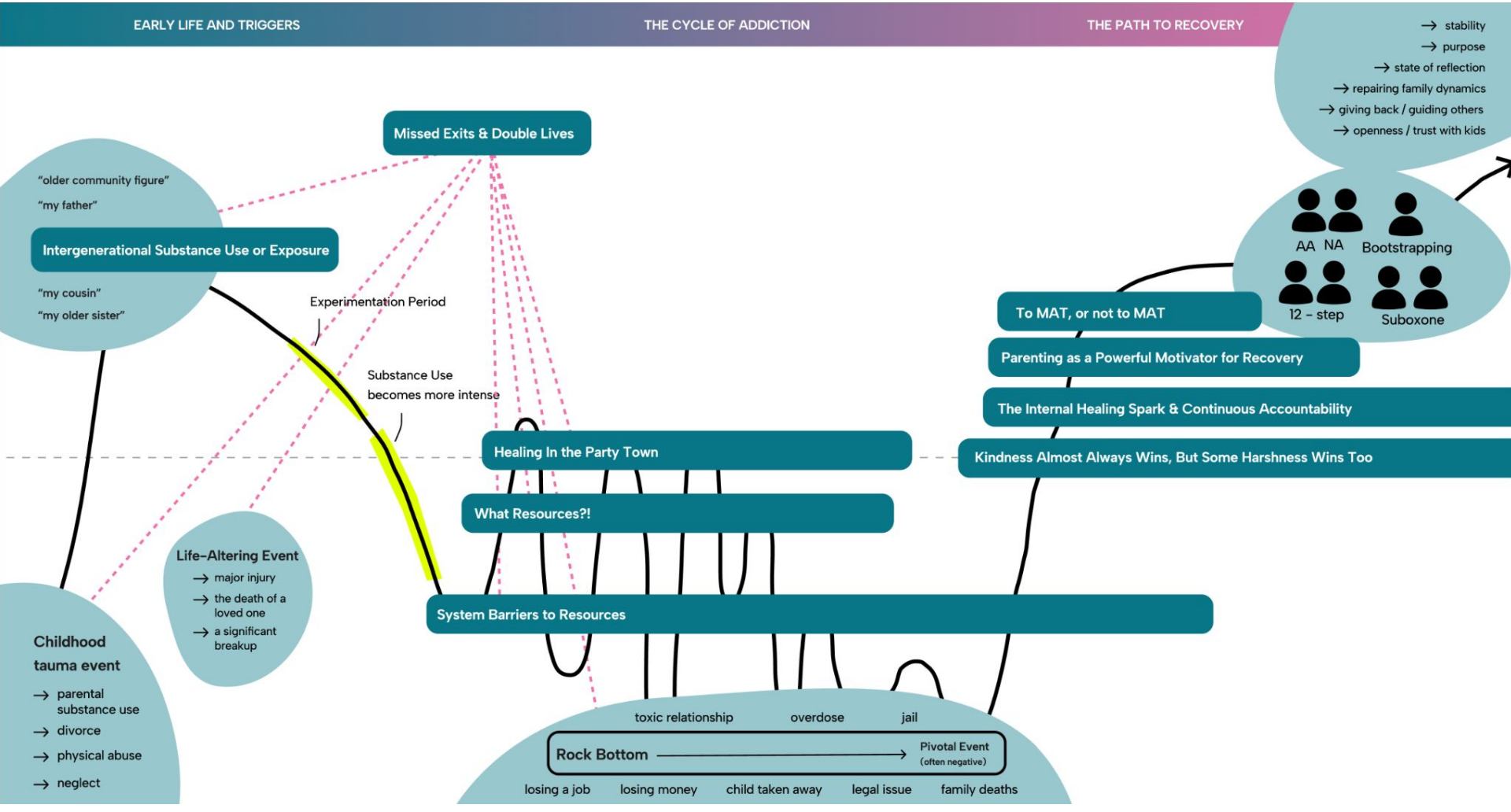


# Unified Journey Map

## Multiple Journeys to Illustrate

A journey map shows the steps someone goes through in an experience, from beginning to end. It lays out what people do, think, and feel along the way, making it easier to see where things are working well and where challenges or gaps appear.

The map on the next page is a “unified” journey map; meaning we found common patterns across all the interviews and their individual journey maps, and create one representative version.


EARLY LIFE AND TRIGGERS
THE CYCLE OF ADDICTION
THE PATH TO RECOVERY
→ stability
→ purpose
→ state of reflection
→ repairing family dynamics
→ giving back / guiding others
→ openness / trust with kids
Missed Exits & Double Lives
"older community figure"
"my father"
Intergenerational Substance Use or Exposure
"my cousin"
"my older sister"
Experimentation Period
Substance Use
becomes more intense
AA NA
Bootstrapping
12 – step
Suboxone
To MAT, or not to MAT
Parenting as a Powerful Motivator for Recovery
The Internal Healing Spark & Continuous Accountability
Kindness Almost Always Wins, But Some Harshness Wins Too
Healing In the Party Town
What Resources?!
Life-Altering Event
→ major injury
→ the death of a loved one
→ a significant breakup
System Barriers to Resources
Childhood tauma event
→ parental substance use
→ divorce
→ physical abuse
→ neglect
toxic relationship
overdose
jail
Rock Bottom
Pivotal Event
(often negative)
losing a job
losing money
child taken away
legal issue
family deaths

# Themes Overview


Missed Exits & Double Lives


Intergenerational Substance Use or Exposure


System Barriers to Resources


What Resources!?

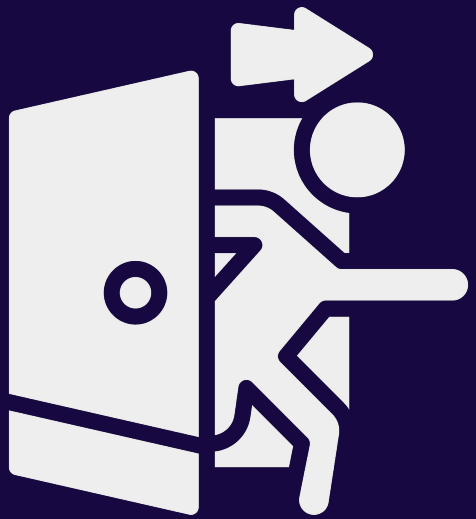

Healing in the Party Town


Kindness Almost Always Wins, But Some Harshness Wins Too


The Internal Healing Spark & Continuous Accountability


Parenting as a Powerful Motivator for Recovery


To MAT, or not to MAT



## Theme 1

# Missed Exits & Double Lives

Most of our interviewees highlighted, both explicitly or implicitly, many points of possible interventions that could have happened by didn't – work, schools, parents and families, friends, health care providers, government agencies, community members, and more – ranging from small, informal gestures of concern to formal, yet sometimes ineffective, interactions with professionals.

While addiction and other life challenges were concealed from most, there were clear moments of contact with individuals or professionals who could have intervened.

And these interventions points are not just about addiction treatment; they include child & domestic abuse, workplace issues, poverty, homelessness…the many trauma areas of life.

# Boss/Employee Misses

Workplaces and work lives of our interviewees were complicated discussions. Perhaps what struck us most was how long an employee hid their addiction and how often bosses, managers, and other employees missed or ignored the addiction signals.

**Tara** spoke of living a "double life" where she had a corporate job while also being homeless and using substances on the Russian River.

*"I would…use on my lunch and then come back like 2 hours later [to my work]."*

**Sarah** successfully hid her struggle with opiate use from her military and EMS colleagues.

*"Nobody [in the military or EMS] knew."*

# Friends & Family Misses

Families and friends posed challenges too. Some were dealing with their own substance use issues, and others were just unaware.

**Jasper** explained that his parents were unaware of his substance use struggles. They only found out about his heroin addiction after he moved back home, which shows how well he was able to hide his behavior for years.

**Loki** felt that his family, who also used drugs, was "enabling" his addiction rather than helping him. Their judgment and lack of sobriety made it difficult for him to find a genuine support system for recovery.

**Kristina**'s parents "didn't really know what was going on" and were only aware that she was in an "abusive relationship," not that she was doing cocaine.

# Health Care Misses

Health care conversations and interactions emerged as high-opportunity areas for change. Participants shared that many moments were missed—ranging from something as simple as asking “Are you okay?” to more complex actions like connecting the dots in the high heart rate example below.

**Bird** recalled a time when she was on meth and her heart rate was high. Her doctor noticed and asked if she was okay but didn't push the issue further.

*“It would have been welcome if [the doctor] asked….if I was on any substances.”*

**Wendy** described a past experience at a health center where she sought treatment for Valium addiction but felt so ashamed by the doctor's attitude that she discontinued care.

*“I stopped treatment because of how bad she made me feel.”*

# Community Misses

There is a complex interaction between people using substances in public, homelessness, and the public at large. Tensions on blocking sidewalks, trash, toileting, detoxing, and other issues are ever present. Interviewees shared feeling “invisible” to the community/system.

**Beatrice** shared a difficult story of being on the street for several years, and needing to warm up at night by using people’s Christmas lights.

Read her short story, **The Warmth of Christmas Lights,** on the next slide.

**Bob** lamented that people experiencing homelessness have "nowhere to go and detox" and that services like homeless shelters and thrift stores are not "a solution for drug and alcohol use". This systemic neglect can make people feel hopeless and that their needs are not being met by the system.

# The Warmth of Christmas Lights

***Beatrice's Story, Edited***

The worst pain wasn't the cold nights living in the car or the endless hunger. It was the moment they took her. My daughter, ripped from my arms by my own parents. They told us we couldn't see her again until we were clean, and in that moment, our world shattered. The trauma of that day – of seeing her little face disappear as they pulled away—still echoes in my mind. It was the hardest thing I've ever lived through.

After that, we were adrift. Our car became our home in Guerneville. Most of the cops knew our situation and were decent about it, letting us park in quiet spots. But one day, an out-of-town CHP officer came through. He seemed to have it out for us from the start. He searched our car, found needles, and even some old bullets from guns we no longer had. He got our car towed away, leaving us on the side of the road with nothing.

We were homeless and carless for a year and a half after that. We ended up living under people's houses with other people struggling with addiction. It was so cold in the winter, and I'd do anything to stay warm.  I'd look for a house that had Christmas lights, and then wrap the lights around me for their warm, and hiding under the house, just trying to survive the night.

## Theme 2

# Intergenerational Substance Use or Exposure

Intergenerational introduction to substances is a prominent theme, where a person's first exposure to drugs or alcohol often comes from a family member, either directly or through a normalized family environment.

This cycle perpetuates addiction across generations, as children learn to cope with stress or seek social connection through substance use, mirroring the behavior they witnessed.

Grandparents, aunts/uncles, parents, cousins, and siblings were all mentioned.

## Normalization and a Lack of Parental Guidance

Even when not directly handed a substance, our interviewee described how they were often exposed to a family environment where drug or alcohol use was a normalized, everyday activity as children or young adults. This lack of clear boundaries or open conversation made it seem like a natural part of life.

**Beatrice** began at age 7 by "taking the leftover ... beer or whatever there was in the bottles" from her parents' weekend parties.

**Sam** grew up with a father who was an alcoholic:

*“At 16 years old, I'm crying in the backyard telling my dad [about my addiction] and he knew nothing of what to do or say. He said, "Well, you're a fucking drug addict. I'm 16...I had no clue what to do."*

## Direct Introduction by a Family Member

The majority of our interviewees explicitly state that a family member gave them their first substance, a powerful and often painful memory.  In most cases is was an older family member – an aunt/uncle, a parent, an older cousin or sibling.

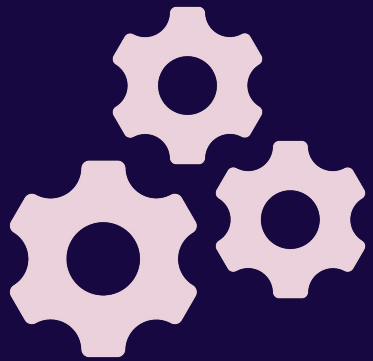
**Bob** was first introduced to drugs at age 10 by his sister. He also came from a family of alcoholics, and his parents frequently moved due to their drinking problems.

**Wendy's** father gave her pills  at the age of 19 to deal with back pain. This led to increasing use.

Devastated from his great grandmother's passing, **Loki** was introduced to to cocaine from his cousin.

*"My cousin told me, "Come here. It takes away the pain. It takes away everything."*

**Beatrice** recalled that her aunt, who had a history of meth and drinking, introduced her to cocaine and other pills when she was a teenager living with her.



Theme 3

# System Barriers to Resources

System barriers – including bureaucratic, financial, and knowledge – often prevent individuals from accessing the help they need, making the journey to recovery feel daunting and nearly impossible.

## Financial Strain and the Cost of Recovery

The financial burden of addiction is often compounded by the cost of treatment, making it a significant barrier..

**Wendy** shared that rehab is often "expensive" and "not everybody can afford it," which is why she advocates for more local, accessible options like doctor's offices that can provide Suboxone.

**Kristina** shared a particularly bad experience:

*“One thing that [the treatment facility] does to everybody [on day 27 they] is say, "Oh, your insurance isn't going to pay for the last 3 days, so you got to give us cash." …That is so shitty to do to people that are fighting for their lives.”*

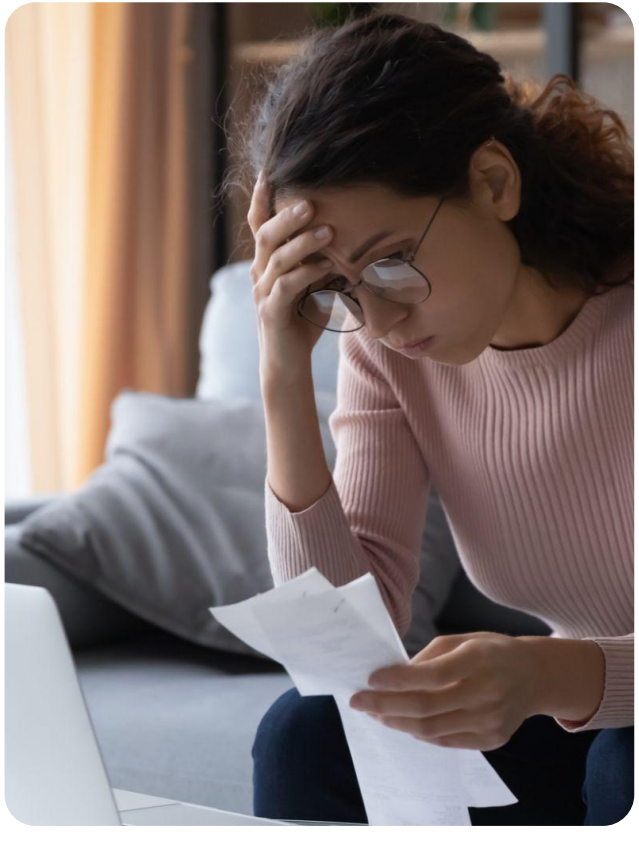
## Navigating Bureaucracy and Inaccessible Resources

The process of finding and qualifying for treatment is often a complicated and frustrating experience, even for those with insurance. Some have to make it seem like they are much worse off than than they are as in the first example below:

**Kristina** faced significant barriers in accessing inpatient treatment, particularly due to insurance complexities that required her to "embellish" her addiction severity to qualify. She noted that even with insurance, she had to navigate a difficult system to find a provider who would cover her care.

**Bob** mentioned the absence of places for people to "chemically detox under medical supervision" and comprehensive after-care plans, forcing individuals to detox on the streets or in tents.

**Tara's** experience with the legal and housing systems was a series of discouraging bureaucratic hurdles. After she was evicted while in rehab, she had to work with Fair Housing of Northern California to get the judgment reversed, a process that required significant effort and advocacy. She described the initial experience as a "negative four," feeling that her efforts to get better were being undermined by the system.



## Theme 4

# What Resources?!

While resources for substance use recovery exist, they are often poorly advertised or difficult to access. Many individuals stumble upon them by chance, are referred by a compassionate professional, or learn about them through word-of-mouth. This makes finding help feel less like a straightforward path and more like a scavenger hunt.

## Informal and Word-of-Mouth Referrals

Much of the information about recovery resources is shared through informal channels rather than official campaigns.

### Family Intervention

In some cases, a family member's intervention, no matter how chaotic, led to a person finding help. For example, Sam's father, who was also an alcoholic, started bringing Sam to AA meetings, which planted the "seed" of sobriety.

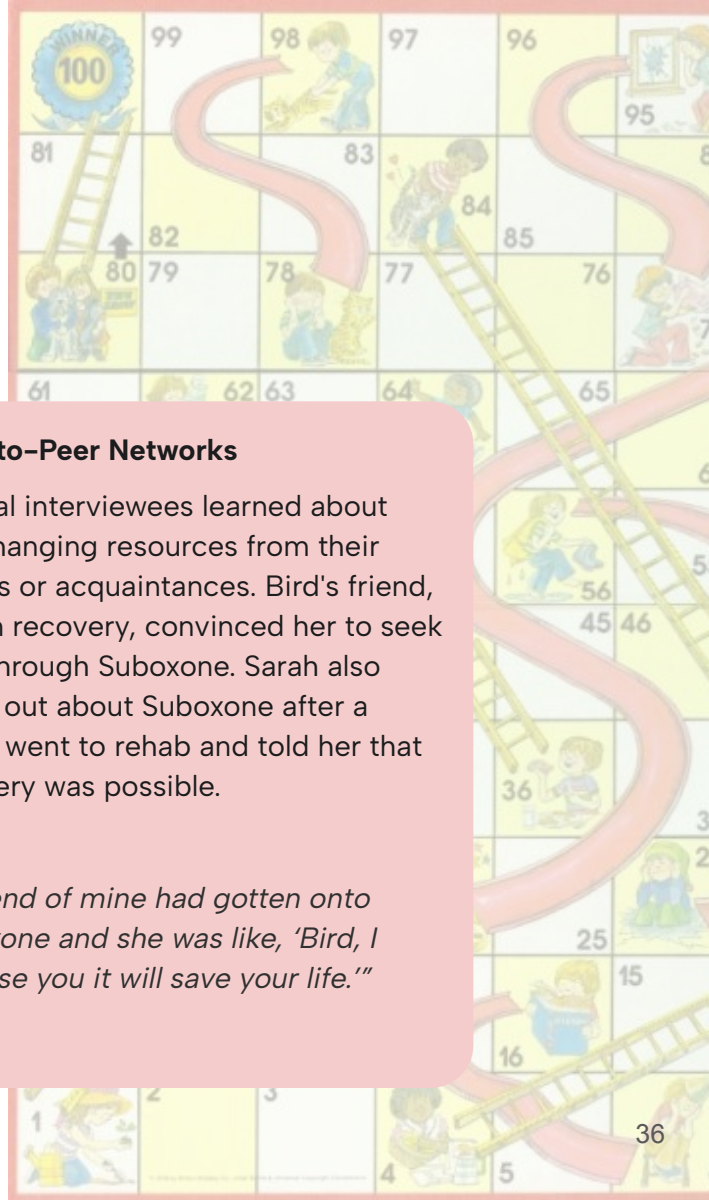
### Compassionate Professionals

Some people found their way to help because a professional went above and beyond. Bob's mother, a recovering alcoholic herself, went to the Drug Abuse Alternative Center and arranged for him to be put on a waiting list for a program. Staar was introduced to a job by a sheriff's officer who had previously arrested her, a pivotal moment in her recovery.

### Peer-to-Peer Networks

Several interviewees learned about life-changing resources from their friends or acquaintances. Bird's friend, also in recovery, convinced her to seek help through Suboxone. Sarah also found out about Suboxone after a friend went to rehab and told her that recovery was possible.

*"A friend of mine had gotten onto Suboxone and she was like, 'Bird, I promise you it will save your life.'"*



## A Lack of Public Awareness

Public messaging about substance use resources is largely ineffective or non-existent, leaving many people unaware of the options available to them.

### Ineffective Campaigns

Many interviewees said they couldn't recall any specific campaigns or commercials that stood out to them. The ones they did remember, like the DARE campaign or "This is your brain on drugs," were largely seen as a joke or were not taken seriously at all.


### Demand for Better Information

Wendy explicitly wished for "more messages about local treatment centers and doctor's offices that can provide Suboxone" because rehab is often too expensive and inaccessible. She mentioned seeing online Suboxone clinics advertised on Instagram, which she found to be a valuable resource she learned about by chance.

### The Anonymity Hurdle

Bob noted that 12-step programs are anonymous and therefore "don't advertise," which makes it difficult for people to find them unless they are actively seeking them out. He suggested that more general advertising about available help could be beneficial.

## Theme 5

# Healing In A Party Town

The Lower Russian River Area, particularly Guerneville, simultaneously provides support and presents significant challenges for individuals struggling with substance use. It's reputation as a "party town" is a tourist attraction, but is unhealthy for locals with substance issues.

Interviewees also highlight how the close-knit nature of the community can offer a powerful safety net, but can also be a source of judgment and a barrier to recovery.

**LRRA as a Support System**

**VS**

**LRRA as a Barrier**

## LRRA as a Support System

**Relational Support:** Many individuals found that personal connections within the community were an effective form of help. **Bird**, a mother and a long-time resident, described her town as a "big family" where people with diverse backgrounds support each other during crises like floods or fires.

**Informal Interventions:** The tight-knit nature of the area means that people often notice when someone is struggling, leading to organic, compassionate interventions. **Bird** recounted how her clients, noticing her weight loss, gently asked if she was okay. These small, caring acts planted seeds for her considering recovery.

**Shared Experience:** The community provided a sense of belonging and reduced feelings of isolation. **Selena and Loki** found a powerful connection in a peer support group at West County Community Services, where they could relate to others with similar struggles.

VS

## LRRA as a Barrier

**Lack of Resources and Infrastructure:** Several interviewees pointed out that while resources exist, they are often disconnected. **Kristina** observed a "lack of communication among resources despite their abundance in some areas, hindering support for those most in need".

**Normalization of Substance Use:** The social fabric of the community can normalize substance use, making it harder for people to quit. The Lower Russian River area is known as a resort town with a "*party scene*". **Staar** *"found a very small base of people who were committed to recovery"* and ultimately concluded that "*it was not a very conducive environment to being in recovery*".

**Stigma and Exclusion:** Even within a supportive community, individuals face judgment. **Wendy** felt that her family, who had their own substance abuse issues, still treated her differently and made her feel ashamed . **Staar** observed that the sober community could be *"judgmental and intolerant of people who were sick like me*," creating an "us and them" dynamic.

## Theme 9

# Kindness Almost Always Wins, But Some Harshness Wins Too

While kindness and compassion are often pivotal in an individual's recovery journey, for others, the harshness of consequences and hitting "rock bottom" are the necessary triggers for profound change and seeking help. These contrasting experiences highlight the two different motivations individuals need to take steps towards recovery.

**Kindness and Compassion** VS **The Necessary Harshness of Consequences**

## Kindness and Compassion

**Dr. Jared:** Several individuals mentioned Dr. Jared's compassionate and nonjudgmental approach. Tara, recalled:

*I was trying to shoot up in [the clinic] bathroom. I was so sick…and just a hot mess at this point. And [Dr Jared] gave me zero judgment …he just wanted to help me – whatever that meant. So I actually started on Suboxone with him.*

**The Sheriff's Officer**: Staar's story is a powerful example of how kindness can transcend professional roles. An officer who had previously arrested, found her a job. Staar describes this as a "transformational" moment in her recovery.

See her story, **An Officer, Some Kindness & a Transformation,** on the next page.

**Community and Family Members:** Bird mentioned that clients and her mother-in-law "lovingly" noticed something was wrong, which mattered to her a great deal. She believes that these kind, relational approaches, like a doctor asking "Are you okay?", were subtle "seeds" that planted the idea of recovery in her mind.

VS

## The Necessary Harshness of Consequences

**Losing a Child:** For Sam, the most effective intervention was when Child Protective Services (CPS) took his daughter away. He stated that this event "got my attention 100%" and “solidified the journey” to sobriety.

**Legal Troubles and Jail:** Many interviewees cited legal troubles as a catalyst for their recovery. Staar, for instance, noted that getting “busted” by law enforcement was the negative experience that led her to attend her first AA meeting in jail, marking the beginning of her recovery journey. Bob repeatedly stated that his sobriety was forced through "consequences" and "the court system".

**Physical and Emotional Rock Bottom**: Barry's journey began after a suicide watch was put on him following a period of destructive alcohol use. He also experienced a five-year period of “the most destructive alcohol use of [his] entire life”. This and a later "suicidal episode" broke his sense of hopelessness and led him to seek a new way of life.

# An Officer, Some Kindness, & a Transformation

***Starr's Story, Edited***

I was out of jail for about two months when I ran into Officer Jones* at a coffee shop – the very one who sent me to jail. I went right up to him and shook his hand, and said "Officer, thank you for this new lease on life!" He asked me how things were going, and I told him, "I'll be six months sober tonight at AA, but I'm still couch surfing and I can't find a job."


Later that night, I was getting ready to start the AA meeting when a cop car pulls up. And then someone runs in and says, "Staar! Staar! The cops are here for you!"

Shocked, I was like, "What the fuck?"

I went outside to see, and it was Officer Jones. He said, "I think I found a job for you. Call this number."

So I did. And I interviewed, got the job, and had it for nine and a half years.

I just always think of Officer Jones being transformational in my recovery.

*pseudonym

Theme 8

# The Internal Healing Spark & Continuous Accountability

Internal motivation and continuous self-accountability mentioned as a crucial element of recovery for some. Many individuals expressed that a genuine desire to change, rather than external pressure, was the key to their long-term sobriety.

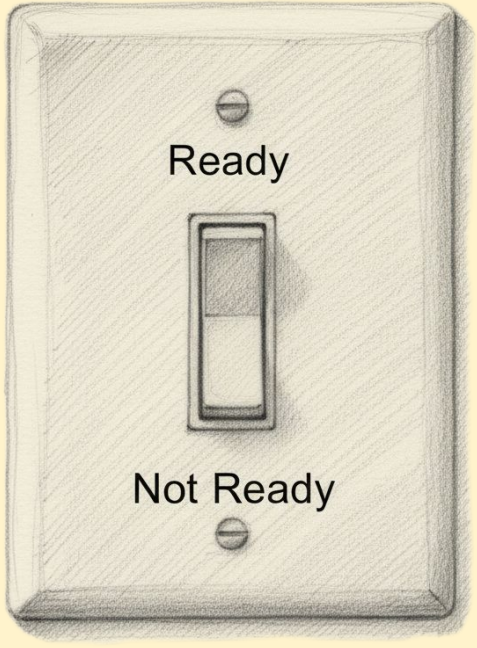
These two themes fit together because without the catalyst of the internal motivation, continuous accountability is impossible. And without continuous accountability, the spark is only a spark and not sustainable to healing.

## Internal Motivation

The initial, often difficult, step of deciding to seek help or make a change – it's the internal "flip of a switch" or a recognition that one's life is unmanageable and that the desire to be sober must be genuine and for oneself.

**Wanting to Change:** Interviewees often described this as the "want to want to get well". Jasper's experience is a clear example; they were able to quit cocaine because they "wanted to". Sam noted that recovery programs don't work unless an individual genuinely desires it.

**The "Gift of Desperation":** For many, this motivation was born out of a "rock bottom" or "gift of desperation" that made a life of addiction unbearable. Bob explained that he was forced into recovery by consequences like legal trouble, which created the desperation needed to change.




## Continuous Accountability

The necessity of self-reflection and taking ownership of one's actions is the foundation of long-term recovery—not just an initial step, but a continuous process of self-correction.

This involves honestly assessing one's behavior and acknowledging how it has harmed oneself and others. **Barry's** recovery was transformed by a "rigorous self-accountability" and addressing past mistakes. He realized that his own self-imposed harm was the primary obstacle, not external factors.

**Loki** admitted that he often didn't care about hurting others because he felt they were all "liars" who would eventually leave him anyway. His path to recovery involved taking accountability for his actions, leading him to a place where he was able to build a healthy relationship with his wife, Selena.

## Theme 6

# To MAT, or not to MAT

There is a complex and divided perspective on Medication-Assisted Treatment (MAT). While many interviewees acknowledge its life-saving potential and role in stabilizing recovery, others view it as its own form of dependency.

**The Case for MAT:**

A Life-Saving Tool

VS

**The Case Against MAT:**

A Barrier to True Sobriety

## The Case for MAT: A Life-Saving Tool

### Breaks the Cycle

Several interviewees see MAT as a powerful tool to interrupt the destructive cycle of addiction. **Jasper** called Suboxone a "miracle" that made getting sober from opiates "super easy" because it blocked the effects of other drugs and prevented cravings.

### Provides a Safety Net

The medication serves as a safety net that reduces the risk of overdose and offers a buffer against relapse. **Wendy** shared that being on Suboxone made her feel more secure, knowing that even if she had a bad day, it would take "a lot of work" to get high, making a relapse less likely.

### Allows for Functioning

For those who need to maintain a semblance of a normal life, such as working or caring for family, MAT provides the physical and mental stability to do so. **Sarah**, a project manager and parent, described Suboxone as a "very stabilizing experience" that helped her think through her decisions and manage cravings, enabling her to live a productive life.

VS

## The Case Against MAT: A Barrier to "True" Sobriety

### Replacement, Not Sobriety

**Sarah** expressed a desire for more transparency from MAT programs, arguing that they are essentially a replacement for one substance with another.

### Hindrance to Spiritual Growth

**Bob**, a heavily involved member of 12-step programs, stated that "complete abstinence is the only way for me" and that a person cannot have a "spiritual experience" while taking mind-altering chemicals like Suboxone.

### Long-Term Dependency and Withdrawal

The difficulty of getting off MAT is another major concern. **Jasper** mentioned that he was self-tapering off Suboxone because its withdrawals were "worse than the fentanyl withdrawals".

### Lack of Counseling

**Sarah and others** emphasized that MAT is ineffective without intensive counseling to address the root causes of addiction. Without this, a person is simply managing a physical dependency without healing the psychological and emotional wounds that led to the substance abuse in the first place.

Theme 7

# Parenting as a Powerful Motivator for Recovery

The well-being of children serves as a powerful motivator for parents to achieve and maintain sobriety, driven by the desire to rebuild trust, provide a stable home, and overcome the regret of past actions.

## The Child's Well-being as a Turning Point

The interviews consistently show that the thought of a child's future, safety, or perception of their parent can be a final push toward sobriety. This realization often serves as a critical turning point that provides the motivation to seek help.

For **Wendy**, the desire to have a family of her own was a key motivator for getting serious about treatment.

*“I don't even want to vape ever [again]. I don't want it to ever be a part of my child's life just because of how negative it affected me in my life. I don't I don't wish that on anybody.”*

**Kristina** felt that all the work she had done in her recovery gave her the *"tools and the knowledge and the experience to really create a safe environment"* for her children. She expressed that this renewed relationship, in which her daughter feels safe enough to come to her for help, *"drives my sobriety even more"* and makes her feel that she can never drink again.

**Selena** on a key trigger for getting sober:

*"My daughter’s dad [was] in prison and she was 10 years old at the time. I just remember thinking like what is my daughter going to think of like her dad [in] prison and her mom on drugs."*

**Beatrice** on how her pregnancy was a motivation for sobriety:

*"my pregnancy was … the highlight of my life because I cleaned up my act and I didn't drink, I didn't smoke, I didn't do anything. … my nature to be a mom kicked in and I that's all I cared about."*

## Rebuilding a Foundation of Trust

For parents in recovery, the ability to rebuild trust and provide a stable home for their children is a powerful reward that reinforces their commitment to sobriety.

**Kristina** rebuilt trust with her daughters by allowing them to express their anger and hurt without her getting defensive. She validated their feelings by saying, *"that must have really been shit for you,"* which, over time, led them to feel safe and secure enough to live with her and seek her support.

**Sam** took full custody of his daughter after getting sober, an achievement that reinforced his new way of life. He has an open and honest relationship with her and has taken responsibility for his past actions, acknowledging her anger and frustrations.

## The Pain of Missed Opportunities

The regret over time lost and harm caused to children serves as a constant, and often painful, reminder of the negative impact of addiction, motivating a person to stay on a positive path.

**Barry** said that his substance use severely impacted his parenting, saying to having significant "memory loss of time with their children" and making "thousands and thousands of promises" that he failed to keep. This past regret fuels his commitment to remaining dependable today.

*“There are many stretches of long periods of time with my children that I have no recollection of whatsoever. I was home every night, like never away from my family ever except for work hours. But I can't remember a lot of stuff. I just wasn't present. My body was there and I don't remember anything.”*

# Thank you

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**Questions about this report?**
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