



Transcript:

Breaking Intergenerational Patterns of Addiction, Trauma, & Dark Secrets

Presenter: Mark Sanders
Recorded on December 10th, 2020

PRESENTER 1: Welcome, everyone. We'll get started at the top of the hour. Thank you for joining our webinar today.

PRESENTER 2: Good afternoon, everyone. And welcome to our webinar today-- Breaking Intergenerational Patterns of Addiction, Trauma, and Dark Secrets in Families. Our presenter today is Mark Sanders.

This webinar is brought to you today by the Great Lakes PTTC, and SAMHSA. The Great Lakes ATTC, MHTTC, and PTTC are all funded under the following cooperative agreements. This presentation was created today for the PTTC under the cooperative agreements. And the opinions expressed in this webinar are views of the speakers, and do not necessarily reflect the official position of DHHS or SAMHSA. The PTTC uses affirming language to promote the application of evidence based and culturally informed practices.

We have some housekeeping details before we get started. If you are having any technical issues, you can individually message either Kristina Spannbauer or Stephanie Behlman in the chat section at the bottom of your screen, and they'll be happy to assist you. If you have questions for the speaker today, please add them in the Q&A section, which is also at the bottom of the screen. And we will respond to those questions following the presentation.

This is a two-hour webinar, so we'll take a five minute break at the top of the hour. Due to the large number of attendees, microphones and video will be turned off during the webinar. You will be directed to a link at the end of the presentation to a very short survey. We would really appreciate it if you could fill it out. It takes about three minutes.

We are recording this webinar. And it will be available along with the slides on our website. And certificates of attendance will be sent out to all who attend the full session. They will be sent via email, and will take about a week. If you'd like to know what else we're up to, you can follow us on social media with the Great Lakes ATTC, the Great Lakes MHTTC, or the Great Lakes PTTC.



Our presenter today is Mark Sanders. And Mark Sanders is the state project manager for Illinois for the Great Lakes PTTC, MHTTC, and ATTC. He is an international speaker, trainer, and consultant in the behavioral health field, whose work has reached thousands through the United States, Europe, Canada, Caribbean, and the British islands. Welcome, Mark, and we're happy to have you.

MARK SANDERS: And thank you so very much, Ann. And thank you, Julia, and Stephanie, and Kristina, and the Prevention Technology Transfer Center. So I'm going to put my slides up. And we'll begin.

And presentations often begin with polls. So let me take a moment to poll the audience. By show of hands, how many of you do outstanding work? Raise your hand if you're really good at your job. Very good.

How do you feel, by show of hands, that you're making the difference in the lives of at least one human being? It matters for at least one person. And how many of you feel, as a result of the work that you do, that you deserve a \$90,000 a year pay increase? And every hand goes up twice. It means we're in good company.

About four years ago, I was flying in from Arizona to Chicago, where I live. And I was sitting next to a man with six purple hearts. How do you earn a Purple Heart? I'm glad you asked. Bravery.

He was a World War II veteran, about 90 years old. In other words, for 3 and 1/2 hours I'm sitting next to the bravest human being I've ever met in my life. And at one point, he asked me, he said, Mark, what do you do?

I said, I'm a social worker. I give speeches. I talk to social workers, counselors, case managers, prevention specialists. And he told me to tell you, thank you for your service.

I read a book called Good to Great, and the author said that you can tell what's most important to a society by its tallest buildings. You see, 100 years ago the tallest buildings were churches. Today, the tallest buildings are Fortune 500 companies and Fortune 100 companies. The author said that no society is great just because you have tall buildings, and Fortune 500 companies, and Fortune 100 companies.

Society is great when you have great counselors and prevention specialists, and psychologists and therapists-- people like you, who help others for a living. So if you are in a room anywhere near a mirror, I invite you to look at yourself in the mirror and repeat these words to yourself-- this is your lucky day. You're looking at greatness. Take a moment if you could and claim that. The world can't not reimburse you enough, pay you enough, for your important work.



So I have two stories for you before we begin. And periodically through our time together I'm going to share stories with you, and let me tell you why, because prevention specialists show up with facts about drugs. What I've learned over the years-- people forget facts, but they remember stories forever. And if somehow you can connect a fact with the story, then people will also remember the facts for a long time as well.

So the first is a gift to you about a baseball player named Lou Gehrig, who played baseball 100 years ago. And he was teammates with a man named Babe Ruth. In the 1940s, they made a movie about his life called *The Pride of the Yankees*. And he went in front of 40,000 screaming Yankee fans-- it was his last game-- and Lou Gehrig gave this speech--

Today-- there was an echo in the stadium-- today-- today, today-- I feel-- I feel, I feel, I feel-- like the luckiest man-- man, man, man-- on the face of this earth-- earth, earth, earth. So I feel like the luckiest man on the face of this earth. How could he be lucky? He was dying. Lou Gehrig was dying of a condition, which they later named after him-- ALS, Lou Gehrig's disease.

So I looked up the back story. The story that I read was the day before he gave that speech there was a 12-year-old boy in the hospital. The boy was sick. He was dying. He refused to take his medication.

And doctors told his mother, your son will be dead soon, unless he takes his medication. The mother knew that Lou Gehrig was her son's hero. So she called the Yankee organization and asked if Lou Gehrig could come to the hospital to convince her son to take his medication. He showed up, and the boy's eyes got so big, he saw his hero.

And he said, I'm still not going to take my medication, unless you hit a home run tomorrow. Lou Gehrig's said, OK, I'll hit a home run tomorrow. He didn't hit a home run. He hit two.

Now fast forward, right before he gave the speech, the mother called the Yankee organization, and word got to Lou Gehrig that her son started taking his medication. He felt lucky, because he was able to help someone. And you're fortunate, because you get to help others for a living. And those that you serve are fortunate, because of your important work.

Second story. I've been a drug abuse counselor, prevention specialist drug counselor for 38 years. People ask me, how do you do that for that long? People have told me, I haven't been alive for that long, how are you for how many years? The answer is recovery.

So a few years ago, I was leading a group with seven teenage girls. And all of these girls were trauma survivors, and they were using drugs to cope. And between these seven teenage girls, they had a grand total of seven days of recovery. In other words, the only recovery those girls had was that day.



And I heard in the residential facility where they were receiving services that there was a 19-year-old young adult woman in the same building with three years of recovery. So I selfishly thought what you would have thought that we needed her in this group, so her recovery could rub off on them. Did you know that recovery is contagious?

So I called her counselor. Can she join our group? No, she's doing fine all by herself. I called the counselor again. Can she join our group? No, she's doing fine all by herself.

And I called a third time, and maybe there's something magical about three. Her council says, OK, she can be in the group. Turns out she wasn't doing fine. She said, I was going to relapse today. Our timing was impeccable.

Second group. She said, Mark, I want to be a social worker. I want to help girls. I said, you can be a social worker. You can help girls. She came back the following week and said, when you said I could be a social worker, I could help girls, I cried all week. She says, I have three therapists before, you were the only one who said that I could do it. I could be a social worker.

And I told her there's only two things that qualify a person to do the work that you do-- you're either an expert, meaning you went to school to study it, or you're a witness, you lived it. She was a witness. She was sexually abused by her uncle when she was a little girl, and started using drugs to cope.

When I said she could be a social worker she was in community college majoring in general studies. Declared her major social work. She got an associate degree in social work. Went to University, received a bachelor's degree in social work.

In March of 2018, she called me and said, will you come to the agency? I have a surprise for you. And when I showed up, she was wearing a sweatshirt from one of the most prestigious universities in the world, and showed me a letter where they honored her with \$50,000 in scholarship money towards her master's degree in social work.

In June of 2019, I attended her graduation ceremony. And I saw her walk across the stage when she received her master's degree in social work. It's been these kind of experiences that have kept me going for a long time.

I'm so glad you're with us. Let us chat, because I'll ask you to chat periodically throughout, so that we can have an active process. So if you can find your chat button, I want to know what do you do?

What's the work you do? What your specialization? What do you do?
Because if I can know what you do, then we can make sure that we tailor this presentation to the work that you do. And Kristina will let us know about your work.



PRESENTER 1: So far we have folks working in corrections, prevention social work, OUD prevention specialist, mental health counselor, SUD counselor, folks that are working in youth prevention. It's going very quickly. So I'm reading as fast as I can. Certified professional, physician, I think that was. Some medical folks in there, too.

MARK SANDERS: So that sounds like-- thank you, Kristina-- like we have a range of professionals. So know that our presentation today is divided into three parts. We'll spend about 17 minutes just talking about the history of trauma and addiction in America. And bear with us, because I know that the best in every field understands the history of that for you.

You know Mike Tyson, the boxer? He could have used your prevention services a long time ago. You know he's 54 years old?

And last week he fought an exhibition at age 54. He said he actually smoked some weed before the fight. He could have used some of your services. Mike Tyson understood everything that happened in the heavyweight division of boxing 100 years before he was born.

So we'll talk about history. And I think some of you are going to conclude that it's really difficult to do really effective prevention without addressing trauma. Could you imagine trying to get teenagers to stop getting high in the midst of COVID-19, without addressing COVID-19?

We'll spend the bulk of our time talking about strategies to break intergenerational patterns of addiction, trauma, and dark secrets. And then, we should have a little time at the end to talk about how do you mobilize an entire community to work together to begin to break these intergenerational patterns. So let us begin.

All right, so one risk factor for intergenerational patterns of addiction is trauma. There's a book written by Johann Hari called Chasing the Screen. New York Times best selling book. And Johann Hari wanted to understand the American war on drugs during two eras, the 1930s and today.

And why did we have a war on drugs in the 1930s? I'm glad you asked. Because we outlawed liquor and in 1919, people could not buy alcohol, and whenever you can't buy alcohol the gangsters get involved in selling alcohol, or marijuana, or crack cocaine.

So in the 1930s, the war on drugs was with Italian gangsters, like Al Capone, who was a bootlegger of liquor, Bugs Moran, a leader of an Irish gang. He was a bootlegger of liquor. The war on drugs in the 1930s was Mexicans along the border, and the Chinese in San Francisco, because they were so successful, and one African-American woman, singer Billie Holiday, after she sang a song called Strange Fruit.



What's the gist of that song? You can look at it on YouTube. She's driving through the South in the 1930s-- '20s. And she'd see these African-Americans hanging from trees. And Billie Holiday said that's strange fruit.

And Harry Anslinger, who was the director of the Federal Bureau of Narcotics, which later became known as the FBI, he went to Billie Holiday, and said, I heard you use heroin. You need to stop singing that song, because that song, Strange Fruit, could incite a riot. Stop singing a song, or else I'll take away your freedom to sing. And Billie Holiday said, they silenced me when I was 10 years old. And they will never silence me again.

So then, recently, the author came to America, New York City specifically, to understand our current war on drugs. And the first person he interviewed was a 16-year-old transgender drug dealer named Chino. Found out that Chino's birth came about through a sexual assault.

Chino's mother was involved in prostitution. And Chino's father arrested the mother, and sexually assaulted her on the way to the police station. And Chino was born.

Then, the author says, would you drive me to Harlem? Because he wanted to meet everyone who knew Billie Holiday that was still alive. Found out the Billie Holiday grew up in a brothel, a house of prostitution.

And that when she was 10 years old there was a raid on the brothel, and they took her mother to jail. And when her mother returned from jail, there was a grown man having sex with 10-year-old Billie Holiday. So they let him go.

And they put her in solitary confinement for a year. That's what she meant when she said, you silenced me when I was 10 years old. You'll never silence me again.

Now, the UN says that solitary confinement over two weeks is torture. When she got out of solitary confinement, she started drinking heavily at age 11. She started using heroin as a teenager. You know how Billie Holiday died? Of an opiate overdose death.

Now, she was recovering. I'm sorry. She was in detoxification from opiates. While she was removing opiates from her system, she died of cirrhosis of the liver from all the heavy drinking.

So next the author flew from New York City to Juarez, Mexico. And why Juarez, Mexico? I'm glad you asked, because Juarez, Mexico is right at the border of Texas. And Juarez, Mexico is a city in Texas where El Chapo Guzman, and all the other drug cartel were killing each other to bring drugs into the United States to satisfy what historian William White called our insatiable appetite for drugs.



And he found that Juarez, Mexico is the heaviest drinking city of all of Mexico. He flew from Mexico to Vancouver, Canada, and met with the renowned psychiatrist Dr. Gabor Maté. And what he discovered was that in Vancouver, Canada there were more people using heroin in public than anywhere else in North America.

And he asked Gabor Maté why are so many people here using heroin in public? And Dr. Maté said because they're all trauma survivors. So the author put it together.

Chino-- sexual assault, trauma, selling drugs. Billie Holiday-- sexual assault, trauma, drugs. Juarez, Mexico-- lots of killings, lots of grief, lots of drugs. And then Vancouver, Canada-- lots of trauma, drugs. So he concluded that there was a relationship between trauma and drug use.

So one of my premises here is that as a nation we have never healed historical trauma, making it difficult for prevention efforts to be effective. We are a nation of trauma survivors. I can't see most of you, but I am convinced that most of you have histories of trauma.

Some of you are descendants of the Africans, who were enslaved-- trauma. Some of you may be descendants of the indentured servants. These were Europeans, who came to the New World from prison. They were allowed out of prison to the New World to work off their prison sentence through seven years of slave labor.

Some of you may have Native American ancestry. And what we know is that Native Americans developed the highest alcoholism rate in the world. Three things happened-- hundreds of years of massacre, their culture was taken away-- and culture's what people fall back on during difficult times-- and number three their land was taken away. And home is historically known as a safer place.

Some of you have Hispanic-Latino ancestry, heritage. And I understand that after Columbus left the new world and went back to Spain, and Spain took over Latin America, there were millions of Latino-Hispanics were killed-- trauma. Some of you are descendants of European immigrants, whose family came to the New World 100 or 200 years ago via Ellis Island, and they saw the Statue of Liberty.

I've been asking people whose ancestors came 200 years ago, what's the reason they came? And here the most common answers-- escaping World War I, escaping World War II, escaping Hitler, escaping religious persecution, escaping poverty, escaping the potato famine. In other words, trauma. So you, too-- it might have been generations ago-- are a trauma survivor.



Some of you may be refugees. Of course, the difference between a refugee and an immigrant is that an immigrant shows up in a land seeking, a refugee is escaping poverty, famine, natural disasters. And then there were wars.

And there's a book called *The Alcoholic Republic*. And the author's research indicated that Americans drank more alcohol per capita the first 40 years after signing the Declaration of Independence than any time in our nation's history. Those years would be 1776 to 1806.

They drank more than people drink now. They didn't even have happy hour back then. They didn't have women can drink every Thursday night for \$1 per drink.

Why'd they drink so much back then? They had rationale for it. They said the British had all the tea. They didn't have bottled water, so water wasn't pure. They didn't have refrigeration, so milk spoiled easily. The reason they drank so much back then-- Starbucks was too expensive.

The reason they drank so much alcohol back then was because they were in a war-- the American Revolutionary War, which was fought over taxation without representation. And the wives were particularly concerned with how much their husbands and their sons were drinking following the war, thus they established, even back then, the relationship between trauma and heavy drinking. The wives were concerned, especially Martha Washington, the first first lady.

And she created what's called the Temperance Movement. And wives back then would have their husbands go to church on Sunday, put their hand on the Bible and make them pledge that they would stop drinking whiskey or they would switch from whiskey to beer. Did it work? No, because they never addressed the nightmares and the trauma of war.

Does anyone know the reason African-American History Month is in February? You know the reason? Let us chat.

Why is African-American History Month in February? Why not June? Why not September?

Why February? Usually when I ask that question somebody will say it's because it's the shortest month of the year. What do you see there, Kristina?

PRESENTER 1: That was actually the first submission was shortest. So nothing much come in through the chat.

MARK SANDERS: Let me answer. This will shock you. African-American History Month was in February to celebrate the birth of two men-- Abraham Lincoln, who was born on February 12th. After he signed the Emancipation Proclamation, they were free. And the other was to celebrate the birth of



Frederick Douglass, who was thought to be born on Valentine's Day, February 14.

Frederick Douglass was the first prominent American recovering alcoholic. Did you know he was a recovering alcoholic? And his famous quote is we can't stagger to freedom. What good is it for people to be free and enslaved by liquor?

You see, Frederick Douglass was really brutalized during slavery. So he had symptoms of post-traumatic stress disorder, which he medicated with alcohol and other drugs. And he believed that alcohol was a way to control the slaves. They would beat us Monday through Friday, let us drink on Saturday. And once we discovered that alcohol can be medicine for trauma, who would want to escape?

Looking at the Bill of Rights, the Constitution from trauma-land. You know, the Bill of Rights, the first 10 amendments to the US Constitution represent everything that a trauma survivor would need coming out of war. The first is the freedom of speech. The second is the right to bear arms. Am I making this up?

When we have political elections and one politician says that the other side is going to take your guns, as Americans we freak out. It's almost like we have a collective flashback. Note that that goes all the way back to 1783. You don't have to let soldiers live in your house. Nobody can search your body, unless they can prove to a judge there's a good reason to do so.

I have a question for you. Before COVID-19, how many hugs that you get a day before COVID-19? We want to know is there any hope of deprivation among prevention specialist. How many hugs per day?

PRESENTER 1: So we had a couple of hands that went up. We had everything from 0 to 2 to 3, 3 to 4, up to, I'm seeing, 10, 15, or 20 a day, which is--

MARK SANDERS: You know what I've learned Kristina? Is that people who get-- 20 a day. Oh my God-- people who get lots of hugs, they always say their kids, their grandkids, their pets.

They never say their spouse. Does anybody here ever get hugs from your spouse? I know my wife can't stand me. I told her I'd be gone two days. She said stay three.

You see they figured out in 1783 that trauma lodges itself in the human body. Bessel van der Kolk wrote a book called *The Body Keeps the Score*, how the brain can forget the trauma the body remembers. That's why you hug somebody who has a history of trauma, their whole body might tense up. They knew that back then.



A grand jury is needed to be tried for a serious crime. Notice how many of these about the criminal justice system. They just can't take your house without paying a fair price.

You have the right to a speedy trial. You have the right to a jury trial. You have the right to a reasonable bail. All about the criminal justice system.

Would you take a moment to read 9 and 10? To me what 9 and 10 read, if we missed anything, you have those rights too. They asked George Washington would be the first president, he said under one circumstance-- two terms, because we came out of dictatorship. And that was traumatic. So if I can only do two terms, I'll be president United States.

And the Civil War. A four year war. What was it? 1861-1865.

Did you know that more people were killed in the Civil War than all of our other wars combined. More people were killed in a Civil War than all of our other wars combined. And that we learned that during the Civil War soldiers were given a pint of alcohol per day to deal with the trauma of war. Notice how we're connecting the two. So how do you address one without the other.

So do you remember where you were September 11, 2001? Most people remember exactly where they were. When I talk about that, some people say they were in kindergarten. I've had people say that they were incarcerated September, 2001, September 11. And they got the news.

Well, what happened September 12, 2001 is that the drinking in all five Boroughs in New York increased. Those of you who've been around for a few 24 hours, who were alive in the 60s, 70s, and 80s, remember a time when you can go to the airport, your family could go all the way to the gate with you, and wait for your plane. You could give your family a hug. Well, since September 11, every time we go to the airport, we are reminded that those World Trade Towers were struck. We now go through like a machine that can see through your body, a machine that can see through your body. And they still search you at the same time, that intrusive search.

So a question. I'm asking you to predict in what year do you think things will go back to the way they used to go the way they were at airports before, where there's no search? Your kid can come to the plane with you and give you a hug before you board it? What year will that happen again? I'm asking for your prediction.

PRESENTER 1: We have a lot of "nevers." A lot of "nevers," or it won't happen. And someone was very hopeful, and said 2022. So that's a very hopeful person. I like that.

MARK SANDERS: And Kristina, the most common response is what?



PRESENTER 1: Never.

MARK SANDERS: So let me tell you what you're saying, my friends, you're saying that for the rest of our lives, and for eternity, we're going to be strongly impacted by September 11. So we were talking about the Civil War. Do you think in 2020-- this is a yes or no question-- do you think there's still tension in American in 2020 between the northern states and the Southern states based upon the Civil War? Is there still tension?

PRESENTER 1: That looks like an overwhelming yes from people.

MARK SANDERS: OK, so here's the deal, as a nation, we have never recovered from our historical trauma. And the national residue is that we have more guns than people. We have the highest homicide rate in the world. We have the highest imprisonment rate in the world. The US is 5% of the world's population, and 25% of the world's prison population.

We lead the world in cigarette smoking. Why is that important? Because in past years prevention specialists said that tobacco was a gateway drug. And there's more to it than that.

It is a gateway drug. But the other thing we know is that cigarettes kill more people than heroin, methamphetamines, crack, cocaine, all illicit drugs plus alcohol. Nicotine is taking people out.

As a matter of fact, nicotine is the drug of choice of the traumatized. If you see a young person, 12 years old, walking down the street smoking a cigarette, your first question should be what happened to him? What happened to her?

This is often the first drug. Tell me I'm making this up. There are people who have given up methamphetamines, crack, cocaine, and heroin, who are still smoking cigarettes, because they connect the cigarette smoking to the early trauma.

They asked Victor Frankl, the Holocaust survivor, what helped you most when you were in a concentration camp, dealing with the concentration camp, he said cigarettes. And they asked him, knowing what we now know about the relationship between cigarette smoking and cancer, would you still have smoked in the concentration camp? He says, of course.

Bill W. and Dr. Bob, the co-founders of Alcoholics Anonymous, they didn't die of alcoholism. They died of nicotine related causes. The first drug. Marty Mann, the first woman to ever achieve recovery in Alcoholics Anonymous, she didn't die of alcoholism. She died of nicotine related causes.

Because we have never recovered from our historical trauma, we have a high tolerance for trauma as a nation without taking action. So much of the Fentanyl coming to the United States is coming through China through mail



and other legal points of entry. And so what we're talking about now is trying to seal the northern and the southern border to keep drugs out, but they're coming in legally.

And we also know an interesting kind of fact that even if we can seal all of our borders try to keep drugs out-- you know Al Capone is the most famous Chicagoan ever, the bootlegger of liquor. And Bugs Moran was so famous-- bootlegger liquor. But what'd we learn from Johann Hari? During the war on drugs in the 1930s, the biggest drug dealers were not gangs. They were government officials who took bribes.

Let me ask you a question. In 2020, we were able to seal all of our borders to keep drugs out. Do you think government officials will take bribes and let drugs in, in 2020?

PRESENTER 1: Another overwhelming yes response.

MARK SANDERS: So here's what I'm believing, Kristina, that to begin breaking intergenerational patterns of addiction prevention efforts need to focus more on decreasing demand, because Americans, some of us, will drink bleach if there's no alcohol to drink, or rubbing alcohol. So there's a book I read that's called *It Didn't Start With You*. It really pretty much influenced this presentation. How inherited family trauma shapes who we are and how to end the cycle.

And in the book the author explains why we do so many animal studies to understand humans. And it had a lot to do with the Tuskegee experiment. You might remember that in Alabama between the 1950s and 1970s, there were African-Americans who had syphilis.

And they went to the clinics in Alabama to get medication for syphilis, and they were told they were being given antibiotics, but they were really given something like water pills. And the researchers wanted to know how would syphilis spread in the human body if it wasn't treated. So after the government found out about that, they passed a law that says if you do any research with human subjects, you have to demonstrate how you're not going to harm them.

So in the book the author explained why we do so many experiments with mice. And what he said is that mice are small, as they are, they share 99% of the same DNA pattern as humans. So here was a study, they took these mice, and they surrounded their cage with a sweet smelling fragrance-- something like perfume, maybe by Yves Saint Laurent or Estee Lauder.

And then, they introduced trauma and electric shock. And those of you who are trauma specialists can attest to this fact that when a person is being traumatized, of the five senses, the sense of smell is the most pronounced. I know that up close and personal.



My grandfather had such a alcohol addiction, alcohol use disorder, you wouldn't need a DSM to diagnose him. You could smell alcohol coming out of his pores. He drank Seagrams 7 straight from the bottle. Never throw away a bottle.

He tried to care for me and my siblings when we were kids, but he was so intoxicated, it was traumatic. And 50 years later, if I close my eyes, I can smell his liquor. The sense of smell.

What the researchers discovered is once these mice connected the sweet smelling fragrance to the trauma of the electric shock, the next four generations of their offspring, every time they smelled that smell, they would either try to run and hide or duck. And they weren't even born yet. You see I have hope that we can actually break intergenerational patterns of addiction, because of my own family.

My father died smoking crack cocaine May 29, 1986. My daddy was found dead in the closet at work. And next to my dad was a cocaine pipe.

And a month after my father died smoking crack cocaine, my uncle Isaac-- my youngest uncle-- went in front of a judge. He said, your honor I don't want to go to prison this time. I want to go to drug treatment.

And the judge said, I'm looking at your rap sheet. You've been committing crimes since you were 10 years old. Why should I put you in drug treatment?

He said, three reasons, your honor. He said, my father died of cirrhosis of the liver-- my grandfather. He said, my brother-in-law just died smoking crack cocaine-- my father.

He said, I don't want to die. I want to live. The third reason is because, your honor, look at my rap sheet again. Every crime I ever committed can be explained through untreated addiction.

So they put my uncle in drug abuse treatment. And he was the first one in the family to get into recovery. And we count 30 people in our family who've gotten in recovery since.

Sometimes all it takes is one. We have like three generations now of recovery happening in our family. The first thing my uncle Isaac did was he went into public housing to meet with his daughter, and convince her to go back to school. She had dropped out of school.

That's his daughter, my cousin Yvette. And she's wearing her cap and gown, where she received a Ph.D. And my cousin Yvette was the first one in the family to get the Ph.D. Oh, I have hope.



She wrote a book called Going From Public Housing-- in Chicago, we call public housing the projects-- Going From The Projects to Ph.D. And there's a picture of my cousin. Do you notice the physical resemblance between my cousin and the young man in front of her? That's her son.

And that picture is of her son getting a college degree at the University where his mother works as a professor. What a glorious day. And she says, Mark, she said addiction and overdose death, it ended my brother's life, but none of my sons have addictions. We were able to skip a generation.

So we want to put some science to this. You have heard of ACEs, Adverse Child Experiences, where they asked 18,000 patients 10 questions to find out if there was a link between childhood trauma and medical complications later in life. 10 questions around abuse, witnessing domestic violence, parental mental illness, or substance abuse that you live with, parental separation and divorce. Did you lose a parent before age 18 to death, deportation, or incarceration?

And what they found simply is compared to an ACE score of 0, personal scores of 4 is 8 times more likely to develop a substance use disorder. A score of 5, the person is 10 times more likely to develop a substance use disorder. The life expectancy of most Americans is 80 to 85. And yet, a person who scores a 6 on the ACEs, in terms of childhood trauma, the life expectancy is age 60.

In other words, childhood trauma can reduce one's life expectancy by 20 to 25 years. That's why I say that we need more prevention models that are also trauma informed. I did a Google search-- very little, very little.

So let's talk about our strategies. The first one is that we want to make sure that we're able to shift. We want to make sure that we shift the unit of service, both prevention and treatment, from the individual to the family and extended family.

You see what I learned from Native Americans-- and we'll say more about this a little later-- but Native Americans, and other communities that I work with like Laotians, Cambodians, and Vietnamese, and African refugees, they do prevention and treatment together. They say things like, what good is it for the kids to be in recovery and the parents are still getting high at home? You know who agrees with that? Is Catalano and Hawkins.

So we tend to have our prevention curriculum in school. But what has more impact, our curriculum or the parent's drug use? Let me tell you what Catalano and Hawkins's research said-- that when parents smoked cigarettes at home, their kids are more likely to smoke marijuana.

And when parents smoke marijuana, their kids are more likely to use cocaine. And when the parent uses the cocaine, the kids are more likely to use heroin.



They always up at one based upon perceived parental hypocrisy. So if nothing else, we should be including in our prevention work some curriculum for parents on how their drug use patterns impact their children.

Those of you who do treatment, I have a scenario for you. I'm going to ask you a question. There was a VA hospital in West Virginia that worked with men coming home from the Vietnam War with post-traumatic stress disorder. So all of these men have post-traumatic stress disorder from the Vietnam War, and they were all using heroin to cope with the trauma of war.

So the researchers went about the business of recruiting family members to be involved in these men's therapy, but they only considered the recruitment to be successful if you were able to get both of the parents involved in these men's therapy, if the parents were alive, and every sibling over age 12. If they couldn't get both parents involved and every sibling over age 12, they considered their recruitment of family members to be unsuccessful. Question- - let us chat. In what percentage of those cases do you think they were able to successfully get both parents involved in these men's therapy, if they were alive, and every sibling over age 12? What percentage were they able to achieve that?

PRESENTER 1: So we have some folks saying none. And we have some 25%, a lot of 10% to 15%. And a lot of very lows, or a 1% to 2% rate.

MARK SANDERS: OK, so let me tell you-- I'm going to give you the findings. I'm going to tell you right now where you can find this information. There's a book called The Family Therapy of Drug Abusers-- we don't use that language anymore. We say substance use disorders. But the book is called The Family Therapy of Drug Abusers by Thomas Todd, with two D's.

And he wrote up this recent study in the book. The answer is 85%, where they were able to get both parents involved in the therapy, if they were alive, and every sibling over age 12. Let me tell you how they were able to accomplish that. They decided that they would redefine their program as a family program. And in order for the veterans to receive services, they'd have to bring one relative to the first session. Bring one relative to the first session, we have lots of services for you.

And what they found is that when the person brought one relative that that relative will go back and tell the family that I participated, and he's serious this time. They decided that given a choice between the clients bringing in the family and you the counselor-- the research says you are a more effective recruiter, because you never stole from the family. You never went to prison repeatedly. So they weren't angry with you.

They found that if you use your more energetic workers to recruit, they were more effective than the workers that were burned out. They found if you allow the family to talk by phone about their hurt, their anger, their pain, and you



bonded with them by phone, they were more likely to come in. They found that if you were able to get the family on the phone, while the client was sitting in your office, and you said he's sitting with me right now, would you come to family therapy next week, they almost always said yes.

They did a 15 year follow up study. And they found that those men that they worked with, where both parents were involved in therapy, and every sibling over age 12, they were three times more likely to still be in recovery 15 years later than the rest. Why is that important? Because you can't begin to break intergenerational patterns, unless you can have some solid recovery in the current generation. I hope that makes sense.

And they were more likely to still be alive compared to the rest. And I asked Thomas Todd-- I met him-- what was your biggest surprise? And he whispered, and said how you whispering, because I didn't want everybody to know that we found this. As a result of working with the family, he told me a small percentage of these men were able to go from daily heroin use to two or three times a year once they got connected in a healthy manner with their family. But we didn't publish it, because we thought that so many people with addictions would think they're the ones that could do that.

By the way, we have so many clients that have histories of trauma that precede their addiction, it will become a challenge for so many of the clients that we work with. So what we want to do at this time is give you some examples of how you can work with parents of kids that have addictions, and how you can integrate prevention and treatment at the same time. We want to give some examples of that.

All right, so if you get the opportunity, I want you to Google this-- how Iceland transitioned from the highest underage drinking in Europe of alcohol to the lowest? They went from the highest to the lowest. And how did they do it?

They got parents to sign a pledge that said they would monitor their kids whereabouts. They wouldn't let them stay at parties until 1 o'clock in the morning. They would make sure that they did their homework.

They would make sure that the parents knew their kid's friends. They would make sure that the kids honored curfew, and that they had lots of activities. And through those parents, through those parent interventions, they went from the highest underage drinking in Europe to the lowest.

You know one of my favorite programs in the world was called Miracle Village in Gary, Indiana. What they've done is they've taken the treatment program, and they put it in public housing. So rather than get people from public housing to leave the neighborhood and go to treatment, they put the treatment right there in public housing. And they named a program Miracle Village, a place where miracles can occur.



They hired women who are in recovery to go on foot recruiting women with addictions to go into the program. They had a bus driver also in recovery. The bus driver was also in recovery, who would pick the women up at their apartment and bring them to Miracle Village every day.

So the nature of this program was there's four adjacent row houses, not like Chicago, with 16 story tall public housing dwellings, four adjacent row houses. In the first row house, they provide addiction treatment for women. And knowing that so many of these women have a co-occurring condition, like mental illness or traumatic stress disorder, they also have a mental health satellite right next door, so you go from mental health to addiction.

The third row house is the medical clinic, because, as you know, lots of women with, like, crack cocaine addiction or heroin addiction, tend to ignore their medical health. And the fourth program is a children's program, where they provide education about just general education, so kids won't fall behind in school. And they also work with them as children in groups. They use coloring books for small children, who have parents that have addiction. This is an example of how you can literally combine both.

And there is a Canadian Indian group, and I recommend strongly that you look into this. There's a video called The Honour of All that tells the story of a group of Canadian Indians that went from 100% alcoholism to 95% in recovery. And this tribe has maintained a 95% recovery rate almost over a 40 year period.

If you know another program more successful than that, would you put it in chat. They've maintained a 95% recovery rate over a 40 year period. And you can study this program and the video called The Honour of All.

And how did they achieve this recovery? One recovery at a time. And they brought Alcoholics Anonymous to the tribe.

I believe that Alcoholics Anonymous is tribal. I'll tell you a quick story. A friend of mine was early in her recovery from alcoholism, and she wanted to find God.

And she was convinced that if God exists, God would be in the Four Corners. There's a region in the Southwest states where there are these four corners, and each corner is a different state. You're standing on this corner, you're in New Mexico, this corner, Arizona, is corner, Utah, this corner, Colorado.

She was convinced that if God existed, God would have to be in the Four Corners. So she left her house one hot July afternoon looking for God, driving from Chicago. She said as soon as she got to Missouri, she an unbelievable urge to have a drink.



It was like 85 degrees out. And right when she was about to pull over to have a drink, a voice came into her head. And the voice said, don't do it. Don't do it.

You ever heard that voice before, when you were about to do the wrong thing? Whose voice is that? Your own, maybe, some people say their mother's, God, your conscience.

You know, I did a lot of training at a youth prison. And I asked these teenagers at the youth prison if they ever heard the voice that says, don't do it. don't do it. They said, Mr. Sanders, we hear their voice all the time. I said, whose voice is that? Half said the state's attorney, the other half said the judge.

My friend held on. She made it to the Four Corners. And she was about to have a drink standing in Arizona. No one knew her for miles.

She told me that there was a Native American woman standing in New Mexico, standing in New Mexico selling beads. The Native American woman walked across the street from New Mexico, and stood in front of my friend in Arizona, and said, it's so good to be clean and sober by the grace of God. In the fellowship of Alcoholics Anonymous, they held a two person 12 step group meeting right there in Arizona. They brought AA to the tribe.

They would encourage people in the tribe to go to treatment. And get this, while they were gone, the rest of the house would repair their home. They believe that it will be uplifting to return to a new looking home.

They made sure they did community development. They fired the priest, and they returned to their tribal religion. They went in the mountains and found a medicine man to reteach them their culture, which had been lost the result of 40 years of colonialization and alcoholism.

So they rediscovered their culture. They addressed historical trauma. They reinstated the Chief and the Tribal Council.

This is important, because many Native American groups have done this. To redefine addiction is not a part of our culture, it's our response to oppression and trauma. To teach children this is not who we are. Our alcoholism is how we've dealt with our trauma.

Improvement in schools, why is that important? Because in cities like the one I live in, Chicago, that when teenagers drop out of school, they are at an increased risk of going to prison. And I read that when young men drop out of school in rural America, high school, they've just decreased their life expectancy by 10 years.

So the Canadian Indians knew that we had to have good schools for kids. They did prevention and treatment simultaneously. And they know that you



can't rest on your laurels, in terms of recovery, so they would have weekend personal growth retreats.

And you know you've heard it said that in order to keep it, you've got to give it away. In order to maintain your recovery, you must help others. So when I reached out to them so that they can come to Chicago and work with the Laotians, Cambodians, and Vietnamese around prevention, they said the parents that triggered the recovery, they're in Australia helping the Aborigines recover, and they're in South Africa helping the Africans recover.

So the second strategy is let parents with addictions know that their children are at an increased risk of developing an addiction, a substance use disorder, and provide education on how parenting styles can impact child and adolescent substance abuse. There are three types of parenting styles that the literature talks about. There's the more autocratic style-- the dictatorship, children have no voice, my way or the highway. Children should be seen and not heard. The autocratic parenting style.

The second parenting style is a more democratic style. And know that I know that as long as you have children as young as that little girl that you're seeing on the screen and adults, there will never be a perfect democracy. You see in a perfect democracy there could be a parent and three children sitting around the dinner table, and a 7-year-old child says, I think the four-year-old should be able to drive the family car. If you agree with me, raise your hand.

The seven-year-old raises his hand. The four-year-old raises their hand. And then the one-year-old raises their hand. The parents are outvoted. They throw the car keys to the four-year-old. Be safe, you can drive.

That's not what I'm talking about. What I mean by democracy is where parents teach children how to think, how to negotiate, how to problem. They ask them Socratic questions, so they like to learn to think through situations and problems solve, because, let's face it, teenagers, young adolescents are going to have to make decisions their whole life around sex, around drugs, where to go to college, et cetera.

So I have a son, right there, right in the room next door. And he's 17 years old. He's a freshman in college.

And when he was a freshman in high school, he was in a play. And one the people he was in the play with says, we can have rehearsal over at my house. And that was going to be the first time my son-- he was probably 13 at the time-- was going to spend a bunch of time away from his parents. We monitor his whereabouts. That's Catalano and Hawkins. Especially when they're young.

And asked my son, when you go over that kid's house, will their parents be there? He said, yes. I said, how do you know? He said, I don't.



And I asked my son, when you go with your classmates house, will there be drugs there? He said, no. I said, how do you know? I don't. So what would you do if there were drugs there at the party? Teaching him how to think before he actually has to make decisions.

The third type of parenting style is a laissez-faire style. Anything goes. You know, your problem, the parents says, you don't know how to get high, so get high with me. I'll show you.

You don't have to smoke crack, I'll go to the liquor store and buy liquor for you. No curfew. You can bring your partners over. Your friends can get high in your room.

Question-- as you look at these three parenting styles, which of the three parenting styles produces children that use the most drugs? Is the autocratic style? Is it the more Democratic style or laissez-faire?

PRESENTER 1: You have a lot of autocratic responses and laissez-faire.

MARK SANDERS: And guess what the answer is. Number one is laissez-faire. You know why? By the way, that's the only French word I know. Because if anything goes, anything goes.

You know, before I ever became a parent, I had a friend named Greg [INAUDIBLE], who had teenagers. And he said to me, Mark, you cannot be the best parent you can be if you need to be liked by your kids all the time, because sometimes, as a parent, you have to make unpopular decisions. They may not like you. You see I know this up-close.

If I were to live with my mother, when I was in high school, I would have had no freedom. She came from autocratic. But I moved with my father, who was laissez-faire.

My father sold marijuana by the brick, by the pound. I grew up in a house with piles of marijuana. He kept 3/4 of a pound of marijuana in the house at all times. And all of my siblings, first thing in the morning, they would bypass Kellogg's Cornflakes and go right for the weed.

Most of my friends, the first time they ever got high, it was my father's supply. So know that every time I talk about prevention I'm atoning for that. Some of my friends developed addictions. Their first supply was my father's supply.

Do you know in four years of high school, he never asked me once if I had homework. Never. I had no curfew. If anything goes, anything goes.

Second to laissez-faire is autocratic. But think about what I'm about to say to you. Some parents are really able to rule that roof with an iron fist.



Some kids are afraid of their parents who are like dictators. They never teach them how to problem solve, and the kids feel like prisoners. Sometimes when they turn 18 years old, they're out of control. Using drugs like crazy, making up for lost time.

Those that use fewer drugs come from families where the parenting style is more democratic. This is what we've learned. If you could help to change parenting practices, you can impact drug use across generations forever. So I work with teenagers that actually get high, and those that have parents in a laissez-faire, you can do whatever you want-- by the way, I learned something about that.

You know how sometimes parents have an active addiction, and they feel guilty about it, because they feel like they've neglected their children? Then they sometimes let the kids get away with anything. So my job is to help the parents get over the guilt.

In fact, there's a book that's called *The Spirituality of Imperfect Parenting*. And what they teach is that when you come from imperfect parenting, you develop a certain amount of resilience. You didn't mess them up, you make them more resilient. Think about the number of doing this prevention work and treatment work, we came from pain. And we use that pain to help other people, and it demonstrates our own resilience.

And then, there's a book that's called *The Price of Privilege*. *The Price of Privilege* is the only book that I've read where they talk about the problems of rich children. Most of social work literature is about poor kids and kids of color. But it talks about the problems of rich kids.

And what the book pointed out is that the wealthier you are, the more likely you are to be raised by hired help. And so you might feel a sense of abandonment and use drugs to deal with that. Or you might become a perfectionist, because your parents might be pushing you toward perfection to keep up with the neighbor's kids.

You know what I figured out if parents push their kids to be perfect, it's traumatic, because what the parent is saying is if you're not perfect, I won't love you, we won't love you. And some kids, according to this author, *The Price of Privilege*, don't have a relationship with their wealthy parents. So the parents might feel guilty, and let their kids get away with anything. So we need to have these prevention classes to talk to parents about being a little bit more autocratic and less laissez-faire.

Those who are more autocratic, we have to convince them that in the long run you really want to teach your kids how to think and how to problem solve, and maybe sort of loosen the strings some. In other words, go back to what I was saying a second ago. If we can impact parenting styles, then we can impact drug use patterns in families. And we can also maybe influence recovery if we



can get parents, for example, who are laissez-faire to monitor whereabouts, and behavior, et cetera.

So there are four important questions. Those of you who do recovery related work, how can we help you maintain your recovery? What will your spouse or partner do to take care of themselves as you initiate recovery? What do your children most need to enhance their present and future wellbeing? And finally, how can we help you deal with the trauma of early recovery?

There's a woman named Stephanie Brown that describes early recovery in families as being traumatic. Somebody goes to a residential facility, and they come home, and there's lots of resentments. And the resentments overwhelm them, and make them feel like they're getting high. There may be lots of arguments because of the resentments, right? Or people might be frustrated. Or they might feel like they've lost some status.

Think about it. You have an adult at home who was addicted to alcohol and cocaine. And while he's using cocaine and alcohol, the other parent is seen by the neighbors as a super parent-- the mom and the dad. Look at how much they're doing, while the other one's out there getting high. So then that parent gets into recovery, and now the one that was doing everything feels a drop in status, because now they only have to be one parent.

The children, they saw you was more laissez-faire when you were getting high. The other parent was taking care of the one getting high, and the children had no curfew. They could do homework if they wanted to. They can reach inside of mom's wallet, dad's wallet, mom's purse, et cetera, and pull out money.

Now in recovery, they're saying, no, you got curfew. Stop taking my money. Now you have more arguments.

And we've also learned that divorce often occurs in recovery, because when they said those vows, it was to someone who was actively getting high. And now they feel like their spouse, their partner is a stranger to them. And divorce, of course, is traumatic.

We want to make sure that we integrate services for couples, children, and families within all addiction, prevention, and treatment programs, like what the Native Americans have taught us. When working with adolescents for risk of addiction provide preventive services for younger siblings. If we were face-to-face, I could predict with 90% accuracy, which are your siblings you're closest to. I would ask you what's their ages, and I could predict which ones you were closest to, because I read a book called The Birth Order Book.

And they talk about 1,400 sibling order studies. It's not pop science. What the research says is most people are closest to and influence by the sibling that's slightly older than them. The research says that the sibling is slightly older



than you has more impact on your behavior than your parents and the neighborhood where you live. So whatever they're doing in terms of drugs, even if they're not addicted yet, the next in line is vulnerable.

What saved me was my big sister. My big sister was the smartest person I ever met. Who's the smartest person in this webinar? Raise your hand. I promise you she's smarter than you by one point.

My mother would beat her, and beat her, and beat her. She's a trauma survivor. She started smoking weed at age 12 to deal with that trauma.

She married three times. And every husband was physically abusive. We believe that it began back then.

But I owe her, because she was so smart that every time I would go to the next grade, and they asked me was she my sister, I'd say, yes. They'd say, I know you're smart, aren't you? She's your sister.

So I'm like [INAUDIBLE], I tried harder, because I wanted to be like her. And she got me through so much for the positive. But I also know that if you had young people that you're working with that are gang affiliated, there's a good chance the next in line will do the same thing, because they often emulate, imitate.

We'll take a break. I have on the hour. And so I'll see you in five minutes. We'll take a short five minute break. Thank you so very much for participating.

So what I've learned over the years is that there's a value in checking in. And I can't see you right now. If I could, I could your facial expressions, your body language, and I could tell how you were receiving the material. But without being able to see you, I can't tell if this is valuable or not. So I invite you to put it in chat, from your perspective, what's the most important thing that we've talked about thus far? What's been valuable so far?

PRESENTER 1: All of it. Someone else said that we can't heal what we don't reveal. Clinical strategies, and how trauma can create addictions.

And examples of successful practices. Understanding some of the historical context of the trauma that folks are dealing with. And the individual being, I guess, part of or related to the family.

MARK SANDERS: Yeah, sometimes we work with individuals in isolation, but we have a much bigger view if we can see the whole family. Thank you, Kristina. We shall continue.

We're talking about clinical strategy. Helping families with generational histories of addiction, think about new family memories. Because if you think about it, whenever you have addiction in families-- this is the prevention work-



- is simply to help the family create new memories. Besides every holiday things end with mom getting drunk and an argument between mom and dad, they need some new memories.

I saw a program on PBS and there was a father that was telling his son about the reason the parole showed up in the middle of the night, his ankle bracelet-- he was on house arrest-- the battery was low. And his 12-year-old son pulled up his pants leg and said, dad, look at my ankle bracelet. And the father said, son, we shouldn't be comparing arrest stories. We need new memories.

So I mentioned to you the video The Honour of All about the Canadian Indian group that went from 100% alcoholism to 95% recovery, maintained over nearly 40 years. Those are the actual children from the video. The actual children. And in the beginning of the documentary, the children are going into rooms where their parents are asleep after getting drunk the night before, and sneaking their liquor. But towards the end of the movie, the kids gathered in a circle and said, let's play Alcoholics Anonymous, because their parents were bringing them to recovery meetings and their own recovery.

Help families with generational addiction improve parental child relationships in the here and now. And we encourage parents to spend time with each child to make sure they develop in recovery some family rituals and drug free celebrations. Have you ever noticed almost every celebration in America includes alcohol? Weddings, anniversaries, graduations, everything, what about new drug-free celebrations, and drug free cultural celebrations? And we encourage parents to make sure that their children have positive relationships with aunts and uncles.

You know, so many kids believe that their aunts and uncles are cooler than their parents. They're really not. They don't love you as much.

So when you tell them about the painful stuff or the embarrassing stuff, they can be more objective. What we've learned is that when children have positive relationships with the aunts and uncles, they have outlets, other adults that care about them, that they can share some of their secrets with. And then, we encourage parents that even though you're dealing with your own early recovery issues to make sure you communicate high expectations for your children and support their dreams.

Incredible story about a boy who grew up in the hills of West Virginia. And a teacher gave the class an assignment to write an essay about what they wanted to be when they grew up. And the boy wrote a glowing essay about his desire to be a doctor.

And a teacher put a red F on the paper, and said that's an unrealistic goal for a boy growing up in these hills. Why don't you write about your desire to be a farmer like your father, a coal miner like your grandfather. And the boy showed the paper to his father.



The father said, son, I can't help you. I'm a farmer. I know nothing about what it would take to be a doctor.

The boy walked in the classroom the next day and gave the paper back to the teacher. The teacher said, wait a minute, that's the same paper you turned in yesterday. And the boy said, you can keep the F. I'm keeping my dreams. Encourage their dreams in your own recovery.

There's an incredible story about Big Brothers Big Sisters. You know Big Brothers Big Sisters. And there was a corporate executive, a young corporate executive from the high rent district in Chicago, who decided he wanted to sign up to Big Brothers Big Sisters to be the mentor of a 13-year-old African-American boy on the West side of the city of Chicago, the poorest part of the city. So the young corporate executive looked in his closet-- he was to meet the boy on a Saturday morning. He didn't want to wear a suit. So put on a red sweater and a white t-shirt.

And he drove to the West Side to meet with the young man, and didn't know how to talk to him. You know, the mentor had never gone to social work school to learn how to just nod his head, and say mm-hmm. I can't talk to the kid, I'm quitting. And Big Brothers Big Sisters told him, don't quit go back next week. And the following week he showed up, and the boy opened the door, and he was wearing a red sweater and a white t-shirt.

Did you know that before Colin Powell joined the Bush administration, he had a non-profit called Hands Across America. And he believed that every child in America should have a mentor. And here's what the research learned coming out of Big Brothers Big Sisters-- he commissioned the studies.

The children who have contact with their mentor for like a year and a half, compared to those who sit on the waiting list for a year and a half or who don't have a mentor at all, that those who have a mentor, their grades improve compared to the rest. They use fewer drugs and arrest, less violence. And they get along better with their parents. So the fourth finding maybe it's because when you have a positive relationship with one adult, it becomes easier to have a positive relationship with another adult.

Teach healthy family boundaries. And we learn our boundaries and our families of origin. By show of hands, how many of you come from families? Raise your hand if you come from a family. OK, that's my way of making sure you're still with me.

Every family has boundaries. Some families have what we call loose boundaries, where everyone is doing their own thing. No one is aware of what's happening with anyone else in the family.



An example would be the Smith family. Little Shirley Smith, the daughter, made the cheerleading team. No one knew she made the team. They're too busy.

Her brother Jason was cut from the basketball team. He cried in his room. Not one family member knew that he was cut.

Mom was promoted at work eight months ago. The family didn't know. Her friends are to Applebee's.

Dad was fired at work six months ago. He went to the bar every night to drink. No one knew he was fired.

Uncle Ned is up in the attic dead. Old Ned's been dead for about nine months. They smell something come from Ned, like in July, but they are so busy. Nobody checked on uncle Ned.

In such a family, the four-year-old cooks a hamburger for himself. And the dog gets his own leash and walks himself. Some people come from families where the boundaries are enmeshed, where they're a little bit too close.

You ever seen a family that was a little bit too close? You can always tell, because when you talk to them, they talk over each other. They finish each other's sentences. And they talk at the same time. They're like little mind readers, believing that everybody in the family has a crystal ball to read their mind.

Let me let you in on a secret, as I lean in, what I learned after 38 years is a therapist is when families have enormous boundaries, they have lots of secrets. And they band together to protect the secrets. And then some people come from families with the boundaries are healthier.

You can always tell when families are pretty healthy boundaries, because they have the five freedoms, each person in the family. The freedom to think what you think, rather than what you should think. There are some families that are so enmeshed, you can't even think your own thoughts.

The freedom to feel what you feel, rather than what you should feel. The freedom to want what you want, rather than what you should want. Should children get everything they want? Of course not.

Should they be allowed to want it? Of course, because when your wants are shamed, you become a social worker. Just kidding.

The freedom to see what you see, rather than what you should see. Two short vignettes. The first is about Samuel L. Jackson the actor, who played a doctor, a southern doctor in a movie filmed in New Orleans called Eve's Bayou.



Samuel L. Jackson had a daughter, Eve, about nine years old. And she opened the door and saw her, daddy, Samuel L. Jackson on top of one of his female patients making a house call. She slammed the door.

And later that night, she talked to her big sister, who was about 11 years old, and said I saw daddy on top of Mrs. such-and-such making a house call. And her big sister put her arm around Eve, and said, Eve, that's not what you saw. This is what you saw. There are some families that are so enmeshed you can't even see what you see.

The second example is that me and my five siblings at one period in our life we lived with our grandparents and their 14 kids. 21 of us in a three bedroom apartment. There were not enough beds. I slept at my aunt Annie's bed at the foot.

And I told this story at her funeral-- I was asked to speak at her funeral. And I told the congregation that when I would sleep on the floor, as a kid, at the foot of her bed, I would pull out her art portfolio. She was the world's greatest painter, as far as I was concerned. I told the congregation my first dream was to be an artist like my aunt Annie.

As I was taking my seat, my mother whispered nice story. We never lived with them. You never slept on the floor.

And my big sister overheard the conversation, and called me that night, and said, Mark, I heard what she said. We did live with them. You did sleep on the floor. There are some families that are so enmeshed you can't even see what you see.

And finally, the freedom to imagine your own self actualization. You could do with your life what you want to do with your life. You see in some families that have lots of secrets of enmeshment, they often push the kids towards those occupations that make the family look good.

Mom, I want to be a physical education teacher. You need to be a doctor. That's how we can protect the secrets in this family.

Let us go backwards. Those of you who work with families are the boundaries in the families you work with, are they more loose? Are those families more likely to have enmeshed boundaries, or do you think the boundaries in the families you work with are pretty healthy? The majority of the families you work with, the boundaries, are those enmeshed or pretty healthy? What do you think?

PRESENTER 1: We have both loose and enmeshed. Kind of an equal--

MARK SANDERS: OK, So this is what we know, you know, when you have families where there's incest, childhood sexual abuse, domestic violence,



alcoholism, crack dependence, methamphetamine use if the boundaries are loose, the addiction or the incest is like the elephant in the living room. They're not talking about it. And that's how it can progress for years, because they don't talk about it. Everyone goes their separate way.

That also happens when there's a suicide in the family. No one talks about it. Everyone goes their separate way.

When families are enmeshed, the purpose there is to protect all the secrets of incest, sexual abuse, domestic violence, addiction. So here's what I've learned-- see if this makes sense to you-- people don't marry addiction. They don't marry incest. They marry boundaries.

People who come from families where the boundaries are loose or enmeshed, they marry into those families families. You know families that don't talk about real stuff. And what happens is once you marry that way, once you partner in that way, what follows is incest and addiction.

So again, if we can help families change their boundaries to more healthy boundaries, it's not that families that have healthier boundaries don't have problems, they do. But they talk about it. And those that have the more loose boundaries, they don't talk about it, or enmeshed, they don't talk about it. And that which does not get talked about, gets repeated across generations.

The most famous social worker ever, Virginia [INAUDIBLE], would make home visits. And she would spend hours teaching family members how not to talk over each other. And those that were more loose, how to support each other. It's possible.

Address family secrets. You know when I first became a young drug professional counselor, we used to tell clients you're only as sick as your secrets. That's not perfectly true. There are good family secrets, like the secret of Santa Claus.

How many of you used to believe in Santa Claus? And how many of you still believe in Santa Claus? You remember when you were 41 years old and they told you there was no Santa and you were devastated.

The secret of the tooth fairy is a great family secret, so is a surprise birthday party. You know a good family secret is how you feel about people as people. I would never encourage any of you all to go all and say to your spouse or partner, you know, I never liked your mother. Some things are better left unsaid.

Bradshaw wrote a book called Family Secrets. And in the book he talked about dark secrets. And he put those dark secrets into four categories. And they get darker and darker.



Level one dark secrets includes phobias. You happen to fear certain spiders that only lives in Brazil. A spider in Brazil. If you're never planning to travel to Brazil, you can keep that secret to yourself.

Here's a level one dark secret, the intimate details of an affair. Would you put your couple's cap on, I have a scenario for you. Pretend that you're meeting with a married couple, and one of them confides in you that they had an affair.

Do you encourage them to tell their spouse? Let's talk about that in chat. Do you encourage them to tell about the affair?

PRESENTER 1: A lot of yes.

MARK SANDERS: That's interesting. From prevention specialists-- because when I talk to addictions counsel, they say no.

PRESENTER 1: We have some probably nots and no's in there, too.

MARK SANDERS: OK, so it's catching on. Well, let me tell you my position. This is just me.

I don't take a position as to whether or not they should tell the spouse about the affair. My position is on the details. What I found clinically is that a vertical disclosure-- just this happened-- is more effective in the long run, than all the details, the horizontal description.

Because once you give your spouse all the details, even if they say they can handle it, now they have these tapes in their head. I would meet with spouses that would tell me that after their spouse told them about the affair, they couldn't go to sleep, because they had all of these tapes in their head that came back to haunt them. So I tell people don't turn your spouse into your priest, your rabbi, your monk, your sponsor, you'll regret it. That's level one.

Level two dark secrets includes ethnicity, your real ethnicity, adoption status, and who your parents really are. I have a niece about my complexion. Her boyfriend that she had a baby with is about my complexion. The baby is about the complexion of this typing paper. You know almost like Nicole Kidman's complexion.

And the whole family's been whispering, who's a real father of that baby? They've been saying things like, he'll get darker. That boy is 12 years old. He is not getting darker. Children have a right to know.

Jack Nicholson always wondered why he loved his big sister more than his parents. She's just 13 years older than him. He really loved his big sister.



Actually, it was her dream to become an actress. She went to Hollywood first. He followed his sister to Hollywood. We never heard of her. He has two Oscars. One of the best actors in the world.

He found out in his 30s that who he thought was his sister was actually his mother. And he felt like his whole life was a lie. She had about a decade of heavy drinking.

There's a theory that's called Secrets Theory that says that everybody in the family knows the secret. They all know. They will repeat the secret across generations until the secret is openly discussed.

Think about it. Suicide runs in families. They don't talk about it, but they repeat it.

Incest runs in families. They don't talk about it, they repeat it. Domestic violence. We don't talk about it. They repeat it.

Addiction runs in families. We don't talk about it, but we repeat it. What we learn is that that which does not get talked about gets repeated, and sometimes across generations.

Level three, addiction and living with addiction, incest, living with incest, mental illness, living with mental illness. I bring your attention to a book. Would you jot down the name of this book. Those of you who are new prevention specialists should get your hands on this book. It's by Dr. Claudia Black, and the book is called *It Will Never Happen To Me*.

And the way she named that book is she said that often when she would work with children that had addicted parents, they would say it will never happen to me, meaning I'll never develop an addiction like my parents. And she discovered that it was three times more likely to happen to them. And Claudia Black said that children who grow up in homes where there's substance use disorders, addiction, have to live by three unwritten rules in order to hide the secrets of the addiction.

The first unwritten rule was don't talk. Children should be seen and not heard. Don't go out there and air our family's dirty laundry in public. Don't talk.

If you tell people what your father did, they're going to put your father in prison. We'll be homeless. Don't talk.

The second unwritten rule is don't trust. You've heard the expression you're lucky if you have two friends in your whole life. The only people you can trust are the people under this roof. Don't trust. Don't talk, don't trust.

And the third unwritten rule is don't feel. When you have family that have all these secrets if the children express too many feelings, what's to stop them



from going to school and telling the teacher and all their classmates about the incest in their family, or the addiction, or the domestic violence? Don't talk, don't trust, don't feel.

And when children have to leave it inside, they become vulnerable to depression, self harming behavior, like cutting, suicide, poor grades, drug addiction themselves, violence, gang affiliation. Don't talk, don't trust, don't feel. The next time I talked to Claudia Black, I'm going to suggest to her that there's a fourth unwritten rule-- you have to be perfect, so that we can protect these secrets.

You know in my family there was so many secrets of who your parents really were-- childhood sexual abuse, domestic violence, corporal punishment, addiction. If you brought home eight A's on your report card and one B, they wouldn't say it's wonderful that you've got those eight A's. What would they say? Why'd you get that B? And you got that you had to be perfect.

What I learned, again, is when you push kids to be perfect, they feel like if they're not, you won't love them. And that's traumatic.

Level 4 dark secrets, the ones that are closest related to addiction. Incest, child sexual abuse, sexual assault, torture, and witnessing extreme violence. And there's one secret in family that's so dark it only comes up one time. I call that the secret that you only tell once.

You see, when me and my siblings are really, really young-- I'm about to tell you a big story here-- our grandfather, my mother's father, lived with us. And we didn't like him living with us. It wasn't because he drank so much Seagrams 7, that wasn't why. It wasn't because he couldn't supervise us well, because he was always passed out. That wasn't why. It wasn't because he was a preacher, that wasn't why.

We didn't like him living with us, because he only gave sermons over the dinner table. And his whole congregation was his five grandkids, just us. And he would bless the food so long, the food would freeze.

So we want him to go home to our grandmother, his wife, who he had 14 babies with. We asked our aunts and uncles, how come he won't go home to our grandmother? They have 14 babies together. And they never told us.

You know what I learned? Remember when you were a kid, you'd ask the adults questions, they wouldn't answer the questions about the family. I learned if you want to really get to the truth of what's happening in the family, all you have to do is wait for your aunts and uncles to turn 65 years old, and they'll spill it all.



So on 65th birthday, one of our aunts came over, said gather round nieces and nephews. Let me tell you why your grandfather lives with you. She said, your grandmother caught your grandfather in bed with her brother.

We said, what? She said, I got to go, it's my birthday. Never came up again.

I don't think you heard what I just said. My grandfather was a fire and brimstone preacher. The table would shake when he would preach. And the years were the 1950s.

In the 1950s, he was caught in bed with his wife's brother. There was no Pride flag. No Pride parade. No national Pride month.

No National Coming Out Day. No Ellen coming out to Oprah Winfrey on national television. He was isolated and filled with shame.

What he would do was every time one of his 14 children made a mistake, he would beat them within an inch of their life. What Bradshaw called that was apparent tossing their shame off on their children. And they responded to all of that corporal punishment by using drugs. So most of my aunts and uncles were addicted to drugs.

And then my uncle Issac, who was the youngest, got into recovery. And we count 30 people in our family in recovery since. He started it.

But my uncle Isaac only live two years in recovery. You see he got off of drugs and recovery, but he never recovered from all of that violence. So while he was in recovery, he would get into arguments with men, and he would fight. And in the second year of recovery, he beat up a man physically. And the man pulled out a gun and he shot and killed my uncle Isaac.

And I called all the nieces and nephews together, and we had an open discussion. And I said, cousins, you know we've inherited a legacy of corporal punishment, pushing kids to be perfect, secrets, addiction, and the only way we're going to break this is for our generation to come together and start openly talking about this. We talked about this for several weeks.

And this is not my original idea, because I read among some of the Native American tribes that your average Native American woman will experience three sexual assaults in their life. And that what some of the tribes are doing is pulling the whole tribe together and they're talking about it, and then coming up with strategies for how they're going to protect women and girls. So let's talk about the prevention of intergenerational transmission of addiction.

And it begins with love. You know I share stories so sometimes people stayed at the end of my seminars and they tell me stories. So a woman told me the following story that she and her husband had a baby. And she asked her



husband to go home and bring her some clean clothes, so she can wear clean clothes home from the hospital.

And she said her husband was gone for two days, and his sister showed up. And said that when her husband went home there were men robbing the house. And the husband went and got the family gun, and held them at gunpoint, and called the police.

And she told me that when the police showed up, and saw her husband holding the gun, they didn't know if he was the good guy or the bad guy. She told me the Chicago Police accidentally shot and killed her husband. She was to receive the largest settlement in Illinois history, wrongful death-- police killing her husband.

She said, Mark, I was in the courtroom, and the judge opened his mouth, and the judge said, you will receive. And she said that before the judge finished his sentence there was a woman in the back of the courtroom who stood up. And said, wait a minute, your honor, he's not her husband. I married him first, we never divorced. The second woman received the settlement.

And the woman who told me this story was a really good probation officer. And it got worse after she got the news of betrayal from her husband. Her numbers went from 35% going back to prison to 65%. She was so bitter in her heart.

She told me that one day there was a ringing at her doorbell, and that was a 13-year-old girl standing there. And the girl said, the woman who won the settlement is my mother. And the man you married is my biological father. The girl told her that right before her mother received the settlement the state came into the background check, found out her mother had been receiving public assistance illegally forever, a felony in all 50 states.

They put my mother in prison. She got out of prison she neglected me. She started using drugs.

I haven't been going to school. I've been smoking marijuana. Can I live with you? Can I live with you?

And against the recommendation of all her family and friends, she said, Mark, I let this girl live with me. I mother this girl. Love brought me back. And it brought her back too. She's now a college student.

I actually do presentations on parenting and recovery. And a scenario to give parents-- and I invite you to do this if you have young children or teenagers at home-- go home tonight and ask your children to write down the five things that are most important to you in the world as their parents. What five things are most important to you?



And many people find this an eye opener. If their kids put themselves as number five in terms of important to you or not at all, because what we discovered is love is one of the most protective of all protective factors. And love is time, and love is a verb. Kids get it that what we give our time to as parents is what's most important.

And as I do these seminars with parents on prevention, I asked them the question that I'm about to ask you. How many evenings per week does your average teenager eat dinner with their parents, in 2020, before COVID? How many evening per week?

PRESENTER 1: We have a lot of twos, threes, ones, some zeros.

MARK SANDERS: Those of you, who in the 60s used to watch the Flintstones and the Jetsons, you remember a time-- thank you, Kristina-- you remember a time when parents ate dinner with their kids every night. In fact, when I was a kid, the dinner table was like group therapy. We'd tell on each other. But as I travel the country in 2020, people say two times, three times, one time.

There was a woman named Stephanie Hirsch, who was pregnant, and she saw the ultrasound. And she saw she was having a son, so she said I want my son to be just like Steven Spielberg, the movie producer. So she called Steven Spielberg's mother, and said, you know, how'd you raise Steven Spielberg? She took copious notes. These are all the mothers that she interviewed, Beyoncé's mother, John Legend, the singer, Danica Patrick, et cetera, Lance Armstrong, Justin Timberlake.

And so I saw her talk about her book on Good Morning America with Robin Roberts. And Robin Roberts asked her, what did you learn from these mothers? What did they do to raise the brightest, the best, and the most successful? And she said the mothers told her they ate dinner with their kids every night.

Why is that important? Well, the author's research indicated that children and adolescents who eat dinner with their parents twice a week use three times fewer drugs than those who eat dinner with their parents once a week. You see I'd love to ask you if you had a teenager at home and they were using heroin, which you know, and you would say, of course, but not if they only came to the dinner table one evening a week. They could be in their room nodding off of heroin the other six nights a week. So in other words, if there was one intervention that you could bring to your community that could impact families would be to encourage parents to return to the dinner table. Also that's a good place to teach kids how to think by asking open ended questions where they have the problems solve.

More protective family celebrations, mentorship, a membership. Every kid that comes from a family where there is active addiction needs to have a



membership to the Boys' Clubs, the Girls' Clubs, the Boy Scouts, the Girl Scouts. It fulfills the need to belong. Later onset of substance use.

Question-- from a research perspective, what is considered later onset marijuana use? Anybody, what's later onset marijuana use? What age?

PRESENTER 1: After 13, a lot of in your 20s or after 25.

MARK SANDERS: OK. The answer is, believe it or not, 16 is considered later on onset. And the way they arrived that there is lots of universities doing research on early marijuana smoking and what they found is that most of the psychosis that comes from marijuana smoking, the paranoia, the permanent drop in IQ happens with kids who start getting high before age 16. Out of curiosity, the young people that you worked with, at what age do most of them start experimenting with drugs? What age?

PRESENTER 1: A lot of 12. 12 or 13. Some as early as 9. And a lot of 14, 15.

MARK SANDERS: So thank you, Kristina. Here's what I'm clear about-- see, I got my son next door. He's a freshman at Northwestern University. He'll be on campus in January.

And he's never gotten high. When I figured out and I shared with parents your job is to give them to delay the decision as long as possible. If they can wait until they're 18 the first time they experiment, or 19 or 20 or 21, look at the developmental milestones they've had without drugs. Eighth grade graduation, first heartbreak.

Remember when you were in high school and somebody broke your heart? You took all your tests without having drugs in your system. Your first dates, you played sports without drugs in your system. That makes recovery easier.

And the later that you start using, the less likely you are to develop a chronic substance use disorder. Early treatment of mental illness and trauma-- those of you who are mental health specialists can bear witness to this-- mental illness has so much stigma that sometimes is a 5 to 10 year gap between when the family seeks therapy for mental illness in the child and from when the symptoms first appeared. By the time that happens, some kids are medicating those symptoms with alcohol and the use of other drugs.

A matrix or safe place, constant and predictable routine. You see in my mother's house-- you know I tell my siblings that we didn't get enough mothering, because our mother didn't get enough fathering. So he was so drunk-- she was his favorite-- that he could give her what she needed.

So my mother became man crazy. She would take care of her husband, who was a heroin addicted. And she would come home and beat her kids.



So what I figured out if I could just get to my grandmother's house, I'd be safe. And the routines were always constant and predictable. You'd know exactly when you would eat, what bedtime was, when you would wake up. And children who grew up in homes where there is addiction, they need that consistency.

You ever think about the fact that for some kids that we work with the most predictable thing that happens all week is every 45 minutes a bell will ring at school, and they'll go to the next class, and then they go home and there may be no predictability? I wonder if the next protective factor is something that some kids are born with. It's called the X factor-- the ability to get adopted by surrogate families, who have a more healthy routine. The ability to see the consequences of your behavior before you engage in the behavior.

You see I grew up with street gangs. Why didn't I join? Because what I saw in my young mind. If I join this gang, I'm going to prison. I didn't see this being fun, and I saw I'm going to prison.

Lots of activities. That's what we learned in Iceland-- keep them busy with lots of meaningful activities. That's a protective factor.

Address fetal alcohol spectrum. Some of you know who do prevention work that 50% of children on the fetal alcohol spectrum will go on to develop an addiction. And the way we help is providing behavioral services and educational services only. I believe that they are responsible for managing their own lives.

And Oprah Winfrey says she has a history of childhood trauma, but she always believed that she was responsible for managing her own life. A sense of belonging, later onset of substance use is protective. Early trauma and attachment based therapy, insight.

Every child that has a parent with a substance use disorder needs to be able to internalize this statement as early as possible. Claudia Black has a coloring book for kids called My Daddy Has a Disease, My Daddy's an Alcoholic. My parent has a disease that is characterized by emotional unavailability.

It's not that they don't love me, it's the addiction that leads to the emotional unavailability, and broken promises, and inconsistency. I didn't cause it. It's not my fault. I can't control it. I can't cure it.

You know the internalization of this reduces shame, because I'm convinced at the core of addiction is abandonment that produces shame. And it stops kids from thinking so co-dependent, like they can actually stop their parents from drinking. If it's not my fault, I can't control it. I can't cure it.

Other protective factors for children who have parents who have active addiction an affirming mirror, someone to show them their goodness, an adult



that has high expectations, later onset. That's so important, we mentioned that three times. Encouragement of excellence, rather than perfection.

So I do these presentations, these prevention presentations on drugs every year with the wealthiest kids in Chicago. And my whole presentation on the difference between excellence and perfection. And the people who bring me in say, you never talk about drugs, but they really love your message. All you talk about is the difference between excellence and perfection.

So I ask you the question to ask these teenagers-- what are the differences between excellence and perfection? What's the difference between the two? Excellence versus perfection.

PRESENTER 1: We have [MUTED].

MARK SANDERS: What do you see there Kristina?

PRESENTER 1: Oh, I'm sorry. I didn't realize I had myself on mute, yet. So we had learning from mistakes. Feeling as though you have the permission to fail. Doing your best. Having a sense of accomplishment. And then stress was the first one that someone put.

MARK SANDERS: Yeah, so thank you very much. So what Kristina's telling me is excellence is when you can look yourself in the eye, because you know you did your best. And only you can determine that. Perfection is somebody else's expectation of you, which is pressure on you. There's kids telling me they get high, because that takes off the pressure they have to be perfect.

And then, the chance to express their feelings. Children growing up in homes where there's addiction. And the proper response was, "I believe you," to normalize those feelings and reflect those feelings back, and to let them know that you could see how they would feel that way, and to let them know that you're not alone. I've done this for 30 years, my whole career. I've always led groups for children who have parents who have addiction and teenagers with parents who have addiction. And my first task was to help them know that they're not alone.

So what I do is I show these kids pictures of successful adults, who grew up in homes where there was addiction, like Drew Barrymore, whose father had alcohol use disorder. The famous actor, who threw against the wall when she was three years old. She entered addiction's treatment at age 13, and she's in long term recovery.

Or Charlize Theron, the actress, when she was 15-- I just want these young people to know that there are people who succeed in life that relate to their story. Her mother went to prison for killing her father, who often physical abused her mother when he was under the influence. Or Kelly Osborne, her rock and roll dad has an active addiction. She's in long term recovery. Or the



stories of, like, Halle Berry, whose father had alcohol use disorder, and physically abused her mother and her sister when she was growing up.

Or like the story of Tupac Shakur. I do a presentation called so what does Tupac Shakur and Elvis Presley have in common? Three things-- their fans think they're still alive.

Some of you are still looking for Elvis. You know, in Chicago, about a mile away from my house, every New Year's Eve they have a 5K race, a three mile race, called the Looking for Elvis Race. And people show up with big sideburns, Elvis costume, and a guitar. They're looking for Elvis. Tupac's fans think he's still alive. They think he's still alive.

And so the second thing they have in common is they both had active drug addictions. And third a woman made both men richer in death than they were in life. So Priscilla Presley opened Graceland, where people can visit Elvis home and get on his plane. I've been on Elvis Presley's plane and been in his house looking for him. He's rich.

And Tupac Shakur's mother secured his royalty check that he left on the table. He was so busy getting high, he didn't get his money. So then after he was assassinated 1996, I became aware of a rapper named Eminem from a street called Eight Mile in Detroit, Michigan. And Eminem said that he was a white Tupac Shakur, so I became curious what do they have in common-- active addiction.

Drug addicted mother. Tupac's mother, crack cocaine. Eminem's mother, pills. Absent fathers, who they hated.

And so the difference is this-- Tupac Shakur was assassinated before the miracle occurred. Eminem as in long term recovery, with 11 years in recovery. 11 years in recovery. He's helping other rappers get into recovery simply by telling the story of his pain.

You know what rap is? It's storytelling. So I became curious, what about rapper Jay Z? He tells the story as to why he became a drug dealer.

It had a lot to do with his father leaving the family when he was a little boy. And this is what he said in an album called Fade to Black, Jay Z said, my teachers couldn't reach me, and my mother couldn't beat me. Hard enough to erase the pain of my pop's not seeing me. So disdain on my membrane I got on my pimp game. F the world my defenses came.

And then Dahaven introduced me to gang. Spanish Jose introduced me to cane-- cocaine. I'm a hustler now. When his father left, he was so bitter, he became a thug. He said he started selling drugs, but he kept journaling.



On another album he wrote, I can no longer hate my father, because I now realize that we're on opposite sides of the same coin. He used drugs, heroin. I sold drugs, what's the difference?

You see what happened? These men are journaling, they're calling it rap. Some of you are aware, familiar with an evidence based prevention model called Seven Challenges. Primarily what these teenagers are doing, like the rappers, they're journaling. It gets interesting.

Jay Z got an album called 4:44. And this is what he said, the more he writes, the more insight. He says I now understand my father.

He said, you see, my father grew up in a home with his father, who was a preacher on Sunday, who molests his daughter on Monday. He preach on Sunday. He'd sexually abused his daughter on Monday.

And my father grew up in an atmosphere, and he numbed himself with drugs. He says I'm telling this story publicly, so I could break the intergenerational curse on my family. So what I'm calling intergenerational pattern, he's calling it intergenerational curse. And he recognizes the importance of that.

Eminem says his daughter doesn't have a drug problem. So it skipped a generation. It's possible.

Nicki Minaj. I just want these young people know its possible. I wish I could show you a picture of Rihanna's father, who was addicted to crack cocaine. Looks just like her. She's doing well.

President Obama's father went to Harvard University, so he says he got some of his intelligence from his father, because he too went to Harvard University. But he was so bitter with his father, he got high as a teenager. They asked him when he ran for president, did you inhale? He said, of course, that's the purpose.

But like the rappers, he pulled out his pen and his pad, and he started writing about his relationship that he didn't have with his father. The end result of that is he moved past that bitterness, and became the President of the United States.

You know Bill Clinton's father, biological father, died when he was two years old. And he wound up with a stepfather that abused them when he was a boy growing up. And his mother gave him a picture of his biological father.

And every night he would talk to his father's picture, and say, listen, this man, my stepfather, is abusing me. But I'm going to make you real proud of me one day. He became President of United States.



You see I let these young people know that 75% of children who grew up in homes where there's addiction, they have so much resilience. They often very successful. I visited the boyhood home of Ronald Reagan.

Ronald Reagan grew up in central Illinois. There was a period when his family lived in Chicago. And his father was belligerent in his alcoholism. His father to get drunk and tear things up.

And routinely the police will be called to his house. But he went on to become the President of the United States, because what does it do? It builds resilience when you grew up that way, compassion for other people. It's part of the reason why some of us do the work that we do.

I want to talk with you about a man named Don Coyhis, who's the founder of White Bison. And White Bison is a Native American wellbriety movement. They're helping Native American tribes achieve recovery by returning to the cultures or by returning to the culture that was stolen from them.

He got into recovery and felt pessimism. He said, because most of his tribe was still getting high. So he met with the elders in New Mexico. And Don Coyhis asked the elders, what will be the sign that it's time for Native American people to recover?

And the eldest told Don Coyhis that a sign will be a white buffalo will be born somewhere in the United States, signaling that it's time for Native American people to recover. And a few months later, a white buffalo-- I'm not making the story up. Those of you who are from Wisconsin can attest to this. A white buffalo was born in Janesville, Wisconsin. Thus, he founded the program WhiteBison.org.

He talks about the concept of a healing force, which goes like this-- suppose you have 100 acres full of sick trees that want to get well. If each sick tree leaves the forest and finds wellness and then returns to the forest, they get sick again from the infection of the rest of the trees. You know how somebody goes to drug abuse treatment and they get better and treatment, then they go home and they get sick again? Or someone who goes to prison lifts weights, gets their GED, they haven't used drugs in five years, and then they go back home, and they get sick again.

Suppose you have 100 acres full of sick trees that want to get well. If each sick tree leaves the forest and finds wellness and returns to the forest, they get sick again from the infection of the rest of the trees. The elders have taught us that to treat the sick trees, you must treat the whole forest.

You must create a healing force. If not, the rest of the trees will just keep getting sick again. The community forest is now filled with alcoholic trees, drug addicted trees, trees with mental illness, trees with domestic violence, trees with codependency. The soil in which those trees are growing is missing



the ceremonies, the songs, the stories, the language, the wisdom of the elders.

The Native Americans have a prevention model called the Seven Teachings of the Grandfather. What they've discovered is that a return to those teachings is preventive in nature. So sometimes when I do the presentation line, I put people in small groups to talk about what hidden resources exist within your community that can create a healing force to help break intergenerational patterns of addiction. We're talking about pulling all of these entities together as opposed to treatment only happening behind doors and treatment centers. Pulling families together, and treatment centers, and the church, and other social service organizations, and persons in long term recovery, and the formerly incarcerated, employers, concerned citizen and trauma specialist working together in the community to promote recovery.

I'd like to give you one example, and then we'll take your questions. Thank you for being here. I was so excited about today. As we get older, we want to have a greater impact. One way I can know to do that is to think beyond the individual.

So Scott County, Indiana, really close to Louisville, Kentucky, in 2015, jobs went away. And when those jobs went away, 200 people developed HIV, out of 4,000 people in the county. Historian William White says that whenever jobs go away, you can expect to see either a stimulant epidemic, like methamphetamines or an opiate epidemic.

People start sharing needles. That's how they deal with the trauma by sharing needles. This made worldwide news.

And of course, those of you who are working in rural America know about those behavioral health challenges-- poverty, high unemployment, limited access to medical care, and a shortage of addiction treatment facilities. Right now, as we speak, I'm trying to help a program in Illinois put a residential addiction program in their community, because people needing treatment have to drive 40 miles to get help.

So one man stepped up Tom Cox, who lived in Scott County his whole life. He mobilized the entire county to work together to support recovery. The entire county.

And before he mobilized the community, they had one 12 step group in the community in Scott County that occurred once a week about 30 people attended. But they started mobilizing people in recovery and the numbers increase to 330 people attending 18 weekly recovery meetings at nine different locations, an increase of about 1,000%. They started training and hiring recovery coaches-- people in recovery-- to work within the community on foot.



And they made sure that there were people who were recovery coaches that were in hospital emergency rooms. Why is that? Because the research says about 15% of people who survive a drug opiate overdose death, because somebody rushed them to the emergency room will die of an opiate overdose death that year. So making sure that people have plenty of recovery support.

The syringe services program. They had a syringe program so that people wouldn't share needles, increasing the risk of HIV and Hepatitis C. They referred 75% of their participants to drug treatment. And new cases of HIV were reduced from 154, in 2015, to 8, in 2017. They stopped the epidemic.

And why is that important? Because had the numbers continue to increase, then the research suggests that you would have seen more drug use amongst the kids.

So we have about seven minutes. Kristina, we want to know are there any questions?

PRESENTER 1: We have quite a few questions. I'll turn it over to Anne. And she will read them out to you.

MARK SANDERS: Thank you, Anne. And just know everyone if I don't get to all the questions, because, as Kristina said, there are plenty of them, I'll respond. You'll have my response by Monday. We're ready.

PRESENTER 2: Excellent. Someone said, when you live in a system that builds barriers with designed gaps that ignore those who are ready for help, for maintenance and intervention therapy, how do you work in that?

MARK SANDERS: Yeah, so the fastest growing movement, as I mentioned before, are the use of people with lived experience called recovery coach. They're not sitting behind a desk, they're in community working with people. You see, even if you've got somebody in a rehab facility for 28 days, they still have to go home. So we're starting to anchor recovery in communities.

The other thing I know is that we have these sort of policies that separate treatment and prevention, and the reason that exists is because when they first did it, it made sense. But now the way the world is working and we know now more than we used to, we should start talking more to our single state agencies, and convince them that we need to do some of this stuff together. In every adult program, we need to have some services for their children to sort of break patterns in the next generation. Those are some of my early thoughts. I'll give a better answer when I respond in writing.

PRESENTER 2: Can we talk about how the addiction isn't just substance abuse, but it is also with people, environments, and events that recreate those feelings of substance addictions?



MARK SANDERS: And even more. And guess what? What I found with people with chemical addiction, getting into recovery is the easy part. The tough part is learning how to have healthy relationships in recovery.

So many people go back to using, because of the relationship challenges. And so the problem is in our acute care model, we only address the addiction. We don't address all the other stuff that I talked about-- the trauma, the abandonment, the shame, the perfectionism. Therefore, there's a movement afoot to start engaging people in services for longer periods of time.

Doctors and pilots have an 85% recovery rate. For whatever reason, the country doesn't want people driving us around and flying us around under the influence. So when a doctor a pilot has a substance use disorder, they monitor them for five years. And they have an 85% recovery rate.

So we're going to have to do longer term monitoring. And some of the stuff that needs to stop might come up, such as process addiction after the chemical addiction-- sex, gambling, spending, and all the other things that person described. Our treatment is too short. That's a problem. And there are people working on it.

PRESENTER 2: Thank you. What about the physical effects of drugs on the brain? What is the relationship between these physical and lasting effects on the brain and the historical trauma experienced by the user?

MARK SANDERS: OK, I'll give people something to think about. So by the way, you should get the book, *The Body Keeps the Score* by Bessel van der Kolk. And what he said is that the brain has a way of forgetting the details of some of the trauma. People forget sometimes the details in the brain, but the body has a way of remembering.

That's why when you hug someone who has a history of trauma sometimes their body tightens up. And what his work says is that we need to start incorporating movement into all prevention and treatment programs. Movement, because Bessel van der Kolk said that any kind of movement helps to rewire the traumatized brain and removes trauma from the body.

I met a Native American woman in Wisconsin, who teaches Native American girls the sacred Native American Hoop Dances using hula hoops. And she told me that she was sexually abused at age six. She started drinking at age seven.

She started returning to Native American dance at age 36. She got into recovery at age 37. She says, Mark, dancing got me sober. Trauma lodges itself in the body.

September 11 survivors were asked in New York what helped the most cope with September 11? Acupuncture, yoga, any kind of movement, dance. And



so that's going to help a lot to incorporate yoga and movement in the work that we're doing.

There's so much to do. There's so much to know. I have a story for you, and then I'll respond to the other questions in writing. Thank you so much for being with us.

My mentor's mentor was dying. And he called my mentor and asked if my mentor would fly from Florida, where he lived, to Kalamazoo, Michigan to sit near his mentor's bedside in Kalamazoo to help him write one more article before he died. My mentor got on the plane, he flew to Kalamazoo, Michigan.

He's sitting at his bedside, and says, I love you, but this is really strange. Why are you writing this article on your death bed? You've written 300 articles. You've revolutionized behavioral health through your pen.

His mentor quoted that philosopher who said, that each of us dies twice. He said the first time you die it's a physical death. They'll have a funeral for you. And the next time you die is the last time someone on Earth speaks your name. If you keep helping people, there'll be people speaking your name for a long time.

Thank you so very much for allowing me to spend this time with you. At the end of this slide there, you'll have a way of reaching me if we need to dialogue more. And on behalf of Prevention Technology Transfer Center, thank you so very much.

PRESENTER 1: Thank you, Mark.

PRESENTER 2: Thank you.

PRESENTER 1: Have a great day.