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ROSC from an African American Community Perspective: An Interview with Mark Sanders

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Introduction

I have been blessed with numerous collaborators over the course of my career, but few as personally and professionally rewarding as those with Mark Sanders. Mark and I first shared a passion for training and developing a future generation of trainers within the addictions field. That work led to a series of papers we co-authored related to the history of addiction treatment and recovery within African American communities, including a landmark paper on recovery management in communities of color. (see http://www.williamwhitepapers.com/pr/2004_RecoveryManagement%26CommunitiesofColor.pdf)

In the summer of 2013, I had the opportunity to interview Mark about his career and the development of recovery-oriented systems of care within African American communities. Please join us in this engaging discussion.

Early Career

Bill White: Mark, let me begin by asking what circumstances drew you to the addictions field as a professional specialty.

Mark Sanders: When I was sixteen years old, I was hired to be a summer youth worker. Mayor Richard Daley believed that every teenager in Chicago should have a job. I was hired as a youth worker at Jane Addams Hull House. It felt good to be available to the much younger people that I was working with, because when I was growing up in a family with alcoholism, most of the adults were emotionally unavailable.

At Jane Addams Hull House, I met a woman named Arlene Rodriguez. She was a street worker with gang members and she carried a beeper. That really caught my attention, because in the 1970s, the only people whom I saw that carried beepers were gang leaders and drug dealers. When she told me she was a social worker, I decided when I went to college, I would study social work. I received a BSW from MacMurray College in 1982 and went back home to Chicago looking for work. I walked into a storefront agency on the South Side of

Chicago. They said they were looking for a strong male counselor. I didn't know how strong I was, but I knew I was a male counselor, and they hired me. They specialized in working with adolescents with alcohol and drug problems, and that was my first real job in the field. It was an agency with a really low budget and so we didn't have much heat in the winter. I remember starting that job in January and the temperatures were low. I decided if I read some books they had at the agency, it might help to distract me from the cold. The first book I picked up was one entitled, *Another Chance*, by Sharon Wegscheider, about addiction in the family. When I read what she wrote about family roles, I saw my own family. Both of my grandfathers were alcoholic, my great grandfather was alcoholic, most of my uncles were alcoholic, and my father was in one of the first generations of Americans to smoke crack cocaine. So I had a sense that this field was the right place for me.

Bill White: You've been very open about your family experience of addiction. How do you think that has influenced your commitment to the field and the kind of work you've done?

Mark Sanders: I've heard you say in some of your presentations that for many of us, working in the addictions field is a calling, and I definitely believe that it's a calling for me. That calling came from growing up with active addiction within my family. I do feel that this work is something I have been called to do. The thing that keeps me going, of course, is the miracle of recovery both within my family and also within the community of clients that I have served for over 30 years.

Recovery within African American Communities

Bill White: You have a special interest in addiction treatment and recovery within communities of color, particularly African American communities. How has that interest evolved over time?

Mark Sanders: Well, that interest began in 1982 with that first job at The Store Front, which was actually located on the South Side of Chicago in a community called "Englewood." Many people know Englewood today as the murder capital of the United States. They have more killings there than in any other community in Chicago, and Chicago currently ranks number one in the country for its homicide rate. I worked with a group of youth who weren't going to school very much and who were using drugs. I formed a basketball team as an alternative to drug use. I took these young people many places, primarily outside of the neighborhood where they lived, because most of them had never ventured outside of Englewood. When you live in a small, closed world, you often lack the confidence that you can succeed in the larger world. And so I took these young people to places outside of their community, and I discovered that the more they traveled, the more comfortable they became in the world.

The second influential experience was working at a detox center in the mid-1980s that served mostly homeless African American men. We would show educational videos about addiction to these men whose most frequent response was to fall asleep. But we had one video that was no longer than ten minutes called, *Oscar*. The video depicted an African American man (Oscar) on his way to a detox center, and I noticed that when these men watched *Oscar*, they stayed awake. They wouldn't sleep through that video. And what I learned was that when they saw *Oscar*, they were seeing themselves. That really caught me—that people needed to have a reflection of themselves as a part of their own recovery experience.

My interest in African American addictions treatment and recovery really accelerated in 1986 through several events. First, I received my MSW in January of 1986, and five months later on May 29, my father was found dead in a closet where he worked. He had been smoking his drug of choice, cocaine. Then less than a month later, Len Bias, a basketball player from the University

of Maryland, who had been drafted number one by the Boston Celtics, died after snorting cocaine. That same year, Congress intensified its war on drugs, which meant in practice that more and more men of color became caught up in the criminal justice system. I've heard you say in presentations that the best day to be an alcoholic was when Betty Ford went on national television and said, "My name is Betty Ford. I'm an alcoholic." Well, if that was the best day, the worst day was when Len Bias died, because that day marked the escalation of more and more men of color going to prison.

It was at this time that I was hired to be the gatekeeper (that was the term then before we had "managed care") for the General Motors substance abuse program. What I witnessed was how hard crack cocaine hit General Motors. I was hired to go out to addiction treatment centers within a 40-mile radius of downtown Chicago to do an assessment anytime a General Motors employee wound up in Chicago receiving treatment. There were hundreds of them receiving treatment in Chicago because the treatment facilities in Michigan were full. I quickly noticed the disproportionate representation of African American men receiving services in communities where there were very few African Americans residing and no African American counselors on staff at these treatment centers. It started to click for me that we needed services that really met the needs of African Americans and that I personally needed to do something to bring attention to the needs of African Americans with alcohol and drug problems.

Bill White: I remember that period was the beginning of the writings that you did, particularly on the treatment of the African American male. Could you describe a little bit about those early writings and the response of the field to them?

Mark Sanders: I was born in the height of the civil rights movement and was taught that all African Americans needed to be part of this struggle for liberation, so I thought,

what better way to contribute than to write a book about the needs of African Americans. I wrote a book called, *Treating the African American Male Substance Abuser*. I focused on men because there were very few African American women in treatment at that time. I wrote the book between 1988 and 1990, but I didn't publish it until 1993. The delay was due to the stigma connected to addiction among African American males and a fear that I would be admonished that such a career focus would be professional suicide. So I just let the book sit. Then in 1992, I met a man, a physician in long-term recovery, who worked in the addictions treatment field in Chicago. He found out about my writing and offered to edit it for me, which he did. Sadly, he relapsed and committed suicide. It was at his funeral that I decided that life was too short to be afraid and that I would publish the book. We found the copy of the manuscript that he had edited in a box in the basement of a home of a friend of his, and six months later I published the book.

That physician played another role in my life. While I was working on the book, he approached me to start an addiction counselor training program in the Uptown community in Chicago with a special focus of working with Laotian, Cambodian, and Vietnamese refugees, as well as African refugees. We've learned that when immigrants enter the United States, their alcohol and drug use increases. The cultural protective factors that existed in their homelands are suddenly no longer present when they come to America, and they are confronted with new risk factors. This prompted me to start one of the first Southeast Asian and African refugee addiction counselor training programs in the world. In developing the training program, we were looking for examples of culturally indigenous recovery movements and stumbled upon the video *The Honor of All* about the Alkali Lake Tribe in British Columbia, Canada. The video told the story of how this tribe went from a 100 percent alcoholism rate to a 95 percent recovery rate. The Alkali Lake story taught me that recovery was possible within a cultural

context if you mobilized the community to support recovery and incorporate culture into the recovery process.

We called the first woman who had gotten sober within the Alkali Lake tribe, Phyllis Chelsea, in hopes that she would be a keynote speaker at a conference we were hosting for the refugee community. She was not able to attend, but her daughter, who had sparked the recovery movement in Alkali Lake when she had run away from home as a seven-year-old and refused to return until her parents stopped drinking, was available. I picked her up at the airport, and she taught me a great deal about indigenous community recovery. That really stretched my imagination as to what was possible in communities of color in terms of recovery.

Bill White: How did you first get interested in the recovery stories of Malcolm X and Frederick Douglass?

Mark Sanders: That interest grew as I became more familiar with their recovery pathways and styles. I first became interested in Malcolm. His writing dramatically impacted my life and the lives of so many African American men whom I have encountered. When I was in community college after high school, I hated reading. I took a reading course in the English Department, and the text was a short story book whose first story was entitled, "How I Discovered Words," by Malcolm X. It tells the story of how he taught himself to read while in prison by reading the dictionary from cover to cover. His story inspired me and I fell in love with reading. I've been reading ever since.

You introduced me to your historical research on the recovery status of Frederick Douglass, and this added to my interest in the history of recovery among African Americans. Most followers of Malcolm X are taught to read a great deal about African American culture, which ultimately gives them a sense of cultural pride. This pride helps them recover. I learned reading the autobiography of Frederick Douglass that the wife of the slave-owner was teaching

Frederick Douglass to read and the slave owner observed what she was doing and told her, "If you teach him to read, it will be hard to keep him a slave," and so reading and liberation go hand in hand for African Americans. I've traveled and done presentations on recovery in prisons all over the United States, and you can see the look of pride on the faces of prisoners when they learn that Malcolm X and Frederick Douglass were, "one of us." I've seen the liberating impact that that can have on those in prison who have substance use disorders. To this day, there are men in prison all over the United States who discovered that Malcolm X learned to read while in prison and who have dictionaries in hopes of following a similar pathway of recovery.

Bill White: Following the early paper we co-authored on Frederick Douglass and Malcolm X, you followed this with a series of other publications.

Mark Sanders: I wrote a workbook entitled, *Counseling Chemically Dependent African American Women*, because so little had been written on how to specifically work with African American women. They are the fastest-growing population in the criminal justice system and one of the fastest growing populations in addictions treatment. I wrote a workbook entitled, *Counseling Chemically Dependent Men of Color*, which really reflects my expanded interest in providing appropriate recovery services across cultures. I wrote an article entitled, "Recovery Coaching with Adolescents" after conducting focus groups with adolescents with substance use disorders with Dr. Seth Eisenberg, who is the Medical Director of the Illinois Division of Alcoholism and Substance Abuse. We talked with adolescents about the type of recovery support they felt they needed when they left residential treatment. They were very enthusiastic about the concept of a recovery coach. They felt that appropriate coaches for them would be individuals between twenty-one to twenty-five who have not been adults so long that they've forgotten the challenges that

adolescents face but who have enough recovery under their belt to be of support to them. One of the pieces that I feel particularly good about is an article with Jose Tovar on recovery management in Hispanic/Latino communities. I know that there's been much written by you and your colleagues on recovery management and Native American communities, and I've been writing some things on recovery management in African American communities, but there has been very little written about recovery management in Hispanic Latino communities. I am also delighted to have contributed a chapter in the book that you edited with Tom McGovern on the past 25 years of substance use, treatment, and recovery in America. I wrote a chapter in that book on African American recovery over the last quarter of a century.

Bill White: Yes, I was really struck by the emphasis you made in that article on the indigenous recovery support resources that exist inside African American communities. Could you touch on a few of those?

Mark Sanders: One major source of recovery support is Alcoholics Anonymous and Narcotics Anonymous within the African American community. As I travel the country, people often say that blacks don't respond well to Alcoholics Anonymous and Narcotics Anonymous. That is simply not true. Twelve Step programs are very strong within the larger African American communities. In Chicago, there's an AA clubhouse on the south side of the city called, "Evans Avenue Club" that has been going strong for over 50 years. They own their own building through Seventh Tradition contributions, and meetings are hosted there 24 hours a day. There are a lot of African Americans in long-term recovery throughout the country who support the recovery of people coming out of treatment and prison. There are growing menus of sober activities in African American communities. In Chicago, for example, there are a lot of sober dances. In the early years of addictions recovery of African Americans, we even had a rock and

roll hall of fame DJ, a man by the name of Herb Kent, who would DJ sober parties throughout the city.

Each denomination of church in the African American community has its own faith-based recovery ministry. I think the most famous of these remains Glide Memorial Church in San Francisco. And of course, the extended family is also a major source of recovery support within African American communities. If I could speak just for a moment about my own family, after my dad died smoking crack cocaine in 1986, my uncle was the first one in our family to go into treatment and his thirteen brothers and sisters and 26 nieces and nephews participated in my uncle's Family Night. He was the first person to get sober, and we count 25 people in our family who've gotten sober since. What my uncle's counselor did was tap into an important part of African American culture, and that's the extended family.

Another hidden resource includes former gang leaders and gang members who are in long-term recovery and who are supporting the community of ex-offenders coming out of prisons. And there is the Nation of Islam that has been doing community and prison outreach to the addicted since the '40s and '50s.

RM & ROSC in African American Communities

Bill White: Let me take you to the area of recovery management and recovery-oriented systems of care. Could you describe to me how you first became interested in recovery management?

Mark Sanders: I had been watching the writings that you were doing on recovery management with Mike Boyle, and what really caught my attention was a paper you wrote in 2005 posing the question, "How would we treat addiction if we really believed addiction was a chronic disorder?" That article revealed to me how we should be treating addiction quite differently than we do today. It set me on the path to learning about

some quite creative approaches for supporting long-term recovery beyond the usual treatment formulas of brief detox, a few weeks of inpatient rehab, or weeks of outpatient counseling.

For example, you have written about sustained recovery coaching, recovery basketball teams, the recovery murals of Philadelphia, recovery journalism, recovery high schools, recovery colleges, and recovery industries. Those things really excited me and expanded my thinking about what is possible. I was reading about a program in which individuals, some of whom may have been former runners, support each other's recovery through the shared goal of finishing a 5K race together. I thought about that and the time required to train for a run. The time to prepare for such a race would more than exceed NIDA's research that a person needs at least 90 days of continuous recovery support in order to be launched on the pathway towards recovery. If ever there was an exciting time to work in this field, it's right now because of these new creative approaches toward long-term recovery support.

Bill White: Why do you think African American communities have been so ill-served by the traditional acute care model of treatment?

Mark Sanders: Because many are returning to communities that pose high risks for relapse. We're talking about communities where there are often, but not always, high rates of unemployment, settings of past traumatic events, drugs openly sold and used in public places, and an overabundance of liquor stores. The acute care model removed and then returned the individual to these environments, which increased rates of relapse. It makes so much more sense to provide services in these communities and build recovery supports within the natural environment. I was impressed to visit Philadelphia and see former warehouses turned into recovery community centers. It just makes perfect sense to me that recovery must be

supported in the communities where people live, work, worship, and play.

Bill White: Are there any other advantages you think recovery management really has for those communities?

Mark Sanders: I like the fact that recovery management identifies and mobilizes indigenous healers as sources of recovery support. The best solutions to the problems facing African American communities have always come from within our communities. And that's what RM does—develops and draws upon recovery support resources within our own communities. A colleague of mine defined addiction as, "memory." He said, "This is how someone could leave prison after five years and return to his old neighborhood, and the cues that triggered his use when he was living in that community kick in. He'll see certain people that trigger relapse for him. He'll see the liquor store where he drank, and the house where he bought drugs." What recovery management does is provide guidance to new people, places, and things and to new recovery-enhancing memories. Without those, relapse can be inevitable no matter how good the acute treatment is.

Bill White: A recent book of yours addressed the problem of multiple problem clients and families. Is this an extension of your work promoting recovery management in African American communities?

Mark Sanders: Yes, what I looked at within that book are individuals who have what you've talked about in your writings: high problem severity/complexity/chronicity and low recovery capital. So I wrote the book, *Slipping through the Cracks: Intervention Strategies for Clients with Multiple Addictions and Disorders*, with that particular group in mind. There are chapters that focus on recovery coaching within those populations, review evidence-based approaches, and explore cultural strategies of recovery support.

Bill White: One of the projects that you recently led was a special issue of *Alcoholism Treatment Quarterly* that I think is quite historic. Could you describe that project and how it came about?

Mark Sanders: Yes. I was in Washington, D.C., working on a Treatment Improvement Protocol (TIP) focused on relapse and recovery. I was invited because of my previous writings on recovery management. One of the other individuals on that committee was Dr. Tom McGovern, editor of *Alcoholism Treatment Quarterly*. He invited me to lunch and asked if I would be interested in editing a special issue of *Alcoholism Treatment Quarterly* that would focus on addiction, treatment, and recovery in the African-American community. I quickly agreed and invited fourteen African Americans to write articles for that special issue.

Bill White: What was the experience like of putting together the first journal issue in the history of the addictions field containing all African American authors?

Mark Sanders: It was exciting. The approach in deciding whom to select was really based upon my early experience working in an inpatient chemical dependence program where we had multidisciplinary teams. Each team would have a psychiatrist, maybe a psychologist, a nurse, a counselor, an individual in recovery, and that mix brought different perspectives of approaching the client's care. I approached the selection of writers in that way. Within the special issue, there are psychiatrists, psychologists, social workers, researchers, clergy, educators, and individuals in long-term recovery who contributed. I just received the news that that special issue will be published later this year as a book—one of the first written comprehensively about addiction treatment and recovery in the African American community.

Bill White: That's wonderful news! And I also know that one of your latest projects is to profile African Americans who made a difference within the history of addiction treatment and recovery in America. Let me ask you what you hope to achieve through that project.

Mark Sanders: Several things. And one of them is just to acknowledge and say thank you to those individuals who have made such contributions but who have often not been recognized for these achievements. I think providing recognition can be a source of inspiration and motivation for continued contributions. I also want people in the future to be able to learn from the past by providing answers to the questions, "What has helped address addiction and recovery support among African Americans in the past?" If we have a blueprint of the past contributions, that can help shape the work to be done in the future.

Recovery Heroes

Bill White: Why do you think recovery heroes in particular are so important to the African American community?

Mark Sanders: Because as a people with a history of slavery and oppression, we need figures to look to for hope and to shape our own destiny. I remember as a youth, I would hear Jesse Jackson make three affirmations that are connected to alcohol and drugs, the first one being, "Down with dope, up with hope," the second one being, "Take dope out your veins, put hope in your brain," and then the third one, which is so apropos today based upon the recovery advocacy movement, "Down with dope, up with hope, register and vote." It seems that hope has always been an important theme as it pertains to African American healing, and that's why I think heroes, particularly those in long-term recovery, are so very, very important to us.

Bill White: I'm wondering in your profile of these notable individuals if you've found

some people who've become your own personal heroes?

Mark Sanders: I particularly admire John Lucas, the former NBA basketball player who has a public story of recovery from cocaine addiction. When cocaine hit the NBA, he was the person in recovery to whom the NBA sent their basketball players for help. In fact, to this day, when NBA basketball players fail drug tests, one of the individuals that they send them to for recovery support is John Lucas. Lucas was doing recovery management when it didn't have a name. He stands out for me. There are also individuals who have been heavily involved in the RCSP and recovery advocacy movements within their states, people such as Joe Powell. He's a quiet man but he's doing a lot of work in Texas supporting recovery management and recovery coaching. Ijeoma Achara is a hero to me for her pioneering work in recovery management, and Lonna Albright from Great Lakes Addiction Technology Transfer Center, who has the foresight to help support many of your writings on recovery coaching, recovery management, and recovery-oriented systems of care. Those are some of the people who really stand out for me.

Bill White: What do you think could be done to achieve a greater mobilization of African Americans in recovery?

Mark Sanders: I think the same things that we're doing right now to promote recovery nationwide. Similar efforts could be utilized in African American communities. We could start with some of those individuals whom I mentioned, such as Joe Powell, Andre Johnson, and Benneth Lee, Mike Johnson from Detroit—individuals who have the respect of hundreds of thousands of African Americans across this country to further mobilize recovery advocacy and support within African American communities. A blueprint already exists for this within the Native American community through the work of White Bison. They have connected

indigenous groups of recovery nationwide, and we need a similar effort.

Historically, we have done a lot of our marches and rallies during recovery month at state capital buildings to let politicians know that people can and do recover. I've been thinking and planning the last couple of years for us to have some of those marches through communities of color hardest hit by addiction. That would put faces and voices to recovery where they are most needed. I want to see recovering people move from the basements of churches to the pulpits to share their recovery stories. I want recovery to become more visible than addiction in poor communities of color.

Career Reflections

Bill White: Mark, when you look back over your work to date in promoting and adapting recovery management within communities of color, what do you feel best about?

Mark Sanders: A number of different things, one of them being Miracle Village in Gary, Indiana. If you drive through the city of Gary, Indiana, and you come upon Broadway Street and look to your left, you'll see a bunch of steel mills that are now closed. When many African Americans lost their jobs in the steel mills, crack cocaine infiltrated to fill that void. Crack cocaine and heroin as well as other drugs have had a stronghold on Gary, Indiana. A woman by the name of Denise Eligan wrote and received one of the first RCSP grants awarded by CSAT. It was in the Ivanhoe Projects in Gary, Indiana, and the program was named, "Miracle Village." They took four row houses that were adjacent to each other and made each one a component of that program located right in the projects. This taught me that you don't just have to have someone go to a hospital, that you could bring the treatment and the recovery right where the people lived. They chose the name "Miracle Village" because it was a place where miracles could occur.

One row house was a treatment facility for women, but the row house next door was the mental health facility, so there was a door connecting the facilities, but they were all a part of Miracle Village. The mental health facility was there because half of these women had histories of trauma, and they figured it wasn't enough to treat only the addiction; they realized they needed to treat co-occurring conditions as well. Right next to the mental health facility was the clinic, as many of these women had medical complications caused by their addictions. Right next to the clinic was the daycare center. They hired five recovery coaches in long-term recovery to walk on foot to recruit women to go into the facility, and they provided support for them before, during, and after their acute care treatment right there in Miracle Village. There was a bus driver that would pick the women up, along with their babies and children, to take them to receive services. The bus driver herself was in long-term recovery. So, I'm very proud of that. My job there was to train all the recovery coaches and do direct presentations with the women themselves as they received services. They were in the program for 90 days, then were placed in permanent housing and received recovery support ongoing.

Also, through my work at Governors State University and the University of Chicago, I estimate that I have taught 700 graduate students the principles of recovery coaching, recovery management, and recovery-oriented systems of care. My belief is that they will take this knowledge and help to impact and influence the future of the field. I've lectured all over the country on recovery coaching, recovery management, and recovery-oriented systems of care to people who have used this information to help build and transform their programs. I am also proud of the article that I co-authored with Jose Tovar on Recovery Management in Hispanic/Latino communities. Jose was new to the field then and worked as a recovery coach, perhaps one of the first Hispanic/Latino recovery coaches in the nation, and he identified me as a mentor. I

remember when I began my career and you sat with me as my mentor and wrote one of my first professional articles with me. Those are the things I'm most proud of.

Bill White: You know, as a final question, Mark, let me ask you kind of your vision for the next few years and what you'd like to do in this area.

Mark Sanders: I have set three long-term goals. One is to publish a really great book on addictions recovery in the African American community, and I've just received the news that the book will be published.

The second goal is to train individuals within communities of color to do presentations within their own and the larger community so that we can learn the many ways that people are resolving their alcohol and drug problems. The third is to open a recovery high school in the City of Chicago, perhaps in Englewood where my career began. I want to do this in part as a legacy—a way of anchoring recovery within an urban African American community. I remember when I watched the movie, *Malcolm X*, and there was a tragedy that occurred within the movie. Malcolm showed up on the scene, and a woman asked him, "Are you just gonna talk?!" So I decided that I've been speaking for years. I don't want to just talk. I also want to contribute something—like a building, a school—that would outlive me.

Bill White: That's a wonderful vision, Mark. Thank you for taking this time with us.

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