

Reflections in the New Recovery Advocacy Movement – An Interview with Mark Sanders On the Development of African American Recovery Communities

Forward - The first time I had heard about Mark Sanders was when I was preparing for Black History month in early 2013. I wanted to highlight the history of recovery within African American communities in our quarterly recovery newsletter. After initiating an internet search, I quickly found the [Online Museum of African American Addictions, Treatment and Recovery](#) which is curated by [Mark Sanders](#). It is a fascinating site with what is easily the most comprehensive history of African American recovery and the contributions of African Americans to recovery efforts ever put together. A resource for historians interested in these topics. What I soon realized is that he was the only person to have compiled and preserve this history to this extent.

I have often written in recent years about the importance of preserving our history and likened efforts to record and preserve our history to [a seed bank](#). A place we store vital seeds to nurture future generations in case something happens to our current harvest. Mark Sanders has created this vault. The entire and most complete record of African American recovery history is in one place and available to the public. What he has done is remarkable and worthy of high praise. We have far too few historians who have undertaken this vital work to preserve, protect and use such information to inform more effective strategies into the future. A whole lot of history is getting lost forever with each passing year.



I have referred to Mark's online museum over the years to learn about the rich history of recovery in African American communities. I also wonder what would happen if the lights went out in his online museum. What would happen to his life's work? Would we lose this history? We should heed the adage that one should never put all of one's eggs in a single basket. I have asked myself similar questions about the [life work of Bill White](#). We need more such historians establishing additional repositories for our recovery history, in all its rich diversity.

On a personal note, every interaction I have had with Mark has underscored a common bond we have in respect to how important our history is and understanding it as invaluable for our efforts moving forward. I am honored that he took the time out of his clearly very busy schedule to talk with me and to participate in this project.

Returning to the seed bank analogy. Seed banks are most effective when there are many of them. If you are reading this and feel inspired, take action. If you see recovery history worth recording and nobody is, it just may be something you are called to do. Learn about and record your own community recovery history and seek ways to preserve that information for the future. I hope you read this interview and check out Mark's Museum and his written works. Take up the challenge, learn your own community history and use it to inform what you do, how you do it and help mentor the next generation!

• **Who are you?**

My name is Mark Sanders. I am a licensed clinical social worker and a person in long term recovery for the last 40 years. Recovery is my life work. I have focused on developing policies and process to help people like me get into and to sustain long term recovery in many different roles. I have had a particular focus on recovery efforts within African American communities. I serve on the [Great Lakes \(region 5\) Mental Health Technology Transfer Center Network](#) and on the [Great Lakes Addiction Technology Transfer Center \(Great Lakes ATTC\)](#) which is located within the University of Wisconsin. I live in Chicago. I am an international speaker, trainer, and consultant in the behavioral health field and have been honored to have my efforts reach thousands of people across the United States, Europe, Canada, Caribbean, and British Islands.

As a writer, I have authored a number of books, which focus on behavioral health. These include [Slipping through the Cracks: Intervention Strategies for Clients Multiple Addictions and Disorders](#) (2011) and [Substance Use Disorders in African American Communities: Prevention, Treatment, and Recovery](#) (2013). I have also had two of my stories published in the New York Times bestselling book series [Chicken Soup for the Soul](#). Readers interested in my writings can find a list of all of my publications [here](#).

Among other awards, I have received a Lifetime Achievement Award from the Illinois Addiction Counselor Certification Board and the Barbara Bacon Award for outstanding contributions to the Social Work profession as a Loyola University of Chicago Alumni. Recently I was the 2021 recipient of The Community Behavioral Healthcare Association of Illinois, Frank Anselmo Lifetime Achievement Award.

I co-founder of Serenity Academy of Chicago, the first recovery high school in Illinois and was the past president of the board of the Illinois Chapter of NAADAC. I have been a university educator for many decades, having taught at the University of Chicago, Illinois State University, Illinois School of Professional Psychology, and Loyola University of Chicago, School of Social Work.

Perhaps the thing that means the most to me in my efforts to strengthen recovery efforts in the United States and beyond is my work to record and preserve the recovery history within African American Recovery. I am the sole curator of the [Online Museum of African American Addictions, Treatment and Recovery](#), to the best of my knowledge it holds the most comprehensive record of recovery within the African American community ever compiled.

- **What would you like people to know about the history of the recovery movement In African American Communities from your perspective as a historian?**

There are four distinct eras of our history I would like to emphasis. The first one was right after the American Revolution. There was a [temperance movement in America](#) that started at that time because alcohol misuse was pervasive. Martha Washington, the first, first lady of the United States was involved in these efforts that later become known as the [Martha Washingtonian](#) or also as the Ladies Washington Society. [Frederick Douglass \(1818-1895\)](#), who played a pivotal role in the abolition of slavery in the United States, was also a leading temperance advocate. Douglass viewed ritualized drunkenness (drinking contests for slaves hosted by slave masters) as part of the machinery of slavery and viewed sobriety as a key strategy in the emancipation and full citizenship of African Americans. In one of his writings, he talked about how alcohol was used to keep slaves in servitude:

“One plan is, to make bets on their slaves, as to who can drink the most whisky without getting drunk; and in this way they succeed in getting whole multitudes to drink to excess. Thus, when the slave asks for virtuous freedom, the cunning slaveholder, knowing his ignorance, cheats him with a dose of vicious dissipation, artfully labelled with the name of liberty. The most of us used to drink it down, and the result was just what might be supposed; many of us were led to think that there was little to choose between liberty and slavery. We felt, and very properly too, that we had almost as well be slaves to man as to rum. So, when the holidays ended, we staggered up from the filth of our wallowing, took a long breath, and marched to the field,—feeling, upon the whole, rather glad to go, from what our master had deceived us into a belief was freedom, back to the arms of slavery.”

Douglass believed that temperance was key to liberation, and he became the first prominent African American in US History to embrace and promote abstinence from alcohol. He used his own story so that others within the African American community would consider abstinence from alcohol.

The second period I would highlight is the 1940s and what happened in Cleveland Ohio at that time. An African American woman who was seeking help for her drinking went to the Akron area for help shortly after AA was formed. Because of segregation, she was not allowed to participate in the meetings, but they gave her a copy of the 12 steps. She went home to Cleveland and started what were known as the Cleveland Friends Clubs. These became gathering places for African Americans in recovery. Our earliest example of African American recovery communities. They held AA fish fries, and AA BBQs, and AA poker nights where people gathered and supported each other into and to sustain recovery. I have met and spoken to people who were around in that era, and they told me that in that era before they understood the 12 steps, recovery was about 90% fellowship and 10% based on the 12 steps.

Chicago also played an important role in our early history. One facet of our local recovery history is the [Evans Avenue Club](#) which originated in 1945 and it still is in existence today. Its first anniversary dinner was held at the historic [Hull House](#) in March 1946, with 18 people present. The nine Evans Avenue members and nine from other groups. In late 1946, the first meeting outside the homes was held at Friendship House, 43rd and Indiana Avenue. The group met at Friendship House for about three months, then moved to Parkway Community House. Seventy-six years later, the Evans Avenue club is still serving the community.

One of the myths I would most like to dispel is that African Americans do not do well in 12 step recovery. The history above illustrates that fact. I also knew people in our community who were involved in these 12-step based early recovery communities. I am aware of one sponsorship family that came out of this era that still meets for an annual picnic in Lake Geneva with over 200 people attending. 12 step recovery is certainly one of the many pathways of recovery that supports recovery for African Americans.

The third era I would like to focus on is the 1960s. This was a time in American History in which we saw an increase in heroin use across the United States. We also saw an increase in incarceration in comparison to earlier times. You may be aware that [Malcolm X](#) was a person in open recovery. His recovery started while he was incarcerated. He was influenced by a man named [John Elton Bembry](#), who Malcolm knew as Bimbi and converted Malcolm to Islam through prayer. Malcolm had a conversion experience similar to [Bill W](#) where he saw a bright white light. He then embarked on a practice he referred to as "fishing for the dead." The goal of this program was outreach to incarcerated African Americans to help them with recovery, employment, and to avoid future incarcerations. I wrote about the parallels that he had with Frederick Douglass and the lessons we can learn from their legacies in a piece I published on the Great Lakes ATTC site titled "[Lessons from the Recovery Legacies of Frederick Douglass and Malcolm X](#)" that may be of interest to readers.

Also, in this era we saw the formation of the [Black Panthers Party](#), which was founded in 1966 by [Huey Newton](#) and [Bobby Seale](#) to challenge police brutality against the African American community. They saw the prevalence of substance misuse and addiction as a form of genocide. They encouraged people to stop drinking and using drugs. They even later [pioneered the use of acupuncture to be used to support detoxification](#) efforts. One of the untold stories in American History is that when the Black Panthers formed chapters in communities, those communities saw a decrease in prostitution, they saw a decrease in drug use, and they saw a decrease in incarceration. When those chapters were forced out of communities all of these problems increased again. I had a brother-in-law who was active in the Black Panthers, and the only time I ever saw him cry was when one of those efforts to eliminate a local chapter worked and they saw a lot of their community strengthening strategies dashed.

The final era was in the mid-1980s, particularly events in 1986. While in 1986 [Betty Ford was raising awareness about alcoholism](#) and improving public sentiment about seeing alcoholism as a medical condition a different story was unfolding in respect to crack cocaine. Stimulant use had been on the increase in the early 80s during the era that cocaine was glamorized as a high-end drug. [Richard Pryor](#) nearly died while freebasing cocaine. In the years after that, crack cocaine was formulated, with the ether that was used in earlier smoking methods being replaced with baking soda, which made a crackling sound when heated. Cocaine use was increasing at that time across all demographics. Then came the death of [Len Bias](#). He was the second pick on the NBA draft that year. On June 19th, 1986, two days after being selected by the Boston Celtics with the second overall pick, Bias died from cardiac arrhythmia induced by a cocaine overdose. It was a tragedy for such a gifted young man with a promising future.

While this raised national awareness about risks associated with cocaine use. Tragically, that awareness was used to criminalize addiction in ways that had a disparate impact on African Americans who were using cocaine. This occurred through the passage of the [Anti-Drug Abuse Act of 1986](#) also known as the Len Bias Law, which was signed by President Reagan on October 27th, 1986. The act mandated a minimum sentence of 5 years without parole for possession of 5 grams of crack cocaine while it mandated the same for possession of 500 grams of powder cocaine.

Crack use was more widely prevalent in African American communities than white communities. This 100:1 disparity was one of the drivers of the incarceration of black Americans in [America skyrocketed starting in this era](#). In 1985, there was around 400,000 African Americans incarcerated, in 1995, it has risen to over a million and in 2005 it was over 2 million and in 2015 over 2.5 million. It is hard to overstate for readers who may not know what the consequences are of a felony arrest. You can recover from addiction, but not from a felony, it follows you around for the rest of your life and carries

with it huge barriers to living to your full capacity, even decades after people turn their lives around and recover from addiction.

- **What influenced efforts to bring together the African American community to support recovery efforts?**

There were three factors I want to talk about that related to what brought are communities together. The first was the impact that mass incarceration had on our African American communities. We saw large numbers of people being incarcerated for long sentences - 5 or even 30-year terms. It broke up families and impacted whole communities. Incarceration instead of help, barriers to getting our lives back together rather than support for wellness. The inability to [secure safe housing and viable employment](#) post release as a direct result of laws that made it nearly impossible for felons to take care of their basic human needs. The second factor was the violence in our communities and a desire to change what was happening. The 1980s and 1990s were a period in which we did see an increase of killings in our communities related to gang violence. People selling crack on street corners and turf wars. One encouraging note on this is that horrible trend peaked in [the period between 1986 and 1996](#) with black on black homicides being cut in half since that era. My sense is that the third factor in what brought our African American recovery communities together is that there are more of us in recovery. Despite all the barriers, a lot of African Americans in America have found their way into long term recovery. We all saw what was happening and had a desire to do something about what we saw. We wanted to pay it forward.

- **What has been accomplished through these efforts that has had the most benefit?**

We have accomplished so very much. There are grassroots, community based African American run recovery community organizations all across the United States. These organizations are visible and viable evidence of recovery in our communities and the impact that recovery can have to restore our lives, reunite families, and heal communities. There are more 12 step and other recovery fellowship meetings and supports available in our communities than ever. We organize more rallies and public events that raise awareness about the power of recovery than at any point in history. We have policy people and researchers like [Dr. Carl Hart](#), a researcher from Columbia University working on harm reduction and [Dr. William Cloud](#) who have worked to dispel myths about addiction and explore recovery capital in our communities.

The expansion of recovery community and the resultant development of recovery capital in those communities are one of the greatest untold stories of the what has happened in the era of the [New Recovery Advocacy Movement](#). Projects like the [Detroit Recovery Project](#), the [Northern Ohio Recovery Association](#) and the [Association of People Affected by Addiction](#) in Dallas Texas are examples of what can be accomplished. We now have evidence of what happens when recovery communities are organized and provided opportunities and infrastructure to address their own needs in their own communities. We are seeing groups come together and work to address housing, employment and recovery support needs in these communities that have served to heal individuals, families, and whole neighborhoods. They have helped to move us towards a continuum of services and supports that more fully address our needs. Developed by these communities, supported by these communities and for these communities.

- **In hindsight, what was missed in efforts to forward these efforts?**

We may have underestimated the impact of the unraveling of our SUD service system over this same period we were bringing our communities together. As an example, in 1986 and in the immediately following years, managed care was on the increase in the private insurance market in America. It was hoped that cost management would save money and improve efficiency in medical care. One of the things that happened is that there were mass closures of inpatient SUD and residential SUD programming across the United States. Access to treatment was reduced and lengths of stays shortened. This occurred across all of America and it also in care for African American communities. Long term treatment, that supported wellness across multiple life areas all but disappeared, leaving largely acute care programs that did not meet our needs even as we were coming together to support longer term care and support services.

Dr. Silkworth talked about in the famous [Doctors Opinion letter](#) how alcoholics were sick body mind and spirit and that given opportunities to heal, have can be transformative. Longer term services incorporated into a continuum of care that provides support and healing across multiple life areas vital are elements of healing from addiction. Acute stabilization is simply not enough. The gradual elimination of care that met our needs resulted in a growing awareness that we needed

to come together and start advocating for ourselves. These are some of things created the environment together and began to shift the tide. We have come along way, we have still farther to go. We need to revitalize a full continuum of care that include harm reduction efforts, long term treatment options and community-based recovery support services.

- **Values that helped with the work to unite the community and forward these goals?**

*I think that some of our African Cultural norms have had a significant positive impact on the efforts within our communities and to support recovery in our communities. One of the pillars of these values is collectivism. It has been expressed as the concept of “[Ubuntu](#)” – *I am because we are*. Who we are as people is shaped by our elders and our relationships with our whole community. We are all connected. That our common bonds within a group are more important than any individual arguments and divisions within it. It fits well with the core values of the new recovery advocacy movement.*

The second value relates to our extended family orientation. We have a [value of interdependence and communal support](#). It is a huge strength to tap into for improving wellness and support within our communities. Thinking of a personal example. In the family I am thinking about addiction was prevalent, the father died in 1986. One of the sons went into treatment in 1987. When it came time for family sessions, and the son reached out to connect, at first efforts were not successful. Harms had occurred to the family and there was some estrangement due to his use and the impact his addiction had on the family. When the lens was shifted and the counselor working with him reached out to recruit the extended family members and to focusing on the extended family and their collective wellness, the response was very different. Food was included as sharing of meals is an essential ritual when family comes together. Everyone showed up and rallied together. 39 members of the family, aunts, uncles, nieces, and nephews came together to support not just him, but each other. It was a beautiful thing. This individual was the first member of that family to get into recovery, but now that entire extended family is in recovery. This really highlights the need to focus on extended family work to support recovery in African American communities.

- **What message would you want to pass on to the next generation about what has been learned and what remains to be done?**

A quote from [Carter G. Woodson](#) come to mind. “When you control a man’s thinking you do not have to worry about his actions.” It is vital that we study and understand our own recovery history. It is a rich history. It can inform us of effective ways to harness our resources to strengthen our communities and it can inform us about potential pitfalls and barriers. If you are new to this work or a young person wanting to get involved and support effective change, start with becoming a student of our history and what has been accomplished and how it was done. This is so very important.

The other thing we need to do is focus on mentoring. Wherever you are, establish mentoring processes in which older generations mentor younger generations. These need to be set up as permanent structures within our treatment and recovery support infrastructure. Thinking back to what I was saying in respect to the values and strengths of our extended family focus and the critical importance of supporting each other. What I am thinking of is similar to that. Multigenerational mentoring circles where we invest in the development and the support of our younger leaders. They are our future; it is through them that we will accomplish even greater things. Start these processes now and our younger leaders will see their work extend into the next generation beyond them and into the future.

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