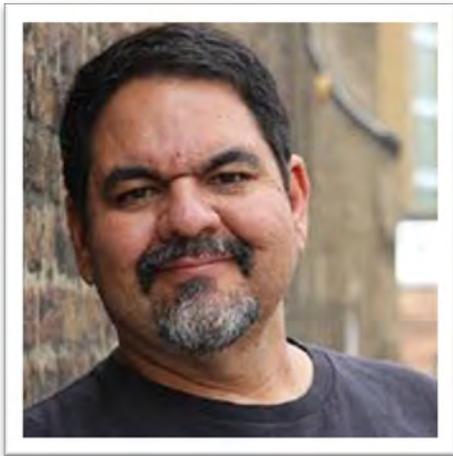


ADDICTION

SUMMIT



Focusing on the Prevention of Drugs & Alcohol

Guest: Ray Lozano

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Dr. Paul Thomas: Folks, Dr. Paul here with another episode of the Addiction Summit. It is my great pleasure to introduce to you Ray Lozano. I love his statement that he puts out: "I truly believe young people have amazing potential. With the right tools and direction, that potential can be realized and even soar. My mission is to make a difference in the lives of young people and teach them to do the same in others."

Ray has been working for over 30 years educating and entertaining. He focuses on younger folks, middle school, high school. I think you have visited hundreds, taught and educated thousands all across the country, even internationally. You have been part of Teen Challenge Ministry in the past. You have been a vice principal. You are now a drug and alcohol counselor and your focus is prevention.

Ray Lozano: That is a lot, huh?

Dr. Paul: That is a lot. We were talking right before we went live here and you were saying how you were doing almost a talk a day, almost 365 talks a year. Folks, this is dedication. We are blessed to have you here today. Start wherever you want, Ray. But maybe start with what was your life like when you were young as a kid. What got you here?

Ray: What got me here? Well this is crazy, because I come from a perspective that a lot of times people don't come from. I come from a non-use background.

So personally, I have never been drunk, never smoked a cigarette, never tried a weed or anything like that.

Dr. Paul: That is amazing.

Ray: Right. But I came from a family that was pretty crazy when it came to drugs and alcohol. Everybody is doing really good now. So I can talk about the family now. But I have a brother that was a drug trafficker. I had another brother that had a bunch of anger issues. I had a dad that drank quite a bit. Mom drank.

One of my first memories, the very first thing that I saw happen when I was a kid at age 5, I saw my 22-year-old brother (everybody is older than me) go to prison. And he got sentenced for smuggling heroin into the United States. The last words he told me when he put those handcuffs around me and he hugged me, he said, "Little brother, don't do drugs, man. Don't do drugs."

At age 5, I didn't know what that meant. But my brother was telling me something. So I took it to heart and just started to see these things happen in our family. Why is my dad a good guy—he gets every promotion—but when you put a few beers in him, he is a different guy? I had to answer those questions. So I started studying drug and alcohol information back in high school. And it has turned into this amazing career.

Dr. Paul: Wow. You are an exception. I came from a really good family and I did the opposite. I thought well, this looks like fun. And I went down that road. So I smoked, I drank too much. I've got 15 years of sobriety now. But it is so interesting to see that you can come from that environment like you did and make that choice, like "No, I don't think I want to go there."

Ray: Yeah. You know what it is? Mine is a lot of information. I don't do very much testimonial stuff. Sometimes people will wonder that I can't tell them how it is going to make them feel. Well, a little bit. But I can tell them what is going to happen and why they are reacting the way that they are reacting.

Dr. Paul: Yeah. I imagine our audience here is going to be anybody that is either affected by drugs, alcohol or other behavioral addictions (these days there is screen addiction) or the families of. This is our audience. I think you have a special gift at speaking to the younger folks. That is a hard group to speak to. I can't just tell a teenager, "Just don't do this."

Ray: Right.

Dr. Paul: So what do you tell them?

Ray: You know what? I go through this series of information. I am sure you have sat through those drug presentations or addiction presentations and you think, "Man, this is fantastic information." But without that PowerPoint, there is no way for me to reproduce that information.

So what I do is I take those really difficult PowerPoint presentations and I study them. And then I work with a team of teens and some other people on the panel that work with me on this. And we break it down to a place where junior high kids can understand this. So when I am talking about addiction, well, how do you explain addiction to a junior high kid? Because that is such a far concept for them to understand.

Dr. Paul: Right.

Ray: So one of the things that we do, if we are working with a small group, I will tell them, "Okay, everybody hold your breath. I am going to show you what addiction feels like." So all the kids hold their breath and I will tell them, "You can't breathe until I tell you that you can breathe again." And so I will tell them, "Keep holding it. Keep holding it. Keep holding it." We will go for a long time.

And you will see kids at the beginning of this experiment and they will have that look on their face. "Keep holding it." And they will have that look on their face. And they are like, "I have got to breathe. I have got to breathe. I have got to breathe." "Are you still holding it? Yes, nice, keep holding it. What are you thinking right now? Like when is this guy going to let me breathe again?" "Yeah, I really want to breathe again." "Yeah, go ahead and breathe again."

Dr. Paul: Okay.

Ray: We talked about that as an addiction. Because what happens at the beginning of that experiment, kids think to themselves, "I can do this. This isn't going to be a problem. I am going to hold out long enough for that guy to let me breathe again." And then they are like, "Not a problem." And then pretty soon, it is like, "Oh my gosh! When is he going to say I can breathe again?"

And then I usually let it go for a long time. And at the end, I will ask the kids, "What were you thinking?" And the kids will tell me exactly the same thing as a person that has an addiction. "When am I going to breathe again? When am I going to breathe again? I want to breathe again. I want to breathe again?"

That is an addiction because your brain is just constantly thinking, "I want to use. I want to use. I want to use." And it is on a very small scale to help a kid understand how that brain in there is driving you back to that drug or drink or whatever it is.

Dr. Paul: Yeah.

Ray: Now that we have cell phone addiction, I am starting to talk about that.

Dr. Paul: What are you telling folks about that?

Ray: It's crazy because all of the stuff that you would ask an alcoholic, if you take out the word *alcohol* and you put in the word *cell phone* and you ask those kids those same exact questions, you get the same exact responses. So if I tell a kid to put his cell phone away, I want to know, "How do you feel inside?" "I feel anxious. I feel disconnected. I feel like I need that."

I will ask them, in the morning when you wake up, what is the first thing you do? "I look at my phone." If you are feeling depressed, what do you do? "I look at my phone." And so we go through these series of questions. And all of a sudden, the kids are like, "Oh, my gosh! Maybe I do that."

Then the next thing happens, which is the same thing the addicted personality has, are the excuses. "Well I need to look at my phone. I don't have anything else to do." That is an excuse. You know what I mean? So we work with kids in that area and we talk all about that.

Dr. Paul: Yeah. Are you finding that you get any traction? The cell phone one to me is a hard one, because people feel like they need it. But when I was drinking, I felt like I needed my alcohol. You gave a perfect example. Are we able to get some traction where they actually put it down or turn off social media?

Ray: Well, we do get a little bit of traction. And then what I do now that social media is so big, I get a lot of responses from kids. And my job when I go into a school is not to counsel them from point A to the very end. Mine is to do the wakeup call and to identify if you feel you have a problem with drugs and alcohol, here is a person on your campus who can talk to you, because I'm walking away. And mine is the wakeup part.

And the person on the campus, Mrs. O'Reilly, has access to me. So if she encounters a kid that she doesn't know what to do, she can shoot me out an email and I can give her some information or help identify somebody in her community that will be able to help that child.

Dr. Paul: Yeah.

Ray: We do as much as we possibly can.

Dr. Paul: I would like to ask you a question, just because you brought cell phones. I am a pediatrician, as well as an addiction specialist. Just this last week, Ray, in my practice I have had 4 teenagers who were starting to fail in school and so anxious they couldn't go to school. And when we dug a little deeper, a little deeper, a little deeper, it was a media, cell phone, screen time addiction.

Ray: Yes.

Dr. Paul: One of them was fascinating, 16 years old, started on medications for her depression and anxiety a couple of months before. She had a head injury a month ago that required that she get off all media and she was cured. All her anxiety and depression was gone. It had nothing to do with the meds. It was like an aha moment. I just started wondering when I experienced that so many times in a row. And I am thinking this screen thing is out of control

Ray: Right.

Dr. Paul: What do you think of this idea? Whether it is the wrong foods, sugar and processed junk food that we eat, or whether it is screens, or whether (and I know this is controversial) marijuana being a gateway. But in a way, all these things that sort of get us addicted, whether it is food or screens or marijuana, it's sort of a gateway to getting us along into a more severe dependency or addiction. What do you think of that?

Ray: Oh Yeah. I totally agree with that. From all the research I have been reading and all of the things I have been understanding, here is where the break happens between an older person and younger person in their 20s when it comes to a phone. If I get into a situation where I am in a jam or I am depressed, my generation, people like 30 and above, because we are on the side of having cell phones, is we will turn to a physical human being for support.

The younger generation that were raised strictly on cell phones, you see those little kids with a cell phone. So when they get into a jam or they get depressed, they turn to an electronic or technology. And they don't get the response that they're looking for. That is where the depression comes in, from all the research that I have been reading.

Dr. Paul: Yes.

Ray: So what will happen is a kid will send out 40 texts and he will get back 8 responses. Well in his brain he thinks, "Eight out of 40, that is not good." So that adds to the depression. And the other thing that I am reading and starting to understand, and we are starting to put this into a 1 day workshop for parents, is kids have to maintain this high level of acceptance, because what they are finding out is relationships are more shallow than they were before.

A kid can send out a text, "Hey I am having a party at my house. We are going to play such and such game and we are going to drink soda." So he sends that out. He gets 50 responses, like, "Man, that is terrific. We are going to be there to play that game and drink soda." And then what will happen is his friend will send out, "I am going to play the same game, have the same soda, but we are going to have potato chips at our party."

So then this group said, "Wow, we want potato chips, too." So you constantly have to one up, one up, one up. Even though they are your friends, you constantly have to one up them in order to maintain that level of relevancy.

Dr. Paul: One of the things is I watched you give a talk and you do a little thing about 4 year olds.

Ray: Right.

Dr. Paul: I liked that. Can you share that little analogy? Can you pull that one back.

Ray: Yeah, yeah, Yeah. Because it is funny how the brain goes back to that one. Kids love that one, man. Yea! I am not sure which one you watched. I have a couple of those on the 4 year olds. But just how the 4-year-old brain works. But when I am with my audience, I talk about marijuana is going to affect a kid's brain. So I am always focused on youth use, as opposed to adult use.

Someone who is 48 and wants to smoke weed, I can't say anything about that. But if there is a kid that is 12 or 13 smoking on a regular basis, for no reason other than they want to prevent cancer, this is where it gets detrimental. They think they're preventing cancer.

So I will ask them things like, "How many of you have been around a 4-year-old before?" Every hand goes up. And I will ask them how different we think than a 4-year-old.

So if a 4-year-old is watching a movie on their iPad and somebody rips that away, what does a 4-year-old do? They cry. Have their favorite blanket, take that away. They cry. If they want to go outside, they can't go outside, what do they do? They cry. And so everything that happens to a 4-year-old is this big emotional thing. So everything is connected to their emotions.

Now as adults, at age 5, age 15 to 16, age 21 to 23, depending if you are male or female, the brain makes us flip from emotion to information. And so it is great for us as creatures that have evolved for our brain to become an intellectual part as opposed to an emotional part. If I were to ask you if you were watching a movie on your iPad and somebody takes it away, what do you do?

Dr. Paul: I would probably just take it back.

Ray: Take it back, right? Somebody takes your blanket away, what do you do? You get it back, right? Somebody says you can't go outside. You want to go outside, what do you do? You go outside, right?

And so what I do is talk about kids who smoke weed, or anybody who does drugs, their brain goes back to functioning on an emotional level. So somebody starts smoking weed at age 17 and now they are 41, the brain is still functioning way back there. That is where it turns into a jam.

When I have done that example, it opens people's minds to understand how to talk to the addicted person. Because the 2 languages, emotion and intellect, don't talk to each other. And when they do talk to each other, it's offensive. It's an offensive language. The emotional language sees the intellectual language as offensive and the intellectual language sees the emotional language as offensive.

And I will tell you, I learned this. My sister was a big time meth user. I'm information or intellectual. My sister is emotions.

So I would sit down and I would sit with my sister. And I would take everything I knew as a drug and alcohol counselor and I would say, "Sister, don't do drugs, because, because, because. You're going to lose your house. You're going to lose your car. You're going to lose your job. You're going to lose your family." And she didn't get it.

And I am sure you have seen this situation. The whole time you are talking to them, they are sitting there going, "Yeah, yeah, yeah, you're right, you're right, you're right." You leave and 3 days later you find they are doing drugs again.

That is because I am speaking intelligence to her, but her brain only receives emotional stuff. Understand so far?

Dr. Paul: Yeah.

Ray: And so, what happens is I had to learn how to speak emotion to my sister before I could get intelligence across. Emotion comes through asking questions. That's how you engage the brain. But you have to ask questions without there being an agenda behind your questions.

"Sister, what do you think about meth?" And she would answer. "What do you think I think about meth? As a family, what do you think we think about your meth use?" And so what happens is I have to engage her brain emotionally and it comes through asking questions.

I love teaching that, because that is the biggest thing I teach parents. And all of a sudden I see this light bulb go on in their head, because they are always telling their kid what to do. "Do your homework." "Clean your room." "Walk the dog." "Pick up dog poop." And I said, you know what a terrible home environment that makes for the kid when all you are doing is giving them instructions?

Dr. Paul: Right, commands.

Ray: Yeah, commands. Exactly. And there have been so many times that I will say this sentence right here. I will say, "Parents, when is the last time that you just looked at your kid, smiled at them and said, "I am glad you are my kid." And I see so many kids turn to their parents, like "You never do that."

That is what we forget to do. We forget to love on our kids. We forget to just tell them, "Man, I appreciate you being a kid. It doesn't matter what you do. I appreciate you as a human being." And I've got a million stories that go with this.

Dr. Paul: Tell me more. This is what I want you to live on because we miss this. How do we talk to people who are on that emotional level? Give us more examples.

Ray: Okay, here it goes. This is the one that is an eye opener for parents. You have played tag before as a kid, right? Hide and seek? Not the game, not the app, but the actual game. So everybody that is listening right now, I want you to put yourself in this position. Remember how this game worked.

There is one kid named Chad. And Chad was the fast kid, at least in my life he was. So Chad would go up to this tree. I remember as a kid he would count 1 through 50. And I always wanted them to count 1 through 100, because I was kind of a slow runner. But after Chad would count 1 to 50, he would holler, "Ready or not, here I come." Right?

Now, I'm out here, somewhere in the neighborhood, hiding in a bush, looking at Chad. Chad can't see me. And I see him kind of wandering around, flushing out kids. You remember that?

Dr. Paul: Oh, yeah.

Ray: Right. And so while you are hiding there, you are thinking, "Oh, my gosh! I don't think I can make it to that tree yet." So once Chad, in your brain, and you calculated out that he got far enough away from that tree that you could run and put your hand on it, you were going to take off running. Right? Again, remember, I was a slow runner as a kid.

So I would pop up out of this hiding place and I would take off running. And then Chad would see me running. And I am kind of like running in slow motion. Chad is like poof. And he would come and he would have his hand out, ready to tag me. Right? And I am running, running, running. And then I put my hand on the tree. And what would every kid holler? Safe! I made it.

Dr. Paul: Yep.

Ray: They have to understand that when I put my hand on that tree and holler safe, there was this feeling that came over me, like, "I made it. I'm okay. I am going to be all right." And there was a chemical reaction that took place inside my brain that released serotonin, dopamine, norepinephrine, adrenaline. And in my brain, my brain said, "You're safe. You're okay. You're going to make it."

Here is the problem that I talk to a lot of parents about. They do not make their house a place where a kid can come home after school, hit the house and say, "Safe, I made it. I'm going to be okay here."

Dr. Paul: Wow.

Ray: When we get to the place where our kid can come home and go, "Safe, I made it," then that is when we know we have a place that a kid will survive. That is the very basic element that we want.

Dr. Paul: I got goose bumps. That is powerful. Wow!

Ray: That is something that happens to parents. And then that is when I talk about, if you're just giving your kid instructions, then they are missing it.

And then this is what I do to drive this point home. And I always put a kid on the spot, but I ask them beforehand. So I will ask a high school kid this question. I will say, "How often at lunch does the f-bomb get dropped by other students?" And he kind of looks around a little bit sheepishly and he goes, "All the time." That is the answer I get all the time.

And the little girl who has the eye that kind of looks off in the wrong direction, how often do they make fun of her?" "All the time." And the little boy that is overweight, how often do they make fun of him? "All the time."

I said, parents, you have to understand, kids are going to school, but they don't hit the school often and go, "Safe, I made it." Some classrooms, they do and the kids will gravitate towards that teacher. But I said, "Your house has to be that place where a kid comes home and goes, "Safe, I made it." The world may [*makes a bleep sound*] on me, but I know here at home my parents aren't. And if parents are, the brain has to find a safe place.

That's where kids will gravitate towards drugs. That's where kids will gravitate towards gangs. That's where kids will gravitate towards those kind of things. Now parents go, "Why doesn't he want to be home?"

Dr. Paul: Their screens they use to escape. Wow. That is powerful. Thank you for that. That is probably the biggest goose bump thing all summit. Oh my gosh! That was simple, but so powerful. I'm a pediatrician and I am talking to parents all the time. And I wonder how many of them have that safe feeling at home. I will bet you find very few.

Ray: Parents are asking me about that. Because our house was the safe house in the neighborhood. And what happened, I knew it was a safe house. I came driving home from work. My son was a sophomore at high school. And we had always made our house a safe place and kids gravitated towards our house.

So I'm driving home one Friday afternoon and my son calls me on the phone and says, "Dad, how much bacon do you need for 35 people?" I was like, "Why would you ask that?" He was like, "Well, I have 35 of my friends over here and we are all having National Pancake Day. And I thought it would be cool to serve them bacon."

So parents ask, "Well, how do you make that safe place?" Because they think you would just let kids run crazy in the house. But it is actually the opposite. You have to have rules that kids understand.

And the problem that parents face is the parent will say, "Clean your room." And the kid will say, "Why?" And the parent takes it as a challenge to their authority. So they respond with an answer of, "Because I am dad. That's why." And the problem with saying, "I'm dad, that's why," is because it doesn't fix that hole in the kid's brain.

That's because he's not asking why to challenge to your authority. He is asking why because the brain is trying to figure out what is the importance of cleaning my room. And I see this happen time and time again where, "I'm Dad" or "I'm mom." And it doesn't fix that hole in the kid's head.

So what it meant for us, to have our house a house where kids felt safe is we had very, very strict rules that kids understand why we had those rules. And there were so many times I had parents come over and say, "My kid vacuumed your floor. He won't even vacuum my floor. How did you get him to do that?" My son came and said he took the trash out at your house. He won't even take the trash out at my house. What are you doing that I'm not doing?"

"I am making my house safe, man." And he understands that. So a kid will protect that safe zone. Again, I need a lot of time and draw my stuff out to nail this down so parents can understand. When I do that, I do about an hour and a half of parent training. I see parents walk away, or they will walk up to me and go, "You literally changed my thinking with all of this and I see the mistake that I have been making as a parent."

Dr. Paul: Yeah. So go ahead and spend 5 or 10 minutes and do a little more parent training. Let's do it, because it is so necessary. And I am thinking a lot of the young adults I treat in my addiction clinic, I help people get off of opiates, they are also stuck in that emotion side.

Ray: Now here is the thing. Every adult knows how to speak emotion, but they have forgotten how to do it, because it takes so much effort.

I wanted to, and it was really important for me as a dad, to teach my daughter who to date when she got older. So what does that mean? Does that mean I sit down with a chart and I write all of that stuff out for my daughter? And I go, "Honey, kids that go to college make more money." I mean that stuff is important. But her little brain isn't going to get that.

So, I had to start at an early age on putting this information into my daughter's brain and my wife as well. And we both understood. And I had been studying this for a long time and trying to develop this so I could start teaching this. I am a huge kid's advocate. When I go into this training and I see parents sitting with their kids, I want them to know, "I'm for your kid. Not you. I want your kid to be better off."

Dr. Paul: I understand. I do the same thing as a pediatrician. I'm for the kid.

Ray: You nail the parent every now and then. Right?

Dr. Paul: Yep.

Ray: So how do I teach my daughter on an emotional level who to date? Here is the example. This is what started the ball rolling for my daughter. I came home one Friday afternoon. And my daughter at this point is probably about 5 years old.

My daughter has the day off and she had turned our living room into a Barbie utopia. Everything Barbie was set up in this living room. She had the Barbie camper, the Barbie dream house, the Barbie Volkswagen, the Barbie Jacuzzi. You know, thank goodness for yard sales, because that is where everything came from. She had the shaved head Barbie, the permanent marker Barbie. All that kind of stuff.

So my daughter runs up to me and she says, "Dad, will you play Barbie with me?" And I looked and I said, "Dad just walked in the door. Give dad 5 minutes to go get a drink of water, say hello to my wife and reset my brain and then we will play." She was like, "Okay." So I go get a drink of water. In probably about 7 minutes I come back and then I sit on the floor with her. And I said, "How does this work?"

Well, she goes, "You're Ken" and hands me the Ken doll and all he has is the Hawaiian shirt on, because the pants have long gone. You know how that works. And I said, "Who are you?" And collectively she grabs all her Barbies and goes, "We are Barbie." I am like, okay, good. I said, "Honey, how does this work?"

She goes, "I'm going to go behind the Barbie dream house. I'm going to set up all the Barbies. You knock on the door. We start playing." I'm like, okay good. Simple rules. Nothing complicated. Right?

She goes behind the dream house. She sets up all her little Barbies and puts them behind the dream house and the Jacuzzi and the Volkswagen and the plane and all that kind of stuff. Then I come around and I knock on the door. And she opens the door and I look at her and she looks at Ken.

And I say these words, "Who are you?" She says, "I am Barbie." She goes, "Who are you?" I said, "I am Ken." She goes, "What are you doing?" I say, "I was walking by your dream house and I heard all this music and I just thought, what is going on back there?" And she goes, "Oh, we are having a Barbie party." "Like really? What is a Barbie party?" She said, "I invited all my friends over, all the Barbies, and we are in the back yard having a good time."

So I asked her this question. I said, "Can I come in?" And what did Barbie say? "Yeah, come on in." Right? Now let me ask you this. Has she met this guy before? Nope. Does she know who this person is? No. Does she have any clue what this guy is into? No. But she just invited him into the house. Right? Dangerous situation for a young lady? Oh yes.

So now we are in the backyard and she is introducing me to all the Barbies. She is introducing me to the shaved head Barbie, the (inaudible; 28:05) Barbie. She is introducing me to all these Barbies. And I am listening to her, because she is introducing me, who she just met, as her best friend. This is Ken. He just came to the house. He is great guy. Blah, blah, blah. And she is just going on.

And every Barbie we meet, my title grows a little bit bigger and we get a little bit closer. And I thought, "Man, that is kind of unusual to me. But my daughter doesn't even realize what she is doing. Right?" So then I looked at her and I said, "Do you want to go into the Barbie dream house?" And she is like, "Yeah, sure. Let's go."

So the next thing you know, here it is, Barbie and Ken alone in the dream house. And this is where I ask parents, "Good situation or bad situation?" Definitely a very dangerous situation for a young lady, right? She sees all the dream house and shows me around. And finally Ken and Barbie end up alone in a bedroom, second floor dream house, nobody is around.

Again, I ask parents, "Good situation or bad situation?" And I have had dads verbally say, "I do not want my daughter in that situation." Well, I wouldn't want my daughter in that situation either. She doesn't know who Ken is.

So, I asked her questions, again, going back to the emotional thing, just asking questions. "Who lives here?" "Oh, all of us live here." "What rooms do you stay in?" "Oh, we all sleep in all these different rooms." "What do you guys do?" "Well, some Barbies do this and some Barbies do that."

And then I got this idea. And I asked her this question. I go, "You know what? Gosh! I don't have a job right now or a place to stay. Can I live at the Barbie dream house?" And what did Barbie immediately say? "Sure." "And I don't have job. Can I borrow some money?" And what did Barbie say? "Sure." "And I don't have any way to look for a job. Can I drive that cute little red convertible out there?" "Sure."

I tell you, man, it scared me, because everything Ken asked for was, "Yes, sure, here you go. You got it. Yes." Everything was yes. So then I hit this imaginary pause on the floor and I said, "Honey, go talk to mom. Go tell mom what we're doing."

So my daughter grabs a whole bunch of Barbies. She runs into the kitchen. She talks to mom. And at first the conversation is really high, where I could hear them. And then all of a sudden the conversation got softer and softer and softer.

About 4 minutes later, she comes running back into the living room. She collects all her Barbies and she runs up to Ken and she says, "You are going to have to leave now. When you have a car, a job and house, maybe you can come back. But right now, you have got to go."

Dr. Paul: Mom was on to this.

Ray: Yeah, yeah. And we were always training our kids like this. And I thought, "Did I teach my daughter who to date? Sure I did. Right?"

And so the thing that I tell parents is when your kids are little, you can get so much information across just through playing games. That's it. You don't have to sit and lecture them. You don't have to sit and do all of this stuff. Just sit and play games with them. We taught our kids so much just through sitting down and doing these imaginary play games and stuff like that.

Dr. Paul: Yeah. That is powerful. You're so good at these; I want one more. Let's go to—if this works for you—a young adult, somebody in their early 20s, they are in the grips of some addiction. How do you reach them? I imagine you have techniques for doing that emotional thing.

Ray: Yeah. I ask parents when I am working with parents, because I get that a lot. When I was working at a major hospital university down the road, I would get that over and over and over again.

And parents would tell me, "My son came home drunk again last night." This was kind of a pattern. "What did you do? And they would tell me, "When he came home at midnight, I was up awake. And I sat there and from midnight until 2 o'clock in the morning we talked about the dangers of alcohol." I am like, "Wow." And I would look at them and I would go, "Man, what an amazing colossal waste of your time." And parents were like, "What?"

And I said, "Let me tell you what kids know. A kid knows if he comes home drunk or if he comes home high, all he has to sit through is this one hour lecture that mom is going to give him. Or mom is going to holler at him or mom is going to make him feel unsafe or dad. And all they are going to do is holler. And that is the price he has to pay."

And every kid walks in the door with that money in the pocket, knowing that all I have to do is sit through this lecture and I'm okay. And after a while, the lecture bounces off their head. And it is an easy price for them to pay. If you were to get pulled over by police for speeding, do you think the officer needs to come up to you and go, "You know you were speeding?" You know you were speeding, right? So you don't need that information.

So parents are like, "What do I do?" I said, "Well the problem is you have missed the emotional connection with your kid. Here is what you do. You take that kid, because parents will sit there and go don't do drugs because, because, because. And all it does, and I am sure you have seen this, it just makes that valley between them and their kid just grow exponentially. Right? You need to start back over here.

And I will tell you what, this is what you have to understand, parents. It is not the kid's responsibility to move towards you. It is you as a parent, it is your responsibility to meet the kid where they are at. Because you have been there before. This kid hasn't been where you are at.

So they said, "Well what I do?" I said, "You sit there all night with your kid, next to him in bed. Make sure he doesn't vomit and kill himself. And then in the morning when they wake up, you look at him and tell him, 'Get dressed. We are going somewhere.'"

Now all of a sudden, what you have done inside this kid's brain is, "I don't know if I have the money to pay for whatever is going to take place." So the brain is immediately searching, like what am I going to do? What am I going to do? But what you have done is you have opened these teaching moments for the kid. So the brain is like, "What is going to happen? What is going to happen?"

So your kid is immediately going to jump on this thing. Like, "Where are we going? What are we going to do?" And it is going to be this crazy time. So then I tell the parents, "Here's what you do. You have got to start building that relationship again."

You take your kid to whatever breakfast place he likes and you buy him breakfast. If the kid likes waffles, you buy him waffles. Whatever it is, you get him that thing. And so what happens is you sit there and rebuild the emotional part of your relationship, just through asking questions.

But again, don't questions with an agenda. "What happened last night? Why did you drink? What is going to happen next time you drink? As a family, what do you think we think about your drinking? As a mom, how do you think that makes me feel?" What happens is you have to make that emotional connection.

Because what is happening is your kid has gotten to a place where he is egocentric. And it is okay for them to do that because the world revolves around them. So I talk to parents about how to break your kids out of that egocentricness. And then I also talk to them about making that emotional connection again with the kids. So, yeah, we talk a lot about that. And that's the biggest thing.

So when it comes to those 20-year-olds, you can't treat them like they're 5-year-olds anymore. You can't slap their hand and tell them, "You can't do that," because it doesn't work like that.

Dr. Paul: That's good. That's good. It is almost the prodigal son thing. You just welcome them in. You have got to reconnect. You have got to show them love. You have got to let them know that you love them.

Ray: Right. But then you also have to set those boundaries. You know what I mean? I don't know how much time we have.

Dr. Paul: We still have 15 to 20 minutes if you've got it.

Ray: Okay. Oh yeah. Now you are in the Seattle area, right?

Dr. Paul: Portland.

Ray: Portland area. Okay, you have quite a few bridges in Portland. Correct?

Dr. Paul: Yes.

Ray: Now, you know the guard rails that are on the side of the bridges? Have you ever hit one of those guard rails?

Dr. Paul: Driving?

Ray: Yes.

Dr. Paul: No.

Ray: Well, let me ask you this question. Would you drive across that bridge if those guard rails weren't there? Probably not, right?

Well, as parents, we have to understand that we have to be those guard rails for kids. And it makes it safer then, to get across to the other side. And it is not that these kids may ever hit this. But if they do, at least you're there for them. But at a point, you have to understand that is what our role as a parent is, setting up those guard rails for kids, helping them get to the other side.

Dr. Paul: So, how old are your kids, Ray?

Ray: My son is now 24 years old and my daughter is 21. And she has just started speaking with me. So I'm sending her out. She has become the expert in vaping and e-cigarette information. So she is going to a lot of junior highs.

Dr. Paul: Nice. Did you have to set up some guard rails for your kids?

Ray: Oh, Yeah. All the time.

Dr. Paul: Yeah.

Ray: But the biggest thing I knew is me and my wife had to make our house the safe place.

Dr. Paul: I love that.

Ray: So the food of our house had to taste better than anything that was out there. And so we constantly were doing that. And so for my son, for it to be a safe place and a place that was more appealing than anything else that was going on in the high school was competition.

So, my son liked to compete with me, video games, paint ball. Any type of thing we were doing, it was always this little competition thing, where there times he could brag to mom, "Oh I beat dad at paint ball." And there were times I could go, "Oh yeah, I beat him at paint ball."

So, when my daughter was born, I thought, "Competition, that is the answer. Right?" Not for my daughter. Competition was like the anti-safety thing. So for her it was spending time together, creating something out of nothing. So we would just get paper or crayons or glue or glitter and we would just create this stuff. And for her that was her safe place. And it was so much better at home than anything out there.

So, we did have to set up some guard rails, of course, with our kids. There had to be some restrictions that had to be set up. But we found that a majority of the time, the kids would bring their friends to the house after football games. We had all the video games. We had all that. So it worked out.

Dr. Paul: I totally get that. I have 3 biological and 6 adopted. And at one point we had 8 kids in the home, most of them teenagers. So, we already had a houseful.

Ray: You [inaudible] right there.

Dr. Paul: But they brought all their friends. I would do crazy shopping trips just for the week. It was like the safe house. Nobody wanted to be anywhere else. They might miss some fun. So I totally get that. It is such a great visual you've given us. I totally see that that really is important. As we enter the last 5, 10, 15 minutes together, just free flow with things that you think our audience needs to know or that you would like to share with them.

Ray: You know what, I cannot recommend this more. I come from a non-use background. I attend an AA meeting, the local one here, as often as I possibly can, because I want to understand that thinking, so I can be as effective as I possibly can.

And for my kids, and the thing that parents forget to do, is when a kid is little, parents will tell their kids, "Don't cross the street." So we give them some safety stuff. We walk them out there. We show them. Right? And then we tell them, "Don't play with matches." And we show them why they shouldn't play with matches. Or don't talk with strangers and we show them that kind of stuff.

So the problem is we forget once kids get older to continue that type of teaching. I know this is going to sound crazy. And I use my sister as an example. But I wanted to teach my kids firsthand the ravages of meth use. So what I did (I know it is going to sound crazy), I introduced my kids to what a meth house was like by taking them over to my sister's place.

I called my sister. I said, "Sister, can we come and visit?" She is like, "Sure." This was back when she was using. And so she was like, "Sure, sure." So I loaded the kids in the car. And I sat in the car and said, "Kids, here is what is going to happen. We are going over to my sister's house. I am going to ask you not to drink anything, not to eat anything and be as nice as you possibly you can to my sister because this visit may be the visit that saves her life.

But I want you to watch my sister, because here is what is going to happen. I am going to call her 30 minutes before we get there. We are going to get there and my sister is going to be so excited to see us. 'Oh my gosh! Let's bake a cake. Let's do all this. Let's take a computer apart. Let's put it back together. Let's take an engine apart. Let's put it back together.'

And I said that is going to last for about an hour and a half, maybe 2 hours, if we are lucky. And then at the point of 2 hours, she is going to be the complete opposite of what she was. And she is going to say something to the effect of, 'I need to run and do this. I'll be right back.' Then I am going to offer to my sister, 'Let me drive you.' But my sister will immediately say no. So I laid all of these things out to my kids. And I said watch for all of these things.

So we get to my sister's house. And at the time she lived in a big storage unit, like the garage door opened up. My sister did not even have a working rest room in her house. And sure enough, 'Oh my gosh! Good to see you.' Hugging the kids, loving the kids. You know, just hugging them like 6 or 7 times in a row. 'Let's bake a cake.'

So after we bake the cake and buzzed all around the house, about 2 hours later my sister is like, 'Oh my gosh! I forgot to get frosting. Let me run to the store and get frosting.' I am like, 'Sister, let me drive you.' 'No, no, no! I will just run. I have got a ride. I will be right back.'

So my sister leaves for 45 minutes. How does she come back? 'All right, let's bake the cake.' You know. So what I did is introduced the kids to that lifestyle. And it was an eye-opening experience for them. And I told my sister years down the road, "We came and visited you all the time. But there was this one particular time that we came to visit you so I could teach my kids about meth."

I was really nervous. How was my sister going to react to that? And she was like, "Oh my gosh! If I was able to keep your kids from doing drugs, so they could see how crazy aunt was, then it was well worth it." And so, we need to introduce our kids that we are afraid they are going to get involved in.

Because I see parents make every decision for their kid. Then when they release their kid into college, she doesn't know how to make a decision. I have seen that happen time and time again.

Dr. Paul: Yep. Absolutely. That is interesting that you go to 12-Step meetings and you obviously could qualify to go to Al-Anon. But technically you don't have addiction issues yourself.

Ray: Well, you know what? I love French fries, man. So does that count? I like to watch my wife put poison on them—

Dr. Paul: You know, in a way it does. I think a lot of us struggle with the food thing.

Ray: Oh, yeah.

Dr. Paul: Yeah, for sure.

Ray: But you know what I like? I like the bondness. I like the honesty. I like how they treat me. Some of the guys, they know I am there. They are like, "Why don't you tell your story?" And I am like, "I am going to be honest with you. I don't have an addiction story."

And they are like, "Well, why do you come to this?" And I come because of the rawness. I come because I want to understand. I want to be effective helping people that aren't in this meeting yet. And I said I need to understand that before I start working with them.

Dr. Paul: I go to 12-step meetings and I will share there. I said, "We are the lucky ones because we have this community. It is a safe environment. The level of honesty that goes on there is unbelievable. And we have tools. Right? So there are the steps, these simple steps and tools that people can use."

So any of you who are watching, if you have not been to a 12-step program, go. It doesn't matter what your addiction is. They do have 12 steps for just about every addiction. You can walk into what is called an open meeting of AA or Al-Anon and you will be welcomed.

Ray: Right, right.

Dr. Paul: It is an amazing community.

Ray: Yeah, it is. And I wish other organizations were run that way sometimes, just for the honesty. Like, "Hey, I am not making it man. I need help."

Dr. Paul: Yeah. So, in wrapping it up, Ray, can you speak to that teenager or that young adult who is just still in the struggle? They can't break free.

Ray: Yeah.

Dr. Paul: And they don't feel like they have anybody that cares. Nobody cares about me anymore.

Ray: Right. You know, I know that. Yes, I have worked with kids like that. And I wish there was some way to get that across to them. You know what? They may feel like nobody cares, but what has happened because of their addiction, they have kind of pushed people away. And I know that a lot of times people have come into their life who do care, but because of the addiction and their addicted brain, they push that person away.

I have seen so many kids who feel isolated and alone. And once they make this turn where I want to get my life back in line, there is a moment of testing where people are like, "Well, I wonder if they are really going to do that?" But once they start seeing you put effort into your sobriety, it is amazing how people come running back, because they want to be part of that success.

Dr. Paul: Yeah.

Ray: You want to be a person, and I know I do this. I want to be the person that somebody who was in recovery when they are falling or struggling, Ray Lozano helped save my life. You know what I mean? And people want that.

So, you may feel alone and it is a true feeling and you probably are alone. But the reason why you are alone is because you pushed everybody away.

Dr. Paul: Right.

Ray: But once you make that turn, you will be amazed at how quickly people will start gravitating back towards you.

Dr. Paul: That is beautiful and that is so true. You walk into a 12-step meeting, or you go to your parent if they are still talking to you. And you are willing and ready and you mean it this time. They don't believe you right away. But they will watch and they will support and love you. And little by little by

little you start earning back that trust. It takes forever to earn it back, but it will come back.

Ray: Yes, it will.

Dr. Paul: And you will regain that freedom that you had given up or lost. Right? Sometimes we feel like we are all to blame and we are living in shame. We can let that go. Right? Let the shame go. Today is a fresh new day.

Ray: Right, right. One day at a time, man. That is what it is.

Dr. Paul: One day at a time. Wow! Thank you Ray! Do you have any resources you would like to just have us be aware of?

Ray: Oh, Yeah. It is real easy. If you just Google my name, Ray Lozano, I am the first 3 pages on Google. And all my videos are there. And if anybody wants me to come out and speak and do this parent training live or drug and alcohol information, Yeah.

Dr. Paul: Fantastic.

Ray: Contact me through that.

Dr. Paul: This is fantastic.

Ray: This has been a great conversation. Thank you so much.

Dr. Paul: Oh, thank you, Ray! This has been an amazing gift to humanity and to people. And obviously you love what you do.

Ray: Yeah. I want to be that bridge. I want to be the bridge for the "normies" to come over to understand the addicted brain. You know what I mean?

Dr. Paul: Yeah.

Ray: Because they don't. And this just kills me when people look at somebody who has an addiction and say, "Just stop drinking." I just want to shake them and say, "Just stop breathing."

Dr. Paul: There you go. Back to holding your breath. Just stop breathing.

Ray: Just top breathing. Like what is the big deal? You can stop breathing any time you want. It's not like that. I see that over and over again. Now all that does, because I know the addicted person is like, "Why can I not stop?"

Everybody tells me just to stop. Why can't I stop?" So a lot of times, even the addicted person doesn't understand what is going on inside their head. You know what I mean?

Dr. Paul: For sure, for sure.

Ray: That is what I want to get across and I want people to understand addiction, because it is brutal, brutal.

Dr. Paul: Yeah, for sure. I have got a book coming out, *The Addiction Spectrum*. It will come out September 4. And it really walks people through all the various ways we can start to heal and move from that danger zone back to safety.

Ray: Good. Well, if you ever want to do another project together, let me know.

Dr. Paul: Thank you, man. I really appreciate your time. You have a great day and good weekend.

Ray: All right. Take care.

Dr. Paul: All right. Bye, bye.