ABOUT A.A.

...a newsletter for professional men and women

Spring 1982

Alcoholics Anonymous Around the World

When A.A. members decide to travel to a foreign country for business or pleasure, often the first question that comes to mind is whether they will be able to attend meetings of the Fellowship when they reach their destination. And because A.A. now has groups in 110 countries across the globe, the answer generally is "yes." Yet many people who are aware that A.A. is an international organization have never stopped to think about just how far-reaching the Fellowship actually is. Thus, although it is not surprising to learn that there are A.A. groups in Great Britain, France and Spain, it may seem amazing for them to find that there are 3,000 groups in Mexico, 600 in Honduras, 180 in South Africa, and 15 in Sri Lanka.

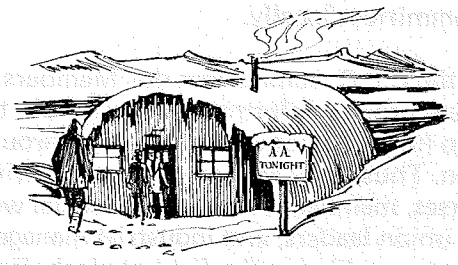
In Belgium, there are Flemish-speaking groups (235) as well as those that speak French (145). Iceland has a flourishing conference of 80 groups with 2,500 members, while Brazil has 1,400 groups comprising 21,000 members. And on the other side of the world, the island of Fiji has one group with 8 members, while Australia's 775 groups have just under 8,000.

There is even a group in Anarctica!

Much of A.A.'s growth throughout the world can be credited to the power of the printed word, especially to the Big Book of *Alcoholics Anonymous* and supporting pamphlets. Indeed, it has been found that there is dramatic burst of growth in A.A. membership in any country in which native language literature becomes widely available. And, as interest in the A.A. program has spread, there have been an increasing number of translations of the Big Book under the auspices of Alcoholics Anonymous World Services, until now there are 13 such foreign language editions.

In addition, there are informal mimeographed translations in other languages that have been made by Alcoholic Anonymous groups large enough to need written material, but too small to warrant an entire publishing program. In recent years there has even been an effort to carry the A.A. message to aboriginal peoples, such as the Maoris and Tongas of New Zealand and the Xhosa of South Africa, in their own languages.

Members of the professional community who may be working with recovered alcoholics in the armed forces or in international organizations, as well as with clients who may be traveling on their own for business, will be interested to learn that A.A. publishes a list of International Intergroup Offices and General Service Offices, available on request. Obviously, professionals in the field also can attend open A.A. meetings in other countries as they can in the United States.



The Goals of A.A.'s Committees on Cooperation with the Professional Community

A look at A.A.'s history clearly shows that cooperation with members of the professional community has been an integral part of the Fellowship from the beginning. When the co-founders of A.A., Bill W. and Dr. Bob, realized from their own experience that they would have to work with other alcoholics in order to stay sober, both men eagerly sought out those still suffering from the disease. In their efforts to reach as many alcoholics as they could, at a time when the stigma of alcoholism was great, they talked with hospital administrators, doctors and nurses, members of the clergy, and many other professionals. In time, A.A. groups began springing up all across the country. And much of that early growth was made possible with the help of sympathetic non-alcoholic professionals.

Over the years, cooperative ventures continued—with hospitals, schools, law enforcement agencies—but

many of the programs were the result of personal efforts initiated either by individual A.A. members or professionals. And as the depth and scope of alcoholism rehabilitation grew, communication between A.A. and the professional community was sometimes intense, sometimes intermittent and sometimes almost nonexistent. Many patients released from hospitals did not attend A.A. and were not staying sober for very long; young people were drinking alcohol at an earlier age and were unaware of the dangers of alcoholism; and graduates of medical school sometimes knew little or nothing about A.A.

Obviously, the time had arrived for a more concerted effort to create cooperative programs for the benefit of all alcoholics. With that conviction as their inspiration, the General Service Board (the coordinating body of A.A.) developed a trustees Committee on Cooperation with the Professional Community (C.P.C.) in 1970. The following year a similar Conference committee was formed. Since that time, A.A. members in many sections of the country have been establishing C.P.C. committees locally.

What do the C.P.C. committees do? Members of these committees provide information about A.A. to all those who have contact with alcoholics through their profession. Thus, they are communicating with physicians, nurses, members of the clergy, social workers, teachers, union leaders, and industrial managers as well as those working in the field of alcoholism. Through meetings, workshops, literature, and invitations to open A.A. meetings, C.P.C. members acquaint professionals with what A.A. is, where it is, what it can do, and what it cannot do.

One of the successful recent programs has involved invitations to medical students through their colleges to attend open A.A. meetings, with each student assigned an A.A. sponsor for the night. Both the student doctors and their professors have responded with enthusiasm and favorable comments. Another cooperative venture has been the setting up of A.A. meetings for the elderly in Senior Citizen Centers. Plans to improve, systematically, the relationship of A.A. with local resources, offering help, treatment and information for the alcoholic, has been proposed by local committees.

In some cases, improving the relationship with a treatment facility may mean opening up lines of communication to work out a plan for incorporating patients from the facility into local A.A. groups. Sometimes large numbers of recovering alcoholics from a facility can all but overwhelm a small group.

And if the newcomers maintain their distance from older members and make no attempt to mix, unnecessary tension and stress is created. Usually, communication and planning can help to avoid such difficulties.

Because A.A.'s goal in working with other groups is cooperation and not affiliation, C.P.C. members should be guided by the Sixth Tradition of A.A., which states: "An A.A. group ought never to endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose." Therefore, A.A. is readily available as a resource for other agencies, but must be wary of any usage of its name with another agency's, which might give the impression of affiliation.