

About AA

A.A. Cooperates With Treatment Facilities to Help Alcoholics

An Association That Goes Way Back

From its beginning in 1935, A.A. has worked closely with treatment facilities to help the alcoholic client get and stay sober. A.A. co-founder, Bill W., himself was a patient of a treatment facility—the old Towns Hospital in New York City. Shortly after he got sober, Bill returned to Towns to work with other alcoholics. A.A.'s other co-founder, Dr. Bob, a surgeon, realized upon sobering up the need for an alcoholism ward at St. Thomas Hospital in his city, Akron, Ohio. With the sometimes tart-tongued but always dedicated assistance of (nonalcoholic) nurse Sister Ignatia, Dr. Bob established a ward for alcoholics. Together he and Sister Ignatia reached out to more than 5,000 alcoholics.

In carrying the message of sobriety into treatment facilities, A.A. always has done so in the spirit of our Sixth Tradition (A.A.'s Twelve Traditions guide the interactions of A.A. members with each other and with those outside the Fellowship), which states, "An A.A. group ought never 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." Thus, we cooperate but do not affiliate. A.A. is always at the ready to help alcoholics in treatment facilities, but public linking of the A.A. name can give the impression of affiliation. Therefore, an A.A. meeting or group that meets in a treatment facility should not bear the name of the facility.

Relating to Our Professional Friends

Treatment facilities treat clients with a wide range of problems. A.A., on the other hand, is true to its single goal. A.A.'s Tradition Five spells out the aim of A.A.: "Each group has but one primary purpose—to carry the message to the alcoholic who still suffers." Within this context, there is probably no better place for an A.A. member to reach out to alcoholics than in a treatment facility—according to the Fellowship's 2001 Membership Survey, 32 percent of our members indicated that treatment was a major factor in their coming to A.A.

A.A. members do not act in a professional capacity. Carrying the message to alcoholics in these centers, and helping them assimilate into A.A. when they get out, is part of what A.A. members consider basic to maintaining their own sobriety—sharing their sobriety with another alcoholic in order to keep it themselves.

Clearing the Way

How does A.A. get started in a treatment facility? Often the first step is that A.A. members will establish contact with administrators. Contact may also come from an administrator who gets in touch with A.A., usually through the local A.A. intergroup or

central office. Around the U.S. and Canada, A.A. members volunteer to serve on local committees to coordinate providing A.A. information to clients, staff and administrators at treatment facilities. These committees are glad to establish ongoing working relationships with local treatment facilities administrators.

The committee may offer to hold information programs that explain A.A. to either clients or staff. Among other things, they tell what A.A. is and how it works for them, along with furnishing literature, much of which is available online at www.aa.org. They share their own experience in recovery, underscoring the importance of sponsorship, and explain how A.A. can help clients make the often difficult transition from treatment to A.A. Conditions permitting, the A.A.s show the video "Hope: Alcoholics Anonymous," and leave copies of A.A.'s monthly magazine, the Grapevine. Always mindful that they are guests of the treatment facility, the A.A.s are careful to abide by all the rules.

The Alcoholic Client

In addition to informational sessions, two types of meetings are held regularly in treatment facilities: (1) *A regular A.A. group meeting*. A significant number of A.A. groups rent space in treatment facilities and function in the same way as outside groups that meet in churches, schools and other venues. Coming together on the premises of a treatment facility or hospital has the advantage of making the meeting more accessible to clients in the facility. As the long form of Tradition Three clearly states, "Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation." (2) *A treatment facility A.A. meeting*. This differs from regular A.A. group meetings in that attendance often is limited to clients in the facility and A.A.s on a Treatment Facilities committee who may be asked to chair the meeting and arrange for outside A.A.s to attend as speakers or discussion leaders. In some facilities, members of the staff are present as observers.

If the clients' stay at the facility is only a few days, perhaps two or three meetings a week may be brought in. But if it is a hospital or rehab that gives long-term treatment, patients may be allowed to go to "outside" meetings, and so fewer in-house meetings are needed.

At specialized treatment facilities, different approaches may be needed. For instance, there is limited experience at present in taking A.A. meetings into noncorrectional youth facilities. It has been noted that attendance by many of the adolescents in these facilities is either court-ordered or mandated by the facility. Therefore, they may be somewhat unreceptive. However, as one

member doing this work remarked, “You can never tell when the seed will fall on fertile ground.” A.A. also has been carrying the message into psychiatric/mental health facilities or state hospitals since the early years of our existence. In 1939, Dr. Russell Blaisdell (nonalcoholic) allowed A.A. members to take meetings into Rockland State Hospital in New York. Alcoholics found sobriety there and, with A.A. cooperation, many patients in similar facilities continue to recover today.

From Treatment to A.A.

Thousands of A.A. volunteers across the U.S. and Canada are helping to bridge the critical gap between treatment and A.A.—accompanying just-discharged alcoholics to their first outside meetings, introducing them to potential sponsors and sharing their personal experience in recovery. The concept of these temporary contact or “Bridging the Gap” programs is as old as A.A. itself—one drunk talking to another, each reinforcing the other’s understanding that they can find the power to face life sober, and without gut-wrenching fear and loneliness. Many temporary contact programs, coordinated by a treatment facilities or related committee, use the local central or intergroup office as a contact point. Committees in almost every state and province maintain lists of A.A. members willing to be temporary contacts; and they share and coordinate their efforts when it is important to obtain A.A. contacts in other parts of the U.S. or Canada.

Temporary contacts may make direct personal contact with clients while they are still at the treatment center—either at an A.A. meeting inside the center, by phone, or by a visit. If necessary, Temporary Contact committees may coordinate acquiring the permission needed for an A.A. member to contact a client. Most of the time the A.A. contacts and newcomers make every effort to attend at least one meeting together the day of the client’s discharge from treatment. Thereafter, for at least two weeks, contacts will help the newcomers to attend a variety of meetings, introducing them to other A.A.s.

Contacts also familiarize newcomers with A.A. meeting schedules and literature, including the flyer “Where Do I Go from Here?,” which reassures the alcoholic about to be discharged from treatment that “we [A.A.s] live and meet everywhere now and at many different hours of the day. And we hope you’ll want to talk to one of us when you get out. We’ll be waiting, because somebody waited for each of us. And that made all the difference.”

A.A. Meetings Around the World

World Service Meeting Crosses All Borders

Delegates representing A.A. the world over gathered for the Fellowship’s 18th World Service Meeting at the Crowne Plaza hotel in New York City last October. “Our primary purpose,” said keynote speaker Keith K., a delegate from South Africa, “is to bring sobriety within reach of all who want it. This is why we meet here at an international level—to find ever-better ways to carry the message to alcoholics who still suffer, wherever they may be, whatever language they speak.”

Citing the recent growth of A.A. in the People’s Republic of China, Mongolia and across Africa, Elaine McDowell, Ph.D., Class A (nonalcoholic) chair of the U.S./Canada General Service

Board of A.A., told the delegates: “The expansion of A.A. in developing countries is truly phenomenal. By sharing your experience with developing A.A. service structures . . . you have made it possible for A.A. to be there for faraway alcoholics who previously were without hope.”

Today A.A. has a presence in more than 180 countries. The 50 delegates who gathered at the World Service Meeting in Manhattan represented 34 countries, or zones, where A.A. has national service offices. This event alternates biennially between New York and other locations around the world. In the past meetings have been held in Auckland; Cartagena; Guatemala City; Helsinki; London; Munich; San Juan del Rio, Mexico, and Oviedo, Spain.

A.A. Celebrates 70th Birthday

Toronto is the Huron Indian word for “meeting place”—used as such for centuries by the First Nations tribes and later by French traders. Serendipitously this historic Canadian city will become a magnet for thousands of A.A.s, their Al-Anon partners, and friends from as many as 150 countries. Together they will salute the Fellowship’s 70th anniversary at the 12th International A.A. Convention the weekend of June 30-July 3.

If past is prelude, the 2005 International will be the best yet. Beginning with the first one in 1950, these conventions have served as touchstones in A.A.’s growth, scope and commitment to carrying the message of sobriety to alcoholics. Held every five years to mark the anniversary of A.A.’s founding in 1935, they are now among the largest gatherings of their kind. Over the weekend, attendees may choose from more than 200 topic meetings. Nonalcoholic guest speakers at some of these include professionals in the field of alcoholism, as well as A.A.’s seven Class A (nonalcoholic) trustees, whose expertise in matters ranging from philosophy and organization to medicine and public service touches on every aspect of A.A. service. Friday night, Saturday night and Sunday morning meetings will fill Roger’s Centre Stadium (formerly the SkyDome).

The theme of the 2005 Convention borrows from A.A.’s responsibility declaration: “‘I am responsible’ [. . .When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that: I am responsible].” The International is a time when A.A.s confirm their collective unity along with gratitude for their continuing recovery from alcoholism—expressed often in many tongues but always in the language of the heart.

Professionals who would like to find out more about the Convention may contact the International Convention Desk at the General Service Office of A.A.: 212-870-3472, or access G.S.O.’s A.A. Web site at www.aa.org. Members of the media may contact the Public Information Desk at (212) 870-3119.

Let Us Hear From You . . .

Are there any specific topics you would like to see explored in *About A.A.*? Please send us your thoughts, ideas, comments, so we may better communicate with the professional community. You may e-mail the Cooperation With the Professional Community desk at: cpc@aa.org.

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