

SUMMER
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About AA

A NEWSLETTER FOR PROFESSIONALS



ALSO INSIDE
Fourth
Hispanic
A.A. Women's
Workshop

Technology, Professionals and A.A.

Relavant to these challenging times during the COVID-19 pandemic, several ways exist where people can be introduced to A.A. without attending an in-person meeting. True to A.A.'s spirit of cooperating with the professional community, Alcoholics Anonymous World Services, Inc. (A.A.W.S.) and local A.A. intergroups provide digital resources for professionals and those who are seeking help with an alcohol problem. "With these tools, our aim is to share information about A.A. to a larger audience and connect them to local A.A. members," says Diana L., the A.A. staff member responsible for overseeing

Cooperation with the Professional Community (C.P.C.) at A.A.'s General Service Office (G.S.O.) in New York, NY.

In November 2019, G.S.O. created its own LinkedIn page briefly describing A.A. to professionals and providing a link to G.S.O.'s website (www.aa.org), which offers videos and pamphlets to professionals and people who are seeking help with an alcohol problem, as well as ways to find local A.A. meetings and other updates on the COVID-19 pandemic.

According to Diana, the page started slowly, with A.A.'s annual policy-making conference monitoring its

use and discussing guidelines for regular postings. For now, the only post on the LinkedIn page is a list of national professional events where A.A. will have informational exhibits. So far, the LinkedIn page has 360 followers, and averages 300 unique visitors and about 60–80 clicks to its website. Professionals have also started to tag the page and recommend A.A. to colleagues. In one example, an H.R. professional interested in the mental health of restaurant employees recommended that colleagues watch “A.A. Video for Employment/Human Resources Professionals” if they wanted to gain a better understanding about alcoholism and provide assistance beyond guiding employees to an E.A.P. According to Diana, “The post demonstrates cooperation of our professional friends who have utilized the digital assets that A.A. has made available, and could open doors for local A.A. members to become a resource to professionals in the U.S. and Canada.”

DIGITAL RESOURCES TO AID RECOVERY

Another digital resource maintained by G.S.O. is a YouTube channel with a broad list of subscribers. There are informative playlists for professionals, including video stories from A.A. members in recovery and short public service announcements for use in any office waiting room. The newest posting is “Young and Sober in A.A.: From Drinking to Recovery.” On YouTube, individuals can also explore the AA Grapevine channel, which provides audio stories recorded from A.A.’s international monthly journal, Grapevine. Once again, it’s another way that people can be in-

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troduced to A.A. without attending an actual meeting.

Prior to the COVID-19 pandemic, online requests for help came from individuals seeking meetings but also concerned about the anonymity issues of attending a meeting in person. A.A.’s Twelfth Tradition (a set of principles guiding the organization’s internal and external relationships) states: “Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.” Despite this steadfast principle of anonymity in A.A., some individuals still worry about the stigma related to alcoholism and feel more comfortable attending meetings online, explains Homer M., a longtime member of A.A. and a director on the Alcoholics Anonymous World Services, Inc. (A.A.W.S.) Board.

Thankfully, for these individuals and others, there are many different options for online meetings, virtual fellowship and other accessible support. Online meetings and local intergroups (each with its own website of resources and meeting listings) have been an integral part of the virtual presence of Anonymous Alcoholics for many years. Even prior to this pandemic, many A.A. mem-

bers around the world — whether homebound, living in remote areas or stationed on far-flung bases — have counted on participating in A.A. remotely through A.A. literature, phone calls with other members, correspondence by letter or email and meetings online.

Particularly now, in light of the COVID-19 pandemic, if a professional is looking to refer a patient who is struggling with alcoholism to an online meeting, there are five basic formats to choose from:

email meetings where an email is sent out on a specific topic; chat (text) that includes a live chat following the same format as a face-to-face meeting; discussion forums or message boards where a topic is posted and group members post (these are active 24/7); the telephone, where meetings are conducted via a conference-call format; and lastly, meetings on a variety of audio/video platforms (such as Skype, Web-Ex, Zoom, Pal-Talk and others) that adhere to a similar format as in-person meetings.

FINDING THE FORMAT THAT FITS

During the pandemic, when it is no longer possible to meet safely in person, various audio/video platforms — particularly Zoom — have become a popular mode for meetings. Currently, many of these Zoom meetings are listed with local intergroups so members and newcomers can easily access the necessary information. The pandemic has certainly impacted the frequency and use of online meetings: About 95 percent of meetings are taking place online in order to adhere to the stay-at-home orders issued by state and local governments. Also,

telephone meetings have increased during the pandemic.

In regard to finding the right meeting and format, Homer M. says, "Often it's about exploring the different formats and then the individual deciding what works for them. If one group doesn't meet someone's needs or is difficult to connect with, then the person can try another meeting." In addition, there are a handful of online groups that provide documentation, with an email verification, for individuals who have been court-ordered to attend a specific number of meetings. During recent years, intergroups have observed a significant increase for documentation at online meetings. "I think this will be particularly helpful to professionals and their clients when there is limited access to face-to-face meetings," says Homer. "Given the changing times, in-person meetings are not always an option."

With the ubiquitous use of smartphones, G.S.O.'s Meeting Guide app is a convenient way to look up a meeting in one's area with just a few swipes. Today's Meeting Guide app is connected to hundreds of local A.A. intergroup and central office websites; this allows for users to access updated information about meeting locations and times. This simple-to-use app offers professionals — psychiatrists, counselors, probation officers and others — a way to steer individuals to meetings within minutes. Each listing clearly enumerates the name, address and time of meetings, as well as what type of meeting it is. Currently there are almost 124,770 meetings available on the app, with 251,000 monthly active users.

As the world keeps changing, A.A. members continue to adapt how they reach out to people who are

seeking help and how they might best cooperate with the professional community in finding recovery resources for suffering alcoholics. "We're going to see a significant increase in the use of technology for day-to-day communications," con-

cludes Homer in reference to the current environment of the pandemic. "I'm a firm believer: Technology makes its greatest leap when there is a significant need. This is going to have a lasting effect on how A.A. reaches out to the newcomer." ■

Meet One of A.A.'s Nonalcoholic Trustees



Dr. Al J. Mooney, of Cary, North Carolina, was selected as one of seven Class A (nonalcoholic) trustees to serve the A.A. Fellowship. Born in 1948 in Statesboro, Georgia, Mooney was the son of a physician/surgeon and a nurse. "I'm a sixth-generation physician," he says. "Going into medicine was what our family did."

As a part of his training while a resident in family medicine at the University of North Carolina at Chapel Hill, Mooney often heard other residents and professors talking about the hopeless nature of working with alcoholics. "One resident in internal medicine suggested that I identify all of the alcoholics in my practice," remembers Mooney, "and then he suggested that I give all of my attention to everyone else because they can't be helped."

Nevertheless, at UNC Mooney also

encountered one of his mentors, John Ewing, a professor and a psychiatrist who was the first director of the Bowles Center for Alcohol Studies. At first, Dr. Ewing wanted to believe that problem drinkers could learn to drink safely, but then he realized that A.A.'s approach to abstinence was the only way. Ewing and his team were on the forefront of research in the causes of alcoholism and seeking treatments and preventions.

Not surprisingly, Mooney built a professional career and practice where he could help alcoholics as a part of the continuum of recovery. "I saw my job as preparing people to get to A.A. through treatment and rehab," he says. "I knew once people got to A.A., the program would take care of them." Over the decades, Mooney became recognized as an expert and leader in the field of addiction medicine. He has worked and been affiliated with multiple institutions, hospitals and universities.

In 1992, Mooney coauthored and published *The Recovery Book*, which examined the phases of recovery and how the process can take years in terms of an individual fully recovering his/her own sense of self. In addition, Mooney is an inaugural diplomate in the American Board of Addiction Medicine and helped to establish the certification standards for the specialty in the U.S. while serv-

ing on the ASAM board. Mooney is still involved with the establishment of recovery programs — twelve-step and professional — internationally, including in Egypt, Bosnia, Ghana and the United Kingdom.

In early March of this year, a groundbreaking scientific study was pub-

lished by the Cochrane Library, an organization known for its scientific analyses. This landmark study supported the fact that A.A. works as well as or better than other scientifically proven treatments for alcohol addiction. The new review, which looked at 27 studies involving nearly

11,000 participants, also builds upon a previous study conducted by Cochrane. “Finally, with the publication of this study, we can be on the same team with everyone else. This is a wonderful milestone in science,” comments Mooney, “but we have a long way to go.” ■

HIGHLIGHT

Fourth Hispanic A.A. Women’s Workshop

On December 7, 2019, the Fourth California Hispanic Alcoholics Anonymous Women’s Workshop took place in Placentia, California, with 120 participants attending both in person and through Skype video conferencing. Hispanic women who have found sobriety in A.A. shared how they deal with some of the tensions and challenges they face as A.A. members, both as newcomers and “longtimers” with established sobriety. They also shared experiences on how to organize A.A. groups, create leadership positions, and participate in the policy-making decision process of A.A.

During the one-day event, panelists and speakers discussed tensions and challenges with alcoholism and finding sobriety in A.A. In Hispanic communities, many women are left to fend for themselves, receiving little or no support in dealing with alcoholism or alcohol abuse. Many of the women shared that to admit that you are an alcoholic and seek help is to bring shame to a spouse or an entire family. In addition, they are often discouraged by family and/or peers from attending open A.A. meetings, a suggestion frequently made by professionals to help someone decide if they are an alcoholic and A.A. is right for them.

Deciding to attend A.A. has caused other problems for Hispanic women who are alcoholics and looking for help. In many, but not all, co-ed Hispanic A.A. meetings, women are disallowed from meaningful participation in group affairs.

As Hispanic women continue to stay sober in the U.S. and Canada, some by getting involved in A.A. meetings in the English-speaking community, they have begun to raise awareness about the challenges that Hispanic alcoholic women face.

Zoraida R., a sober alcoholic woman who is deeply involved in the development of the Hispanic A.A. Women’s Workshop, shared that the initial vision of the California workshop was to bridge the Spanish-speaking female sober community with the English-speaking one. Since its inception, the workshop has accomplished just this, and more: increasing awareness has created more Hispanic women’s Spanish-speaking meetings throughout the area. And recently, at A.A.’s annual U.S./Canada General Service Conference, where matters of interest to the entire Fellowship in the U.S. and Canada are discussed and policy decisions undertaken, the body approved creation of a pamphlet on Hispanic women in A.A., to be published in Spanish and English. “When all of us come together, we can do amazing things,” says Nivia H., an editorial employee of *La Viña* — A.A.’s bimonthly Spanish-language magazine sharing the experience, strength and hope of A.A.’s many Hispanic members — who attended the workshop for the first time this year. As an A.A. member living in New York, she attends a co-ed Spanish-speaking meeting that welcomes and supports women’s and LGBTQ participation in A.A. “It’s very empowering,” she says. “We are now talking about starting a Spanish-speaking women’s meeting in Brooklyn and getting other women involved.” Nivia continues, “It’s not that Hispanic women did not want to find A.A. or to be supportive of each other, or that they did not know they needed help, but rather that they wanted help and have run up against barriers based on cultural perceptions.”

As these barriers begin to fall, A.A.’s primary purpose of carrying the A.A. message of hope and recovery to all alcoholics will continue reaching those who need it most.

