



A.A. in Treatment Settings

ALCOHOLICS ANONYMOUS[®] is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

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A.A. in Treatment Settings

“Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail.”

— *Alcoholics Anonymous*, page 89

Since one of the ways A.A.’s co-founders helped maintain their sobriety was by carrying the A.A. message into hospitals, many other alcoholics have discovered the great value to their *own* sobriety of working with suffering alcoholics in treatment settings and correctional facilities. A summary of their collective experience is outlined here.

How does bringing A.A. to alcoholics in treatment settings help to strengthen sobriety?

Many happy sober A.A. members have found that the best cure for a “dry drunk” or a self-pity binge is working with another still-suffering alcoholic. Seeing other alcoholics recover, whenever they do, is almost as great a reward as our own sobriety.

What better place to look for those still-suffering alcoholics than in a hospital or some other alcoholism treatment place? The idea is older than A.A. itself.

In 1934, a sober alcoholic named Bill W. kept trying to help drunks in Towns Hospital in New York City. None of them seemed interested at that time, *but Bill stayed sober.*

About six months later, Bill W. and another sober alcoholic, Dr. Bob S., visited alcoholics in a hospital in Akron, Ohio. Although at first rebuffed, they kept trying — in order to protect their own sobriety. It worked, and Bill and Dr. Bob thus became the co-founders of the “help one another” chain reaction now called Alcoholics Anonymous.

All over the world, ever since, hundreds of thousands of A.A. members have been visiting alcoholics in such places. Twelfth-stepping and sponsoring sick alcoholics — *where they are* — has long been one of the important and happiest ways of keeping ourselves sober.

Today, unlike the 1930s and 1940s, alcoholics can get professional treatment in many different kinds of places. Into practically all of them, A.A.s can carry our message of hope and recovery. Both tax-supported and private hospitals often have alcoholism units or detox wards. Walk-in, nonmedical detoxification centers, halfway

houses, rehabilitation centers, recovery homes, rest farms, and outpatient clinics treat alcoholics. Some organizations operate drying-out stations. Residences and missions of that type usually have alcoholics who need help. Private physicians, social workers, psychologists, and psychotherapists see many problem drinkers.

So A.A. members who want to strengthen their sobriety or who want more A.A. joy in life can easily find it. It is in the hospital or other treatment facility nearest you, where many suffering alcoholics are.

Many of us in A.A. are certain there is no such thing as unsuccessful Twelfth Step work. If it keeps us sober, it is a success. If the other alcoholic gets well, that is a fringe benefit. All we have to do is be channels for the A.A. message. Just trying to help another alcoholic does seem to work wonders for us. It succeeds when everything else fails.

Do professional treatment settings really want A.A.?

Many treatment settings have A.A. meetings. They have generally found A.A. useful to their patients.

How do A.A. members work with these treatment settings?

In many, many different ways.

What works in one place may not fit in another. Large veterans' hospitals with long-term patients can use A.A. help in some ways. But a small detox station may use entirely different services.

The Treatment Kit available from the General Service Office contains a workbook, guidelines, sample letters, suggested presentations to clients and professionals, and other information that may be useful to local treatment facilities committees.

If your locale does not have a treatment committee you may want to start one. Some local and area hospital and institutions committees also do this work. The pamphlet "How A.A. Members Cooperate with Professionals" answers specific queries on working within A.A. Traditions. The pamphlet "Questions and Answers on Sponsorship" gives suggestions for helping the

newcomer who may have had some exposure to A.A. in a treatment setting.

Careful study of each local situation is necessary, and A.A.s have found it takes great flexibility to do this kind of Twelfth Step work. In some places, the local treatment committee and the committee on cooperation with the professional community (if there is one) work together to help bridge the gap between a treatment setting and an A.A. group. Some A.A. districts and areas have bridging-the-gap or temporary contact committees. There is no one “right” way; many different arrangements worked out between institutions and A.A. groups can be effective.

For example, one treatment setting keeps a list of former patients now sober in A.A. When someone is about to be discharged, the facility calls one of these past patients, who then becomes a “temporary” contact for the newly discharged patient and helps get him or her established in A.A. Another such setting recruits A.A. volunteers. Many responsible A.A. members were glad to respond to the institution’s request for help. Others took the initiative themselves and went to the facility to try to carry the message. Both methods seem to work fine. If you are considering becoming a temporary contact, please refer to the “Bridging the Gap” pamphlet for suggested guidelines.

After all, patients at such facilities have experienced problems directly resulting from too much booze. Whether they are there voluntarily or have been coerced by an employer, a judge, or their family is not of primary importance.

Will each A.A. member be able to relate to every patient? Of course not. But it is possible that one single individual there will identify with you or that you will be able to generate a desire for A.A. sobriety in someone. You may answer a question or at least show that there is an answer.

It is an extraordinary experience to be at a regular meeting months or years later, and have a smiling stranger come up and say: “You don’t remember me, but I remember you. You visited the treatment facility while I was there. I wasn’t ready then, but a few months ago I remembered what you said, so here I am sober.”

Of course, much depends on how many A.A.

members can be counted on to follow through faithfully on commitments made to institutions or organizations. If an administrator or clinical director calls the treatment committee asking for an A.A. meeting to be brought into the facility, experience shows that if the committee does not have enough willing A.A. members to carry the message, it is better that the committee not make the commitment than to have “no-shows.”

Many local A.A. service committees offer informational presentations on Alcoholics Anonymous. These sessions can be tailored in length to meet the facility’s needs. A typical agenda might include one or several A.A. films and a presentation by one or more A.A. members on “What A.A. Is and What It Is Not.”

What qualifications should an A.A. member have to carry the message to treatment settings?

1. *Some good sobriety.*

For exactly how long, nobody can say. Some members handle this kind of A.A. activity beautifully soon after getting sober, especially when they are accompanied by an experienced member. But others need a longer time before getting into this kind of work.

2. *Personal experience of alcoholism and recovery.*

This, of course, is the chief, and unique, qualification we have. You do not need to have been hospitalized yourself to twelfth-step someone in a treatment setting. No more than you need a prison record to carry the message into a correctional institution.

What is important to share is the pain we once felt and the joy in recovery we now feel.

3. *A common-sense approach.*

Our Fellowship of nonprofessionals firmly resists getting organized. As A.A.s know, we do not have any A.A. rules or bosses.

On the other hand, professional treatment settings have to be well organized to do their job and to meet various legal requirements. Their personnel often have to be professionally trained if the agency is to be properly licensed. Staff members do not take their duties lightly.

Alcoholism is a grave illness. When we carry A.A.'s message of hope, experience and strength, we know this is serious business.

4. *A cheerful humility.*

We simply put the message in front of the alcoholic in treatment. What the alcoholic does with it is not our business. He or she may ignore it or use it. The alcoholic needs to be free to choose without our getting vain if the message is used, or angry or discouraged if it is ignored.

5. *Ability to follow directions.*

In carrying our message into treatment settings, our personal will is subject to authority in at least two ways:

First, the ultimate authority for A.A. work is, of course, a loving God as He may express Himself in the group conscience. Sometimes, for the good of A.A. and for the good of those we are trying to help, we as individuals have to do things differently from the way we might ourselves like.

Second, the professional treatment is in charge of its patients or clients and is responsible for them. If A.A. members do not conform to the rules and regulations of the facility, they may not be asked to return.

So, carrying the message into such places calls for patience and self-discipline, keeping in mind that we need not compromise our Traditions.

6. *Dependability.*

Once an A.A. commitment is made to any institution or organization, we cannot let our Fellowship down by not living up to the agreement fully. We go to any lengths to perform faithfully the services promised in the name of A.A. We try not to let anything interfere with keeping our word.

What people think of A.A. depends on us. If we are reliable, then A.A. seems so. If we are not, it makes A.A. look bad. Since A.A.'s public relations policy is based on attraction, not promotion, that leaves it up to each of us to reflect the attractiveness of the A.A. way of life.

7. *Broad knowledge of A.A.*

Members who have been to meetings in only one or two A.A. groups in one community may not have a broad acquaintance with our Fellowship.

To be the best possible message-carrier, try to visit other local groups. In addition, a thorough knowledge of A.A. literature and material will be beneficial in carrying our message.

The deeper and broader our understanding of all aspects of our Fellowship (including all three of our Legacies: Recovery, Unity and Service), the more we have to offer the troubled newcomer.

8. *Ability to stick to our own business.*

Carrying the message to alcoholics in treatment settings can challenge our ability to keep focused on A.A.'s primary purpose, which is "to stay sober and help other alcoholics to achieve sobriety."

We are *not* in the business of educating nonalcoholics about alcoholism, religion, medicine, or anything else. The A.A. message is carried by sharing our experience, strength and hope. We have no business criticizing any professional agency or person, or telling them how to treat or not to treat alcoholics. Those are not A.A. purposes.

We have the personal experience of alcoholism, which we now share, along with what we have learned about recovery. Our suffering and the recovery we now enjoy can give valuable hope to other still-suffering alcoholics. More than that, giving it away, without any thought of reward, strengthens our own sobriety.

How do we make contact with treatment settings?

Exactly how such activity is handled varies from one place to another, so each of us has to find out what the local system is. Generally, one of the following procedures is used.

A. Your local central office (C.O.) or intergroup association. This is a good place to start inquiring. Many C.O.s have treatment committees or institutions committees. They arrange for meetings to be taken into these settings, arrange for A.A.s to visit the patients, make sure A.A. literature is always available, and may arrange sponsorship or temporary contacts for alcoholics upon release.

These committee members usually are familiar with the treatment settings in the area. They try to keep lines of communication open and untangled,

so problems can be avoided. They try to prevent duplication of efforts and coordinate all A.A. activity so that A.A. keeps its commitments.

Each such committee runs its own affairs, within the A.A. Traditions. A.A. Guidelines on Treatment Committees, the Treatment Kit and Treatment articles in *Box 4-5-9* (available from G.S.O.) offer a sharing of A.A. experience in these matters.

B. Your area general service committee. In many places, this body has institutions committees that perform the jobs described above.

There may also be a local committee on cooperation with the professional community (C.P.C.), attached either to the C.O. or the area general service committee.

To familiarize yourself with the work of the C.P.C. committee, see the Guidelines on Cooperation with the Professional Community and the pamphlet "If You Are a Professional, A.A. Wants to Work with You." Both are available from G.S.O.

C. Your local or neighborhood A.A. group. In many groups, institution or treatment representatives keep members informed about A.A. activities in local settings. They often collect A.A. pamphlets, books and old Grapevines for residents, or the money to buy them. They also encourage members to participate in this kind of message-carrying. If the group has a specific commitment to any professional agency, the institution or treatment representative makes sure this responsibility is always met. An A.A. group may, for example, decide to "sponsor" A.A. meetings in a certain treatment setting.

You can read more about the activities of the treatment or institutions representative in the pamphlet "The A.A. Group."

D. You, yourself. In the end, every A.A. job depends on the individual A.A. member for its fulfillment. No A.A. committee, board, office or group can make any member do anything, or stop doing anything.

It is the individual A.A. member who says: "I am responsible. Whenever anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there. And for that, I am responsible."

Many of the happiest sober people in A.A. live by those words.

What types of A.A. meetings are held in treatment settings?

Two kinds of A.A. meetings in alcoholism treatment settings seem to be practical, simple ways of introducing patients to A.A. while they are still in these settings. Local conditions determine which type is better for patients in a given treatment setting.

Regular A.A. Group Meetings: A significant number of A.A. groups rent space in treatment settings and function in the same way as groups that meet in churches, schools, etc. Meeting on the premises of a treatment setting or hospital has the advantage of making the meeting more accessible to clients in the setting.

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."

Groups meeting in treatment settings have found it best not to use the treatment setting's name as the group's name. This would give the misleading impression that A.A. runs the facility or, alternatively, that the A.A. group is operated by the setting.

Treatment Setting A.A. Meetings: These meetings differ from regular A.A. group meetings. Often attendance is limited to clients in the facility and A.A.s on a treatment 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 settings, members of the staff attend these meetings as observers.

The chairpersons of patient meetings are A.A. members. They are guided by the group conscience of the A.A. treatment committee for the format of the meeting. The 1978 General Service Conference recommended that A.A. members employed by the facility should not run the groups at the setting.

A.A. informational presentations for clients or professionals

Treatment committees are often asked to present informational programs about A.A. to clients or professionals. This is another way to carry our message.

There are two separate service pieces that are suggested guidelines for these informational presentations. They are available from the General Service Office; a simplified version is also included in your Treatment Workbook.

How do you get A.A. meetings started in a treatment setting?

If you know a treatment setting where no successful A.A. contact has yet been made, get in touch with the local treatment or institution committee. The local intergroup or central office will be able to help you. If there is no committee, you may want to start one.

Rounding up a number of solid, interested A.A. members and talking it over first is one of the best ways to begin. That way you see how many people can be counted on, and what each is willing to do.

Next, a thorough acquaintance with the treatment setting is needed. Much can be learned from former patients.

Then, two or three of you make an appointment and visit the administrator just to get acquainted and offer to be of service. (Just what kind of service depends, of course, on the type of facility it is.) Be sure to make clear that A.A. members speak for themselves only, that no one can speak for a group or the entire A.A. Fellowship.

If the setting decides it wants to try using A.A. help, it may be a good idea for the A.A. members not to take on too much at first. Easy does it. Perhaps you'll wind up just leaving your names, addresses and telephone numbers, so that you can be called to visit patients.

Leaving a few pieces of A.A. literature and a copy of the AA Grapevine is a good idea, too. Maybe "If You Are a Professional," "A.A. in Your Community," "A.A. at a Glance," and "Where Do I Go From Here?" Maybe even this pamphlet.

When the treatment setting decides to let A.A. meetings be held on the premises, it will then be the job of the first volunteers to see that those meetings are provided faithfully and that all A.A.s who go there know the rules of the treatment setting and abide by them.

If the treatment setting keeps patients only a few days, perhaps two or three meetings a week will be needed. But if it is a hospital or rehab that gives long-term treatment, patients may be allowed to go to “outside” meetings, and fewer in-house meetings are needed.

At one of the early conferences with the facility’s staff, it is very important for A.A. members to describe clearly what A.A. does *not* do. The list below is adapted from the pamphlet “A.A. in Your Community.”

Alcoholics Anonymous does *not*:

1. Solicit members, or try to persuade anyone to join A.A. who does not want to.
2. Keep membership records or case histories.
3. Engage in or sponsor research.
4. Join “councils” or social agencies, although A.A. members, groups and service offices frequently cooperate with them.
5. Follow up or try to control its members.
6. Make medical or psychological diagnoses or prognoses.
7. Provide detoxification or nursing services, hospitalization, drugs or any medical and psychiatric treatment.
8. Offer spiritual or religious services.
9. Engage in education or propaganda about alcohol.
10. Provide housing, food, clothing, jobs, money or other welfare or social services. (Of course, sometimes as a private individual, one of us may house, clothe or feed a newcomer temporarily, but this is *not* part of A.A. services.)
11. Provide domestic or vocational counseling.
12. Accept any money for its services, or any contributions from non-A.A. sources.

The following lesson, absorbed from years of experience, is worth repeating. The A.A.s in charge of working with a treatment setting

or taking meetings into it need to understand completely the agency's rules — about visiting hours; telephone calls; taking tobacco, messages, food or anything else in for patients; delivering messages outside; and all other necessary regulations. Then, every single A.A. member who goes to the facility needs to be thoroughly briefed on all these rules. Those unwilling to learn and respect them are not very good choices for this kind of A.A. activity.

Every member participating will benefit by reading this pamphlet thoroughly.

Also, the video "Hope: Alcoholics Anonymous" explains the principles of A.A. and is a wonderful tool for A.A.s making presentations to administrators and staff as well as carrying the message of recovery to patients.

In addition, nonconfidential videos and films are included in the list of publications on the inside back cover of our pamphlets.

A few plain suggestions

DOs and *DON'T*s

1. DO — Abide carefully by all the rules of the facility. A.A. members are guests of the treatment setting.

DON'T — A.A.s should not try to claim special exemptions or privileges or try to manipulate the agency into making concessions.

2. DO — Make sure every A.A. promise is kept to the letter.

DON'T — Do not make any commitment that cannot be met. Excuses do not speak well for A.A., but faithfulness and results do.

3. DO — Limit yourself to carrying your own honest message of alcoholism recovery.

DON'T — Do not talk about medication, psychiatry, or scientific theories of alcoholism. This is the territory for professionals. Our own personal spiritual life does not make us experts on religion.

4. DO — Listen at least as much as you talk.

DON'T — Do not argue about anything with patients or staff. Arguments never win friends.

5. DO — Live by the spirit of A.A.'s Traditions.

DON'T — Do not expect any professional agency to govern itself by our Traditions. They cannot and have no need to do so.

6. DO — Remember that you *are* A.A. to people in that facility. Your language, appearance, manners and mood all affect other people's opinions of our Fellowship. Your behavior can make sure A.A. is always welcome.

DON'T — Do not give agency personnel or patients any reason to be unhappy about A.A.

7. DO — Always maintain a cheerful humility about how A.A. works.

DON'T — Do not brag about A.A. Let results speak for us.

8. DO — Remember that you “are responsible.” Let the patients know about the benefits of sponsorship, as well as any temporary contact program that may be available in your area.

DON'T — Do not just carry the message to the facility and leave it there.

Thousands of times, these suggested dos and don'ts have helped to keep A.A. relationships with professionals cooperative and cordial.

When an A.A. takes responsibility for meetings in a professional facility, it is necessary to keep in frequent friendly contact with the facility's officials to eliminate any problems before they arise.

What are the responsibilities of the rest of us in connection with treatment settings?

We have to have good sobriety ourselves, of course, before we can do much else. But once we've made a good start on that Twelve Step pathway to recovery, we have a lot to offer to patients in any alcoholism treatment setting.

For example, we can see in the books *Alcoholics Anonymous* and *A.A. Comes of Age* what Ebby T.'s visits with Bill W. did, and what happened to Bill W. and Dr. Bob in Akron when they visited "the man on the bed," Bill D., A.A. number 3. We can also find rich wisdom in the chapter on "Working With Others" in the Big Book, and in the chapter on the Twelfth Step in *Twelve Steps and Twelve Traditions*.

But, even if we never get near a correctional facility or a treatment setting of any sort, there is much we can do in our own groups. Being friendly to all newcomers is important, even if some may have an understandable allegiance to their treatment setting or be dually addicted and not confine their remarks to our primary purpose. If we aren't prepared to welcome them unconditionally, they may not return. Sponsorship is important in helping to smooth the way. Maybe your group would like to start beginners meetings, or try some of the other ideas in the G.S.O. memo on "Sharing Experience on Coping with Influx of New Members" — a short description of ways groups are handling newcomers referred by court programs, industrial counselors, treatment facilities, and the like.

Why do any of this?

Simple.

It is a good way to keep our sobriety strong. "It works when other activities fail."

Additional Resources

Additional resources for A.A. members on Treatment Facilities Committees can be found in the Treatment Facilities Workbook (M-40 I) and Kit (M-40). Other resources include the following publications:

- Guidelines: Treatment Settings Committees (MG-14)
- GSC Committee Treatment Settings History & Highlights of Action (F-74)
- Treatment Setting Discount Package (P-69)

More information can be found in the following Service Material:

- Sharing Experience on Coping with Influx of New Members (F-142)
- Presentation: What A.A. Is and What It Is Not, for Treatment Setting Administrators and Professional Staff (F-126)
- Presentation: What A.A. Is and What It Is Not, For Alcoholism Treatment Setting Clients (F-128)

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose there is but one ultimate authority — a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose — to carry its message to the alcoholic who still suffers.

6. 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.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

THE TWELVE CONCEPTS FOR WORLD SERVICE

I. Final responsibility and ultimate authority for A.A. world services should always reside in the collective conscience of our whole Fellowship.

II. The General Service Conference of A.A. has become, for nearly every practical purpose, the active voice and the effective conscience of our whole Society in its world affairs.

III. To insure effective leadership, we should endow each element of A.A. — the Conference, the General Service Board and its service corporations, staffs, committees, and executives — with a traditional “Right of Decision.”

IV. At all responsible levels, we ought to maintain a traditional “Right of Participation,” allowing a voting representation in reasonable proportion to the responsibility that each must discharge.

V. Throughout our structure, a traditional “Right of Appeal” ought to prevail, so that minority opinion will be heard and personal grievances receive careful consideration.

VI. The Conference recognizes that the chief initiative and active responsibility in most world service matters should be exercised by the trustee members of the Conference acting as the General Service Board.

VII. The Charter and Bylaws of the General Service Board are legal instruments, empowering the trustees to manage and conduct world service affairs. The Conference Charter is not a legal document; it relies upon tradition and the A.A. purse for final effectiveness.

VIII. The trustees are the principal planners and administrators of overall policy and finance. They have custodial oversight of the separately incorporated and constantly active services, exercising this through their ability to elect all the directors of these entities.

IX. Good service leadership at all levels is indispensable for our future functioning and safety. Primary world service leadership, once exercised by the founders, must necessarily be assumed by the trustees.

X. Every service responsibility should be matched by an equal service authority, with the scope of such authority well defined.

XI. The trustees should always have the best possible committees, corporate service directors, executives, staffs, and consultants. Composition, qualifications, induction procedures, and rights and duties will always be matters of serious concern.

XII. The Conference shall observe the spirit of A.A. tradition, taking care that it never becomes the seat of perilous wealth or power; that sufficient operating funds and reserve be its prudent financial principle; that it place none of its members in a position of unqualified authority over others; that it reach all important decisions by discussion, vote, and, whenever possible, by substantial unanimity; that its actions never be personally punitive nor an incitement to public controversy; that it never perform acts of government, and that, like the Society it serves, it will always remain democratic in thought and action.

A.A. PUBLICATIONS Below is a partial listing of A.A. publications. Complete order forms are available from the General Service Office of ALCOHOLICS ANONYMOUS, Box 459, Grand Central Station, New York, NY 10163. Telephone: (212) 870-3400. Website: aa.org

BOOKS

ALCOHOLICS ANONYMOUS
TWELVE STEPS AND TWELVE TRADITIONS
DAILY REFLECTIONS
AS BILL SEES IT
OUR GREAT RESPONSIBILITY
ALCOHOLICS ANONYMOUS COMES OF AGE
DR. BOB AND THE GOOD OLDTIMERS
'PASS IT ON'

BOOKLETS

LIVING SOBER
CAME TO BELIEVE
A.A. IN PRISON: INMATE TO INMATE

PAMPHLETS

Experience, Strength and Hope:

WOMEN IN A.A.
A.A. FOR THE BLACK AND AFRICAN-AMERICAN ALCOHOLIC
A.A. FOR THE NATIVE NORTH AMERICAN
YOUNG PEOPLE AND A.A.
A.A. FOR THE OLDER ALCOHOLIC — NEVER TOO LATE
LGBTQ ALCOHOLICS IN A.A.
THE "GOD" WORD: AGNOSTIC AND ATHEIST MEMBERS IN A.A.
A.A. FOR ALCOHOLICS WITH MENTAL HEALTH ISSUES —
AND THEIR SPONSORS
ACCESS TO A.A.: MEMBERS SHARE ON OVERCOMING BARRIERS
A.A. AND THE ARMED SERVICES
DO YOU THINK YOU'RE DIFFERENT?
MANY PATHS TO SPIRITUALITY
HISPANIC WOMEN IN A.A.
MEMO TO AN INMATE
IT SURE BEATS SITTING IN A CELL
(An illustrated pamphlet for inmates)

About A.A.:

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
IS A.A. FOR ME?
IS A.A. FOR YOU?
A NEWCOMER ASKS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
THIS IS A.A.
QUESTIONS AND ANSWERS ON SPONSORSHIP
THE A.A. GROUP
PROBLEMS OTHER THAN ALCOHOL
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
SELF-SUPPORT: WHERE MONEY AND SPIRITUALITY MIX
EXPERIENCE HAS TAUGHT US:
AN INTRODUCTION TO OUR TWELVE TRADITIONS
THE TWELVE STEPS ILLUSTRATED
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
HOW A.A. MEMBERS COOPERATE WITH PROFESSIONALS
A.A. IN CORRECTIONAL FACILITIES
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
A.A. TRADITION—HOW IT DEVELOPED
LET'S BE FRIENDLY WITH OUR FRIENDS
UNDERSTANDING ANONYMITY

For Professionals:

A.A. IN YOUR COMMUNITY
A BRIEF GUIDE TO A.A.
IF YOU ARE A PROFESSIONAL
ALCOHOLICS ANONYMOUS AS A RESOURCE
FOR THE HEALTH CARE PROFESSIONAL
A MESSAGE TO CORRECTIONS PROFESSIONALS
IS THERE A PROBLEM DRINKER IN THE WORKPLACE?
FAITH LEADERS ASK ABOUT A.A.
A.A. MEMBERSHIP SURVEY
A MEMBER'S-EYE VIEW OF ALCOHOLICS ANONYMOUS

VIDEOS (available on aa.org)

A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
A NEW FREEDOM
CARRYING THE MESSAGE BEHIND THESE WALLS

For Professionals:

A.A. VIDEO FOR HEALTH CARE PROFESSIONALS
A.A. VIDEO FOR LEGAL AND CORRECTIONS PROFESSIONALS
A.A. VIDEO FOR EMPLOYMENT/HUMAN RESOURCES PROFESSIONALS

PERIODICALS

AA GRAPEVINE (monthly)
LA VIÑA (bimonthly, in Spanish)

A DECLARATION OF UNITY

This we owe to A.A.'s future: To place our common welfare first; to keep our fellowship united. For on A.A. unity depend our lives and the lives of those to come.

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.**

■ This is A.A. General Service
Conference-approved literature.

