#### **GUIDELINE NO GL-19**

# FORMING LOCAL COMMITTEES ON CO-OPERATION WITH THE PROFESSIONAL COMMUNITY

By action of the General Service Board (GSB – North America), January 1970, the Trustees' Committee on Co-operation with the Professional Community (CPC), a spin-off from the Public Information Committee (PIC), was developed; a similar Conference committee was formed the following year. Since that time, AA members have been responding to local needs by establishing CPC committees. In North America, AA is apparently considered by professional persons, almost without exception, to be the number one resource for alcoholics who want help. When there is a good working relationship between AA members in the community and paid alcoholism workers, the professionals give AA credit, AA members return the compliment, and the sick alcoholics are the winners - they get the help needed from both.

AA is not in the business of education, research, medicine, counselling, treatment, prevention or funding. We are not in competition with the non-alcoholic professionals, and neither do they compete with us: we each have our separate functions. We simply have a message to carry about a programme of recovery for alcoholics - a programme that works for *those who want it*. The professionals help the alcoholic by education, medicine, counselling and rehabilitation; they also help by making the community more aware of the progressive illness that AA has helped us arrest.

In a survey of AA membership, more than one third of those surveyed credited a member of the professional community with getting them to our Fellowship. With increasing activity in the alcoholism field and with more people becoming involved in it, some of them having little or no understanding of AA, open communication in a spirit of co-operation, is more important than ever. It is our hope that this Guideline will help to define the scope and function of CPC committees and will facilitate their organisation. It is suggested that where there are existing public information and institutions committees, members from these committees be invited to take part in the formation and function of a new CPC committee.

## SCOPE AND PURPOSE OF PI, CPC AND INSTITUTIONS COMMITTEES:

The following descriptions of the responsibilities of these committees are given for purposes of clarification:

### **Public information (PI):**

In PI work we are primarily concerned with attraction rather than promotion. The object of PI is to carry the AA message to the general public through the media and to alcoholics through those who are in a position to help them, eg spouse, doctor, friend etc. Members of PI committees visit schools and talk to students about AA CPC and provide information about AA to those who have contact with alcoholics through their professions.

These categories include physicians, nurses, clergy, lawyers, social workers, union leaders and industrial managers, as well as those working in the field of alcoholism. Information is provided about where we are, what we are, what we try to do and what we do not try to do. An attempt is made to establish good co-operation between AA and these members of the professional community.

#### Co-operation with the professional community:

In this facet of our dealings with the professional community, we want to find efficient and productive ways of effecting co-operation without affiliation. The experience of many AAs active on CPC committees indicates that co-operation takes many forms, such as:

- Individual AA members informing their own physicians about AA;
- Making initial contacts with members of the professional community;
- Taking professionals to open AA meetings;
- Distributing literature.

#### Institutions:

The purpose of an *Institutions Committee* is to co-ordinate the work of individual AA members and Groups who are interested in carrying our message of recovery to alcoholics in hospitals, treatment and rehabilitation centres and correctional facilities. In many areas of USA-Canada, where CPC committees have been formed at the state or provincial level, liaisons have been established among three committees, viz: one member of the institutions committee and one member of the PI committee are liaison members of the CPC committee; a PI committee member and a CPC committee member serve on the institutions committee; CPC and institutions committee members serve on the PI committee.

It is obvious that there are many instances of overlapping responsibilities. However, it should be clearly established that AA committees are not in competition with each other - local circumstances will determine who does what. In keeping with our tradition of placing principles before personalities, who or what committee carries the AA message is not important as long as our message is carried.

Whatever the form, what it comes down to is one alcoholic carrying the message to another, whether through personal contact or third parties or through professionals.

### **GETTING STARTED**

In many areas, CPC committees were organised as follows:

- 1. State (probably AA Region or Area in Australia) CPC chairperson and co-chairperson were elected by the State committee;
- 2. District CPC chairperson and co-chairperson were elected in each District;
- 3. The PI, institutions and CPC committees each assigned a member to attend meetings of the other two committees, thus maintaining communication within AA;
- 4. A budget figure from State (Area here Regions do not manage funds) committee funds to get started was approved;

5. A monthly meeting of CPC was planned, at which the above-mentioned PI and institutions committee representatives were among the voting members. Any interested AA member was welcome and invited to attend all meetings. It was suggested that a basic text for CPC committee members should be the pamphlet "How AA Members Co-operate With Other Community Efforts to help Alcoholics". This pamphlet records much AA experience on how AA members can successfully co-operate with everyone while affiliating with no-one.

District chairpersons were requested to report to GSRs about the formation of the committee and its scope and function, so that information about CPC activity would be readily available at the Group level. It was preferred that the CPC committee activities should grow slowly and steadily. It was also proposed that each District discover and list what local resources are available to the alcoholic, the present relationship of each with AA and if it could be improved and in general, provide helpful information for individual committee members. Once this list of professionals, both individuals and organisations, has been compiled, members of the CPC committee can then:

- 1. Make an initial contact (letter, phone, face-to-face);
- 2. Offer to come and talk about AA to the interested professional, sharing what AA can and cannot do:
- 3. Offer to take the professional to an open AA meeting in the area;
- 4. Provide AA literature describing the AA programme of recovery;
- 5. Stress AA's eagerness to serve as a community resource to help the alcoholic recover from alcoholism
- 6. Share the information with the local CSO as a resource/database.

There are several different ways of organising a CPC committee and local needs will guide your choice. Whether you work primarily through the Area and District service structure, through the local CSO or through the Groups, it is better to be organised. If you aren't, problems of communication, duplication of effort and outright confusion will undoubtedly arise.

### **CPC IN ACTION:**

A Delegate described the formation of an Area CPC committee in the following manner:

"We now have some six or seven local CPC committees. They were either appointed or elected by the District Committee or the Central Service Council (CSC), whichever local procedure was appropriate in such matters. In my District, the CSC chairperson appointed the committee, selecting as chairperson a local business executive who had been introduced to AA through a professional. Consequently, that chairperson was fully aware of how important it is for professionals to understand AA and for AA to co-operate with them. CPC representatives from local communities got together at our Area Assembly, and that was in effect the formation of an Area Committee on *Co-operation With the Professional Community*. It now meets before the regular Assembly, just as our *Institutions* and *Public Information* Committees do and the minutes of those meetings are included with the secretary's report. Thus GSRs can keep their Groups informed of what is going on in the Area. The local chairpersons submit their reports at District meetings. And so we are moving, I think, in the right direction. Let me illustrate how it is already working. In one town there is a Regional Council on alcoholism and one of the physicians on the Council had a reputation for being anti-AA.

When she heard of the local Committee on CPC she invited its members, as private citizens, to participate in some of the Council's planning sessions. After reading the pamphlet "About AA", she asked to be added to the mailing list for our newsletter. It became apparent that she was really not anti-AA, but had been discouraged some time ago by an AA member speaking only for himself.

In another District, our chairperson has launched a series of AA meetings, in which he has a public agency or professional non-alcoholic speaker and an AA speaker who tells his or her story and a little of how AA works. This gives the non-alcoholic speaker a chance to observe briefly how our recovery programme works and, too, it gives us the chance to learn how others are trying to cope with this complex disease. Our work, we realise, has just begun. In time to come, I am sure that this committee will be another instrument for helping AA grow and prosper, along with our Institutions and Public Information Committees".

In essence, CPC committee members, because they have made it their business to become well informed about AA, its history, and its traditional good relationships with the professional community, are able to give an accurate and positive impression of AA and to convey an attitude of co-operation.