GUIDELINE NO GL-04

INFORMATION ON ALCOHOLICS ANONYMOUS

This information is for those who may themselves have a drinking problem and for those in contact with persons who have, or are suspected of having, such a problem. Most of the information is available in more detail in literature, and a list of recommended pamphlets and Guidelines is given at the end of this paper. This paper tells what to expect from Alcoholics Anonymous; it describes what AA is, what AA does and what AA does not do.

WHAT IS AA?

Alcoholics Anonymous is an international fellowship of men and women who once had a drinking problem. It is non-professional, self-supporting, non-denominational, multi-racial and non-political. There are no age or educational requirements - membership is open to anyone who wants to do something about his or her drinking problem. Our *Third Tradition* states quite clearly "The only requirement for membership is a desire to stop drinking." Just as clear is the implied converse, that is, anyone who doesn't have a desire to stop drinking cannot become a member. That statement leads to a fact which is not always clearly understood: we cannot help anyone who does not want help. Whether or not that person *needs* help is irrelevant - the victim must *want* help.

WHAT DOES AA DO?

- 1. AA members share their experience with anyone seeking help with a drinking problem; they give person-to-person service or 'sponsorship' to the alcoholic coming to AA from any source.
- 2. Our programme, set down in our *Twelve Steps*, offers the alcoholic a way to develop a satisfying life without alcohol.
- 3. This programme is discussed at AA Group meetings:
 - a) Open 'identification' meetings open to anyone, alcoholic or not. At 'ID' meetings, AA members tell their stories; they describe their experiences with alcohol, how they came to AA and how their lives have changed as a result. (Attendance at an open AA meeting is a good introduction to AA, to learn what AA is, what it does and what it does not do.)
 - b) Open discussion meetings one member speaks briefly about his or her drinking experience and then leads a discussion on any subject or drinking-related problem anyone brings up.
 - c) Closed meetings are for members of AA and anyone who has, or thinks they have, a drinking problem. They are conducted in the same way as their equivalent open meetings but, as stated, attendance is restricted to members of AA or people who have, or think they have, a drinking problem.
 - d) Step meetings (usually closed) discussion on the *Twelve Steps of AA*.
 - e) AA members also take meetings into prisons, hospitals, rehabs and the like.

f) AA members are sometimes asked to conduct informative meetings about AA to hospital staff, Rotary, Apex and similar organisations ('Public Information' or 'PI' meetings). Such meetings about AA are not part of AA's recovery programme.

MEMBERS FROM COURT PROGRAMMES AND TREATMENT FACILITIES

For many years now, AA Groups have welcomed an influx of many new members from court programmes and treatment facilities. Some have come to AA voluntarily, others under some degree of pressure. To quote the pamphlet "How AA Members Co-operate":

We cannot discriminate against any prospective member, even if he or she comes to us under pressure from a court, an employer or any other agency.

Although the strength of our programme lies in its voluntary nature, many of us first attended meetings because we were forced to or persuaded to, either by someone else or by inner discomfort. Nevertheless, repeated exposure to AA demonstrated to us the true nature of our illness. AA has no interest in why a person comes to AA, nor whether their attendance is voluntary or not - our concern is for the problem drinker, from whatever source. We cannot predict who will recover, nor have we the authority to direct how recovery should be sought by any other alcoholic.

PROOF OF ATTENDANCE AT AA MEETINGS

Sometimes courts or agencies ask for proof of attendance at AA meetings. The following methods have proved to be satisfactory:

- 1. With the consent of the prospective member, the AA Group Secretary signs or initials a slip furnished by the court;
- 2. The court furnishes AA with envelopes which can be made available to anyone, on request, at the close of an AA meeting. The individual mails the envelope to the court with his or her name and address, as proof of attendance;
- 3. Some AA Groups have sheets of paper with the name and address of the Group. At the end of the meeting anyone wishing to sign the sheet may do so. The Secretary mails this. This reporting of attendance is not part of AA procedure. Each attendee reports on himself or herself at the request of the referring agency. Thus, no AA member is revealing another's identity and none of this information is available for publication.
- 4. Signing cards validating that a person has attended an AA meeting is at the discretion of individual groups. Doing so does not contravene any Tradition and enhances the principle of co-operation without affiliation.

THE NON-ALCOHOLIC ADDICT

Many treatment centres today combine alcohol and other drug addiction under 'substance abuse' or 'chemical dependence'. Patients, both alcoholic and non-alcoholic, are introduced to AA and encouraged to attend AA on the 'outside' when discharged from the centre. As stated earlier, anyone may attend open AA meetings, but only persons with a drinking problem may attend closed meetings or become members of AA. People with dual or multiple addictions are eligible for AA membership only if one of their addictions is to alcohol. When they are invited to share at a meeting they are asked to restrict their talk to the alcohol-related part of their life.

WHAT AA DOES NOT DO

AA does not:

- furnish initial motivation for alcoholics to recover
- · solicit members
- · engage in research
- · join councils of social agencies
- · follow up or try to control its members
- · compile a register of members
- make medical or psychological diagnoses or prognoses
- provide drying-out or nursing services, hospitalisation, drugs or any medical or psychiatric treatment
- offer religious services
- engage in education about alcohol
- provide housing, food, clothing, jobs, money or any other welfare or social services
- provide domestic or vocational counselling
- accept any money for its services, or any contributions from non-AA sources
- provide letters of reference to parole boards, lawyers, court officials, etc.

CONCLUSION

The primary purpose of AA is to carry our message of recovery to the alcoholic seeking help. Almost every alcoholism treatment tries to help the alcoholic to maintain sobriety; regardless of the road we follow, we all head for the same destination - rehabilitation of the alcoholic person. Together we can do what none of us could accomplish alone.

RECOMMENDED MATERIAL AVAILABLE FROM ALCOHOLICS ANONYMOUS

PAMPHLETS:

- "A Member's Eye View of Alcoholics Anonymous"
- "How AA Members Co-operate with Professionals"
- "If You Are a Professional"
- "Problems Other Than Alcohol"
- "Understanding Anonymity"
- "Is AA for You?"

GUIDELINES:

- "For AA Members Employed in the Field of Alcoholism" Guideline GL-17
- "Public Information & Co-operation with the professional Community" GL-07
- "Forming Local Committee on Co-operation with the professional Community"GL-19
- "Court and Similar Programs" GL-08
- "AA and Industry" GL-21
- "Treatment & Correctional Facilities Committees" GL-16

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