

GUIDELINE NO GL-33

SUGGESTIONS FOR MEMBERS WISHING TO VISIT TREATMENT FACILITIES

Why do AA Members go into Treatment Facilities ?

One of the purposes of detoxification and rehabilitation is to afford alcoholics an opportunity to turn their lives around. By addressing any underlying problem of alcoholism, Alcoholics Anonymous has sustained a record for over seventy-five years as an effective option for many alcoholics.

For members of AA, visiting sick alcoholics where they are has long been one of the important and happiest ways of keeping ourselves sober. The book, *Alcoholics Anonymous*, includes a chapter on 'Working with Others' which states: "*Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail.*" Later in the chapter it concludes that "*Helping others is the foundation stone of your recovery.*"

Our AA Fellowship encapsulates this policy in its banner displayed at many AA meetings: *When anyone, anywhere reaches out for help, I want the hand of AA always to be there - and for that I am responsible.*

All members have to do in treatment facilities is to be channels for the AA message. Everyone has a story to share in treatment facilities because patients are as varied as AA members; you don't have to have been in a detox or rehab yourself.

Not only are we doing our Twelfth Step and making ourselves useful in recovery (as the *Twelve Steps and Twelve Traditions* talks about), it also gives us that 'sense of belonging' we often lack as practising alcoholics. It also lets sober alcoholics see what could happen to them if they drink again. However, most important of all, it's the change we witness in newcomers that motivates us to carry the AA message.

HOW TO VOLUNTEER:

Members have sometimes found service in treatment facilities to be a challenging experience. However, if you believe it would be personally rewarding, firstly, find out when the meetings are held at the treatment facility convenient to your location. If you

are available on those days and times, contact the National Treatment Facilities Coordinator through National Office at www.aa.org.au or national.office@aa.org.au or 02 9599 8866.

If AA meetings are not held in a treatment centre in your area, the brochure *AA in Treatment Facilities* can guide you towards starting one. The AA members who coordinate carrying the message in treatment facilities in your AA District or Area can also assist.

ADMISSION

The superintendent of a treatment facility sets the terms under which AA visits can be made. In addition, AA visitors are subject to facility rules that apply to every visitor.

Patients will not hesitate to complain if an AA visitor who is supposed to be there to help them fails to meet standards of behaviour or seems to be wasting their time. To protect your sobriety and AA's reputation, you should satisfy most of the following general conditions:

- Some good sobriety (say, a minimum of two continuous years to date)
- Personal experience of alcoholism and Twelve Step recovery
- Broad knowledge of AA and ability to stick to AA's business of recovery
- Dependability, including being known as an active member of a home Group of AA
- A common sense approach learned from being a sponsor
- Experience of doing Twelfth Step calls
- Ability to follow directions
- A long-term commitment to visiting the facility.

Finally, the long-standing practice in AA is for at least two members to do Twelfth Step calls together. This equally applies in treatment facilities; there is safety in numbers and you will have a witness in case anything should ever happen.

BANNED ITEMS

It is your responsibility to find out what you are permitted to take into the treatment facility, including any local rules that apply at the centre. For example, ask if the facility will permit you to take in AA cloth banners of the Steps and Traditions for the meeting.

CODE OF CONDUCT

AA members are guests in treatment facilities. Cooperation with professional staff is a pre-requisite for carrying the message to patients. Your fellow members want to ensure the Fellowship is always welcome so please be polite and respectful to everyone.

AA is a program of attraction: remember that you represent AA to people in that facility; you are being judged as an example of sobriety. Your language, appearance, manners and mood all affect other people's opinions of our Fellowship. We already know that AA works—let our new friends see, hear and talk to a winner and make sure your behaviour brings credit to AA.

You may encounter professional staff who think AA is a waste of time. You should not try to impress them, but we need to keep on side by keeping our minds on the alcoholics who still suffer, now and in the future: thoughtless words or actions can instantly undo prolonged efforts to establish AA in a facility.

Here is a checklist of dos and don'ts derived from the experience of those who have visited treatment facilities before you:

DO

- Abide carefully by all the rules of the facility. The reasons for their rules may not seem clear to us, but it is not up to us to question them
- Wear clean, neat clothes and dress as though you are proud to be sober
- Be reliable and arrive before the appointed time so staff have time to check you in
- Smoke only in any area provided if you are able to bring in cigarettes and matches
- Make sure any undertaking you make is kept

DON'T

- Do not take anything in for the patients apart from printed or recorded AA materials.
- Do not swear
- Do not give professional staff or patients any reason to be uncomfortable about AA.
- Do not argue about anything with either patients or staff: disagreement never wins friends
- Do not try to claim special exemptions or privileges or attempt to manipulate the facility into making concessions
- Do not expect professional staff to govern themselves by AA's Traditions
- Do not make a commitment unless you personally are going to keep it; excuses do not speak well for AA, but faithfulness and results do

- Do not make claims about our Twelve Steps, but we can speak of their effectiveness for us.

THE AA MEETING

If possible, put up the Twelve Steps, Twelve Traditions and clichés banners before the meeting starts and display some AA literature.

OPENING REMARKS

- Read the AA Preamble. Tell the patients that AA started in 1934 and there are over 1,900 meetings every week across Australia—which all function just like the ones in treatment facilities.
- Explain that AA's single purpose is to help alcoholics. However, remember that people in detoxes and rehabs often have complex histories of addiction and patients who more fully identify with other Twelve Step programs may be at the AA meeting because it is their only option.
- Read the Anonymity Desk Card (*'What you hear here...'*). Explain that we remain anonymous in the media so that alcoholics will not be deterred from seeking help because they fear public disclosure.
- Point out that sharing is encouraged but not required.

SHARING

If you are asked to share, identify as an alcoholic and make it clear that you choose not to drink alcohol or use any mood altering substances that are not prescribed.

The audience is more interested in learning how to stay sober than in hearing how you got drunk. Get to the point that will help them. Without using AA jargon, talk to them in a straightforward way: tell it like it was for you: not what you guess they might like to hear.

Leave them in no doubt that you:

- d) are a fellow alcoholic. Focus on your drinking pattern (rather than specific graphic descriptions); maybe mention the loneliness, hopelessness and fears; or talk about the mental obsession and physical allergy;
- e) came to a turning point; tell how you came to ask for help, referring to Step One; and,
- f) stay sober using AA's program of recovery with the Twelve Steps. Let them know how different life is thanks to AA and perhaps explain why you are there.

It is always useful to reinforce these AA suggestions:

- Stay away from the first drink
- Live one day at a time
- Read the literature such as the Big Book of *Alcoholics Anonymous*; *Twelve Steps & Twelve Traditions*; and, *Living Sober*
- Go to meetings regularly and try to put into practice what we learn there
- Get a sponsor who has made some progress in the recovery program
- Join a home Group where you feel a sense of belonging.

At some stage during the meeting, read *'How It Works'* from Chapter 5 of *Alcoholics Anonymous*.

QUESTIONS AND DISCUSSION

If there are newcomers or observers, it may be helpful to open the floor at the end of sharing for questions about AA. You can also expect to interrupt the meeting if an patient asks a question when they hear something they do not understand.

Be ready for basic questions such as:

- How do I do the Steps in a treatment facility?
- **How do I get a sponsor?**
- **Isn't this a waste of time if you're an alcoholic with a history like mine?**
- **Why do I have to give up alcohol completely?**
- Can we run our own meeting without visitors?
- Will I be welcome in AA meetings when I get out?

Give simple, straightforward answers...but make sure you answer the question. You can say: *'I don't know, but I will try to find out.'* For questions that are not about AA, such as the merits of other recovery options, it is best to say that AA has no opinion.

In preparing ourselves for possible questions, it helps to be clear in our minds what AA represents to patients (or professional staff). Some possible answers are attached to this Guideline about what AA is trying to achieve in treatment facilities...and what it does not do. You may wish to read out these answers about AA to the patients, or hand out a printed copy.

AFTER THE MEETING

Thank everyone, including any professional staff, for their time and attention.

When talking one-on-one to newcomers or observers:

- Listen as much as you talk
- Always maintain a cheerful humility about how AA works
- Limit yourself to carrying your own honest message of recovery from alcoholism
- Do not brag about AA; rather, let results speak for us
- Remember that medication, psychiatry, or scientific theories of alcoholism are the business of professionals; we are not authorities on alcoholism. Similarly, our spiritual life does not make us experts on religion
- Let the patients know about the benefits of sponsorship
- Show you can laugh at yourself
- Give out the AA Helpline number, not private numbers.

PRE-RELEASE

Professional staff sometimes like to view AA as a source of peer-based mentoring for people in transition from an institution to living in the community. At the very least, we can provide a card to patients with the local AA Helpline number and www.aa.org.au so they can promptly get to meetings and make contact with local members. If you definitely know a reliable member will be available, offer for AA to escort them to their first meeting outside and exchange contact details for the patient.

If the patient will be moving to another part of Australia after release, provide contact details in other Areas. The National Treatment Facility Coordinator may be able to assist with this—contact National Office at www.aa.org.au or national.office@aa.org.au or 02 9599 8866.

ATTACHMENT A

USEFUL RESOURCES

FOR THE INMATE

Carry a range of simple, inexpensive AA literature that requires minimal reading. Don't load patients up with too much confusing information; they will ask for more if they want it. Likewise, the Little Big Book is often more welcome than the full-sized *Alcoholics Anonymous*.

Some patients have reading difficulties so CDs are often welcome. If there are Aboriginal patients, source the tapes from the National Aboriginal Conventions.

Relevant reading material includes:

- Regional AA journals, especially editions that have stories involving time in prison: Mainstay; Messages of Hope; Pathfinder; Serenity; The News; and, The Reviver.
- Just for Today card
- Twelve Steps & Twelve Traditions card
- 44 Questions
- A Brief Guide to AA
- A Message to Teenagers
- A Newcomer Asks
- AA & the Armed Services
- AA & the Gay/Lesbian Alcoholic
- AA at a Glance
- AA for the Aboriginal Woman
- AA for the Indigenous Australian
- AA for the Older Alcoholic
- AA for the Woman
- Alcoholism: local AA may be able to help
- Are You Sick of Being Charged (for Aborigines)
- Do You Think You're Different
- 'How It Works' from Chapter 5 of *Alcoholics Anonymous*
- Is AA for Me
- Is AA for You
- Making a Start in AA
- Questions & Answers on Sponsorship
- The Twelve Steps (Illustrated)
- This is AA
- Understanding Anonymity
- Where do I go from here?
- Young People & AA

FOR THE AA SPEAKER

- AA in Treatment Facilities
- Speaking at non-AA Meetings
- Problems Other than Alcohol
- How AA Members Co-operate with Professionals
- Australian AA Service Manual (from www.aaservice.org.au)
- AA Guidelines (from www.aaservice.org.au)

ATTACHMENT B

WHAT IS AA?

AA is a community-based option formed by alcoholics to help each other get and stay sober. We are a social movement based on a set of principles learnt from experience. There is no conflict between our approach and other options. However, we can vouch for good results amongst those who thoroughly follow AA's path even though our program is not amenable to research, especially in the short term.

The only requirement for AA membership is a desire to stop drinking. There are no fees for AA membership or services.

Members remain anonymous but AA should be visible. However, AA's public relations policy is based on attraction rather than promotion.

AA is a worldwide non-profit fellowship of local groups that has been established in Australia since 1945.

AA is not allied with any sect, denomination, politics, organisation or institution. It is not a religious organisation, but the word God is used to reflect the belief amongst members that a higher power rather than willpower has helped us find a solution to our drinking problem. AA does not wish to engage in any controversy so it does not endorse or oppose any cause.

WHAT AA DOES

AA's basic philosophy is that one alcoholic can help another. AA members share their experience with anyone seeking help with a drinking problem; they give person-to-person 'sponsorship' to the alcoholic coming to AA from any source.

Our Twelve Step program offers the alcoholic a way to a satisfying life without alcohol. This program is discussed at AA meetings. In order to keep our sobriety, we try to give the program to other still-suffering alcoholics: that's why we're visiting the treatment facility.

WHAT AA DOES NOT DO

- tell anyone that they're an alcoholic – that's for them to decide
- seek or accept contributions from non-members or any outside organisation
- keep any records of its membership
- define 'alcoholism' or profess any profound knowledge of its cause or 'cure'
- have any opinion on public policy or practices regarding what some professionals term 'alcohol dependence and abuse'
- compete with other treatments or get into debates about evidence for or against various treatment options—we are not professionals
- solicit members, make diagnoses or offer advice
- give initial motivation for alcoholics to recover
- provide drying out, professional treatment or other welfare services
- provide references for any purpose
- educate about alcohol or engage in its own research
- join councils or social agencies
- follow-up or try to control its members
- promise anything beyond the promises of sobriety set out in the Big Book.