

Is AA a religious organisation?

AA is not allied with any religious group, formal or otherwise, nor does it tell its members what to believe, what is right or wrong or claim to know any religious "truth". The 12 Steps of recovery suggest belief in a "Higher Power", something more than the individual. The form that this Higher Power takes is entirely up to the individual concerned.

"God as we understand Him" replaces the power alcohol had on their lives. Some members have religious beliefs and many never had any form of religious belief. Members find the AA programme works whether they are agnostic or atheist.

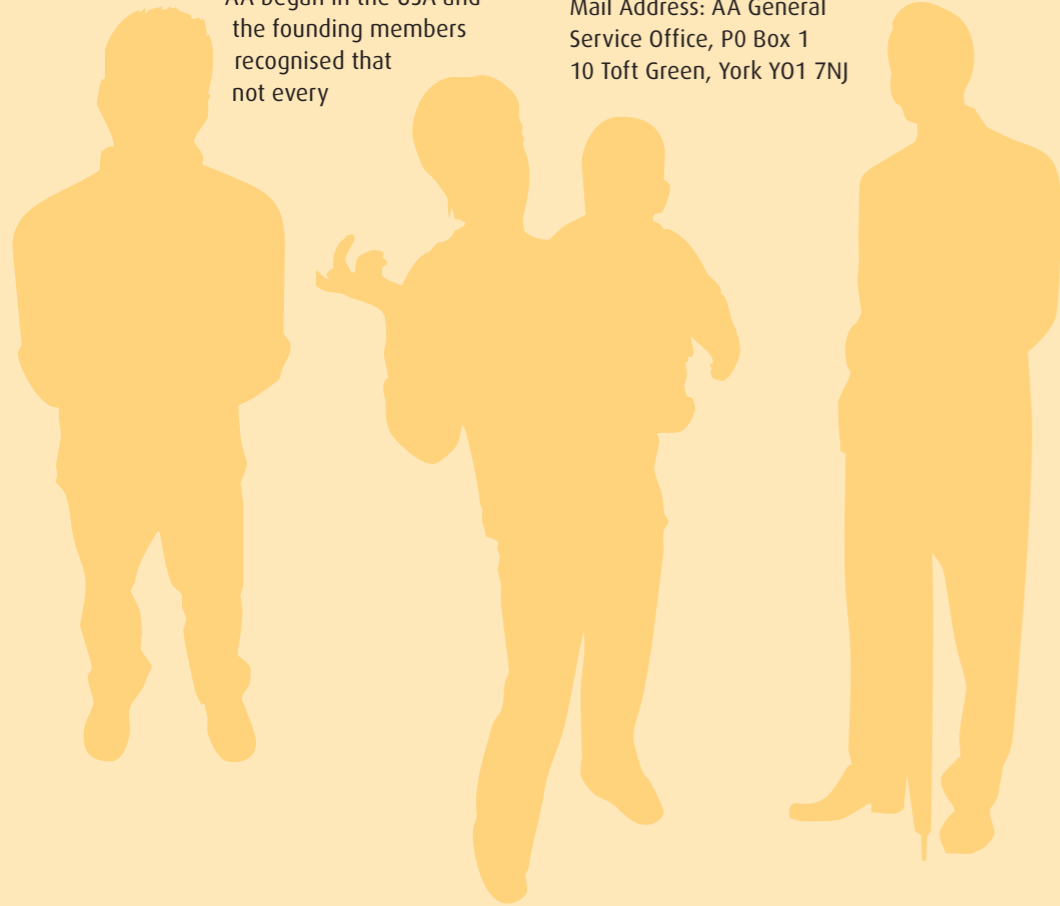
AA began in the USA and the founding members recognised that not every

alcoholic would necessarily identify with, or even wish to associate with, a Christian belief system, hence the phrase "Higher Power". Today AA's membership includes people of all religious beliefs, atheists and agnostics.

AA availability

There are AA meetings every day and night of the week in all areas throughout the UK and information about these can be obtained by telephoning the General Service Office in York 01904 644026, the Northern Service Office in Glasgow 0141 226 2214 or the Southern Service Office in London 020 7407 0700. Our website address is: www.alcoholics-anonymous.org.uk

Mail Address: AA General Service Office, PO Box 1
10 Toft Green, York YO1 7NJ



National Helpline Number: 0800 917 7650

This service pamphlet is available from GSO
PO BOX 1
10 Toft Green, York YO1 7NJ
www.alcoholics-anonymous.org.uk

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Alcoholics Anonymous as a Resource for the Medical Profession

For further information call 01904 644 026
www.alcoholics-anonymous.org.uk

Our aim

This pamphlet aims to provide information about Alcoholics Anonymous and presents AA as a resource which the medical profession can utilise in helping patients with alcohol problems.

There is no referral time for Alcoholics Anonymous. A first step can be a call to the National Helpline number **0800 917 7650** and this can enable a patient to attend a nearby AA meeting on the same day or shortly thereafter.

What is AA?

Alcoholics Anonymous is a Fellowship of men and women 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 AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organisation 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.

How AA views alcoholism

AA members view alcoholism as a progressive illness with a combination of spiritual, emotional (or mental) and physical components. We see our problem as being a physical addiction to, and a mental obsession with, alcohol. The alcoholics we know have lost the power to control their drinking.

The rate of growth of AA shows that an increasing number of alcoholics are recovering from this disease. There are over 97,000 AA groups in more than 150

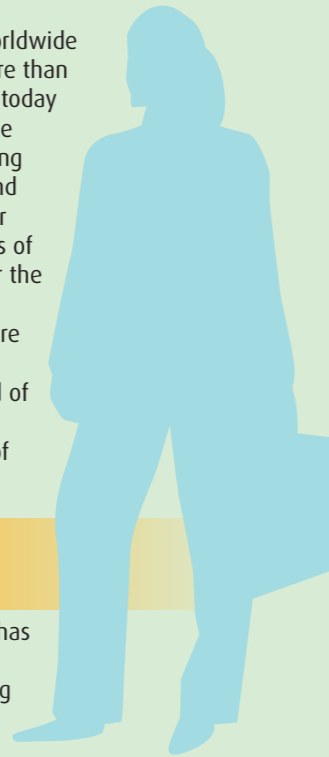
countries with a worldwide membership of more than 2,000,000. Women today constitute half of the Fellowship and young people (30 years and under) about 11 per cent. Three-quarters of members are under the age of 45. AA members sober more than a year have a very high likelihood of continuing their successful process of recovery.

Co-operation with others

AA in Great Britain has over 60 years of experience involving tens of thousands of alcoholics. This mass of intensive firsthand experience with all kinds of problem drinkers in all phases of active alcoholism and recovery is available free.

Many members have come to AA as a consequence of contact with a well informed non-alcoholic. We seek to co-operate with members of the medical profession and others in our attempts to reach those with our problem. Obviously it is not true that only an alcoholic can help an alcoholic. Our individual histories clearly show us that non-alcoholics do many things for alcoholics that AA does not do.

Some people come to AA with more problems than alcoholism. AA does not claim to have the skills or knowledge to deal with these problems but would always advise the individual concerned to seek professional help from an appropriate source, and to continue going to AA for his or her alcoholism.



Nationally, the General Service Office in York, the Northern Service Office in Glasgow or the Southern Service Office in London will be able to provide details of open meetings or put you in touch with the relevant local Liaison Officer who can give you more details on other facilities available in the area, e.g. visiting speakers or availability of AA literature.

AA Service & Structure

The subjective experience of alcoholism is something only an alcoholic can share with another alcoholic. This is why our service is totally confidential and our membership remains anonymous. Traditionally, this reminds us always to place principles before personalities. Members of AA have found that trying to help other alcoholics in their unique but often effective way is good for them, whether or not the alcoholic they are trying to help chooses to use what is on offer. AA groups attempt to concentrate on an informal person-to-person approach with anyone for whom alcohol is causing problems.

The organisational structure of AA is quite different from other agencies. Members themselves, without payment, with the exception of a few paid staff in the three administrative offices, perform all the services voluntarily. There are no rules, no regulations, and no official procedures or official governing authority. Instead, AA is a fellowship of peers, relying on tradition, suggestion and example.



The alcoholic's resistance to help can be frustrating

In our experience denial of the problem is symptomatic of alcoholism. Alcoholic patients tend to be evasive when questioned about their drinking. Patients may resist any suggestion that alcoholism is involved and be equally resistant to the suggestion of AA as a last recourse.

Few doctors have had the experience of having their diagnosis rejected. Few have been told, "I certainly am not a diabetic." Yet when the doctor makes a diagnosis of alcoholism, an alcoholic will often respond, "I don't drink that much," or will offer excuses for his or her drinking. Doctors can expect and anticipate this.

The principal operating unit of AA is the local group. Each group is autonomous, with leadership roles being rotated. Members accept responsibility for jobs that need to be carried out to make the meetings friendly and run as smoothly as possible. Each AA group is a self-supporting entity and AA's only income is derived by members making voluntary contributions and by small profits made from the sale of AA publications. AA does not accept contributions from any outside sources.

After the cost of running meetings and AA's three service offices, surplus money is used to inform the general public about AA and to carry our message to the active alcoholic directly and indirectly through people and organisations such as you.

Rationalisation and denial are part of the alcoholic's illness. Initial rejection of AA is part of the denial mechanism. AA members, having broken through their denial and faced the harm in their drinking, are particularly suited to helping others break through their denial.

'Open' AA Meetings

Going to AA 'open' meetings is the best possible way to get a feel for the form and dynamics of AA. Try several; no two are exactly alike. The late Dr Max Glatt, MD, FRCPsych, MRCP, DPM, who was an eminent consultant and Vice-Chairman of the Medical Council of Alcoholism, wrote in his book *The Alcoholic and the Help He Needs*:

'Recovered alcoholics, who are prepared to talk freely and to answer questions put to

them relating to their own past experiences, provide vivid demonstration of the fact that many alcoholics can recover. Such discussions with recovered alcoholics seem very often to provide an eye opener, a lesson which the professional participant is not likely to forget in a hurry, and which thereby may prove very helpful to him and even more so to the alcoholic patients he may meet in the future.'

Having a patient attend the first AA meeting with a member is desirable, although not a must. Most newcomers have many questions. The older member can answer these and reassure the newcomer that others have experienced the same reluctance and fear in taking a first step toward recovery. Sharing experience as peers is the unique service AA offers.

