

Chapter 6: AA and Healthcare in the Community

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6:1 Introduction

The purpose of this chapter is to assist Health Liaison Officers (HLOs), at intergroup or region, and all members helping the still suffering alcoholic, through cooperation with the healthcare profession.

AA has a history of working with the healthcare community, whether visiting patients in hospital (Bill and Bob visiting 'The Man on the Bed'), talking to doctors and nurses either in hospitals, treatment centres or GP surgeries, making presentations to communities or talking to a patient referred to AA. Frequently the alcoholic is referred to as a 'problem drinker', 'alcoholic dependent' or 'suffering from alcohol use disorder'.

The AA Great Britain website has an extensive section on Health that can be viewed as follows:

- Health within the Members Service Disciplines Area. This includes an Introduction, Health Resources, Roles and Terms of Reference of the Health Subcommittee
- Healthcare within the Professionals Social Sectors Area.
- See also the sections on Safeguarding on the website and in the AA Structure Handbook for Great Britain

6:2 Communication

Intergroups and regions are responsible for appointing Health Liaison Officers (HLOs), who ideally, should work as a member of the local AA combined services committee, working with Liaison Officers from other service disciplines. HLOs should aim to establish contact

and maintain communication with healthcare professionals and report back to their intergroup/region.

It is important that HLOs communicate with other AA members working in health liaison in their area. The primary role of the regional HLO is to support and co-ordinate the work of intergroup HLOs. This way, the AA message of recovery can be passed more effectively. Do not be afraid to seek advice from other intergroup HLOs, your regional HLO or a member of the Health Subcommittee. The sharing of reports is an easy and effective way of communicating ideas.

6:3 Ideas for Activity

There have been many changes in the NHS, and in the provision of mental health and substance misuse services, over the last few years. Our message remains the same, whether we are delivering it directly to a patient or to a professional in the hope that it will be passed on to problem drinkers.

Perhaps start by investigating and listing potential healthcare contacts in your area such as hospitals, medical / treatment centres, mental health charities, surgeries, medical training establishments, public health and wellbeing teams at local authorities, and any other healthcare establishments where a health professional may come into contact with a problem drinker.

The lists below offer some ideas on how HLOs together with their intergroup and / or region can move towards achieving our primary purpose:

- **Provide stands at local events**
- **Invite/accompany professionals to open AA meetings**
- **Give talks to groups of health professionals**
- **Develop contact with medical training facilities with the objective of including Open Meeting Workshops (OMWs) in their curriculums**
- **Work with hospitals/treatment centres for problem drinkers**

Hospitals/Treatment Centres:

- **Look for opportunities to display AA literature, always asking for permission first**
- **Find out if there is an Alcohol Liaison Nurse or Liver Nurse Practitioner, contacting them directly to see if there is help, we can offer**
- **Investigate the opportunity to help with staff or student development**
- **If there is no AA meeting in the hospital, look into the possibility of helping to start one up**
- **Ask a local group to develop a good working relationship with the hospital**

GP Surgeries and Health Centres:

- **Look for opportunities to display AA posters and literature, talking to the Practice Manager first to obtain their support**
- **Make use of any central distribution point such as Clinical Commissioning Groups (CCGs) for sending information out to GPs, Health Centres and pharmacies**

- **Try to ensure staff have a supply of contact cards with the helpline number. Local meeting lists may also be useful**
- **Talk to your own GP and/or Patient Participation Groups (PPGs) about how AA has helped you and how you would like to help others**
- **Offer to arrange a speaker for their training days to explain how AA works.**
- **Contact local CCGs to see if there are opportunities to offer talks or OMWs, or to carry the message in other ways**

Other possible contacts may include: Alcohol Forums, Alcohol Support Services, Alcohol Problems Advisory Services, Drug and Alcohol Action Teams (DAATs), Alcohol and Drug Partnerships (ADPs) in Scotland, Social Work departments, Treatment Centres, Rehabilitation and Substance Misuse Teams, mental health charities and various other alcohol awareness projects. It also may be worth researching Psychiatric Day Hospitals/Centres, Home Detoxification Services, Clinics, Dentists, Community Health Centres/projects and Pharmacies.

Many educational establishments that deal with health education would appreciate talks from AA members or OMWs - see AAGB website. These include Universities, Schools of Medicine, Nursing, Paramedic Practices, Health Scientists, Colleges with Health and Social Care departments or those that run Counselling Courses, local Health Initiatives run by CCGs or DAATs and GP Vocational Training Scheme programmes.

There is real benefit from working with other AA liaison officers.

6:4 Meeting Healthcare Professionals

Our role is to provide information about AA, what it can and cannot do, always remembering that as a Fellowship we are committed to remaining non-professional. Our approach is based on our ability, as alcoholics who have recovered from the illness of alcoholism, to work effectively with the still suffering alcoholic.

When meeting a healthcare professional, it is suggested that we: -

- **Turn up on time, suitably dressed**
- **Politely make yourself known**
- **Provide information on local meetings, the National Telephone Service and 'Chat Now' service**
- **Be fully aware of the Steps, Traditions and Concepts**
- **Never discuss individual AA members**
- **Do not give medical advice to anyone**
- **Do not engage in debates on outside issues such as budgets, medical staff shortages or the NHS**
- **Never commit Alcoholics Anonymous or other AAs beyond your remit or our Traditions and Concepts**
- **Record and share items relevant to region / intergroup**

Don't be afraid to ask questions. It is also important to listen as it is the way we learn. There are two forms of meeting suitable for these premises: Enjoy your role, safeguard the position and pass on your experience at rotation. If the experience is new to you, make use of the experience of other members in your area.

6:5 Hospital/Treatment Centre Meetings (Groups and Sponsored)

- **The regular AA 'open or closed' group meeting, run according to guidance in the Structure Handbook, using the hospital/treatment centre as a venue. These meetings welcome patients being treated for alcoholism and should honour Tradition Seven.**
- **An AA sponsored meeting held solely for inpatients. These meetings are not open to AA members in general, nor are they listed in AA's 'Where to Find'. AA members from outside do service at these meetings. This type of meeting may not be self-supporting. It may be necessary for the AA organisers to provide speakers, refreshments and AA literature. Inpatients generally undergo treatment for relatively short periods, and so the continuation of the meeting depends heavily on the facilitating AA members. It is usual for these meetings to be open, to allow health professionals to attend.**

6:6 Starting a Meeting at a Hospital/Treatment Centre

Discuss the idea at intergroup, region and combined AA service meetings to establish support from local members. Experience has shown that a minimum of four AA members are required, who are prepared to commit to support the meeting for at least one year. The HLO, with support from the service committee, should then make contact with the hospital/treatment centre to discuss the form of meeting to take place on their premises.

6:7 Visiting Patients in Hospital

The HLO may establish contact with a hospital or treatment centre, creating an opportunity to visit patients on the wards and share our experience, strength and hope. A small team of volunteers should be prepared to visit the wards on a basis agreed with the hospital, reporting back to intergroup.

- **Volunteers may have to be registered with the hospital administration and may include a Disclosure and Barring Service check (DBS). A DBS check is not transferable and is held by the individual, but requested by the medical unit**
- **Volunteers must abide by the hospital /treatment centre rules; we are only guests. At all times the hospital staff have control and determine our access to patients.**

We are invited onto the wards by the staff. We are allowed to talk to patients only with their consent. These conversations are strictly confidential

- **Limit yourself to carrying your own story of recovery**
- **Be willing to listen, more than talk**
- **Have a thorough knowledge of the Steps, Traditions and Concepts, and live by their spiritual foundation**
- **Although we visit the wards as individuals, we will be known as members of AA by people in the hospital, and our appearance, language, manner and conduct may influence their opinion of AA as a whole**
- **Always maintain a courteous, cheerful humility about the amateur status of AA. We are not professionals, but we are experienced in recovering from alcoholism**
- **Do not talk about medication, psychiatry or scientific theories on alcoholism**
- **Never interfere or comment on the treatment or drug regime of the patient. This is the sole responsibility of the doctors and nurses**
- **Do not boast about AA. Let results for themselves**

When taking responsibility for meetings in a professional centre, it is necessary to maintain contact with members of staff there.

6:8 GP Surgeries/Healthcare Centres

General Practitioners (GPs) provide an obvious opportunity for health liaison (see also section 6:3 above “GP Surgeries and Healthcare Centres”). Simply mentioning AA during a doctor’s appointment is a start.

A short meeting or email contact with the Practice Manager may generate enough interest for a formal presentation to surgery staff, perhaps during a weekly/monthly staff meeting. Attendance at the presentation may allow for a form of credit to a doctor’s/nurse’s individual Continued Professional Development or Education (CPD/CPE). Advice should be sought about the supply of certificates of attendance.

The format of the presentation may vary and could include:

- **How AA works**
- **Stories from individual members**
- **What AA has to offer**
- **The presentation of an OMW**
- **Ways in which AA and health professionals can work together**

Presenters should leave the attendees with solutions/suggestions that they can use. Always stress AA’s benefits and that we are a free resource.

6:9 Pharmacies

Pharmacists have become a first point of call for many. Making yourself known to local pharmacists and supplying literature, posters and AA contact cards may prove beneficial.

Some pharmacy chains are reluctant to display posters that are clearly visible to the public, but are willing to display them in private consultation rooms. Take time to discuss opportunities that might be of mutual interest.

6:10 Other NHS or Healthcare Groups

Many different groups are involved with health, whether funded by the NHS, local government, charities or groups with specific interests. Those involved with mental health or addiction may benefit from a knowledge of Alcoholics Anonymous.

Be prepared to invite any healthcare practitioner or contact to a local open AA meeting.

6:11 Useful Approved Literature

AA produces a considerable number of leaflets and videos that are continually being reviewed and these are available from the General Service Office. A full catalogue is available online.

6:12 Restricted Access Caused by Covid-19 Pandemic

Our experience during the Covid-19 pandemic was that restricted treatment access made it extremely difficult and sometimes impossible to practise our primary purpose. Although many of our activities had to be cancelled, postponed or amended, we could still maintain contact with individuals and organisations.

Should a similar pandemic strike again, it may be beneficial to follow a path similar to that taken during Covid-19:

- Face-to-face contact can be replaced by virtual AA meetings with individuals or small groups, provided permission from an organisation is obtained when required, and that the risk of spreading infection (or just getting in the way) is agreed and safely addressed.**
- Medical staff could be given AA contact cards and appropriate supporting literature. Patients might be encouraged to make contact and speak virtually, or to meet in a safe location on discharge. Drug and alcohol liaison nurses can be especially supportive.**

We need to be regarded as an additional resource that always can be called upon.