

# The AA Service Handbook for Great Britain 2023



# The Services of AA in Great Britain

**This new edition of the Handbook was approved by the General Service Conference of Alcoholics Anonymous in Great Britain held in York on the 14th-16th April 2023. Future alterations or additions to this Handbook require a two-thirds majority of Conference.**

## **Seventh Edition 2023**

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*“Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.”*

*“When using digital media, AA members are responsible for their own anonymity and that of others. When we post, text or blog, we should assume that we are publishing at the public level. When we break our anonymity in these forums, we may inadvertently break the anonymity of others” (Understanding Anonymity leaflet).*

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The pictures of people contained within this handbook are stock images, and are not of alcoholics. No one’s anonymity has been broken.

# Alcoholics Anonymous

## – The Preamble

**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 A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization 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.**

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### **A Declaration of Unity**

This we owe to AA's future:  
to place our common welfare first  
to keep our Fellowship united;  
For on AA unity depend our lives,  
and the lives of those to come.

### **I am Responsible...**

When anyone, anywhere,  
reaches out for help,  
I want the hand of AA  
always to be there.  
And for that: I am responsible.



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# Introduction



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# 1 Growing into Service

## A quote from our co-founder Bill W on General Service in AA:

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*“An AA service is anything whatever that helps us reach a fellow sufferer – ranging all the way from the Twelfth Step itself to a ten-cent phone call and a cup of coffee, and to AA’s General Service Office for national and international action. The sum total of all these services is our Third Legacy of Service.” (Pass It On, page 347)*

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## AA Service

Alcoholics Anonymous is more than a set of principles; it is a Fellowship of alcoholics in action. Service is at the centre of every AA concept and activity. It is as fundamental to AA as abstinence is to sobriety. Without this giving of oneself to another, there would be no Fellowship. This desire to serve improves recovery.

As newcomers, we see people giving time, energy and love in the service of the Fellowship, and it is suggested that we too should become involved. Those of us who have done this will tell you of the enormous benefits we have received by willingly stepping into service. A great paradox of AA is that rewards come when we begin to forget ourselves.

### 1.1 What are these rewards?

Simple service tasks have helped to develop confidence, a belief in one’s own value and opinions, self-respect and self-worth. We have all found that participating in service activities has helped our recovery.

Everyone in AA has some contribution to make. There are so many ways of practising our Twelfth Step. Some are talented in hospital or prison work, others can write to loners or answer telephones and some have abilities which lie in committee activities or sponsorship. But service is not just for a small number of experienced people. Each one of us has been surprised at the abilities which have emerged with a willingness to grow in service.

### 1.2 How do we become involved?

AA’s Twelfth Step “Carrying the Message” is the basic service that our Fellowship gives; it is our principal aim, and the main reason for our existence. We must carry AA’s message otherwise we ourselves may fall into decay and those who have not been given the truth may die.

Carrying AA’s message is therefore the heart of our Third Legacy of Service. Any action which helps AA to function as a whole is service. Where better to begin than in our own home group?

### 1.3 In the group

It is as a result of Twelfth Step work that a group is formed and we discover that we are a small part of a great whole. Regular attendance at our group meeting is in itself a form of service. Group meetings are necessary for maintaining sobriety. Love and effort is needed to keep the group growing and maintained. For some of us it is not always possible to do individual Twelfth Step work but for all of us regularly attending meetings, it is possible to serve within the group by helping to set up the meeting rooms; we can arrive early and help to:

- Put up the slogan signs
- Display the AA literature
- Arrange the chairs
- Greet members, especially new ones, as they arrive
- Help maintain the tradition of self-support
- Make the tea or coffee
- After the meeting, help wash up and clear up

The last two give a great service to everyone yet give us as individuals so much in return, for we all know the shared experiences gained during “washing up therapy” when shyness seems to evaporate. Perhaps here we feel our first sense of purpose and belonging

### 1.4 Service to newcomers at group meetings

A warm smile of greeting can make newcomers feel welcome. A cup of coffee or tea also releases tension. Giving your name and sharing your experiences on the spot can make them feel they are in the right place. Giving your telephone number, and taking theirs in order to call them, may not seem like service but where would we all be today if someone had not done this for us?

These little efforts on our part are sure steps into responsibility, reliability, and confidence. They are also steps into loving, the sort of loving that makes no demands, asks for no rewards, and fulfils our sense of purpose.

As we grow in sobriety, we may be asked to become a group office, described in our Twelve Traditions as a trusted servant. Each group needs to have certain jobs done in order to function smoothly and responsibly.

Section 2 of the chapter “Group Officers” of the Structure Handbook sets out very fully the work to be done. Our Traditions remind us to be open-minded and that we are but trusted servants, we do not govern.

We may hear of Public Information. This consists of members who ensure that the public is informed about the work we do, and how and when we are available to give them our message. These members are from a collection of groups working closely in intergroups. Some of us who have tried to serve in these ways will tell you how anxious and nervous we have felt to begin with. Others of us were brimming over with over-confidence, aggression and arrogance.

Service helps us to change, and these feelings are soon dispelled. We develop an even greater feeling of belonging and move still further in to loving and caring. The depth of our sobriety is strengthened with each task we do with willingness. Our sense of purpose is further developed.

## 1.5 Sponsorship, Service Sponsorship and Sponsoring into Service

Essentially, sponsorship is one alcoholic who has made some progress in the recovery programme sharing that experience on a continuous, individual basis with another alcoholic who is trying to stay sober. (from the pamphlet 'Sponsorship: Your Questions Answered').

In addition to sponsorship in the AA programme (e.g. helping someone through the Steps and Traditions), it is suggested that new members are also 'sponsored' into service.

Some AA members may seek a 'service sponsor' who has experience in a particular type of service or role. Although there are different ways of understanding service sponsorship or of sponsoring into service, the two may be viewed in similar terms. Some AA members say that service sponsorship is not separate, but simply a part of sponsorship.

Service sponsorship focuses on AA's Third Legacy of Service. A service sponsor shares experience, strength, and hope about service roles and positions within our service structure. A member may take on responsibilities within the group or further down our inverted triangle – that is, at intergroup and region.

A service sponsor supports and encourages the member in all service activities and leads by example. A service sponsor may suggest opportunities a member might consider in the group or beyond and help the member gain a deeper understanding of AA's Traditions and Concepts.

Service sponsorship helps a member understand the commitment and responsibilities of a service position and whether they are able and willing to meet the obligations of the role.

**Please see also the AAGB pamphlets, 'Sponsorship: Your Questions Answered' and 'Growing into Service'.**

## 1.6 A step further

Another service we may be asked to carry out is that of GSR. The mere name itself, Group Service Representative, describes the activity. It means:

- Regular attendance at the group you are serving
- Going to intergroup assemblies
- Having a good knowledge of group opinions, experiences and decisions
- Having an ability to share these with neighbouring GSRs at intergroup assemblies
- Being willing to share the experience of others with the home group

This service is also described in more detail in Section 3 of the chapter 'The Group' of the Structure Handbook. It brings benefits and an added breadth to a "society of alcoholics in action". You will see a broader spectrum of the AA Fellowship, meeting members from many different groups, thus giving a wider circle of AA friendship. Here, too, there will be a further step into responsibility, reliability, confidence and humility. There will be growth into deeper love and understanding, a greater strengthening of sobriety, and more opportunities to carry AA's message to the still suffering alcoholic.

## 1.7 Service within the intergroup

- Prison sponsorship
- Twelfth-Stepping in hospitals
- Talks to schools, the professions, and outside agencies Telephone service
- Arranging public meetings Arranging mini-conventions

Intergroups may elect up to three Regional Representatives, who attend, participate and vote in regional assemblies, carrying their intergroup's conscience forward to the region.

In most of these activities the responsibility will be shared, creating a deeper bond between groups of members all trying to carry AA's message. Those members who do this work in isolation do not receive the same benefits as those who carry out tasks with one another. Sharing in every activity is the way the Fellowship of AA works best. The more we share our experience, strength and hope with each other, the more we will be able to maintain and deepen our sobriety.

**Please also see The Region Chapter, Section 2, "The Regional Assembly" in the Structure Handbook**

## 1.8 Still more ways to serve

By this time we are usually comfortable in our service activities. The growth into responsibility, reliability and confidence is well under way. However, there is still more to be carried out by the willing member. There will be:

- Regional Representatives (elected by intergroups)
- Regional Officer
- Delegates to Conference

These are similar services carried out in the same ways as previously talked about regarding the group and intergroup. They are discussed in section 3 of the chapter 'The Group' of the Structure Handbook.

### **Benefit**

There is an ever-increasing feeling of security within the Fellowship and the sense of belonging is deepened and broadened. We enjoy the fellowship of members from faraway places, whom we might not otherwise meet if we denied ourselves the privilege of service. All of this should improve the quality of our sobriety.

## 1.9 The loner

Here let us not neglect the member who, because of distance and geography, cannot participate in a local group. These members can give service by writing to other loners, by writing articles for 'SHARE' or 'Roundabout', or sharing with us their experiences and growth into sobriety.

They can keep the General Service Office informed of their whereabouts so that travelling members may have a contact in that area. They may also provide a Public Information service in their particular location. Through service loners can deepen their sense of belonging to the Fellowship.

## 1.10 The housebound member

Housebound members can be of valuable service to the Fellowship by telephone contact, and by writing letters and articles to 'Roundabout' and 'SHARE'. They can maintain contact with the local group, intergroup or region.

## 1.11 The older member

At some stage in sobriety, many members may be labelled "the older member". Let us hope it happens to us all. Here we may find service in AA is seemingly being taken over by those much younger in sobriety. This is how it should be; our Traditions have always supported the idea of rotation in our service activities, but we may be feeling passed over or even isolated.

We have all had these feelings from time to time, and the older member, continuing in their practice of the Twelve Steps, will surely recognise this. Such a member will take on a measure of quiet solidity by standing aside yet remaining

steadfast to their group and sharing experience when asked. Here another role can be assumed, that of Twelfth Stepping and sponsoring newer members in the varying forms of service. This can be of the utmost help in their own and other's growth in recovery.

**The symbol of AA is three-sided:** Recovery, Unity, and Service. With Unity we are given Recovery; as Recovery develops we give ourselves in Service, creating deeper Unity and creating for ourselves deeper Recovery. The corners are forever turned; the road is always before us as we need to be continually furthering our progress into sobriety. Along this route we have all benefited from the love, compassion, and understanding incorporated in this three-sided symbol. Let us all, therefore, give these away in service to others in order that we ourselves may continue to grow, and the Fellowship of Alcoholics Anonymous will remain forever steadfast.

## 2 Information on Alcoholics Anonymous

For AA members carrying the message to professionals, for anyone sent to AA and for anyone referring people to AA.

### 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, organization 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.

### What does AA do?

AA members share their experience with anyone seeking help with a drink problem. They give person to person service, or "sponsorship", to the alcoholic coming to AA from any source. The AA programme, set out in our Twelve Steps, offers the alcoholic a way to develop a satisfying life without alcohol. This programme is discussed at AA group meetings.

**Open speaker meetings:** These are open to alcoholics and non-alcoholics. Attendance at an open AA meeting is one of the best ways to learn what AA is, what it does and what it does not do. At speaker meetings, AA members "tell their stories". They describe their experience with alcohol, how they came to AA and how their lives have changed as a result of AA.

**Open discussion meetings:** One member speaks briefly about his or her



drinking experience, and then leads a discussion on any subject of a drink-related problem anyone raises.

Closed meetings are for AAs or anyone who may have a drinking problem. Closed discussion meetings, conducted just as open discussion meetings, are for alcoholics or prospective AAs only.

Step meetings (usually closed) are discussion of one of the Twelve Steps. AA members also take meetings into prisons and treatment facilities.

AA members may be asked to conduct informative meetings about AA as a part of a programme with other organisations or educational schemes. These meetings about AA are not regular AA group meetings.

## Members from court programmes and treatment facilities

In the last few years, 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. In our pamphlet “How AA Members Co-operate” the following appears:

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***“We cannot discriminate against any prospective AA member, even if they come to us under pressure from a court, an employer or any other agency. Although the strength of our programme lies in the voluntary nature of membership in AA, many of us first attended meetings because we were forced to, either by someone else or by our inner discomfort. But continual exposure to AA educated us to the true nature of our illness... Who made the referral to AA is not what AA is interested in. It is the problem drinker who is our concern... We cannot predict who will recover nor have we the authority to decide how recovery should be sought by any other alcoholic.”***

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## Proof of attendance at meetings

Sometimes courts ask for proof of attendance at AA meetings. In the main this will be dealt with by the Probation/Criminal Justice Service or other professional after care services. Where necessary the following methods have proved to be satisfactory:

- With the consent of the prospective member, the AA group secretary signs or initials a slip furnished by the Court
- The Court furnishes envelopes available to anyone at the end of an AA meeting. The individual mails the envelope to the Court with their name and address, as proof of attendance
- Some AA groups have sheets of paper with the name and address of the group. Anyone wishing to sign the sheet may do so at the end of the meeting. The secretary mails this in the envelope provided by the referring court, clinic, employer or other agency sending people to AA

This reporting of attendance is not part of AA procedure. Each attendee reports on themselves at the request of the referring agency. Thus no AA member is revealing another's AA membership and none of this information is available for publication.

## 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 they leave. As stated earlier, anyone may attend open AA meetings but only persons with a drinking problem may attend closed meetings or become AA members. Dually or multiply addicted people are eligible for AA membership only if one of their addictions is to alcohol.

### What AA does not do:

- Furnish initial motivation for alcoholics to recover
- Solicit members
- Engage in or sponsor research
- Join "councils" of social agencies
- Follow up or try to control its members
- Make medical or psychological diagnosis or prognosis
- 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 member's sources

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 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.

## 3 What professionals have said about Alcoholics Anonymous

**Dr. Max Glatt MD, FRCPsych, MRCP, DPM, eminent consultant and Vice-Chair of the Medical Council on Alcoholism in his book "The Alcoholic and the Help He Needs" writes:**

"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 useful to him and even more so to the alcoholic patients in the future.”

The same author wrote: “Hitherto ... the most effective single therapeutic approach has been AA and whatever other approaches may be preferred, most alcoholics would benefit from introduction to AA.” (“Alcoholism”, Hodder and Stoughton, London 1982, p527).

**The Report of a Special Committee of the Royal College of Psychiatrists “Alcohol and Alcoholism” (London 1979) defines alcoholism in the following way:**

“For most people alcoholism is perhaps synonymous with the alcohol dependence syndrome (i.e. the condition which arises when the individual has contracted a dependence on this particular drug) or the disease concept of alcoholism and this is probably its usage by Alcoholics Anonymous. For others, the term has much more inclusive meaning, embracing every type of instance where someone is incurring serious or persistent disability as a result of his drinking, irrespective of dependence.”

**The report had this to say about Alcoholics Anonymous:**

“Among other influences contributing to new awareness [of the nation’s drinking problems] was Alcoholics Anonymous (AA). Despite the anonymity of its individual members, AA began to capture public interest and sympathy. The simple message that alcoholism is an illness and the optimistic declaration that this illness could be arrested helped to overcome the popular stereotypes and pessimism. A recent community survey found that almost 50 per cent of the people interviewed named AA as a prime source of help for people with drinking problems. In this country, psychiatric hospitals and Alcoholics Anonymous have worked in fruitful partnership, with much two-way referral.

With over 3,000 groups in Great Britain (1992) and a growth rate of approximately ten percent per year, Alcoholics Anonymous has ensured that in every city and in most towns an alcoholic can turn to the phone book and make contact with help, probably within the hour. In addition to the immediacy of help, AA provides a continuity of support which so many alcoholics find invaluable ... It is sound advice to anyone who is developing serious trouble with his drinking to go along to AA meetings and see for himself ‘what’s in it for him’. Many people have found in AA exactly the help and understanding that they required.”

“There can be no doubt that as well as the direct benefit which AA offers to many individual drinkers, it also has much to teach the therapist about the process which aid and influence recovery. There is wisdom to be borrowed from AA.” Professor Griffith Edwards, Honorary Director, Addiction Research Unit, Institute of Psychiatry, University of London (“The Treatment of Drinking Problems”, Grant McIntyre, London 1982, p232).

“There is a wide measure of agreement among medical professionals, the general public, government agencies and various social work and other helping groups, that Alcoholics Anonymous has had significant success with enabling large numbers of

people to cope with their severe alcoholism.” Dr. David Robinson, Director, Institute for Health Studies, University of Hull, (“Talking out of Alcoholism: the Self-Help Process of Alcoholics Anonymous”, Croom Helm, London 1979, p117).

“Everyone involved at either the primary or secondary level should be conversant with the facilities offered by self-help groups such as Alcoholics Anonymous.” Department of Health Advisory Committee on Alcoholism (“The Pattern and Range of Services for Problem Drinkers”, DHSS, London 1979, p24).

In 1976 the American Society of Addiction Medicine defined alcoholism thus “Alcoholism is a disease characterised by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences and distortions of thinking, most notably denial.”

The previous definition was updated in 1990 to read: “Alcoholism is a chronic, progressive and potentially fatal disease. It is characterised by tolerance and physical dependency or pathological organ changes, or both ... of the direct or indirect consequences of the alcohol ingested.”

## 4 AA co-operation in research and non-AA member’s survey projects

As alcoholism has become a prime concern and target from government departments to local community organisations, more and more agencies and individuals have sought AA co- operation in conducting surveys and other research projects. The subject has been discussed in detail many times and we offer the following to share AA experience on this subject.

### **First, a letter that Bill wrote to a researcher in 1968 sheds some light on the subject:**

“Thanks for your letter which outlines your research project. Whether such a project could succeed in any useful or meaningful way is a question that in my view can’t be answered at all until soundings are made where the operation will take place. Therefore, I suggest that you enquire how feasible the project would be in the eyes of at least a few of the prospective participants (local AAs).

There are plenty of AAs who believe in collaboration with researchers, but it is probable that many AAs couldn’t care less about scientific or sociological evaluations. Hence there is seeming indifference and hostility. This is the experience of some past researchers, particularly those who require the gathering of statistics, personal interviews in depth, and the like.

I am sure you will have to work with specially interested AAs as individuals. Even they will want to know who will make the value judgements of research reports, what will be done with them, etc.

If you are able to proceed with your plans, I would like very much to know the results.”

The following points share AA experience and point of view. AA is not opposed to research and most of our members are grateful for the interest and dedicated efforts of those outside our Fellowship. Any individual AA member is, of course, free to participate in any project they choose. AA meetings traditionally have been devoted exclusively to the AA programme. Most AA groups have not distributed questionnaires or arranged for interviews during meeting time. However, some groups have done so after meetings.

Local intergroups frequently can put researchers in touch with AA members who are interested in participating in such projects. In large communities, perhaps a committee or sub-committee made up of AA members, who are interested in these projects, could take the responsibility for finding others who share this interest. In smaller communities the group members or steering committee may be able to perform the same function. Most AAs would like to find a way of co-operating, within the AA Traditions, which would also be technically feasible for a researcher.

Decisions about such projects should be made by the local AA groups in the area where they occur, after careful scrutiny of the projects as the requests might become too numerous.

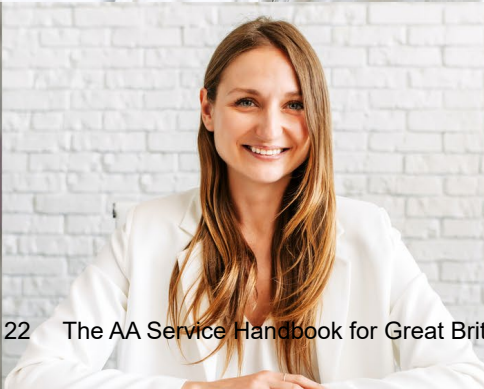
#### **And one final quotation from Bill W, from As Bill Sees It (page 45)**

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***“Today, the vast majority of us welcome any new light that can be thrown on the alcoholic’s mysterious and baffling malady. We welcome new and valuable knowledge whether it issues from test tube, from a psychiatrist’s couch, or from revealing social studies. We are glad of any kind of education that accurately informs the public and changes its age-old attitude toward the drunk.”***

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GSO welcomes additional information from groups and members with experience to share.



# Chapter One: Public Information



PUBLIC  
INFORMATION

1. Introduction
2. What is PI?
3. Contacting professionals
4. The PI Committee
5. Working within the Traditions
6. Ways to proceed
  - 6.1 Public Information meeting
  - 6.2 AA speakers at non-AA meetings
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  - 6.4 A Public Information workshop
  - 6.5 A Public Information newsletter
7. Personal identification
8. Checklist of professionals and helping organisations
9. Recommended literature

Public Information is the Third Legacy of Service in action. Along with Recovery and Unity we have inherited this legacy from the co-founders of Alcoholics Anonymous. One of the co-founders, Bill W, has this to say:

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***“To reach more alcoholics, understanding of AA and public goodwill toward AA must go on growing everywhere. We need to be on still better terms with medicine, religions, employers, government, courts, prisons, mental hospitals and all enterprises in the alcoholism field.***

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### **Concept XI – Twelve Concepts for World Service**

AA needs effective communication with the general public and professional communities involved with the alcoholic.



# 1 Introduction

Public Information (PI) in AA means carrying the message of recovery to the still suffering alcoholic by informing the general public about the AA programme. We do this by getting in touch with the media managers, Welfare Officers in industry and the Trades' Unions, Schools and indeed any organisation of a public nature whether it be organised or voluntary, which is in a position to pass on the knowledge of the existence of AA and what it can do for the still suffering alcoholic.

The aim of this chapter is to guide you through the PI process, from formation of a committee through the functions such a committee can perform. What follows suggest ways individuals can do PI work as well as activities that have been planned by local PI committees.

The amount of knowledge of PI work varies from place to place but over the years this has built up into a wealth of practical experience which this chapter is designed to share. Those undertaking PI work for the first time, whether it is at group, intergroup or at regional level, are encouraged to read this Handbook and take guidance from the information contained.

There is no mystique about PI work. It is, however, acknowledged that particularly newcomers to service, when faced with the possibility of breaking their anonymity, may be wary of undertaking PI service.

Again this chapter hopes to remove this fear by explaining simply what is involved and how service work of this nature can not only carry the message of AA to where it is needed but by doing so, help the member who undertakes the work.

All PI work should be carried out with the sole objective of seeing that the still suffering alcoholic receives the AA message, and in so doing, it is important to remember that the Traditions of AA should be strictly observed. We should, for instance, remain strictly anonymous at the level of press, radio and TV on a personal basis, but that does not mean that we cannot identify ourselves fully when dealing with the staff of newspapers, radio or TV stations; it would not make sense to try to do business with people if anonymity was carried to this length. After all, anonymity, being the spiritual foundation of our Fellowship, is aimed at personal anonymity, i.e. public appearance and/or identification as an "AA spokesperson" in the media. We are however not secret – those doing PI service work must be accessible by name and address to those with whom we wish to conduct our business.

Many people in the media have great respect for AA although some may not know much about it. Because we are not seeking publicity for ourselves as individuals, they are usually more willing to co-operate with us and observe our personal anonymity requirements once these are explained to them. PI work is for members who are willing to make the contacts we need to make. It is not necessary to be an expert in communications. What is required is a willingness to spread the message by making contact with the right people to pass that message on. All that is needed is to say who you are and what you hope to do.

Our basic task is to tell the public through as many organisations as possible what AA is, how it works, and where contact can be made. First of all we should make clear that it has worked for us.

Sponsorship into service and working with other PIs at committee level provide the experience for this type of service.

This Handbook should be retained by the PI member of each intergroup and should be passed on when their term of service expires. Any group or intergroup member who shows interest in PI work should be encouraged to read it and PI members should from time to time draw attention to its existence thus keeping alive interest in the work.

## 2 What is PI?

PI work is sometimes referred to as “Carrying the message to the general public”. This includes giving talks to doctors, nurses, social services, police, magistrates, community groups, business groups, schools, colleges and trade and professional unions and associations. Open and public meetings, exhibitions, displays, posters, newspapers, magazines, radio and television also come under the heading of PI.

It is often said that the best example of Alcoholics Anonymous is its own sober members, particularly when a sober AA member is speaking to the general public or a group of professional people. We are the face of the Fellowship. For this reason, it is important that members carrying out PI work should have solid continuous sobriety, regular attendance at home group meetings, be conversant with the service structure and have a full working knowledge of the Twelve Traditions.

Experience has shown that intergroup and regions are the bodies that can most usefully discuss PI matters and from which one or more PI committees can be formed. Depending on the geography of an intergroup area and the number of large towns or cities within it, an intergroup may form a committee within itself, or, with the initiative of local members, form two or more committees. Local PI Committees are usually informal with at least one member attending intergroup. PI is a co-operative venture and there is no place in it for single isolated acts. In this way, communication with other parts of intergroup is maintained and the sharing of service experience is commonplace. Before going ahead with the formation of a local PI Committee in a large town or urban area, it is as well to check Health Authority and Social Service boundaries, so that the work of one Committee does not overlap another. Here again, a discussion at intergroup will be most valuable. The service structure of AA also allows for the appointment of a regional PI Officer.

Internal communications are complete when each intergroup in a region shares its PI experience at a regional meeting.

The drawing of formal boundaries for service work should be avoided and positive steps should be taken to keep the Health, Prison, Probation\Courts and Criminal Justice Service in Scotland and all other Liaison Officers informed of PI developments, with the Liaison Officers becoming members of the Committee whenever possible, particularly in overlapping geographical areas.

### 3 Contacting professionals

The first contact with a professional body is by telephone or e-mail. Members should ask for the name of the relevant manager/professional who deals with alcoholism in the organisation. If it is not possible to speak to that person a typewritten letter, on headed intergroup paper should be sent, giving a name and address for a reply. The objectives of the letter or telephone call are threefold and should be stated clearly:

- to establish formal contact between the organisation and AA
- to ask for an appointment with a representative of the organisation
- to provide speakers to give talks about AA

It is important to involve as many members as possible when giving talks, from as wide a range of age groups and backgrounds as appropriate, e.g. young people giving talks to schools and colleges. The PI Officer acts as a clearing-house for talks and these should be allocated to local AA members, always remembering that those selected are ambassadors of the Fellowship.

Ideally, two members should share a talk – when possible, of different gender. It is advisable to invite newer members of AA, who are young in sobriety, to sit in the audience and listen. Sponsors may wish to invite sponsees and, in the practice of sponsoring into service, attendance at a talk provides a valuable learning experience. On some occasions it may be convenient to play an AA Conference approved DVD when giving the talk. This will depend on the time allotted and the type of audience.

Some members prefer to provide AA published literature at a talk and it is suggested that an AA telephone number should be given out. It has been found that most people at a non-AA members meeting want to know what AA is and what it does, rather than hear a drinking story; although some such incidents may be related in order to illustrate a point. A short history of AA can be mentioned, if desired, and it is important to mention the Traditions. Flexibility is always a useful attribute on these occasions.

We should all bear in mind the statement of PI adopted by the Fellowship in 1956. It stated:

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*“In all public relations, AA’s sole objective is to help the still suffering alcoholic. Always mindful of the importance of personal anonymity, we believe this can be done by making known to him, and those who may be interested in his problems, our own experience as individuals and as a Fellowship in learning to live without alcohol. We believe that our experience should be made available freely to all who express sincere interest. We further believe that all efforts in this field should always reflect our gratitude for the gift of sobriety and our awareness that many outside of AA are equally concerned with the serious problem of alcoholism.”*

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There are many ways a Public Information Committee can carry the AA message to the general public and the professional, but this chapter tries to set out some of the most popular methods together with the experience of others in this field.

In all cases of PI it is just as important to communicate with others in the Fellowship whether in our intergroup or region. Many of our boundaries do not coincide with other organisations, either politically or socially. This communication enables ideas to be shared as well as showing consideration to others in the Fellowship.

PI members at any level are always encouraged to develop new approaches to any authority or organisation they may come into contact with. Any new development or ideas should always be passed to the appropriate Trustee who will be pleased to pass the information on to other regions.

Many intergroups and regions consider co-operating with professionals and Employment Liaison activities separate from public information or prison and hospital work. Accepting that there is a good deal of overlap they consider it is an advantage to have two separate committees or sub-committees liaising when necessary. Others prefer one overall PI committee to co-ordinate the various activities of public information, professional information, hospitals, industry and any other specific area of service, believing this will help to avoid duplication of activity and confusion. The decision will be influenced by local conditions, but it is intended that this document should be helpful whatever the structure chosen.

Professional people often meet the alcoholic in places where AA is not present. Through professional people, we reach alcoholics who might otherwise never find the programme, or reach them years earlier with the help of an informed non-AA member. Co-operation with professionals means informing them about AA, what we are, what we can do, and what we cannot do. A professional can be a family doctor, a member of the clergy, the police or magistrate, a nurse, a teacher, a social worker, an alcoholism counsellor or other counsellor, anyone who deals with alcoholics in the course of their work. Many of these people encounter daily the suffering alcoholic and in spite of rising public awareness, some of them simply do not know what to do with a drunk.

That is where an active PI committee can contribute – by letting professionals know about AA and by being available to co-operate in any way we can when they call on us. PI work can begin when individual AAs reveal their membership to their doctors, or drop a quiet word in the ear of a pastor, priest, rabbi or spiritual leader that an AA member is available to the congregation. Groups participate in PI by welcoming professionals to open meetings. Committees at regional level or local level actively seek ways to make contact with professional people and set up programmes to increase understanding of AA.

What your committee decides to do will be dictated by your own needs and experience. The suggestions here are just that – suggestions. It is hoped they will spark your thinking and give you leads on new ways to approach professional people where you are.

A look at our history shows clearly that co-operation with professionals has been an integral part of the Fellowship since our beginnings. In fact, some AA's think it is ironic that a movement that might never have got off the ground without the help of non-alcoholics (e.g. Dr. Silkworth, Sister Ignatia and the Rev. Sam Shoemaker) should have taken so long to set up committees to do formally what AA members have been doing informally all along.

Sometimes it seems that, even now, understanding of alcoholism and of AA is the exception rather than the rule. As more and more alcoholism programmes and agencies come into the field, AAs who for years have worked quietly – whether on AA committees or as individual concerned citizens – rejoice that they have contributed to public awareness.

Inevitably though, problems accompany success. Sometimes, professionals who are eager to use AA as a resource do not understand our Traditions and unwittingly cause problems for groups. New members, coming to AA from units, hostels etc. or “sentenced” to AA by courts, expect from us services we cannot or should not provide.

Experienced PI workers learn quickly the importance of understanding the Traditions and explaining them to non-AA members. They discover too, the cardinal fact that the Traditions are our Traditions, and there is no reason non-AA members should be expected to understand them unless we take the initiative. Most PI committees find that one of their first and important functions is finding ways to clarify the Traditions for professionals. One of the aims of PI work is to let non-AA members know that we can be effective and helpful to them when we operate within our own vital Traditions.

## 4 The PI Committee

There are several different ways of organising a PI committee and local needs and practices will guide your decision. Ideally, the committee should be a direct function of intergroup, formed of elected intergroup liaison members and chaired by the PI Office . They should meet as often as is required, taking their guidance on “targets” etc. from intergroups. They should then co-opt through GSRs direct aid or action through the groups themselves. Good simple organisation, which is well publicised and explained from intergroup right through to all group members, is essential. Thus good two-way communications are maintained and confusion avoided.

### Forming a PI Committee

For many years local Public Information committees also carried the message to the professional community and in many places still do. Professional information and Employment Liaison have been considered a separate activity from PI for a relatively short time.

Where there is still confusion over who does what the following extract may be useful:

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*“In keeping with our Traditions of placing principles before personalities, who or what committee carries the AA message is not important as long as our message is carried to the still suffering alcoholic.”*

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Another thought to keep in mind is “Easy does it.” Once you decide to do it, and get started with the formation of a committee, it is a good idea to take it easy at first until you are sure just what the needs are, and how many people you have available to get the job done. For some committees the first task is to inform AA members about co-operating with professionals, sometimes to correct misconceptions about whether AAs should be taking the initiative in going out to non-AA members. A few budding PI committees have reported resistance from members who fear they will be doing “promotion” by letting professionals know about AA but whether or not misconceptions exist, it is always a good idea to make sure there are workers available and eager to start before setting up ambitious projects.

Communication within AA about PI work is important for ongoing work. Some PI committees share with one another by exchanging minutes of their meetings. Remember to share your activities and ideas with GSO for possible inclusion in PI News or AA Service News. It is suggested that PI committee members be visible to other AAs through regular attendance and participation at group and other business meetings. Members could also share their service experience to encourage sponsorship into service. Let the telephone answering service or intergroup know whom to approach when there is a need for a PI contact.

Often the AA programme works when an active alcoholic wants help, and an AA is on hand to give that help. However, somewhere in the background, there has been the help of a doctor, or an alcoholism agency or facility, or a relative, or an employer – someone who knew about AA and where to find it.

## 5 Working within the Traditions

The role of a doctor or a member of the clergy in relation to an alcoholic is far different from the AA custom of sharing experience. Professionals necessarily work on different assumptions from ours. It is helpful to non-alcoholics – and more important, vital to our health as a Fellowship – that others understand our assumptions.

Our guiding principles as a Fellowship are contained in the Twelve Traditions. The responsibility for preserving our Traditions rests with AAs and with us alone, and in order to preserve them, we must understand them. We cannot expect non-AA members to comprehend and observe the Traditions unless we are well informed about them ourselves.

Thoughtful reading of AA literature (Twelve Steps & Twelve Traditions and the pamphlets AA Tradition – How it Developed and The Twelve Traditions Illustrated) is essential for anyone who works with non-AA members. In addition, the first few pages of How AA Members Co-operate point out some ways all the Traditions are relevant for PI as well as the particular Traditions that apply most directly.

Let us take a look at a few Traditions that on the face of it seem unrelated to PI work. The First points out that personal recovery depends on unity – something we can all keep in mind when, for example, an influx of new members from a local hospital causes controversy within the group. The Second reminds us that a loving God as expressed in the group conscience is our ultimate authority and is a help when we are tempted to impose the “right” way of working the programme to seemingly unwilling newcomers. The Third, the only requirement for membership, tells us that we cannot judge whether another alcoholic has a desire to stop drinking. And the Fifth Tradition brings us back to the primary purpose of any AA group – to carry the message.

The Traditions most directly connected with PI are Six (co-operation without affiliation), Seven (self-support), Eight (AAs should always remain non-professional), Ten (no opinion on outside issues), Eleven and Twelve (anonymity).

**Tradition Six:** “An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.”

Many alcoholism programmes co-operate closely with AA and their representatives speak glowingly of the programme. To what extent should AA members participate in the programmes of these agencies?

Today alcoholism is a major concern of many local and national agencies. Many speak glowingly of the AA programme and co-operate with AA groups and committees – but to what extent should AA members participate in the programmes of these agencies?

Experience has given us a simple guiding principle: we do co-operate, but we do not affiliate. We want to work with other alcoholic organisations, but not be merged with them in the public mind. We should be careful to make it clear that AA is available as a resource for other agencies, but public linking of the AA name can give the impression of affiliation. To avoid public linking of the AA name with that of other organisations, we should always be careful to make it clear that we are always available purely through co-operating and not affiliating.

**Tradition Seven:** “Every AA group ought to be fully self-supporting, declining outside contributions.”

As active alcoholics, many of us were always looking for a handout, and part of personal recovery lies in making ourselves responsible human beings. The same principle applies to the Fellowship, and much of the respect of AA accorded by non-AA members results from this Tradition. In *The Twelve Traditions Illustrated* it says: “In Tradition Seven there is a note of realism: handsome gifts may have strings attached.” Our effectiveness as a Fellowship and our usefulness to other organisations that call on us is greatly enhanced by the fact that we are free to do what we do best – share a programme of recovery with no outside obligations. Tradition Eight: “Alcoholics Anonymous should remain forever non-professional, but our service centres may employ special workers.”

Most AAs have had the experience of explaining to a cynical newcomer: “No, I don’t get paid for talking to you. I do it because it helps me stay sober.” Just as professionals because of their position and training can reach people AA might never encounter, we can get through to active alcoholics in a unique way that a professional cannot offer.

**Tradition Eight** asks AA members to stick to what they know best, personal recovery and Twelfth Step work, not to become authorities on the whole field of alcoholism and recovery. We share only our individual recovery programme, but we are not professionals. We have no official definition of alcoholism. Although we are the victims of the illness, we have no profound knowledge of either its cause or “cure”. We should also never comment on the practices of other alcohol treatment agencies just because they vary from our own beliefs.

**Tradition Ten:** “Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.”

Here again, a Tradition reminds us to do what we know best and not be diverted from our primary purpose. By staying away from public controversy, we strengthen AA’s unity within and its reputation in the public eye.



**Tradition Eleven:** “Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

**Tradition Twelve:** “Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.”

The anonymity Traditions remind us that our responsibility is to make the AA way of life look attractive to alcoholic and non-alcoholic alike. They alert us, too, to the dangers of pushing AA on professionals rather than providing information for others to use in the most appropriate way. The assurance of anonymity for the newcomer is also crucial, and a professional who refers an alcoholic to AA appreciates being given that assurance.

We find it helpful to emphasise that our anonymity Traditions mean we are a Fellowship of peers, and that we learn to help others without expecting credit or reward.

This subject has already been touched upon in the introduction to this document. It is worth repeating, however, that there is an important distinction between person-to-person anonymity and anonymity at the media level. It is strongly suggested that the book “Twelve Steps and Twelve Traditions” is read by all those who seek to understand this and, of course, other Traditions.

When a PI Committee finds itself in trouble, it is usually because its members do not fully understand the Traditions and thus cannot adequately explain them to non-AA members.

The Traditions are our Traditions and the responsibility for preserving them is ours. Many PI Committees place fundamental importance on informing their working members about these Traditions – what they are and why they came into being. Only with this groundwork can PI committees effectively communicate AA principles to the general public and to representatives of the media. We cannot expect others to understand and observe the Traditions if we are too poorly informed of them ourselves. Sadly also we have found that lack of information can lead to intolerance. For example, if an AA member’s anonymity is broken at the media level, it is often quite simply the result of a misunderstanding. Members who jump to the conclusion that the media (or an inefficient PI committee) is at fault, and who write indignant letters or make hasty phone calls, would do well to think twice. A courteous note explaining the Traditions, either to the member involved or to the media, is helpful; a snap judgement is not. The same principle applies when other Traditions are broken by AA members or non-AA members. Politeness and quiet explanation are the AA way.

## 6 Ways to proceed

The following are some of the ways AA members in your area can tell others about AA and to keep the friends of AA working with us.

### 6.1 Public Information meeting

A public information meeting can do a lot to strengthen relationships with non-alcoholic friends and help make new friends. Such meetings can be set up by the PI Committee and sometimes groups hold public meetings (to celebrate the group anniversary, for example). Many groups regularly invite to their open meetings: doctors, ministers, police officers, employers, public service workers and others who deal with active alcoholics.

It is a good idea to send invitations well in advance to professionals before a meeting is planned. Many such meetings benefit from being in the day time as most professionals find this more convenient in their schedule. Post them to all the groups in the area, to friends of AA and to all who are interested in the problem: doctors, judges, alcoholism agencies, clergy/spiritual leaders, personnel directors, social workers and of course the media. Many groups have found that reply slips enable them to plan the meeting with regard to numbers, refreshments and topics to be covered.

#### Meeting format

There are all kinds of successful meeting programmes. Here is one that is frequently followed.

1. Short introduction by AA Chair who should try to cover the following:
  - Welcoming remarks: AA's willingness to help whenever it can
  - Anonymity: A request that the press and all present respect the anonymity of AA members present (e.g. "There may be some of you here who are not familiar with our Tradition of personal anonymity at the media level. Our public relations policy is based on attraction rather than promotion. We need always maintain personal anonymity at the level of press and broadcast reports of this meeting")
  - What AA is and what AAs have discovered about their problem
  - AA is not a religious programme but a spiritual way of life
  - AA is for all ages and backgrounds
  - Speakers' opinions are their own. Keep an open mind
  - AA's Traditions of self-support, no collection at meeting
  - AA can be found in most cities and towns. Many have their own telephone service

## **Many non-AA members have helped us Perhaps introduce a non-AA speaker at this point**

2. A non-AA guest speaker discusses AA from his or her point of view and experience
3. An AA who speaks briefly about their drinking experience, the AA programme and especially their recovery
4. A short time for questions from visiting professionals
5. Concluding remarks from the Chair thanking all those present, reminding them of how AA can help and where it can be found, and asking those attending to encourage other professionals they know to come to future open or public meetings

It is not always necessary to include non-AA speakers but experience shows that many PI Committees have had larger attendance and support from other professionals when a non-AA speaks well of our Fellowship. Many PI Committees use the public meeting as an introduction to professionals and other interested parties. Those attending such meetings are then followed up by members offering literature, telephone service numbers and lists of local meetings, as well as giving further talks about how AA can co-operate.

### **6.2 AA Speakers at non-AA meetings**

Talks to outside groups are perhaps the most widely used and popular method of PI. Detailed suggestions on this means of communication will be found in the pamphlet 'Speaking at non-AA Meetings'. 'AA at a Glance' is often used as a give-away item when members speak to non-AA member's groups.

### **6.3 Participation in non-AA member's events**

In observance of the Tradition Six (co-operation but not affiliation) many AA Public Information Committees participate in events sponsored by non-AA organisations.

One kind of event in which PIs are often asked to participate is the Community Health Fair or Voluntary Organisation Open-Day, sponsored by local colleges, public health organisations etc. Members of the local PI committee frequently staff the AA booth or stand at such events, to answer questions and provide any information requested. Some Area Health Authorities organise such events as Alcohol Awareness days and, again, AA is able to co-operate together with other agencies.

#### **Display units and literature can be obtained from GSO for these events.**

Experience shows that by attending such events the message is not only carried to those visiting but also to other voluntary or professional organisations attending the sponsored event. This sometimes creates follow up for the PI committee.

## 6.4 A Public Information workshop

Many committees have found that workshops taking a hard look at local needs, opportunities and attitudes as well as the service structure, the Traditions etc. are a fine tool for exploring ideas and settling on methods. Here is what was done in one area:

An all-day workshop was planned. It was opened with the Serenity Prayer, followed by a reading of the short form of the Twelve Concepts. The Fifth Tradition was also read and related to the First Concept. The Tradition says that each group has one primary purpose – to carry the message; the Concept states that ultimate responsibility and authority belong to the groups.

The bulk of the day was devoted to discussion, with the full group breaking up into small groups. Before the discussion began, a brief presentation on Public Information was given. Discussion topics were assigned to each table, and a recorder was appointed to take notes and report on the whole group. Topics were:

1. What is the best way to form a PI Committee?
2. How do we form a working plan for the committee?
3. What is the best way to reach professionals? What is the best way to sponsor professionals?
4. How can we sponsor members in service?
5. How can we sponsor doctors, clergy, and police?
6. How can we bridge the gap between professionals and AA? What types of presentations are appropriate for professionals?
7. What are the best AA attitudes towards professionals? What is AA's attitude towards professionals?
8. How can we make contact with professionals?

Brief summaries of the discussion were reported from each table and general discussion took place.

## 6.5 A Public Information newsletter

One innovative PI Chair started a PI newsletter, sharing news of what was going on in the area and urging members to get involved and find others who wanted to get involved. A sample issue suggested use of literature as a training tool for new committee members and as handouts to professionals where appropriate. The Chair included lists of literature appropriate for these purposes and also offered to work with local committees and stressed the use of Conference approved literature for all PI work. Circulation of the newsletter to all GSRs, until a working PI committee list was compiled, was suggested as was attendance at the intergroup meeting and participation in PI committee meetings there.

## 7 Personal identification

Conference 1998 decided: In today's society there is an ever-increasing requirement for security and personal identification. It is important that members

of Alcoholics Anonymous remember that they are guests and co-operate fully.

Members of the Fellowship visiting outside agencies should conform to their procedures remembering that each agency, whether prison, hospital, school or other, is autonomous.

Notification of the arrangements made for visits or talks including, where appropriate, the sponsoring PI Office, should provide the names of members attending to the host organisation.

The host may require personal identification, such as a letter from intergroup or region, passport, ID card, driving licence or letter of invitation from the host. It is important that Alcoholics Anonymous does not become invisible – some loss of anonymity is inherent in PI work.

## 8 Suggested professional contacts and helping organisations

You can provide information and help for:

- Alcohol Treatment Units, Alcohol Advisory Services, Alcohol services in the community
- ATOS – delivering work related assessments to health benefit claimants
- Carers e.g. Carers UK
- Chambers of Commerce
- Citizens Advice – a source of a wide range of organisations
- Civil Service – [www.gov.uk](http://www.gov.uk), follow 'contact' links
- Deafness – e.g. Deafness Support Network. (The Big Book is available in BSL on DVD)
- Dentists
- Elderly e.g. Age UK
- Ethnic Community Groups
- GPs – also Practice Nurses and Practice Manager within the surgery
- Health and Safety Officer
- Health Service e.g. Therapy Outreach Department, District Nurses, Community Psychiatric Nurses, Health Visitors, Nursing Tutors, Health Education Service to name a few
- Hospitals e.g. Accident and Emergency, Medical and Surgical wards, substance misuse
- Homeless hostels
- Housing Aid and Advice Centres
- Housing Department of Local Authority
- Jobcentreplus – e.g. Personal Advisors, Employment Engagement Team, Disability Employment Advisor, all of whom may welcome greater awareness
- Libraries – may be willing to display posters, literature, videos etc.
- Magistrates – The Clerk to the Court can be very helpful e.g. by displaying posters and passing on literature to the Magistrates
- Mediation service – divorce and separation specialists

- Police e.g. Police Community Support Officers, Community Liaison Officers and Domestic Violence Units
- Probation Services – besides dealing with offenders, they can provide help and support with severe family problems. May also use the CHIT system
- Public Health and Health Planning Councils
- Relate – relationship advice
- Rotary
- Round Table
- Samaritans
- Schools and colleges – e.g. Head of Personal Development, Education Welfare Managers
- Social Workers
- Spiritual Leaders
- Trades Unions
- Visually impaired – e.g. Vision support (Literature is available in Braille and Spoken Word Big Book on CD. There is also a soundtrack on the Big Book BSL DVD)
- Volunteer Bureaux– Many publish newsletters and may help with distribution of material
- Welfare Rights
- Youth and Community Service e.g. National Youth Agency, local organisations, Princes Trust and many, many more. Remember to maintain regular contact – staff may change frequently

Check all local press to ensure that the AA telephone number and website details are listed in the Helpline Services.

Ensure posters and contact cards are displayed in doctors' surgeries, police stations, Citizens Advice, churches etc. Make sure Volunteer Bureaux, Samaritans etc. have AA telephone numbers and details of the AA Website on file.

## 9 Recommended literature (available from GSO)

- AA Service and Structure Handbooks of GB
- AA Comes of Age
- Twelve Traditions Illustrated
- Speaking at non-AA Meetings
- A Message for Professionals
- How AA Members Co-operate with Professionals
- A Member's Eye View of Alcoholics Anonymous.
- Problems other than Alcoholism
- Understanding Anonymity
- Is AA for you?
- A Brief Guide to AA
- The AA Member, Medication and other Drugs  
(Revised 2005)

## Chapter Two: AA and the Armed Services



1. Introduction
2. Making contact
3. Meeting an armed service professional
4. Conducting an AA presentation
5. Co-operating with the Armed Services
6. Intergroup Armed Services Liaison Officer
7. Regional Armed Services Liaison Officer
8. Expenses
9. Recommended reading/literature

Alcoholics Anonymous in Great Britain and Continental European Region has over four thousand AA meetings a week. Ideally there will be meetings close to almost every Naval, Army and Air Force Base where UK Service personnel serve.

Conference 2009 supported the proposal that intergroups and regions appoint Armed Service Liaison Officers.

The purpose of this guidance is to provide practical help for AA members, groups, intergroups and regions who wish to become involved with carrying the message to the Armed Services.

## 2:1 Introduction

Intergroups and regions are responsible for the appointment of an Armed Services Liaison Officer [ASLO] to work in conjunction with other intergroup and regional officers. The role of the ASLO is to establish and maintain communication between Alcoholics Anonymous and The Royal Navy, The Army and The Royal Air Force and to report back at all levels within intergroup or region. It is also important to cultivate similar contact and communication with Community Welfare Officers and organisations such as Soldiers, Sailors, Airmen and Families Association (SSAFA) and Veterans-UK.

Familiarity with the local area and a thorough working knowledge of the AA Service Handbook for Great Britain are vital before accepting the role of Armed Services Liaison Office.



## 2:2 Making contact

It is suggested that a list of all local service establishments be created and the aims of AA involvement explained to groups, intergroups and in particular, serving and ex-service personnel in AA who may wish to become involved.

Initial contact with service establishments can be made by letter or e-mail, perhaps followed by a telephone call to seek an appointment (intergroups should have headed paper for this purpose). Shared experience with serving personnel suggests that suitable first contacts may be the Padre/Chaplain, Medical Practice Manager/Nurse, Welfare Officer or local SSAFA.

## 2:3 Meeting an armed service professional

Our initial role will be to provide information about what AA can and cannot do, always remembering that the Fellowship is committed to remaining non-professional. Our approach is based on our abilities, as recovering alcoholics, to work effectively with the still-suffering alcoholic and when co-operating with the armed services we should always adhere to our Traditions.

There is a requirement when visiting Armed Service establishments that we take photo ID with us, e.g., a driving licence or passport. Prior to our visit we may also need to inform the establishment of the names and vehicle registrations of AA members who will be attending.

It is suggested that we:

- arrive punctually, suitably dressed
- politely introduce ourselves
- take writing materials and record items relevant to our intergroup/region
- do not engage in debates about outside issues [Tradition 10]
- never commit Alcoholics Anonymous or its members beyond our Traditions

## 2:4 Conducting an AA Presentation

It is suggested that we:

- communicate the aims and the primary purpose of Alcoholics Anonymous
- explain what happens at AA meetings, provide the National Helpline number, national and local website addresses
- do not talk too long about our personal experience
- allow ample time for questions
- remain, if possible, after the presentation should someone wish to talk in private

## 2:5 Co-operating with the Armed Services

Alcoholics Anonymous receives invitations to attend Health Fairs organised by the Armed Services: AA participation usually requires a display stand with a table-top selection of AA literature. Experience has shown that since many other organisations are often also involved, Health Fairs are ideal opportunities for ‘networking’.

The Fellowship also receives invitations to attend Armed Services presentation events equally effective for making good contacts – at which AA representatives need to be prepared to just sit and listen. During breaks or at the end of an event are the times to introduce ourselves and talk about AA.

## 2:6 Intergroup Armed Services Liaison Officer

**(Refer to section ‘The Intergroup’ of the Structure Handbook)**

An Armed Services Liaison Officer is responsible for establishing local links with the Royal Navy, the Army, the Royal Air Force and any other organisation that is connected with the Armed Services.

These trusted servants should have an established period of sobriety, ideally not less than two years, and a good working knowledge of the AA Service Handbook. It is recommended that they should serve for not less than two years and not more than three years.

It is through the intergroup assembly that the intergroup ASLO is elected and to which they subsequently report. An important task of the Armed Services Liaison Officer (as with all other trusted servants) is to keep intergroup informed of events on a regular basis.

It often takes a long time to establish a good working relationship between AA and the Armed Services. In order therefore to safeguard progress to date and ensure continuity should another member need to take responsibility at short notice, it is good practice for the intergroup Public Information Officer to have access to all relevant Armed Services material, contacts and details of forthcoming presentations.

## 2:7 Regional Armed Services Liaison Officer

**(Refer to section 'The Region' of the Structure Handbook)**

It is recommended that trusted servants should have at least three years continuous sobriety, a good working knowledge of the AA Service Handbook and serve for a maximum of three years, confirmed annually. It is through the regional assembly that the regional armed services liaison officer is elected. They should ideally have some experience at intergroup level, though this is by no means essential.

The task of the regional armed services liaison officer is to communicate with, and to collate information from, the intergroup armed services liaison officers within their region. This information is passed on to region in the form of a report given at each regional assembly.

Another function is to encourage intergroups where activity is slow or non-existent.

Experience has shown that workshops offer a forum where armed services liaison officers can share their experiences and encourage others into service.



## 2:8 Expenses

**(Refer to the finance sections of ‘The Intergroup’ and ‘The Region’ of the Structure Handbook)**

The payment of expenses depends upon the group conscience of the region or intergroup, always bearing in mind our Tradition of self-support.

In principle, any member elected to a service position should not be prevented from fulfilling the role for financial reasons. Therefore, when carrying out an intergroup or regional function duly authorised service workers may be offered the option of claiming expenses. For a variety of reasons regions and intergroups will probably differ in their approach to this question; although there may be no uniformity, there need be no controversy if decisions are taken with common sense and in the spirit of AA.

Service is defined as that which makes the Twelfth Step possible.

Expenses should not be claimed for individual ‘face to face’ Twelfth Step work.

## 2:9 Recommended reading/literature

- Twelve Traditions
  - AA Structure and Service Handbooks for Great Britain
  - AA and the Armed Services
  - A Message f Professionals
  - Speaking at non-AA Meetings
  - How AA Members Co-operate
  - Who Me?
  - AA at a Glance
  - 44 Questions
  - AA Service News
  - AA Comes of Age
  - The AA GB Website
  - For details of Confirmation of Attendance ‘Chits’ see Chapter 9.3.2 page 61 (Probation/Criminal Justice Services)
- (Revised 2017)

# Chapter Three: AA and Electronic Communications



1. Introduction
2. Email
3. Bulk email (spam)
4. Conference calls
5. Electronic Communications Liaison Officer
6. The AA GB website
7. Local websites
8. Online Responder Service and Chat Now Service
9. Important points to remember
10. Summary

The purpose of this guidance is to provide practical help for AA members, groups, intergroups and regions who wish to use electronic communications in their service work.

“A vast communications net now covers the earth, even to its remotest reaches... nothing matters more to AA's future welfare than the manner in which we use the colossus of modern communication. Used unselfishly and well, it can produce results surpassing our present imagination.”

## 3:1 Introduction

**Bill W, The AA Grapevine, Inc., November 1960**

This guidance is not intended to be a technical manual; its purpose is to give guidance on the appropriate use of electronic communication in AA service work, to outline the role of the Electronic Communications Liaison Officer (ECLO) at intergroup and region level and to outline the policy of Alcoholics Anonymous Great Britain (AAGB) in respect of our presence on the Internet.

## 3:2 Email

Electronic mail is a widely used and accepted method of communication. It is cheap, effective and very fast – and is used regularly as a service tool in AA. It is, therefore, vitally important to ensure that our use of this facility conforms to our Traditions, and special care must be given to guarding the anonymity of our

members. It is recommended that the blind carbon copy (bcc) option be used when emailing multiple addresses, unless all recipients have agreed otherwise.

It is not recommended that workplace email addresses are used for AA work. As well as a potential breach of anonymity of the member, many employers object to employees sending/ receiving private emails and actively monitor their systems.

It is recommended that officers at intergroup/region use AA email addresses for service correspondence rather than their own personal email addresses. Not only does it give a more professional appearance, especially when emailing to recipients outside the Fellowship, but it ensures continuity as the AA email address is transferred to the next office holder when rotation occurs.

### **3:3 Bulk email (spam)**

The term “spam” is widely used as a derogatory term for any kind of unwanted electronic communication and is seen as a major nuisance. Spam is email sent to a recipient not known to the sender, and/or mail that has not been specifically requested by the recipient. Adding inappropriate or out-of-context messages to mailing list communications could also be included under the spam heading.

It is, therefore, strongly suggested that AA members do not send bulk unsolicited emails for AA service work i.e., email “mail shots”, as to do so could be in violation of UK law and bring the AA name into public controversy, damaging the reputation of AA as a whole.

### **3:4 Conference calls**

Conference calls via the internet are a most cost-effective method of verbal/video communication.

Various communications programs enabling video and conference calls are downloadable from the Internet. This often free facility enables free calls to be made computer to computer – with the ability to transfer documents between the callers as an added benefit. Such systems can allow calls both between computers and computer to telephone, so it can be an ideal way for small numbers of remotely situated members to engage in discussion, but is not recommended for meetings of more than 10 as it becomes unwieldy.

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*Conference calls and internet communication could be considered as a way of reducing the costs of small service meetings.*

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### **3:5 Electronic Communications Liaison Officer**

The principal role of the ECLO is one of liaison, communication and co-ordination between groups, intergroup, region, and the Electronics Communications Sub-Committee (ECSC)

- and to facilitate correlation and dissemination of relevant information between these principal service areas. Therefore a good understanding of the Traditions and Service and Structure Handbooks is more important to the role than technical knowledge. A minimum of three years' sobriety is recommended, and a general competence with the use of computers.

If desired, a committee of technically skilled members could be formed to assist the ECLC in setting up/maintaining/updating any local website, with the ECLC acting as Chair of this committee. Such a committee would provide an opportunity for less experienced but technically skilled members to engage in service.

#### **The ECLC:**

- Is the liaison point between the local Fellowship and the Electronic Communications Sub-Committee, advising the intergroup/region on the availability and use of the facilities available on the AAGB website.
- Is responsible for checking the accuracy of any local information posted on the website (i.e., meeting list addresses and postcodes, local web page content etc) to ensure that out of date or misleading local information is not published.

### **3:6 The AA GB website**

The national AAGB website is located at [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk), and is administered on behalf of the Fellowship by the General Service Board via the Electronic Communications Sub Committee (ECSC) and by the General Service Office (GSO) of Great Britain.

In addition to the ECSC and GSO staff, the website services are supported by Third Party Suppliers for server hosting. Technical support work may be outsourced by the General Service Board.

[Alcoholics-Anonymous.org.uk](http://Alcoholics-Anonymous.org.uk) is a multifunction site with dedicated areas allocated to fulfilling our Primary Purpose and to providing services to the Fellowship.

In accordance with Conference 2013 decision, the AAGB website allows the following external links (using an appropriate disclaimer):

- The websites of other national AA General Service Office
- Mapping software, to aid searches for meetings
- Language translation software, to aid people for whom English is not their first language.
- Secure payment services websites, to allow members to use the online shop. All other external links will require Conference approval.

### **3:7 Local websites**

The national AAGB website accommodates content for local web pages (Microsites) free of charge and is fully integrated into the main website and



maintained in accordance with our Traditions and the guidance given in our Structure and Service Handbooks. There is also a Content Management System (CMS) which allows easy creation and editing of Microsite web pages, which removes the worry from having to maintain and pay for externally hosted websites.

To host local sites outside of the national AAGB website incurs additional costs, therefore it is strongly recommended that any local group, intergroup or region with a website take advantage of the hosting facilities provided by the national AAGB website to include their local information, thus saving AA money as well as having a centrally maintained meeting finder database and promoting Unit .

It should be noted that, in line with the decision of Conference 2013, local sites outside of the national AAGB website are external sites, and as such cannot be linked from within the AAGB site.

The content of local websites should be kept updated regularly by those responsible.

If any personal data is retained, due care must be taken to comply with all relevant legislation.

### **3:8 Online Responder Service and Chat Now Service**

AA GB provides two online response helpdesks where members of the public can make enquiries about AA, AA meetings etc.

**Online Response Service (ORS).** An email is sent to [help@aamail.org](mailto:help@aamail.org).  
**Chat Now Service (CNS).** Certain pages of our website allow a visitor to open a keyboard chat.

These services are administered by the ECSC.

The aim of these helpdesks is to encourage the sufferer to call the national helpline number and to attend local meetings.

The helpdesk enquiries are answered by teams of Online Responders. Qualifications for Online Responder are:

- Two years' continuous sobriety;
- Experience of service within AA;
- A thorough understanding of the programme of AA and a good understanding of the Traditions;
- Computer literacy;
- ORS requires experience and familiarity with email across the Internet.
- CNS requires the ability to answer queries quickly and succinctly.

Full training is provided before those new to ORS or CNS are expected to act as responders.

The ECSC will review ORS and CNS annually, taking care to ensure that the

services are sufficiently resourced, have appropriate leadership in the form of Administrators and have succession plans in place for when the Administrators rotate out. The Administrators will hold positions on the ECSC, and may also appoint assistants to help with training and other administrative functions.

### 3:9 Important points to remember

Although there can be many advantages to using electronic communications, we must always remember that there can also be disadvantages. Care must be taken to ensure that no member is disenfranchised through lack of a computer or internet connection.

When using email in PI work, remember that your email may be the first contact the recipient has ever had with the Fellowship – and first impressions matter. Use an AA service email address to send to recipients outside the Fellowship.

Remember the recipient of your email cannot see your smile, or hear the tone of voice you use, so it is easy to give offence where none was intended. Be aware, also, that your email could be passed along to other recipients, unknown to you.

Courtesy and politeness in written communications is always essential, and we need always be mindful of our Traditions and general code of conduct.

The email accounts supplied by AAGB are protected by individual passwords. Only those users who are authorized should be able to access them.

Anonymity is the spiritual foundation of our Fellowship. Conference 2012 approved a card “Hints and Suggestions on Internet Safety” available from GSO with suggestions on how to preserve Tradition 11 when using the Internet and Social Media.

Access to the File Storage area is similarly protected by individual passwords. Note that using the File Storage area cannot guarantee the security of documents – while every effort is made to maintain stability it should not be used as a sole archive.

Be aware that anything posted elsewhere on the website is accessible to all.

### 3:10. Summary

Electronic communications are evolving swiftly. New features and services, which are not possible at the time of writing this guidance, will appear. There will be greater advantages to be gained – and greater pitfalls to avoid. We are responsible – not only for making the best use of the service and facilities available – but also of ensuring that it is used with integrity and in accordance with our Traditions. If we do this, we will not go far wrong.

(Revised 2017)

## Chapter Four: For AA members employed in the alcoholism field

FOR AA MEMBERS EMPLOYED IN  
THE ALCOHOLISM FIELD



1. Purpose
2. Suggestions
3. Other agencies
4. Anonymity
5. Secrets of success
6. AA members working in the alcoholism field give their views
7. Fundraising, research and AA directories
8. History shows
9. Literature

The guidance below has been compiled not only from existing material but also from the shared experience of AA members in the USA, Canada and UK. It also reflects the guidance given through the Twelve Traditions, the Twelve Concepts of World Service and the General Service Conference.

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*“We see that we have no right or need to discourage AAs who wish to work as individuals in these wider fields. It would be actually antisocial we e we to discourage them.”*

*Bill W. AA Comes of Age. P117*

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## 4:1 Purpose

This guidance is primarily for the benefit of AA members considering employment (or employed) as counsellors in treatment centres, as self-employed counsellors, or in the wider field of alcoholism. These suggestions and experiences from other members, covering a wide variety of jobs and occupations, may well also help other professionals such as doctors, nurses, social workers and researchers.

As AA members we do not presume to advise about professional matters. However the strengths and hopes shared here do stress the real value of a strong foundation in AA recovery.

## 4:2 Suggestions

These suggestions are based squarely on factual experience within the Fellowship, obtained from scores of AA members in USA, Canada, as well as up to date information obtained in the UK.

1. It is strongly advised to have experience not only of several AA groups but also at intergroup, and at least regional level; as well as a full knowledge of the AA telephone services (local and national). Some AAs have held positions as trusted servants within the Fellowship and worked for alcoholism agencies at the same time without adverse effect. Experience has proved that a member well-informed about AA, combined with a professional responsibility, can be invaluable to both roles.  
The UK General Service Conference has affirmed that an AA member employed in the alcoholism field should be eligible for service within the Fellowship provided he or she has the necessary qualifications as outlined within the Structure Handbook.
2. An individual working in the alcoholism field may well be the only AA member that his or her colleagues have ever met. Consequently a good and sober example needs to be set. Also it should be made clear from the start that they do not represent AA as a whole.
3. Understanding the Twelve Traditions and how they developed 'out of experience' is absolutely indispensable. At the same time up-to-date familiarity with developments in AA certainly helps prevent any misrepresentation.
4. As much Twelfth Step experience as possible will prove to be invaluable. Many members have also found it essential to have a sponsor who does not work in the alcoholism field.

In addition AA contributors to this guidance overwhelmingly agreed that it is professional skill and experience, not AA membership, which qualify one for professional positions. Some said that continuing professional education and work had also enriched their AA life, although the ability to be objectively critical of your own performance and motives was particularly useful.

## 4:3 Other agencies

In the public mind, AA is often confused with other agencies in the alcoholism field. It is important to know what these other agencies offer, how they differ from AA and be aware of the work they carry out in your locality – for example:

Al-Anon Family Groups and Alateen  
57B Great Suffolk Street  
London SE1 0BB  
Tel 0800 0086 811  
Email: [helpline@al-anonuk.org.uk](mailto:helpline@al-anonuk.org.uk)

Alcohol Change UK  
27 Swinton Street  
London WC1X 9NW  
Tel 020 3907 8480  
Email: [contact@alcoholchange.org.uk](mailto:contact@alcoholchange.org.uk)

It is important to remember that members working within other agencies can ensure that neither the name of the institution or any of its promotional literature uses the AA name or any other such language that implies endorsement by AA.

AA does not recommend people for jobs in the alcoholism field. Individuals may recommend another member, but on the clear understanding that the reference is strictly personal.

## 4:4 Anonymity

The value of Traditions Eleven and Twelve for individual recovery as well as protection of the Fellowship have been clearly spelt out.

Whether or not to disclose AA membership is up to the individual, remembering it is important not to violate Tradition Eleven. Saying publicly or in print, on television or anywhere else “I am an alcoholic” or “a recovering alcoholic” does not break an AA Tradition provided AA membership is not included in that statement. It is vital to remember never to reveal another member’s identity.

## 4:5 Secrets of success

- **Personal recovery comes first**
- Sticking to one role at a time, clearly demonstrating the difference between AA and the job
- Maintaining a personal AA life with a strong network of friends who treat you as equal
- Being in regular contact with a strong sponsor
- Attending AA meetings as an ordinary member, on a regular basis
- Using common sense
- Approaching every situation on its own merits and watching your language carefully
- Using the term 'Alcoholism Counsellor' **not** 'AA Counsellor'
- Being professional at all times
- You may encounter resentment from other AA members but this may be minimized provided AA guidance and Traditions are respected
- Being prepared for criticism such as working in a 'harm reduction' framework as opposed to 'total abstinence'
- Being wary of sponsoring more members than you can actually handle
- Not sponsoring clients
- Always being aware of motives

## 4:6 AA members working in the alcoholism field give their views

AA members with sobriety ranging from six to thirty two years who work in the field of alcoholism were asked to contribute their experience and suggestions.

### **Sobriety**

Two counsellors, over 10 years sober, working at residential Twelfth Step treatment centres suggested that alcohol workers should have at least five years sobriety. A trainee counsellor felt that two to three years sobriety was enough – dependent upon the quality of sobriety. Generally it was felt that three to five years sobriety was sufficient, but because working in the alcoholism field can be quite stressful, the longer the sobriety and the stronger the grounding within the Fellowship the less likely the member would get into difficulties.

### **Experience**

Most members agreed that service work at intergroup and at least regional level and a good knowledge of the Traditions was essential. Also necessary was the membership of a 'home' group and good personal sponsorship. One counsellor with 32 years' sobriety said that he would have been lost without the AA guidance available in this handbook.

### **Meetings**

All counsellors were in agreement that they would not go to the same meeting as their clients because they go to meetings only for their own recovery.

Should this, for some reason, be unavoidable, common sense and good judgement should prevail. Also, it was worth remembering that the client could well feel uncomfortable. But should they unintentionally find a client at a meeting, they would not give AA advice themselves, they would direct them to someone should they be asked for it. Most of the counsellors said they would not share at a meeting should a client be there. Two counsellors said they would certainly not sponsor a client. However all the counsellors were adamant that they went to AA meetings for themselves and no one else and that their personal recovery was first and foremost.

### **Problems that may arise**

All except one worker in the alcoholism field said that they had experienced no problems within the Fellowship and felt that their job was completely separate from their personal recovery. This professional was working within a 'controlled drinking' centre and consequently some AA members considered the individual to be in opposition to AA. One doctor said that if he were asked if certain pills were addictive, he would give the relevant information. But if he were asked for medical help he would tell them to see their own doctor.

Another person was seen as being somehow superior and was considered more of an 'expert' than other members of the group. Although one counsellor never shared any area of his work at meetings he found himself being quoted outside of 'the rooms' and not even accurately at that. (Beware of gossip!)

All the nurses spoken with found that they could work with alcoholics under hospital guidelines and would always stick to these, whatever their feelings. Sometimes they suggested AA to patients but they did not do any specific Twelfth Step work themselves during the course of their duty.

## **4:7 Fundraising, research and AA directories**

### **Fundraising**

It is particularly important to consider the Twelve Traditions, especially 6, 7 and 10, where fundraising is concerned and certainly not use the Fellowship to raise funds from fellow members for any reason whatsoever.

### **Research**

Some AA members are not interested in alcoholism research and some even fear that such research could publicise their AA membership. Therefore when a professional agency wants to use AA members in research projects it becomes a delicate subject indeed. Remember that some professional agencies do not yet understand AA's primary purpose, or that no AA office, group or any other unit can require AA members to do anything. That being said a number of very worthwhile research projects involving AA members as private citizens have been accomplished when properly prepared for.



### AA directories

The purpose of the national 'Where to Find' or any other similar directory is to enable AA members to contact groups in other areas as well as other services and offices elsewhere. These directories should be used with discretion and on no account should AA confidential directories be used outside of the Fellowship.

## 4:8 History shows

For many years AA members have been working professionally in the field of alcoholism and many of these members have made remarkable contributions to the world's knowledge and understanding of the illness of alcoholism. All this work has been carried out by AA members acting fully within both the letter and spirit of the AA Traditions. While the Fellowship has profited from the experiences of those members working in the alcoholism field, particularly from USA and Canada, it is very necessary to continue gathering our own experiences. This is an important and still debatable issue. Any member who can contribute their experience to our knowledge of what is happening in the alcoholism field is urged to write to the General Secretary at GSO in York.

## 4:9 Literature

"To deepen my understanding I read the books 'Alcoholics Anonymous, Twelve Steps' and 'Twelve Traditions and AA Comes of Age', over and over again" wrote one member.

Added to the above list, literature indicated below will be found to be especially helpful:

- The Structure and Service Handbooks of Alcoholics Anonymous Great Britain
- How AA members co-operate with professionals
- Twelve Traditions and Twelve Concepts Illustrated
- AA in Prisons
- A Message for Professionals
- The AA Member-Medication and Other Drugs
- AA and the Armed Services
- Understanding Anonymity
- AA Service News
- Share
- Roundabout
- For details of Confirmation of Attendance 'Chits' see Chapter 9.3.2 page 61 (Probation/Criminal Justice Services)

(Revised 2017)



# Chapter Five: AA and Employment

AA AND  
EMPLOYMENT

1. **Section A**
  - 1:1 **Employment Liaison Officers**
  - 1:2 **Regional Employment Liaison Officers**
  - 1:3 **Activities**
  - 1:4 **Co-operation with employers and employee assistance programmes**
  - 1:5 **AA does not plan or set up alcoholism programmes**
  - 1:6 **Large companies**
  - 1:7 **AA groups**
  - 1:8 **Trade Unions**
  - 1:9 **To summarise**
2. **Section B**
  - 2:1 **Personal anonymity**
  - 2:2 **Personal involvement**
3. **Recommended literature available from GSO**
4. **Online links**

Section A of this Guidance is published to assist Employment Liaison Officers (ELOs) to carry AA's message to employers and also contains suggestions for AA groups in the workplace while Section B is published to help individual members who are employees.

## 5:1 Section A

Since the early days of our Fellowship, AA has sought to carry its message to employers, hence Chapter 10 of the “Big Book” ‘Alcoholics Anonymous’. In Great Britain the General Service Conference has considered since 1982, how best to carry the message to the workplace in a structured way. At present intergroups and regions support and appoint liaison officers at local level to deal with this branch of service within PI/Service Committees (see Chapter 1 on PI).

### 5:1.1 Employment Liaison Officers (ELOs)

The responsibility of ELOs is to carry AA’s message to employers within their local area, supported by intergroup and region and a PI/Service Committee if one exists. Employment specifically concerns any organisation employing or serving staff companies, trade unions and associations, government departments and/or related agencies. An established period of sobriety (ideally not less than two years) and a good knowledge of the AA Service Handbook for Great Britain are necessary before accepting this role. Willingness to commit to not less than two years and not more than three years’ service and the ability to deal with a wide range of professional people and talk about AA when invited to do so, are also qualities that have proven to be desirable. The service term may depend on the individual conscience of the Intergroup.

### 5:1.2 Regional Employment Liaison Officers (RELOs)

The Regional Employment Liaison Officer (RELO) attends regional committee meetings and reports on ELO activity, chairs ELO committee meetings, supports new and existing ELOs and helps to coordinate regional employment activity.

### 5:1.3 Activities

Many employers see alcoholism as a very wasteful drain on resources and are often encouraged to find that AA does not cost them either time or money. They see the advantages of a sober worker who attends AA and will often display and make available AA literature.

Experience has shown that a business-like approach to employers is most likely to succeed. Often a phone call to ascertain the right person to contact is required, asking for the name and title of the person who deals with alcohol policies or employee welfare. This could be the Personnel Manager, Welfare Office, Occupational Health Nurse, Health and Safety Office, Company Doctor or Managing Director. An approach should then be made by telephone, e-mail or letter to that person, requesting a meeting and followed up by a written confirmation if requested. Intergroups and regions should supply properly headed paper for this purpose if needed.

## 5:1.4 Co-operation with employers and employee assistance programmes

Many employers have set up Employee Assistance Programmes (EAPs) to help employees whose drink problem affects their efficiency and well-being. Experience has shown that AA can help in the following ways:

- by making posters, literature, local contact numbers and details of local AA meetings available
- offering to talk to staff or management about the AA programme including showing appropriate presentations
- by making available the cumulative experience of over two million recovering alcoholics
- by explaining what AA is and how AA can help with the problem of alcoholism in the workplace
- by putting employers in direct contact with men and women who have achieved sobriety in AA and who are willing to share their personal experience freely with any problem drinker who seeks help

## 5:1.5 AA does not plan or set up alcoholism programmes

It is important to establish that AA does not plan or set up alcoholism programmes for employers, rather AA should be presented as a community resource available to the employee with a drinking problem. Bodies such as Alcohol Concern and its affiliated Regional Councils, the Medical Council on Alcohol and Alcohol Focus Scotland provide such a service and many AA members are active in the work of these. We are reminded that AA has no opinion on outside issues including alcohol policies but that does not mean we cannot co-operate within our Traditions.

## 5:1.6 Large companies

In larger companies, which may have formal programmes for problem drinkers, one employee may be given the job of acting as a counsellor for alcoholic employees. They may sometimes be an AA member who has had the necessary training to qualify for such a job. The counsellor generally works closely with the medical department and since this kind of work constitutes professional activity, it is therefore not Twelfth Step work.

## 5:1.7 AA groups

**Tradition Six:** An AA Group ought never endorse, finance or lend the AA name, to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

Some companies that have formal programmes for problem drinkers may support the formation of an AA group. Experience suggests that an AA group is most successful when the non-alcoholics who have co-operated limit their “support” to making facilities available for group meetings. Meetings held on

company premises, whether in company time or not, are within the Traditions of AA, provided that no strings are attached. AA groups within a company made up entirely of employees of that particular company can be helpful in introducing the AA programme to the problem drinker.

Where a company employs a counsellor who is also an AA member, an AA group can usually be set up without difficulty, following traditional AA procedures. In such cases, it is appropriate for the AA member to take their place as a member of the group. Where there is no known AA member on the company's staff, an outside AA group may be invited to assist with the responsibility of forming and sponsoring a group made up of company employees. In most areas the local AA groups should be able to handle all referrals, making "employee only" groups unnecessary.

In businesses where there is no structured programme of help informal arrangements can be made for AA members to meet employees who have a drink problem and who may wish to stop. This is not professional counselling but simply an AA member carrying the message of recovery.

### 5:1.8 Trade Unions

Unions should be dealt with in similar ways to employers. However, our experience shows that before contacting local branch officers, an approach initially to their headquarters is not only courteous but also beneficial in carrying the AA message. Often they will supply you with details of who to see or may arrange it directly.

Many Unions and employers organise conferences, trade shows and information meetings. Attendance at these meetings can usually be arranged through the organisers or the support of a friendly contact. Experience has shown that any ELO/PI/Service Committee organizing these events should ensure that literature and information provided addresses the professionals' attending and also carries the message to any potential AA members who may be present. Follow up from anyone attending the meeting should be expected and welcomed.

### 5:1.9 To summarise

Guided by our Traditions, the ELOs can act as a contact for employers within an intergroup, work as part of a PI/Service Committee and share information with other intergroup officers and the RELO, in order to offer our programme of recovery to all problem drinkers who come to the notice of employers. AA welcomes any opportunity to:

- Meet with any employer to discuss ways AA can co-operate
- Provide presentations (online or face-to-face) to explain AA to employees
- Take employees with a drinking problem to AA meetings See section 5:4 for links to further online resources

## 5:2 Section B

### 5:2.1 Personal anonymity

Perhaps one of the most frequent questions asked by newer members at group meetings is “Should I tell my employer that I am an alcoholic”? Clearly the answer to this must rest with the individual but is likely to be influenced by whether or not the employer in question is enlightened on the subject of alcoholism. Exercising prudence and seeking advice from a sponsor or other AA members with experience around this can be helpful.

### 5:2.2 Personal involvement

Because of the complexity of the circumstances which can arise when members find themselves becoming involved in this field, we should be aware of the dangers to our security and sobriety unless we tread carefully.

In some situations, it may be appropriate to Twelfth Step a fellow employee, but it is usually better for an AA member to refer a problem drinker to another AA member outside the company. The sole concern of AA is the personal recovery and continued sobriety of those who turn to it for help with their drinking problems.

The Fellowship is committed to remaining forever non-professional, and the AA approach is essentially a simple one based on the unique ability of recovered alcoholics to work effectively with other problem drinkers.

## 5:3 Recommended literature available from GSO

- AA Service and Structure Handbooks for Great Britain
- Speaking at non-AA meetings
- How AA members Co-operate with Professionals
- A Member’s Eye View of AA
- AA as a Resource for Employers
- When Drink Stops Working
- A Message for Professionals
- A Brief Guide to AA
- Is AA for you?
- Who Me?
- For details of Confirmation of Attendance ‘Chits’ see Chapter 9.3.2 page 61 (Probation/Criminal Justice Services)



## 5:4 Online links



For online use the link for literature is <https://bit.ly/3vuHy6f>



Summary of resources available when working with Employers  
<https://bit.ly/3uvvFvi>



Online information service for Employers:  
<https://bit.ly/2SzsWnF>



Videos for Professionals  
<https://bit.ly/2SFod3S>



Sample presentations given to Employers  
<https://bit.ly/2RJWfDZ>

(Revised 2021)





## Chapter Six: AA and Healthcare in the Community

Group Practice  
Doctors Surgery



1. Introduction
2. Communication
3. Ideas for activity
4. Meeting healthcare professionals
5. Hospital/treatment centre meetings (groups and sponsored)
6. Starting a meeting at a hospital/treatment centre
7. Visiting patients in hospital
8. GP surgeries/healthcare centres
9. Pharmacies
10. Other NHS or healthcare groups
11. Useful approved literature
12. Restricted access caused by a Covid-19 pandemic

## 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. Regular reporting is an effective way of communicating activity and ideas between intergroup, region and the sub-committee.

## 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
- Establish contact with local government health and wellbeing teams 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 Specialist Nurse, 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
- Liaise closely with Social Prescribers, who are healthcare professionals employed in GP practices, to support patients with multiple needs including alcohol issues, by signposting to community groups and services
- 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.
- 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)

There are two forms of meeting suitable for these premises:

- **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 speak 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 or nurse may generate enough interest for a formal presentation to surgery staff, perhaps during a weekly/monthly staff meeting.

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

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

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## 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 wellbeing hubs, 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 similar restrictions occur 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 and liver specialist nurses can be especially supportive

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***We need to be regarded as an additional immediate, local and free resource that can always be called upon.***

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(Revised 2023)

# Chapter Seven: Media



1. AA and the media
2. Working with the media
3. Newspapers and magazines
4. Radio
5. Television and films

## 7:1 AA and the media

Many people in the media have great respect for AA although some may not know much about it. Because we are not seeking publicity for ourselves as individuals, they are usually more willing to co-operate with us and observe our personal anonymity requirements once these are explained to them. Service work involving professionals is for members who are willing to make the contacts we need to make. It is not necessary to be an expert in communications. What is required is a willingness to spread the message by making contact with the right people to pass that message on. All that is needed is to say who you are and what you hope to do. Our basic task is to tell the public through as many organisations as possible what AA is, how it works, and where contact can be made. First of all we should make clear that it has worked for us.

## 7:2 Working with the media

Ever expanding contact with the media is vital for carrying AA's message. The Features or Community Features desks of local newspapers, radio and TV stations can be contacted by telephone. There are opportunities for anonymous interviews, phone-ins, articles and programmes on AA as well as advertisements and community service announcements.

Any contact from the national media should be passed to GSO at York as this could affect all groups.

AA has no opinion on outside issues. Even when a member states that an opinion is his or hers and not AA's, it might be seen by others as AA's opinion. It is usually better to give no opinion at all.

It is important to explain the relevant Traditions before an interview or talk takes place.

In all media reports of any kind try to ensure that the AA help line number and website address are mentioned at least once.

**Helpline: 0800 917 7650**

**<http://www.alcoholics-anonymous.org.uk>**

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***We are not able to participate in discussions on alcoholism and treatment methods, other agencies and organisations or medication and drugs. We are simply there to carry the message of AA.***

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## 7:3 Newspapers and magazines

Many local papers have “Helplines” or similar local services sections where details may be published free of charge. Some PI Committees in large towns and cities may find the occasional paid advertisement of meetings times and addresses, together with local telephone service numbers worth considering. Feature stories, articles, letters and announcements in newspapers should be encouraged within the guidance of our Traditions of Anonymity, but will require full name and address to be provided stating that “it is not for publication”. Reporters are welcome at our open meetings and the only restriction on reporting is a request not to disclose the name of any AA member.

## 7:4 Radio

Radio (including hospital radio), public service announcements, information features and phone-ins are an important part of public information. Many PI committees record taped information messages for local hospitals and radio networks. As with much of our PI work, approaches should be made to the director of the radio station concerned by e-mail or letter. The most important aspect to get across during the radio time is the name Alcoholics Anonymous and the AA service telephone number and website address at least twice per broadcast. When agreeing to speak at radio stations, seek to get agreement for any webcam to be switched off during the broadcast, so that anonymity can be preserved. It is advisable to notify the telephone service prior to the broadcast to ensure sufficient Twelfth Steppers to meet the increased response.

Many radio stations hold discussions regarding alcoholism with voluntary organisations. Co-operation within the Traditions is essential as it carries our recovery programme to both the listener and the voluntary organisations. Discussions with other alcohol agencies and treatment services should bear in mind our Tradition of having no opinions on outside issues as well as anonymity.

## 7:5 Television and films

Public service announcements are broadcast by independent television companies and some local cable television stations. Contact can be made through the Community Programme producer. The additional benefit of seeing as well as hearing the AA telephone service number and website address and the name of Alcoholics Anonymous reinforces this media announcement.

In all cases of service, but especially with regard to the media, private telephone numbers should not be used unless they are an integral part of an AA telephone service. Numbers of other agencies and organisations should not be used.

With regard to anonymity of the AA member, it is important that they should not appear identifiably on the screen at any time, in any circumstance whatsoever. With this in mind, many PI Committees make full use of the AA DVDs as an ideal format that overcomes this problem of anonymity when carrying the message through local television stations.

It is recommended that TV programmes, other than public service announcements, should be dealt with by the General Service Board communicating directly with the TV companies.

(Revised 2008)

## Chapter Eight: AA in Prisons



1. **Prison groups**
2. **Prison Liaison Officers (PLOs)**
3. **Communication**
4. **Literature**
5. **Code of Conduct**

Our Fellowship has long recognised our responsibility for carrying the message of AA to the suffering alcoholic in prisons in Great Britain. It is recommended that AA groups should be established in all prisons and young offenders' establishments.

Responsibility for sponsorship of prison groups has been placed by Conference with the intergroup and is exercised through the intergroup Prison Liaison Office . As a member of Alcoholics Anonymous you are there by permission of the Governor and staff and it must be remembered that every Governor, although working within a national framework, has the right of decision in his or her own institution.

Familiarity with prisons in the local area and a thorough knowledge of the 'AA Service and Structure Handbooks' for Great Britain are vital before accepting the role of Prison Liaison Office .

## 8:1 Prison groups

Prison Group Chairs are appointed according to the intergroup conscience. These Chairs facilitate prison meetings and visit the prison on a regular basis. It is recommended that Chairs have a minimum of three years' continuous sobriety. Security clearance is invariably necessary. Wherever possible, a team of AA Prison Group Chairs should be maintained so that inmates will gain a broader view of how AA works.

So far as the Fellowship is concerned, female members may be included in the panel of agreed Chairs for male prisons, provided they are accompanied by a male AA member or male AA members on the panel for female prisons, and provided they are accompanied by a female AA member, subject to the approval of the Governor.

As with all meetings, it is desirable that prison groups discuss the whole of the AA programme of recovery using every opportunity to introduce the Steps and Traditions and referring to the Big Book. In this way, it is possible for inmate members to learn that they can live the AA way of life prior to release.



Prison group members should, wherever possible, be encouraged to take an active part in their group in accordance with AA Traditions. Whenever possible, Prison Group Chairs should adopt only a supporting role.

AA members may be invited to speak at a prison group meeting at the discretion of the Chair. It is recommended that any such speakers have a minimum of one year's continuous sobriety. They need to be aware that they may also require security clearance.

## **8:2 Prison Liaison Officers (PLOs)**

Prison Liaison Officers organise schedules for prison visits as well as facilitating communication with the relevant prison. Communication is reported back to the intergroup and region.

## **8:3 Communication**

Prison Group Chairs share reports with their intergroup Prison Liaison Officer (IPL) on a regular basis, outlining what is occurring within the prison(s) for which they are serving as Chairs.

Prior to release prisoners are encouraged to make contact with the Fellowship within their local area through the relevant Service Office. AA Members who wish to correspond with prisoners should do so only through the prison correspondence programme operated through the General Service Office.

Where no AA group exists at a prison, the local intergroup is encouraged to make every attempt to form one. Permission to establish a new prison group must be obtained from the Governor. The initial approach should be made by the Intergroup Prison Liaison Office .

Experience shows that participation of prison group sponsors in meetings at national conventions and in regional Prison Sponsor meetings can be useful in raising awareness of prisons service within the Fellowship and expanding member service experience in it.

## **8:4 Literature**

Every effort should be made to ensure that the prisoner induction pack, together with sufficient literature, is available to prison AA members. Additional AA publications e.g. SHARE and Roundabout (with contact details removed) can also be provided by the local intergroup.

## 8:5 Code of Conduct

Abide by the laws and regulations governing visitors to prisons. These are very clear and very strict. Check with the particular establishment you will be visiting.

As a member of Alcoholics Anonymous, you are there by permission of the Governor and staff. Act accordingly. From their point of view you will be AA's representative and their respect and esteem for the Fellowship as a whole will depend on your conduct.

- Act always with courtesy and diplomacy.
- Your appearance, language, manner and conduct will affect everyone's opinion of AA
- Failure to observe prison rules is a criminal offence and could cause AA to be banned, so do not be tempted to do favours for prison group members and give them cigarettes that are forbidden, or carry in or take out a card, letter, money etc. The message is all we take in, and we take nothing out
- Obey smoking regulations. If inmates can't smoke, AA visitors shouldn't either • In accordance with our Preamble, we have no authority to discuss medication, theories on alcoholism, professionally prescribed treatments or obtaining parole. We are there only to carry the AA message
- AA does not participate in meetings which are the responsibility of another agency in the field of alcoholism. If other agencies also have meetings within the establishment, the authorities should be informed that we are not affiliate
- Be punctual and observe the establishment visiting times
- The personal example of the prison sponsor is our greatest asset with prison authorities and in carrying the message to prisons.

(Revised 2008)

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*Who You See There, What You Hear There, Let It Stay There*

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# Chapter Nine: Probation/ Criminal Justice Social Work Services (CJSWS)

PROBATION/CRIMINAL  
JUSTICE SERVICE (CJSWS)



1. Introduction
2. Groups
3. Probation/CJSWS Liaison Officers (& Chit System)
  - 3.1 General points
  - 3.2 Setting up a Confirmation of Attendance or 'Chit' system
  - 3.3 Intergroup Probation/CJSWS Liaison Officers
  - 3.4 Regional Probation/CJSWS Liaison Officers
4. The General Service Board's Probation/CJSWS Sub-Committee

**The term 'offender management service' is used in this Chapter to indicate Probation Services in England and Wales, and Criminal Justice Social Work Services in Scotland.**

Co-operation with bail hostels, courts, the Police services and local solicitors' organisations might sensibly be included in the remit of Probation/Criminal Justice Social Work Services Liaison Officers.

## 9:1 Introduction

Experience has shown that positive results can follow when groups, intergroups and regions co-operate with the offender management service with a view to helping the still suffering alcoholic.

**In our pamphlet "How AA Members Co-operate" the following appears:**

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*"We cannot discriminate against any prospective AA members, 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 the voluntary nature of membership in AA, many of us first attend meetings because we were forced to, either by someone else or by our inner discomfort. But continual exposure to AA educated us to the true nature of our illness. Who made the referral to AA is not what AA is interested in. It is the problem drinker who is our concern. We cannot predict who will recover, nor have we the authority to decide how recovery should be sought by any other alcoholic."*

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A good working relationship between AA and the offender management service often takes many months and sometimes years to build. Experience shows that, as in many areas of service, setting up a system of co-operation is most likely to prove successful if patience and perseverance are practised.

## 9:2 Groups

**(Refer to section ‘The Group’ of ‘The AA Structure Handbook for Great Britain’.)**

Tradition Five tells us that “Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.”

Sometimes the way in which a person enters AA may seem unorthodox, controversial or even in breach of our Traditions. However, a closer look will show us that AA is not interested in how a person comes to us but simply in how we can help in that person’s release from alcoholism. Each group is autonomous and how it chooses to co-operate (if at all) with the offender management service is for the group conscience to decide. One method could be the participation of the group in the confirmation of attendance or ‘chit’ system, the details of which may be found in Section 9:3.2 below.

## 9:3 Probation/CJSWS Liaison Officers

### 9:3.1 General points

#### Resources

It is hoped that each Liaison Officer will be sponsored into service and passed relevant information by the person who is rotating out of office. To support Liaison Officers AA has prepared a Liaison Officers Pack: Probation/CJS available from GSO and in the AA (GB) Web site’s Documents Library.

All Liaison Officers should familiarise themselves with the following AA literature:

- Twelve Traditions
- ‘The AA Service Handbook for Great Britain’ and ‘The AA Structure Handbook for Great Britain’.
- ‘Liaison Officers Pack: Probation/CJS’
- The leaflet ‘Co-operation between Alcoholics Anonymous, Probation Services and Criminal Justice Services’, intended for both members and for criminal justice professionals. The leaflet is included in the ‘Liaison Officers Pack: Probation/CJS’, in the website Documents Library and can be purchased as AA literature
- AA Web site and what it has to offer those involved in this area of service.

The AA (GB) Web site <http://www.alcoholics-anonymous.org.uk/> has a section to assist Liaison Officers, in the Members' Area under Service, and then Disciplines. The section 'Probation/Criminal Justice Services' carries background information, news about recent and forthcoming events, and links to resources such as the Liaison Officers Pack and stories from members, the website will be updated in the event of significant changes within the probation/criminal justice systems. The Web site also has a section carrying information for professionals in the Legal/ Criminal Justice areas.

### **Co-operation across AA**

It is suggested that the Liaison Officers work closely with their AA colleagues in other service areas, in particular with those in Prison Liaison and Public Information. They may also need to co-operate across intergroup and regional boundaries, as an offender management service may cover an area, which includes more than one AA intergroup, or region.

A number of intergroups and regions have found it valuable to encourage the setting up of small teams to assist Liaison Officers and to provide local contacts across the larger offender management service areas.

### **Budgets and expenses**

(Refer to section 'AA Money', p73 of 'The AA Structure Handbook for Great Britain.)

It is suggested that Liaison Officers should prepare annual budgets for their service activities. These should be prepared according to the established procedures of each individual intergroup or region. They might include sums for travel to Regional Assemblies, the purchase of AA literature for placing in offender management and courts' offices and other places, travel to national events like the regional officers meeting or Probation/CJSWS Seminars, and any projects planned for the following year.

The payment of expenses depends upon the group conscience of the region or intergroup, always bearing in mind our Tradition of self-support.

- Service is defined as that which makes the Twelfth Step possible
- It is agreed that no expenses should be claimed for individual 'face-to-face' Twelfth Step work

In principle, any member who is qualified to carry out a particular task in our service should not be prevented from doing so for financial reasons, and should be offered expenses.

When carrying out an intergroup or region function, duly authorised service workers should be offered expenses.

For a variety of reasons regions and intergroups will probably differ in their approach to this question, and there may be no uniformity, but there need be no controversy if decisions are taken in the spirit of AA and with common sense.

### 9:3.2 Setting up a Confirmation of Attendance or 'Chit' System

The confirmation of attendance system, often called 'the chit system' is simply a scheme to let people have some document to show that they have attended a particular meeting. That person can then give the confirmation to offender managers, Social Services, an employer or any other body.

The system was endorsed by Conference 1987 as being within the Traditions, and operates without compromising anyone's anonymity. It is up to the person requesting the chits to report on themselves to whoever is supervising them.

It is, of course, entirely up to each intergroup and group whether and how they choose to introduce the confirmation system. One common scenario has been for intergroups initially to discuss and vote on whether to endorse the use of the chit system in that particular intergroup. If the intergroup decides to endorse the introduction of the chit system the next step would be for GSRs to take the matter back to their individual group, to discuss at a conscience meeting whether or not that group wishes to participate.

The intergroup Probation/CJSWS Liaison Officer might wish to attend any meeting debating the 'chit' system to explain the system.

Each group that agrees to participate tells intergroup so, and the P/CJSWS Liaison Officer would add that group's details to the list of participating groups prepared for the local offender management service.

The statement that confirms a person's attendance at a particular AA Meeting can be of several types. The traditional 'chit' is simply a sealed envelope provided by intergroup or made up by the group. The envelope contains a slip of paper on which is printed the group's unique group number as allocated to all groups by General Service Office (GSO). When this is given to the person requesting confirmation of attendance, a group officer just writes the time and date (not the location) over the sealed flap of the envelope, and initials it.

Some intergroups now give groups supplies of blank certificates. Blank confirmation of attendance certificates are available free of charge from GSO and can be requested by any group, intergroup or regional office. They are printed with anti-counterfeit ink and use the group's number as a 'signature' thereby ensuring the anonymity of the member filling them out. They will only be posted out to a group, intergroup or regional office's address already registered with GSO, so before requesting any please ensure that your contact details are up to date, also ensuring group registration details are up-to-date, e.g. via the 'pink form'.

Details of setting up and running a confirmation of attendance/chit system are given in AA's 'Liaison Officers Pack: Probation/CJS' available from GSO and in the AA (GB) Web site's Documents Library.

### 9:3.3 Intergroup Probation/CJSWS Liaison Officer

(Refer to section 'The Intergroup' of 'The AA Structure Handbook for Great Britain'.) It is through the intergroup assembly that the intergroup liaison officer is elected.

It is recommended that intergroup Liaison Officers should have ideally at least two years' continuous sobriety when elected, and should serve for a maximum of three years.

The main tasks of the intergroup liaison officer are:

- Obtaining and reading the 'Liaison Officers Pack: Probation/CJS' and using it as the Liaison Officer feels appropriate, and using the AA Web site's section on Probation/ CJSWS Liaison for information and resource material
- to establish/maintain links in the intergroup area with:
  - Offender management services dealing with non-custodial sentences
  - Bail hostels and similar facilities
  - Magistrates/Justices, local courts and court officer
  - Police forces
  - Solicitors' organisations
  - Other professionals having regular contact with probationers
- Report to each intergroup meeting by the Liaison Officer to keep intergroup informed on a regular basis. A copy of each intergroup report should be sent to the regional Probation/CJSWS Liaison Office, who should be kept informed of developments in the intergroup.
- Maintaining lists of contacts, Twelfth-Steppers, helpers etc so that continuity of service can be eased
- Attending regional Workshops when available, and keeping in contact with the regional Liaison Office
- Attending AA's national Probation/Criminal Justice Social Work Seminars when these are arranged

Some intergroups have a flourishing relationship with their local offender management services department. In others there will have been little contact. It is for each Liaison Officer to decide the best way of taking the role forward. Some suggested methods are as follows:

- Setting up a committee or team to assist in the work and to Twelfth Step any probationers.
- Establishing a named contact in each local offender management service office in the area, and with the courts service, police and other organisations
- Distributing approved AA literature and posters for display in offender management service offices bail hostels, court office and police stations, and to be given by them to offenders. Material given to offenders might include stories from AA members who have encountered similar problems, which are available from the AA Web site and the Prison induction pack.



- Attending meetings with individuals and teams in the offender management service to inform them of how AA works and what it does and does not do.
- Attending similar meetings with courts staff, solicitors, the police etc.
- Arranging to provide speakers for offender groups such as alcohol awareness sessions, perhaps with the help of members who have experienced aspects of the criminal justice system. The message from previous offenders who have changed the direction of their lives after finding AA and stopping drinking is a very powerful one.

### 9:3.4 Regional Probation/CJSWS Liaison Officer

**(Refer to section ‘The Region’ in ‘The AA Structure Handbook for Great Britain’.)**

It is through the Regional Assembly that the regional Probation/CJSWS Liaison Office is elected, ideally though not essentially being a member with some experience at intergroup level.

It is recommended that officer should have at least three years’ continuous sobriety at the time of election, that the officer should serve for a maximum of three years and be confirmed in post annually. Consideration should be given to their experience or interest.

The main tasks of the regional Liaison Office are to:

- Obtain and read the ‘Liaison Officers Pack: Probation/CJS’ and use the AA Web site’s section on Probation/CJSWS Liaison for information and resource material
- Communicate with intergroup Liaison Officer within the region and to collate information from them into a report to be given by the regional Office to each Regional Assembly
- Send a copy of each such report to the Board Trustee responsible for Probation/ CJSWS matters and to the designated member of the Board’s Probation/CJSWS Sub-Committee
- Encourage intergroups where liaison activity is slow or non-existent to seek members to undertake service in this area
- Offer support and encouragement to intergroup Liaison Officers especially those new to the role and those taking up previously vacant positions
- Communicate with the designated member of the Board’s Probation/CJSWS Sub- Committee
- Liaise with offender management services at a senior level, as frequently the services will have responsibility for an area which will include several intergroups
- Liaise with other regions in co-ordinating approaches to offender management services whose areas extend across regional boundaries
- Prepare an annual report on the region’s liaison activities and send it to the annual meeting of regional Probation/CJSWS Liaison Officers to attend that meeting or arrange for an Alternate to attend, and to report back to region relevant items from that meeting
- Attend AA’s national Probation/CJSWS Seminars when these occur

Experience has shown the following activities to be helpful:

- Holding Probation/CJSWS workshops at regional level, where all the Liaison Officers and helpers are invited to share their experience, and to encourage others into service
- Visiting intergroups and groups when requested for help, assistance or guidance
- Supporting intergroups in attempts to set up contact and co-operation with their local offender management service
- Setting up effective links between intergroup and regional Liaison Officers to share experience and offer mutual encouragement and support between Regional Assemblies and workshops, and also establishing links with the designated member of the Board's Probation/CJSWS Sub-Committee.

## 9:4 The General Service Board's Probation/CJSWS Sub-Committee

The AA Board's Probation/CJSWS Sub-Committee is chaired by the Trustee for Probation/ CJSWS and has up to four other members with experience of Probation/CJSWS Liaison.

The aim of the Sub-Committee is to raise awareness of the work of the Probation/ Criminal Justice Social Work Services in Great Britain throughout the Fellowship. Its objectives include:

- Developing and maintaining resources for Liaison Officer
- Disseminating information on Probation/CJSWS through the Fellowship
- Developing and maintaining the Probation/CJSWS areas on the AA(GB) website
- Supporting the development and sharing of good practice
- Supporting regional Liaison Officer
- Organising the annual regional Liaison Officers meeting held in York
- Organising periodic seminars for regional and intergroup Liaison Officer
- Developing links with Prison Service Liaison Officer

Each member has been asked to work closely with a particular group of regions, and contact details are sent out to regions. Regional Liaison Officers are encouraged to contact members of the Sub-Committee for suggestions, advice, support and guidance, and intergroups in regions without a regional Liaison Officer should not hesitate to make direct contact with members.

The Sub-Committee's email address is: [infoprobatation.sc@aamail.org](mailto:infoprobatation.sc@aamail.org)

(Revised 2015.)

## Chapter Ten: AA Telephone Services

**TOO  
YOUNG?**

**DRINKING PROBLEM...**

**DO YOU WANT HELP?**

**RING**

**ALCOHOLICS AND**

AA TELEPHONE  
SERVICES

1. **Structure**
2. **Finance**
3. **Telephone Service and Twelfth Step work**

Our National Telephone Service operates throughout Great Britain using the telephone number

**0800 917 7650**

This number links the caller geographically to a local responder who will take incoming enquiries and where appropriate, pass details of the request for help on to a member who has been listed under local arrangements to carry out Twelfth Step work.

The National Helpline is intended for the use of the still suffering alcoholic.

The purpose of this guidance is to make officers aware of recommendations that may enhance helpline operation and provide safeguards to both callers and members.

Please check with your local intergroup/region for information on how the Telephone Service operates in your area.

## **10:1 Structure**

Responsibility for telephone services begins with intergroups; however in some areas it has been agreed to devolve this responsibility to regions. Officers within the structure are intergroup Telephone Liaison Officer (TLO); region TLO; Telephone Committee and the GSB member with responsibility for Telephone Service.

## **10:2 Finance**

Our Traditions of autonomy and self-support apply to all Helplines. Operation of the national system means that there are two sets of telephone accounts generated for each Helpline number. It has been agreed generally that "local" numbers (usually intergroups) will take responsibility for their account while GSO will meet payment for the national account. Expenses incurred by members participating in telephone service may be claimed from their intergroup.

## 10:3 Telephone Service and Twelfth Step work

The main purpose of telephone services is to put the suffering alcoholic in touch with an individual contact or AA group. It is the responsibility of the members of the local group to carry out the necessary Twelfth Step work, to provide a welcome to the new members and to share their experience, strength and hope with them and to help them on the road to recovery.

The Hints and Suggestions card for 12th Steppers has been acknowledged for its simple and comprehensive guidance. Awareness of this card needs to be emphasised throughout the Fellowship.

A telephone service requires support and participation by the groups and members in its area, not only in a financial sense, but in every aspect of its existence. To ensure that this support is maintained it is essential that 12th Step contact lists are kept up to date.

Common sense with a regard to AA principles is of much more help in maintaining a telephone service than is the establishment of administrative procedures. However, certain recommendations can be made from experiences of telephone services to date:

- Responders and 12th Steppers should be chosen with care and endorsed through an agreed intergroup procedure. A minimum of 12 months' continuous sobriety is ideal
- Landlines are strongly recommended for home-based telephone responding. If an intergroup allows the use of mobile telephones to permit AA members without a landline to participate in telephone service, these should only be used at home. The use of mobiles in other locations or on the move is not acceptable due to the possibility of poor reception, lack of privacy along with the threat to anonymity. Another problem that can occur is when the caller gets through to a responder on a mobile with a pre-recorded message (when phone is busy) that gives out the responders name and/or number. This confuses the caller and affects AA as a whole
- The Responder answering the call should remember the first time caller is nervous and may have been drinking, so the response should be positive and sympathetic. Calling the emergency services should be the last resort of responders if they are worried about a caller. Although such calls are very few in number it is recognised they can be distressing. Responders should be made aware that the caller should be encouraged to take the responsibility of calling the relevant service that may help them, i.e., Samaritans, Police, and NHS. However, where the life of the caller, or the lives of others, is apparently at risk, we should notify the appropriate authority of the emergency
- The Responder's role is to pass on the caller's details to a member on the 12th Step list. The Responder needs to keep the call brief and confined to taking the necessary particulars, so that the telephone is kept free for other callers

- Details of phone numbers of AA members, nominated by local groups, who are ready and willing to carry out Twelfth Step work should be to hand and listed on an area basis for speed of reference. Experience has shown that it is vital to consider appropriate genders when placing Twelfth Step calls. When making Twelfth Step visits, it is strongly recommended that more than one person should make such visits
- An up to date list of group meetings should be available for immediate reference
- Intergroup and regional officers' phone numbers, together with the Southern Service Office (SSO), the Northern Service Office (NSO), and the General Service Office (GSO) phone numbers, should be readily available to responders so that calls from the media or other agencies can be referred to the correct source. Other agencies and AI- Anon contact numbers should also be available
- Calls received from employers, doctors, social workers, newspapers, radio and TV should be passed to the relevant Service Office . Calls from national press, radio or television should be referred to the General Service Office in York so that a coordinated response can be made

Great care should be taken regarding the confidentiality of members' phone numbers. The information as to how an enquirer can be contacted is taken by the Responder and passed on to the member. It then becomes the responsibility of that member to take whatever action is appropriate. Responders should not give the caller an AA member's phone number under any circumstances.

(Revised 2015)

# Chapter Eleven: Archives



1. **Mission and purpose**
2. **Keeping an archive as part of our primary purpose**
3. **AA Archives**
4. **The role of the Archivist**
5. **The role of the Fellowship Archivist**
6. **Developing and using an archive**
7. **The Archives Network**
8. **The Archives Sub Committee**
9. **Preserving AA's archives**
10. **Anonymity and GDPR**
11. **Research and access**
12. **References**

## 11:1 Mission and purpose

The mission of the Alcoholics Anonymous Archives is to document permanently the work of Alcoholics Anonymous Great Britain to make the history of the organization accessible to AA members and other researchers, and to provide a context for understanding AA's progression, principles and traditions.

There are several AA archives. The largest is the General Service Office Archive which is now located at the Borthwick Institute for Archives at the University of York and managed by archivists there. But there is also a large collection of Scottish archives in the Northern Service Office in Glasgow, and there are many regional and intergroup archives, including those in the Continental European Region (CER), which have been collected and looked after by AA archivists. Most of the guidance in this chapter is directed at these archivists who together constitute the AAGB Archivists' Network. This guidance is compiled from the shared experience of AA members in various service areas. It also reflects guidance given through the Twelve Traditions and the General Service Conference. In keeping with our Tradition of autonomy, except in matters affecting other groups or AA as a whole, most decisions are made by the group conscience of the members involved.



In 1995 the General Service Board adopted a policy statement, subsequently ratified by Conference, which reads:

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*“Where any civilisation, or society perishes, one condition is present, they forgot where they came from” – Carl Sandburg.*

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These words represent a good reason why the General Service Board (and Conference) re-affirm its commitment and support for archival activity as a vital and integral part of the healthy life and growth of the Fellowship in this country. Just as each of us feels that it is essential to recall and appreciate where we came from, and how we got here, so it is with the Fellowship as a whole. The General Service Board recognises the need for accurate records to be rescued, retained, catalogued and used in a manner which will serve to dispel some myths which swirl distortingly around our past, thus allowing us to obtain a truer perspective and reveal to us our real heritage, so that our future may be ensured.

## 11:2 Keeping an archive as a part of our primary purpose

Like any other AA service, the aim of those involved in archival work is to carry the message of Alcoholics Anonymous. Looking after an archive is not just a custodial task; it is the means by which we collect, preserve and share the rich and meaningful heritage of our Fellowship. The creation of stories and presentations from our archives give us valuable insight into how our Fellowship came to mature. It is by the collection and sharing of these important historical elements that our collective gratitude for Alcoholics Anonymous is deepened.

Thus archive activity may be regarded in the same light as other services that members of the Fellowship provide in order to fulfil our primary purpose to the best of our ability. This is a responsibility and a debt, no less, which we owe to ourselves and others; it is as richly endowed with simple spiritual principles of humility, sacrifice and prudence as the rest of our work. It is also an act of practical simplicity and efficient practice. Planned and co-ordinated records are an essential tool to efficient administration and the basis of any history to come. This combination of practical and spiritual simplicity is maintained by the commitment of AA archivists with the support of the General Service Board.

## 11:3 AA Archives

The archives of Alcoholics Anonymous GB, be they the GSO archive now located in the Borthwick Institute, or regional and intergroup archives held locally, are collections of administrative files, correspondence, manuscripts, publications, photographs, audio-visual material, artefacts, and memorabilia related to the origin and the development of AAGB.

Consistent with AA's primary purpose of maintaining our sobriety and helping other alcoholics achieve recovery, these archives should:

- Hold, catalogue, and conserve such material
- Provide access to these materials for members of Alcoholics Anonymous and to others who may have a valid need to review such material, contingent upon a commitment to preserve the anonymity of our members
- Promote knowledge and understanding of the origins, goals and programme of Alcoholics Anonymous

Even though the GSO Archives are located at the Borthwick Institute, they remain the property of AA Great Britain, Ltd., which is the charity established by the Fellowship as a whole. Regional and intergroup archives are the property of the relevant group – i.e., region or intergroup. Thus archivists are custodians of group archives, not owners of them. So it is important that archivists guard against disputes about ownership of any archive they have been looking after which might arise after their death by:

- Clearly distinguishing papers and other materials which constitute an AA archive which they have been looking after and which may well be housed in their home from similar items which belong to their own personal collection of papers and other things;
- Including in their will a codicil to the effect that the papers and other materials in the AA archive are the property of their region or intergroup, to which they should be returned after their death

## 11:4 The role of the Archivist

Archivists share the aim of preserving the Fellowship's past and ensuring that fact prevails over fiction or myth. They are responsible for collecting, arranging, preserving and providing access to permanent historical records of enduring value. The nature of the archival materials they deal with is usually unpublished and unique. They employ professional standards and practices unique to archiving to ensure the safety, security, integrity and authenticity of the materials under their care. They are also responsible for ensuring the protection of the anonymity of members of AA, past and present, and the confidentiality of records concerning them.

The role of the Archivist can be considered therefore to be twofold:

- There is a custodial responsibility for maintaining the physical integrity of the collection;
- There is an interpretative responsibility for creating an inventory of the collection in such a way that it is a source of knowledge and understanding.

In these ways archivists seek to fulfil Bill W's urging that archives are needed "so that myth doesn't prevail over fact". AA Archivists are "keepers of the past", and many archivists conduct historical research for the groups they serve. But in all

cases the archives they look after carry the message from yesterday into today so that those who want help can hear the message tomorrow.

Unlike those who hold other service positions with the Fellowship, archivists are not subject to the normal principle of rotation after three years, since continuity at all levels has been shown, through experience, to be a vital aspect of archival work. But when they do resign their position as archivist, they should try to find, with the help of their region or intergroup, a successor who is prepared to act as a custodian of the archive they have been caring for.

## 11:5 The role of the Fellowship Archivist

The Fellowship Archivist is an archivist appointed by the General Service Board to oversee the care of all of AA's Archives and in this role to seek to achieve an effective liaison between the AA Archivist at the Borthwick Institute, the General Service Office, the Archives Sub Committee, and the members of the Archives Network. Thus the Fellowship Archivist:

- Takes responsibility for maintaining the Archives Network (see 11:7 below)
- Advises the Archives Sub Committee on matters within its responsibility (see 11:8 below)
- Advises the General Secretary in his role as Data Protection Office for the AA Archive at the Borthwick Institute (see 11:10 below)
- Advises AA Archivists on the creation, development, and management of their archive
- Works with the AA Web manager on developing the archives section of the AA website



## 11:6 Developing and using an archive

Archivists will typically take over and then develop collections of region and intergroup minutes, administrative paperwork, correspondence, conference reports, newsletters, literature, books, and photographs. Audio-visual items can be a valuable addition to an archive collection, and an archivist might also arrange to audio record old timers, in order to create oral histories. Local AA historical material such as letters, bulletins and photographs should be collected regularly from old timers, past delegates and various committee members etc. Do not forget non-alcoholics who were instrumental in helping AA in the early years of the fellowship.

It is very important for an archivist to keep an updated box list or inventory of the material in their care. If the collection they have taken over does not come with an inventory, they should try to make one. This may be a large and difficult task, and they should not be afraid to ask for help from the Fellowship Archivist and through the Archives Network (see 11:7). Further information about the process of creating box lists can be found in the Guide for AA Regional and Intergroup Archivists and the Policy and Procedures Manual for Archivists which are available from GSO.

While this will require careful, and perhaps tedious, cataloguing and conservation work, it is worth returning to the point emphasised earlier, that the role of the archivist is not just custodial. The aim of preserving these records of past discussions, debates and decisions is to make this past available to present members of the Fellowship so that they can create a better future, and archivists have a central role in fulfilling this goal. So in addition to the procedures listed above archivists are encouraged to take a lead in organising more enjoyable activities, such as:

- Publicising and participating in local history gathering efforts
- Providing displays at AA events and gatherings
- Encouraging, facilitating, and undertaking historical research

## 11:7 The Archives Network

For many years archivists have connected with each other in an informal network which enables them to share advice and experience. The role of this informal network is to further or facilitate the identification, recording and securing of archival material, as well as stimulating interest in archival activity by carrying the message of “Don’t throw me away, I belong to AA”. Experience shows that this can be furthered by promoting regional workshops based on such archival topics as:

- Classification and Cataloguing
- Conservation, Storage and Accessibility
- Confidentiality and Anonymity
- Questions to ask Old Timers
- Archives and local histories
- Organising exhibitions

In recent years the practice has developed of an annual meeting of the whole network at the General Service Office in York, as occasions at which experienced archivists can pass on their expertise to those who have only recently become an archivist, and for the purpose of consulting the network concerning the further development of AA's archives.

## 11:8 The Archives Sub Committee

The Archives Sub Committee recommends policy, projects, budgets and procedures to the General Service Board. It advises the Fellowship on the storage, conservation and preservation of archival material deposited in trust. Members of the sub committee are appointed by the General Service Board as required. The Fellowship Archivist and the Board Trustee are integral members of this committee.

The Archives Sub Committee is responsible for establishing policies and procedures for archivists within the Fellowship. This includes suggestions concerning the types of material of historical significance which will enhance an archive and the ways in which archives can be put to use within the Fellowship.

An important further function of the Archives Sub Committee is to develop and maintain the Archives Network within the Fellowship at all levels as recommended by Conference.

## 11:9 Preserving AA's archives

Now that the GSO archive has been moved to the Borthwick Institute, its long-term future is assured, at least while the current relationship between AA and the Borthwick Institute is in place.

### **But what about local regional and intergroup archives?**

Regions and intergroups cannot be expected to find the money to hire convenient storage facilities. So the default solution is that local archivists make their own arrangements to store their collections – either at home or in some other location where conditions are suitable for the storage of archive materials. But an Intergroup or Regional Archivist cannot be expected to store vast amounts of archival material, nor should this factor be a barrier to taking up the post. So if storage is a problem, other arrangements will need to be considered and talks should take place with the Fellowship Archivist as to the best arrangements in the circumstances.

In 2021 Conference recommended that, subject to the autonomy of groups assured under Tradition 4, regions and intergroups should be asked to transfer materials that are 10 years old or older to the GSO Archive at Borthwick Institute. In considering this recommendation the Archives Sub-Committee has taken note of the points made by the Archives Network concerning:

- The importance of preserving unique materials that are of importance to the development of the Fellowship;
- The importance of maintaining and supporting a vibrant network of local archives which sustain local AA traditions and identity.

As a result, the Sub Committee has decided that, as a first step, local archivists should send an inventory of their archive (see 11:6) to the AA Archivist at Borthwick Institute, in order to initiate a dialogue concerning the possible transfer of important materials, or copies of them, which are not currently contained in the AA Archive at the Borthwick Institute. More detailed guidance will be provided, but any archivist, region, or intergroup facing immediate problems should contact GSO for advice.

## 11:10 Anonymity and GDPR

As emphasized above, one of the main purposes of AA's archives is to facilitate historical and social research concerning AAGB and the Fellowship. So this use of AA's archives is to be welcomed. But for two reasons access to the archives has to be carefully managed. One will be familiar to the Fellowship: the protection of anonymity, which implies that access to papers which reveal the identity of AA members needs to be strictly controlled. The second reason is new legislation concerning 'General Data Protection Regulation' (GDPR), as laid down by the Data Protection Act (2018) which specifies how GDPR rules apply to archives such as AA's archives which are 'Archives in the Public Interest' because of their importance for historical and social research.

Under this legislation archivists are exempted from the GDPR rules which apply to medical databases and similar collections of data which require individual consent for the preservation of personal data, allow individuals to remove their personal data ('the right to be forgotten'), and require archivists to correct mistakes in the personal data they hold. Instead 'archives in the public interest' are subject to the following rules:

The archives themselves must allow public access if they are to be classified as 'archives in the public interest'. In the case of AA GB's archives, this is obviously facilitated by the fact that the GSO Archive is located at the Borthwick Institute whose catalogue is publicly accessible (see [borthcat.york.ac.uk/aa](http://borthcat.york.ac.uk/aa)); but in principle the same point applies to regional and intergroup archives.

Access to archives is subject to GDPR rules concerning the protection of the identity of individuals referred to in archive materials, though the AA rule that anonymity is to be preserved for ever is stricter than the GDPR rule which holds that this requirement lapses after death.

Archives should have a specified Data Protection Officer (DPO) who will control access to the archive. In the case of the GSO AA Archive in the Borthwick Institute, the DPO will be the General Secretary, who will work closely with the Fellowship Archivist and the Archives Sub Committee in fulfilling this role. In the case of local archives it is probably best for the DPO to be the local archivist, acting on the advice of the Fellowship Archivist and GSO.

## 11:11 Research and access

Researchers wanting to access material in the AA GB Archive, should in the first instance check the online catalogue at [borthcat.york.ac.uk/aa](http://borthcat.york.ac.uk/aa) to ensure the archive holds material relevant to their research.

If a researcher wants to view material, they should contact the Borthwick Institute for Archives who will provide further information about visiting the Borthwick's search room, or providing digital copies of the archive material if required.

Three levels of access are applied to material in the AAGB Archive at the Borthwick Institute, which are based on the type of record and the sensitivity of information they contain. In the online catalogue, the heading 'Conditions Governing Access' states which level of access the archive file or item falls under.

### The three levels of access are:

#### General access:

Material is available for research purposes without special conditions, though researchers still need permission from the General Service Office, acting on the authority of the General Secretary as DPO, and access is subject to relevant data protection legislation.

**Examples of General access material:** Reports of the General Service Board and General Service Conference, literature, newsletters, and magazines.

#### Restricted access:

Access to material is restricted by the General Service Board of AAGB, and is normally permitted only for relevant research purposes. Enquiries regarding access will be handled in the first instance by the Borthwick Institute, who will forward requests for access to the General Secretary as DPO, or staff at GSO acting on their behalf.

**Examples of Restricted material:** Region and Intergroup minutes, sub committee minutes, directories, material related to service disciplines, audio/visual recordings

#### Confidential access

This material has been classified as confidential by the General Service Board of AA GB, and access will only be permitted in exceptional circumstances. Enquiries regarding access will be handled in the first instance by the Borthwick Institute, who will forward requests for access to the General Secretary as DPO, who will normally consult Trustee members of the Archives Sub Committee.

**Examples of Confidential material:** General Service Board minute, telephone logs.

**Access permissions forms:**

Before accessing material in the AA GB Archives, researchers will be asked to complete an access permissions form. A copy of the form can be obtained by contacting GSO or from the Borthwick Institute. The purpose of an access permissions form is to ensure that the AAGB Archive is being used for appropriate research purposes, and for the protection of member anonymity. Once the access permission form has been submitted it will be reviewed by the Fellowship Archivist or staff at GSO acting on their behalf; they will endeavour to respond within 48 hours.

In addition, because archive material which contains sensitive information about living individuals falls under the Data Protection Act of 2018 (see above), researchers wishing to access records containing such information will be asked by the Borthwick Institute to complete a data protection statement once they have submitted their request to access material.

Researchers working in the archives should understand that they will be expected to adhere strictly to AA anonymity Traditions – only first names and last initials of AA members may be used by them. It is recommended that there be no photocopying of private correspondence. This recommendation, whilst designed to assure anonymity protection, also helps maintain the physical integrity of archival documents. In addition to the preservation of the anonymity of the author of the correspondence, the writer's private opinions and observations, some of which might be highly controversial, must be treated with extreme delicacy. It should be remembered that members share these documents with a trust and expectation that their remarks will be held in confidence. No one has an intrinsic right to view another's private correspondence; it is essential that the archivist's chief concern of assuring the spiritual wholeness of the collection be understood and supported.

## 11:12 References

For more detailed discussion of archival matters please read the Archives Service literature available from GSO and liaise with the Fellowship Archivist and members of the Archive Network.

The Alcoholics Anonymous Great Britain Archive online catalogue can be accessed at <https://borthcat.york.ac.uk/aa>

**For more detailed information about managing and protecting archives please refer to the Guide for Intergroup and Region Archivists.**

Information about the Data Protection Act (2018) can be found in the guide produced by The National Archives – <https://cdn.nationalarchives.gov.uk/documents/information-management/guide-to-archivingpersonal-data.pdf>

Revised October / November 2021



A diverse group of young people, including men and women of various ethnicities, are smiling and laughing joyfully. They are taking a selfie, with their faces close to the camera. The background is slightly blurred, focusing attention on the group's positive energy.

## Chapter Twelve: Young People's Liaison Officers

YOUNG PEOPLE'S LIAISON  
OFFICERS (YPLOS)

1. **Introduction**
2. **Young People's Liaison Officers (YPLOs)**
  - 2.1 **General points**
  - 2.2 **Intergroup Young People's Liaison Officer**
  - 2.3 **Regional Young People's Liaison Officer**

## 12:1 Introduction

Conference 2015 recommended that each Intergroup and Region should set up the post of Young People's Liaison Officer (YPLO) to encourage more young people into AA and into service within the Fellowship.

## 12:2 Young People's Liaison Officers (YPLOs)

### 12:2.1 General points

The YPLO will be someone who came into AA at the age of 30 or younger, and so will have experience of getting sober at a young age, the better to relate to the particular problems faced by young people seeking to live sober.

They should have a good working knowledge of the 12 Steps, 12 Traditions and the AA Service and Structure Handbooks GB.

YPLOs will work closely with other service officers, in particular those in Public Information. The main tasks of YPLOs will include:

- Receiving and answering email, telephone and other enquiries from young people
- Sharing experience, strength and hope about getting sober at a young age
- Assisting Public Information Officers with presentations where the audience is likely to include a significant proportion of young people, e.g. talks to schools, universities, young offenders' institutions etc.
- Helping to develop PI material which will carry a clear message to young people
- Developing contact lists of those who came into AA at or before the age of 30 who are available and willing to assist with talks, 12-Step calls and other service to help, in particular, young people
- Encouraging young people to enter into all aspects of service (where the recommended qualifications for sobriety are met). Younger people are needed in all service disciplines, in part to ensure that the perspective of young people is represented

- Supporting AA activities such as Workshops, Conventions and PI events aimed at young alcoholics both within and outside the YPLO's Intergroup or Region
- Participating in the work of the General Service Board's Young People's Project Team for as long as that Team is convened

### 12:2.2 Intergroup Young People's Liaison Officer

**(Refer to section 'The Intergroup' of 'The AA Structure Handbook for Great Britain'.)**

It is through the intergroup assembly that the Intergroup Liaison Officer is elected.

It is recommended that Intergroup Liaison Officers should have ideally at least two years' continuous sobriety when elected, and should serve for a maximum of three years. The Officer should have come into AA at the age of 30 or younger.

The main tasks of the Intergroup YPLOs are those mentioned in 12:2.1 above and to:

- Establish close working relations with other service posts, in particular the Public Information Office
- Report to each intergroup meeting to keep intergroup informed on a regular basis. A copy of each intergroup report should be sent to the Regional YPLOs, who should be kept informed of developments in the intergroup
- Attend regional Workshops when available, and keep in contact with the Regional Liaison Office

### 12:2.3 Regional Young People's Liaison Officers (RYPLOs)

**(Refer to section 'The Region' in 'The AA Structure Handbook for Great Britain'.)**

It is through the regional assembly that the Regional Liaison Officer is elected, ideally though not essentially being a member with some experience at intergroup level.

It is recommended that the officer should have at least three years' continuous sobriety at the time of election and that the officer should serve for a maximum of three years and be confirmed in post annually. The officer should have come into AA at the age of 30 or younger.

The main tasks of the Regional Liaison Office, in addition to those mentioned in 12:2.1 above, are to:

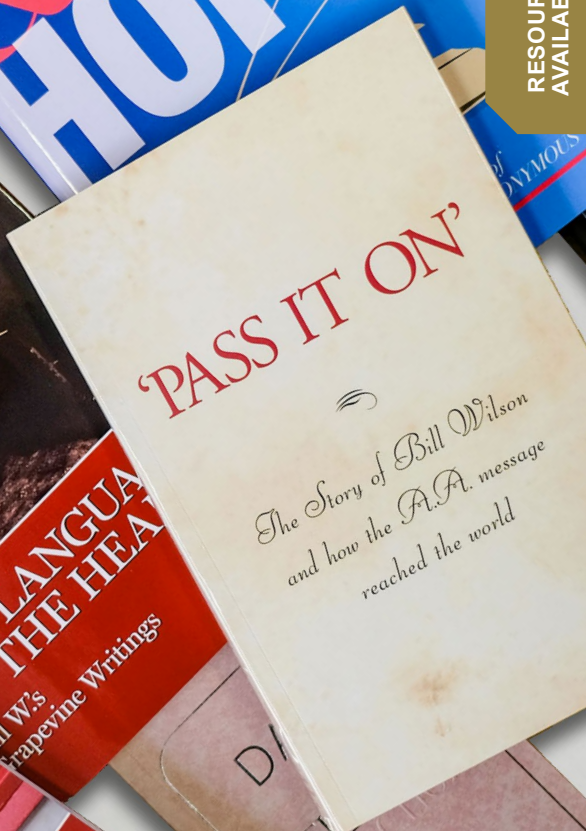
- Establish close working relations with other service posts, in particular the Public Information Office
- Communicate with Intergroup Liaison Officers within the region and to collate information from them into a report to be given by the Regional Officer to each Regional Assembly
- Send a copy of each such report to the Young People's Board Trustee
- Encourage intergroups where liaison activity is slow or non-existent to seek members to undertake service in this area
- Offer support and encouragement to Intergroup Liaison Officers, especially those new to the role and those taking up previously vacant positions
- Liaise with other regions in co-ordinating activities
- Communicate with the Young People's Board Trustee
- Prepare an annual report on the region's liaison activities and send it to the Young People's Board Trustee.

Experience has shown the following activities to be helpful:

- Holding workshops at regional level, where all the Intergroup Liaison Officers and helpers are invited to share their experience, and to encourage others into service
- Visiting intergroups and groups when requested for help, assistance or guidance
- Supporting intergroups in attempts to reach out to young alcoholics
- Setting up effective links between Intergroup and Regional Liaison Officers to share experience and offer mutual encouragement and support between regional assemblies and workshops.

# Chapter Thirteen: Resource material available from GSO

RESOURCE MATERIAL  
AVAILABLE FROM GSO



GSO is the service office for the Fellowship. It keeps a store of service material available to AA members upon request. Most service material is listed on the order form. Service material does not have the Conference Approved seal on it because it does not go through the various committee procedures required. It is produced when GSO correspondence indicates that there is a need for readily available material on a specific subject. Service material is prepared from information in the files or from sharing specifically requested by a questionnaire. It is constantly updated, changed, or dropped according to Fellowship needs.

A comprehensive and up to date list of available literature can be obtained by contacting GSO or from the AA (GB) website. Additional service material available includes:

- Deaf (hearing impaired) Groups: list of groups available
- Survey: results from the last survey of AA
- Portable Display Unit
- Table Top Display Unit

## Service Handbook Glossary

AA	Alcoholics Anonymous
AAGB	Alcoholics Anonymous Great Britain
ADP	Alcohol and Drug Partnership
ASLO	Armed Services Liaison Officer
CA	Citizens Advice
CCG	Clinical Commissioning Group
CHIT	Confirmation or Proof of Attendance at an AA Meeting
BSL	British Sign Language
CER	Continental European Region
CJS	Criminal Justice System
CJ/SWS	Criminal Justice / Social Work Services
CNS	Chat Now Service
CSC	Conference Steering Committee
DAAT	Drugs and Alcohol Action Team
DBS	Disclosure and Barring Service Check
DHSS	Department of Health and Social Security
DPO	Data Protection Officer
EAP	Employee Assistance Programme
ECLO	Electronic Communications Liaison Officer
ECSC	Electronic Communications Sub Committee
ELO	Employment Liaison Officer
GDPR	General Data Protection Regulation
GP	General Practice
GSB	General Service Board
GSR	Group Service Representative
GSO	General Service Office
HLO	Health Liaison Officer
IPLO	Intergroup Prison Liaison Officer
NAT	Non-Alcoholic trustee
NSO	Northern Service Office
OMW	Open Meeting Workshop
ORS	Online Response Service
PCJ/SWS	Probation and Criminal Justice / Social Work Services
PI	Public Information
PLO	Prison Liaison Officer
PPG	Patient Participation Group
RASLO	Regional Armed Services Liaison Officer
RECLO	Regional Electronic Communications Liaison Officer
RELO	Regional Employment Liaison Officer
RPLO	Regional Prison Liaison Officer
RTLO	Regional Telephones Liaison Officer
RYPLO	Regional Young People's Liaison Officer
SSO	Southern Service Office
SSAFA	Soldiers, Sailors, Airmen, and Families Association
SSASM	Sub-Sahara Africa Service Meeting
TLO	Telephones Liaison Officer
YPLO	Young People's Liaison Officer



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