

## Chapter Six: AA and Healthcare in the Community

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The purpose of this guidance, in conjunction with the AA Health Resource Pack, is to assist Health Liaison Officers (HLOs) to carry the message to the still suffering alcoholic through co-operation with professional healthcare workers.

Intergroups and regions are responsible for the appointment of an HLO who ideally should work as a member of the local AA combined services or other appropriate committee. The HLO establishes contact and maintains communication with healthcare professionals, and reports back to intergroup and/or region.

- National Health Areas may not coincide with region or intergroup areas and it is important to identify where these differences occur
- The emphasis on hospital based treatment for patients with alcohol problems has shifted to community based initiatives
- Healthcare is no longer the sole province of the health service; depending on the area, healthcare may also include the local authority social services departments and private sector care providers
- Familiarity with the local area and a thorough knowledge of The AA Service and Structure Handbooks for Great Britain are vital to the role of HLO

### 6:1 Healthcare Professionals

By this we mean doctors, nurses, GPs and others whose remit includes contact with the active alcoholic. It should also include hospital and treatment centre administrators/managers. We may also be required to talk to student health care professionals. Do not be surprised if professionals do not use the word alcoholic, and instead refer to “problem drinker”, “alcohol dependent” and “alcohol abuse” or “misuse”.

### 6:2 Making Contact

It may be useful together with the Public Information Officer and/or combined services committee to map the healthcare professionals, hospitals, treatment centres and other healthcare providers within your area. From this information an action plan for making contact can be developed. It is important for a list of existing contacts and hospital groups to be included with your map, as their experience will be a valuable asset in developing new contacts. Teamwork is the key for this to work effectively. It is also helpful to have a list of AA members who can help give talks and send out information.

As with other external services, contact by letter or e-mail asking for an appointment is the first step with perhaps a follow up telephone call. Intergroups and regions should have headed paper for this purpose.

### 6:3 Meeting a Healthcare Professional

Professional workers tend to have a clear understanding of their areas of responsibility but few will understand ours. Initially our role might be that of providing information as to what AA 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 recovering alcoholics to work effectively with the still suffering alcoholic. When co-operating with professionals we should always adhere to our Traditions.

It is suggested that we:

- Are fully aware of the Traditions
- Turn up on time, suitably dressed
- Politely make ourselves known
- Take writing materials and record items relevant to our region/intergroup
- Do not engage in debates about budgets, bed shortages or any outside issues
- Never discuss individual AA members
- Do not report to non-AA committees but we can and should make AA information freely available
- Do not give medical advice to anyone
- Provide current times and venues of meetings, the National Telephone Service number and details of AA literature
- Never commit Alcoholics Anonymous or other AAs beyond your remit or our Traditions

Don't be afraid to ask questions; it's the only way to learn. Enjoy your role, safeguard the position and pass on your experience at rotation. AA has been co-operating with healthcare professionals for over fifty years but, if the experience is new to you, make use of the experience of other members in your area.

### 6:4 Hospital/Treatment Centre Meetings

There are two forms of meeting suitable for these premises. First there is the regular AA group meeting, run according to guidance outlined in the Structure Handbook chapter 'The Group' section 1, using the hospital/treatment centre as a venue. These meetings welcome patients being treated for alcoholism, and should be subject to Tradition Seven. Second there is the AA sponsored meeting held for in-patients. The outside sponsors attend these meetings, regularly bringing in outside speakers. These meetings are not open to AA in general nor listed in AA's Where to Find. This second type may not be self-supporting so it may be necessary to provide refreshments and AA literature. In-patients undergo treatment for relatively short periods so the continuation of the meeting depends heavily on the outside sponsors. It is usual for these meetings to be open to allow health professionals to attend.

## 6:5 Starting a Hospital/Treatment Centre Group

Discuss the idea at intergroup, region and combined services meetings to establish the need and the support of local members. Experience suggests that a minimum of four AA members are required who are committed to support the group for at least one year. The Hospital Liaison Officer and another member of the services committee should then make contact with the hospital/treatment centre so as to discuss the form of meeting to take place on their premises.

- National Health Service hospitals function through three departments – Medical, Nursing and Administration. Ensure that each is fully informed as problems can arise when AA has contacted a person who, though helpful and understanding, may not have the necessary authority to implement the decisions or arrangements
- Courtesy and experience tell us that we cannot occupy premises without the permission of the Administrator; that we cannot approach patients without the permission of the doctor in charge and we cannot enter a ward without the permission of the Nursing Officer/Charge Nurse/Ward Sister

## 6:6 The Responsibility of Hospital/Treatment Centre Groups

Once a group is established, members may be invited to visit patients in their wards. We do not solicit members; rather this is an opportunity to share our experience, strength and hope. You might consider leaving literature or asking if the patient would like to attend a meeting of the group. Always ask if the staff on duty can make the necessary arrangements and gain their consent. It is helpful if one or two members take on the responsibility of visiting wards each week to carry out this task, remembering to be courteous to all staff and to thank them for allowing admittance to their premises.

## 6:7 Additional Hints

- We may be required to register as a volunteer
- Abide by the rules of the hospital/treatment centre; we are only guests
- Limit yourself to carrying your own simple message of recovery
- Be willing to listen as well as talk
- Have a thorough knowledge of the Traditions and live by their spiritual foundation
- You will be known to be a member of AA by people in the hospital and your appearance, language, manner and conduct may influence their opinion of AA
- Always maintain a cheerful humility about the amateur status of AA. We are not professionals
- Do not talk about medication, psychiatry or scientific theories on alcoholism
- Never interfere or comment on the treatment or drug regime of patients. This is the sole responsibility of doctors
- Do not boast about AA. Let results speak for themselves

Finally, when taking responsibility for meetings in a professional centre it is necessary to keep in frequent, friendly contact with members of staff at the centre.

## 6:8 Communication

Regular reporting by intergroup and region Health Liaison Officers is a vital part of their role. This will keep the Fellowship aware of progress or problems. It will ensure that all areas of service work together, regardless of boundaries and service titles, to carry AA's message to all Health Professionals and, more importantly, the alcoholic who still suffers. Consider responding flexibly to the needs of the professional community and, through regular service meetings/workshops, a plan for your area will emerge. Do not be afraid to ask for help or to contact members in similar service positions in other areas. The Health Sub-committee members are also available to support and sponsor members into the role of Health Liaison Officer. A resource pack is also available.

Remember your primary purpose is to stay sober and help other alcoholics to achieve sobriety.

This is not an exhaustive list of Health Liaison functions/duties.

## 6:9 Suggested Literature (available from GSO)

- *AA Health Resource Pack*
- *AA as a Resource for the Medical Profession*
- *A Message for Professionals*
- *44 Questions and Answers*
- *A Member's Eye View of AA*
- *Speaking at non-AA meetings*
- *A brief guide to AA*
- *Who Me?*

(Revised 2008)