

# HOW AA MEMBERS COOPERATE WITH PROFESSIONALS

This is A.A. General Service Conference-approved literature.

## COOPERATION, BUT NOT AFFILIATION

A large, stylized, light green letter 'S' graphic that curves across the lower half of the page. It has a soft, glowing effect and is set against a background of a green-to-white gradient.

**service**

*ALCOHOLICS ANONYMOUS*<sup>®</sup> is a fellowship of men and women who share their experiences, 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, organisation or institution; does not wish to engage nor oppose any causes.
- Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

*Copyright by © A.A. Grapevine, Inc.;  
reprinted with permissions*

*Revised per 53<sup>rd</sup> Conference*

*©2016 Alcoholics Anonymous World Services, Inc. All rights reserved.  
Reproduced with permission of Alcoholics Anonymous World Services, Inc.  
Copyright in the English language version of this work is owned by A.A.W.S., New York NY.*

*Mailing address:*

PO Box 1, 10 Toff Green, York, YO1 7NJ

[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

**How A.A. Members  
Cooperate With Professionals**

*Cooperation, but not affiliation*



## Contents

Some basic ideas that A.A. experience shows about cooperation	3
How co-founders Bill, Dr. Bob and other early A.A.s cooperated	7
Some questions and answers about cooperating — based on misunderstandings most likely to occur	8
Committees on cooperation with the professional community	18



## **A.A.'s Experience**

In many countries, the alcoholism picture is changing rapidly. Even in A.A., the picture changes constantly.

For example, some early A.A. members had to play amateur doctor for alcoholics in the D.T.s, because there was no one else to do it. Some A.A.s furnished food, shelter and loans to indigent drunks.

Today, these practices have virtually disappeared from A.A. Often, many professionals furnish alcoholics with the services that A.A. does not provide. The A.A. pamphlet "A Brief Guide to A.A." and the flyer "A.A. at a Glance" tell what A.A. does and does not do.

By now, committees on Cooperation With the Professional Community (C.P.C.) have accumulated much experience cooperating with professionals in ways that preserve the letter and the spirit of A.A.'s Twelve Traditions. The following are observations based on that experience:

- 1. No hard-and-fast rules can be laid down in advance covering all cases — about exactly where the line is to be drawn between cooperating and affiliating.*

Circumstances vary between one instance and another and at different times. So good judgment is needed in each individual case and it helps to be familiar with A.A. experiences already recorded.

This pamphlet covers basic ideas, using mostly the A.A. experience summed up in the Twelve Traditions.

You can find the best detailed explanation of these ideas in their original written sources, the books *Twelve Steps and Twelve Traditions* and *A.A. Comes of Age*.

2. *A.A. is in competition with no one.*

Our ability to help other alcoholics is not based on scientific or professional expertise. As A.A.s, *we are limited to sharing our own firsthand knowledge* of the suffering of an alcoholic and of recovery.

A.A. members have one unique qualification for helping problem drinkers, of course — our personal experience. We have been there. But in addition to our specific A.A. function of sharing our experience, we can also cooperate with others dealing with alcoholism as long as we are guided by our Twelve Traditions.

The A.A. Traditions on being self-supporting, on being non-professional, on avoiding controversy and on not affiliating also suggest that A.A. members not criticise, obstruct or hinder any other efforts to help alcoholics.

We A.A. members can help best, not by passing judgments, but again simply by sharing our own personal experience.

3. *Non-A.A. agencies and professionals are under no obligation whatever to abide by A.A.'s Traditions. The Traditions are strictly for the guidance of A.A.*

But it helps in more effective cooperation if such agencies and professionals can be made familiar with A.A.'s Traditions.

4. *A.A. members who are professionals need to make it very clear in which capacity they are acting or speaking — at all times.*

A.A. has among its members men and women who are trained psychiatrists or physicians of other disciplines, members of the clergy, jurists, social workers, corrections officers, nurses, educators, counselors, community organisers, executives, administrators, labor management consultants or the like.

Many of these A.A.s — apart from their own personal membership in A.A. — work in non- A.A. programs concerned with alcohol problems. *Their professional or occupational skills and services are in no way a part of their A.A. membership.* They are paid for their professional or job performance, *not* for what they do to stay sober in A.A. This is not always understood by their fellow A.A. members, or by their non-A.A. co-workers.

So it is very important that such A.A.s always clarify the difference between their employment and what they do as A.A. *members.*



A.A. Guidelines for Members Employed in the Alcoholism Field and the section on the Eighth Tradition (especially pp. 169-171) in the book *Twelve Steps and Twelve Traditions* help both these members and the rest of us think straight about the differences between the professional and the A.A. roles.

5. *A.A.s can also be good volunteers in non-A.A. programs — as long as it is clear that they do not represent A.A.*

Many A.A. members — lay people as well as professionals — also help alcoholics in numerous non-A.A. ways as volunteers in non-A.A. activities in the alcoholism field. But we do so as *private citizens* concerned about the health problem of alcoholism, *not* as A.A. members and *not* as representatives of any A.A. body or of A.A. as a whole.

For best results in cooperation with non-A.A. community efforts, we need to stop short of structurally or formally linking A.A. with any other program or enterprise, no matter how worthy.

6. *We cannot discriminate against any prospective A.A. member, even if he or she comes to us under pressure from a court, an employer or any other agency.*

Although the strength of our program lies in the voluntary nature of membership in A.A., many of us *first* attended meetings because we were forced to, either by someone else or by our inner discomfort. But continual exposure to A.A. educated us to the true nature of our illness. We then developed a desire for a happy, sober life like that of other members we saw and we attended meetings willingly and with gratitude.

So we have no right to withhold the A.A. message from *anyone* — no matter who referred that person to us or what his or her attitude is at first. Who made the referral to A.A. is *not* what A.A. is interested in. It is the problem drinker who is our concern.

Regardless of our initial opinion of any newcomer, we cannot predict who will recover, nor have we the authority to decide how recovery *should* be sought by any other alcoholic. Some of us need different kinds of help and it may come best from non-A.A. sources, as pointed out in *Alcoholics Anonymous* (p. 74) and *Twelve Steps and Twelve Traditions* (p. 61).

7. *As we mature in A.A., we generally become less fearful and rigid.*

Those of us blessed with recovery in A.A. need to remember that modesty will win more friends for A.A. than smugness, arrogance or a know-it-all attitude. Saying “We know the *only* way to recovery” is an egotistical luxury we can no more afford than we can afford resentments.

However, shortly after we come into A.A. and begin to recover, we naturally feel great relief. We may find ourselves praised; within A.A., we begin to build a good reputation, which gradually replaces the shame of our drinking days.

This can easily turn into highly intense gratitude and loyalty to A.A. Then, almost before we know it, we may find ourselves sounding possessive and sensitive about A.A. — as if it were an exclusive society with a monopoly on the truth.

As recovery continues, we recall that thousands of us received aid from families and friends, a hospital or a clinic, a physician or a professional counselor. We realise that the boss who fired us, the relatives who scolded us or the cop who warned us also helped us — helped us see we had a drinking problem.

We begin to outgrow our defensive possessiveness. With no less devotion to A.A., but without our former fanaticism, we start to lose our fear that some non-A.A. program or professional will usurp A.A.’s role or take away our newly found pride, gratitude and other good feelings. The longer we A.A. members stay sober, the more likely it is that we will say, “*Anything* that works toward recovery for the alcoholic is good, and this includes hospitals, rehabilitation centers, state or provincial alcoholism centers, religion and psychiatry — as well as A.A.”.

Perhaps we become more “attractive” examples of what A.A. can do, in line with our Tradition Eleven.

8. *What is A.A.’s singleness of purpose and what about problems other than alcohol?*

Some professionals refer to alcoholism and drug addiction as “substance abuse” or “chemical dependency”. Non-alcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Non-alcoholics may attend *open* A.A. meetings as observers, but only those with a *drinking* problem may attend *closed* meetings.

## **How co-founders Bill, Dr. Bob, and other early A.A.s cooperated**

Right at the beginning, A.A.'s co-founders set us good examples of how to cooperate with non-alcoholic professionals to help alcoholics.

Both the book *A.A. Comes of Age* and Bill's 1958 Grapevine article "Let's Be Friendly With Our Friends" are bright with the gratitude our Fellowship owes to so many non-alcoholics. They offer present-day A.A.s practical guidelines.

With modesty and friendliness, Bill and Dr. Bob tirelessly continued their efforts to be cooperative throughout their lives, building for A.A. a large reservoir of goodwill among professional men and women.

## **Some Questions and Answers About Cooperating**

— based on misunderstandings  
most likely to occur

### **1 Which of the A.A. Traditions do members use in cooperating successfully with other community efforts to help alcoholics?**

All of them, really. But the following are especially pertinent:

*One* - reminding us to place the welfare of A.A. as a whole before our personal wishes.

*Two* - reminding us that no A.A. member can tell other A.A.s what to do or not to do.

*Three* - reminding us that we cannot judge whether or not any alcoholic has a desire to stop drinking buried secretly in his or her heart.

*Five* - reminding us that A.A.'s primary purpose is to carry the message, period.

*Six* - reminding us never to give the impression that A.A. itself or any A.A. group, endorses (or opposes) or finances any other enterprise, no matter what our opinion of it is. Also pointing out that seeking prestige always creates problems for us.

*Ten* - reminding us never to let the name of A.A. get involved in any public controversy.

*Eleven* - reminding us that our public relations policy is to make the A. A. way of life look attractive and never to mention in the public media (broadcast or print) *anyone's* A.A. membership.

*Twelve* - reminding us to place A.A. principles before personalities.

## **2 What A.A. channels does the Fellowship use for cooperating with others in the field of alcoholism?**

At least six:

- a. *The individual A.A. member* — acting as a private citizen, not as an A.A.
- b. *The A.A. group*. For a clear description of the structure and functions of the chief operating unit of A.A. — the local or neighbourhood group — see the pamphlet “The A.A. Group”.
- c. *The A.A. intergroup or central office*. Most metropolitan areas have A.A. intergroup offices (listed in the phone book), supported by local groups. These often receive calls from suffering alcoholics and distribute them among the groups.

Your local intergroup probably knows of the non-A.A. alcoholism efforts in your community and can offer information about the possibility of helping alcoholics in several ways in addition to carrying the A.A. message.

- d. *Committees on public information, cooperation with the professional community, treatment facilities and correctional facilities*. Members of these committees — which are set up by either an intergroup or an area general service committee (or sometimes by both) — are A.A.s who have specific responsibility for keeping the public accurately informed about A.A. They make special efforts to insure that local professionals and agencies working with alcoholics know about A.A. and how to refer problem drinkers to us.
- e. *Your area general service committee*. This committee (listed in the A.A. directory) is primarily responsible for local cooperation in A.A. world service affairs, through A.A.’s yearly General Service Conference and the General Service Office in New York.

However, where local A.A. services are not otherwise provided, sometimes an area general service committee helps furnish local, face-to-face A.A. services and may have other committees (as noted earlier).

Your group's general service representative (G.S.R.) or your district committee member (D.C.M.) can often tell you of non-A.A. efforts, which welcome and need the help of A.A. members functioning as private citizens.

- f. *The General Service Board of A.A. and G.S.O.* The board has committees on treatment facilities, correctional facilities, public information and cooperation with the professional community. G.S.O. staff members also have rotating assignments in those fields.

The board and G.S.O. maintain close liaison at the national level with publications and news networks, as well as national and international organisations interested in alcoholism.

A professional display on A.A. is shown at national scientific meetings. G.S.O. publishes *About A.A.*, a newsletter sent free to professionals who ask for it and also distributes a list of all A.A. central offices to those who want to refer alcoholics to A.A.

In addition, at the annual General Service Conference meeting, there are committees on treatment facilities, correctional facilities, public information and cooperation with the professional community. These Conference committees are composed of area delegates representing groups in the U.S. and Canada. The entire Conference reviews G.S.O.'s efforts at cooperation and makes suggestions.

### **3 *Does an individual A.A. member work for legislation on alcoholism?***

This is outside of A.A.'s primary purpose (Tradition Five). As a private citizen, though, any A.A. member may take any action for or against legislation. But he or she is very careful *never* to involve his or her A.A. membership or seem to be acting as a representative of A.A. in such activities.

### **4 *Is it within the A.A. Traditions for the A.A. name to be used in legislation?***

No, not if it implies A.A. endorsement or affiliation with a governmental body. Requiring that members of state commissions be A.A. members could force them to

break their anonymity at the public-media level. Of course, this problem is avoided if such members are described simply as “recovered alcoholics.” (In the same way, A.A. members hired as counselors for alcoholics should be called “alcoholism counselors”, *not* “A.A. counselors”).

**5 *Does A.A. recommend people for jobs in alcoholism programs?***

No, A.A. as a fellowship does not, nor does any A.A. office or committee or group. If asked, individual members may recommend someone — but with the clear understanding that the reference is strictly personal, *not* made on behalf of A.A.

**6 *Do A.A. members serve with non-A.A. agencies in the field of alcoholism?***

Yes, if they want to and are qualified — as long as they make it clear that they do so as private citizens, *not* as representatives of A.A.

**7 *When an A.A. member who is a professional speaks at an A.A. gathering, what about mentioning his or her professional position in advance publicity or on the printed program?***

If he or she speaks *as an A.A. member*, only the first name and A.A. group or hometown are used as identification — the non-A.A. connection is not mentioned. In A.A. there are no big shots. We are all equal — just plain A.A. members! The host committee or inviting group shares the responsibility of protecting the member’s anonymity in all public news media.

If he or she speaks *in the non-A.A. job capacity*, full name, title and institution can appropriately be used; but, of course, his or her A.A. membership is not mentioned. It is best that this be carefully arranged in advance.

## **8 Do A.A. members working on state commissions and other agencies do Twelfth Step work in connection with their jobs?**

No. Many such A.A.s explain it this way: On the job, they refer alcoholics to A.A. and thereby make Twelfth Step work possible — but they do not twelfth-step alcoholics themselves while they are in their professional role.

It is A.A. tradition that members do not get paid for Twelfth Step work. We often say we can keep sobriety only by *giving* it away. Like a doctor or a lawyer who is an A.A. member, a counselor who is an A.A. is paid for his or her professional services, not for carrying the message.

Of course, when a professional social worker who happens to be an A.A. member is faced with a client who has a severe drinking problem, the social worker may be tempted to carry the message at once, by sharing right on the spot his or her own personal experience.

However, it has been proved over and over that, in the long run, this can be very bad for the client, for A.A. as a whole and for the professional, too. It gives the client a false impression of A.A. — he or she sees it as part of a social welfare agency. It betrays the true non-professional nature of A.A. and it confuses the role of the professional social worker with that of the A.A. sponsor.

It has been shown many times that it is better for the social worker to make a strong, personal referral to A.A. This makes it possible for Twelfth Step work to be done by some other A.A. member, whose role is thus clearly only that of a twelfth-stepper.

If the social worker and the client later see each other at A.A. meetings, the social worker can then explain that he or she is there for his or her own sobriety, that Alcoholics Anonymous is not the appropriate setting for professional casework, nor is A.A. twelfth-stepping a part of professional social work practice. (Of course, this does not prevent the professional from carrying the message to A.A. prospects he or she encounters *outside* his or her job).



**9 *Do A.A. groups, intergroups or service committees ever refer alcoholics or their families to non-A.A. agencies?***

Of course. When an alcoholic needs some professional service (such as medical care, dental work, legal advice, vocational counseling or welfare) beyond the scope of the A.A. program, A.A. members refer alcoholics and their families to competent professionals and agencies that provide such service.

Members of the alcoholic's family are given information about Al-Anon Family Groups and Alateen.

But assisting an alcoholic to find needed professional help does not in any way lessen the responsibility of the A.A. member to carry the message in the best way possible and to offer good sponsorship. It is not good A.A. simply to dump an alcoholic into the lap of professional agencies either because we feel we do not have the time for him or her or because the alcoholic is troublesome and demanding. Many of us recall with gratitude the enduring patience and great kindness older members showed us when we were new.

Since professional agencies and individuals often send alcoholics to us, it is also our responsibility to make sure the professional community is fully aware of A.A. and how to reach it. A.A. meeting lists and telephone numbers need to be continually distributed among all professionals who come into contact with problem drinkers.

**10 *Does A.A. participate in publicity and other activities jointly with non-A.A. alcoholism programs or agencies?***

Only when it can be made perfectly clear that A.A. is in no way affiliated with or endorsing, other enterprises and when such activity does not engage A.A. in any public controversy. We should repeatedly point out to the public the unique nonprofessional nature of A.A. help, the fact that it is given free and the exact services that A.A. does and does *not* offer.

Of course, this need not prevent A.A. speakers from carrying the message by appearing on the same programs with non-A.A.s — as long as it is explained definitely that A.A. is a separate entity, cooperative but not affiliated, that each A.A. member speaks only for himself or herself at all times and that no individual A.A.

member represents any A.A. group, committee, office or the Fellowship as a whole.

However, experience singles out one A.A. activity that definitely should *not* be a joint function with any other enterprise. No A.A. answering service or central office (intergroup) should ever be located in an alcoholism information center or in any club for alcoholics. This does imply affiliation and always leads, in one way or another, to grief for all concerned.

**11 *When Alcoholics Anonymous' name has been linked with another agency for fund-raising, what can an area committee or A.A. group do?***

It tries at once to cut that link. A friendly, honest, face-to-face discussion usually solves the problem. We cannot expect a non-A.A. to understand our Traditions and their importance in our recovery and in the survival of our Fellowship. It is *our* responsibility to explain A.A. operations courteously and patiently over and over. Most agencies are quite glad to cooperate.

When a public statement is necessary — as a final resort — it should be friendly in tone, explaining that A.A. is not affiliated with any alcoholism program, raises no funds from the public and *accepts contributions only from its own members*. The point can also be made that A.A. neither endorses *nor* opposes any other plan for alcoholics. We can cooperate without endorsing.

**12 *Are non-A.A. activities publicised through group meeting announcements, local A.A. bulletins, newsletters or special mailings?***

This is a matter for local decision. In any case, any appearance of affiliation, endorsement, or opposition by A.A. needs to be avoided.

**13 *Do A.A. groups accept help from outside sources in the form of free literature, rent, printing or other financial aid from a non-member, from a government commission on alcoholism or from any other enterprise outside A.A.?***

No. Our Tradition Seven says, “Every A.A. group ought to be fully self-supporting, declining outside contributions”. Note the word “fully” and read *Twelve Steps and Twelve Traditions* (p. 160).

If a group finds it a hardship to buy literature, G.S.O. can probably help or some nearby A.A. group or central office or the area general service committee can. All new groups receive a free supply of literature from G.S.O. Discount packages are available for institutions and public information work.

When a meeting place is offered at no charge, it is customary for an A.A. group to make at least a small regular donation as “token” rent. *Learning to be responsible for paying our own way is part of our recovery.*

**14 Do A.A. groups or committees own or manage hospitals, rest homes and other rehabilitation facilities in the community?**

Traditionally, A.A. groups, intergroups and committees do not own, operate or manage such ventures.

**15 Can A.A. groups meet regularly in hospitals, rehab centers, rest farms, halfway houses, detox units or inpatient or outpatient alcoholism clinics without implying affiliation?**

The position of A.A. groups in treatment facilities was clarified by this recommendation from the 1978 A.A. General Service Conference: “A.A. members who meet with the administration of a treatment facility *concerning the formation* of an A.A. group on its premises should explain group autonomy as well as what A.A. can and cannot do (Traditions) and also have a good understanding of the facility’s rules and regulations. After mutual agreements are reached, it is important that this information be shared with the A.A.s who will be attending the group’s meetings. It was suggested that groups meeting in treatment facilities try to abide by the self-support Tradition. If money for rent is not accepted by a facility, groups should contribute in some other way. It was also felt that A.A.s employed by the facility should not run the groups at the facility”.

**16 *What can be done when serious differences arise between an A.A. group or committee and others interested in alcoholism?***

A frank, friendly, face-to-face discussion works best. Often, the area delegate to the General Service Conference or a past delegate is able and happy to participate in mediating such differences. Finding a solution depends on willingness to communicate with, and listen to, one another.

Seeming differences can arise because of misunderstanding of facts — a simple lack of information. For example, non-A.A.s may be uninformed about A.A. Traditions and many A.A.s are ignorant of the necessary legal regulations governing some facilities outside A.A. Usually, all that is needed is an exchange of information and views, with emphasis on common desires. This can eliminate the problem and preserve goodwill, so all concerned can get back to helping the alcoholic in their own special ways.

**17 *How can local A.A. groups and members help patients who are being discharged from treatment facilities?***

In order to bridge the gap, A.A. members have volunteered to be temporary contacts and introduce newcomers to Alcoholics Anonymous. Many local groups and committees have established such temporary contact programs. (For more information, see the pamphlet, “Bridging the Gap”).

**18 *What is A.A.’s policy when an alcoholic comes to A.A. meetings in order to get a suspended sentence or parole or to save a job?***

First, A.A. accepts the alcoholic. True, A.A. is a voluntary program, but many of us remember how strongly we resisted A.A. at first. We also know, though, that many of us resisters eventually embraced the program because we wanted it, after being around it a while. So it is a good idea to explain this to the official who refers alcoholics to A.A. It also helps to point out that, although A.A. members can try to help, they cannot guarantee anyone’s future sobriety or conduct

(even their own!), nor accept responsibility for more than “sharing the A.A. experience” with the prospect.

It is useful, too, for A.A.s to remember that, in the final judgment, officials are responsible for their own decisions. Their decisions are not A.A.’s responsibility.

**19 *What is the relationship of A.A. to retreats or other meetings for alcoholics which may (or may not) be held under the auspices of religious denominations?***

There is no formal relationship at all, any more than there is a structural or official relationship between A.A. and any church, temple, ethical or humanist or agnostic society or meditation centers that a member may attend. A.A. does not sponsor such gatherings. There is no such thing as an “A.A. retreat”, any more than there is an “A.A. farm” or an “A.A. rehab center”.

**20 *Does cooperating with professionals really do any good?***

There is overwhelming evidence that cooperation does pay off handsomely for the individual alcoholic and for A.A. as a whole. This evidence comes from the 1992 Membership Survey of A.A. groups in the U.S. and Canada.

*It is this: Almost one-third of those surveyed credited outside assistance — in the form of medical, psychological, spiritual or other counseling — as playing an important part in directing them to A.A.*

The finding means, probably, that more than one-third of our members are alive and sober in A.A. today because of A.A. cooperation with others in the field of alcoholism. And millions more sick alcoholics are still out there, waiting. . . .

## **Committees on Cooperation With the Professional Community**

The General Service Board in 1970 set up its Committee on Cooperation With the Professional Community (C.P.C.). In 1971, the General Service Conference followed suit with the formation of its Cooperation With the Professional Community Committee.

In many areas, some of the jobs formerly done by public information and institutions committees are now seen as logical functions of cooperation with the professional community. Of course, the different committees overlap and local circumstances usually determine who does what. It is suggested that in areas where there are existing public information and institutions committees, members from these committees be included in the organisational and regular meetings of a new C.P.C. committee.

### **1 *What is the purpose of area or local C.P.C. committees?***

Members of these committees inform professionals about A.A. — where we are, what we can do and what we cannot do. An attempt is made to establish better cooperation between A.A.s and professionals in the field.

Many local A.A. service committees will, upon request, provide informational presentations for organisations. Sessions can be tailored to meet specific needs. A typical agenda might include one or several A.A. films and a presentation by one or more A.A. members on “What A.A. Is and What It Is Not”.

Please check your local telephone directory or newspaper for the number of Alcoholics Anonymous.

## **2 *How do area and local C.P.C. committees get started?***

An area C.P.C. chairperson and co-chairperson may be elected or appointed by the area general service committee. District C.P.C. chairpersons and co-chairpersons may be elected or appointed in each district. In some places, intergroup committees elect or appoint local C.P.C. committees.

## **3 *What do C.P.C.s do?***

The C.P.C. Workbook, available from the General Service Office, will be of great assistance in working with professionals in your area, state or community. One suggestion is to work with one group of professionals at a time.

When a list of professionals, both individuals and organisations, has been compiled, members of C.P.C. committees may:

- a. Make an initial contact (letter, phone, face-to-face).
- b. Offer to come and talk with a professional about A.A. or offer a C.P.C. presentation to professional groups.
- c. Offer to take a professional to an open A.A. meeting in the area.
- d. Provide A.A. literature describing the A.A. program of recovery.
- e. Stress A.A.'s eagerness to serve as a community resource to help the alcoholic recover.

## **4 *Why is C.P.C. activity important?***

The professional can help the alcoholic become willing to hear the A.A. message of recovery. There are still those professionals who have little or no understanding of A.A. Open communication in a spirit of friendly cooperation is still important.

## **5 *Is there additional information about C.P.C. committees?***

Additional information (such as Guidelines and pamphlets) may be obtained by writing to the mail address on the inside front cover.

The Cooperation With the Professional Community Workbook contains sections on how to do C.P.C. service, guidelines, background material, guide letters and pamphlets.





## THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to other human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and become willing to make amends to them all.
9. Made direct amends to such people where possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a Spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

## TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the levels of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.



## THE TWELVE CONCEPTS FOR WORLD SERVICE

1. Final responsibility and ultimate authority for A.A. world services should always reside in the collective conscience of our whole Fellowship.
2. The General Service Conference of A.A. has become, for nearly every practical purpose, the active voice and the effective conscience for our whole Society in its world affairs.
3. To insure effective leadership, we should endow each element of A.A. — the Conference, the General Service Board and its service corporations, staffs, committees, and executives — with a traditional “Right of Decision”.
4. At all responsible levels, we ought to maintain a traditional “Right of Participation”, allowing a voting representation in reasonable proportion to the responsibility that each must discharge.
5. Throughout our structure, a traditional “Right of Appeal” ought to prevail, so that minority opinion will be heard and personal grievances receive careful consideration.
6. The Conference recognizes that the chief initiative and active responsibility in most world service matters should be exercised by the trustee members of the Conference acting as the General Service Board.
7. The Charter and Bylaws of the General Service Board are legal instruments, empowering the trustees to manage and conduct world service affairs. The Conference Charter is not a legal document; it relies upon tradition and the A.A. purse for final effectiveness.
8. The trustees are the principal planners and administrators of overall policy and finance. They have custodial oversight of the separately incorporated and constantly active services, exercising this through their ability to elect all the directors of these entities.
9. Good service leadership at all levels is indispensable for our future functioning and safety. Primary world service leadership, once exercised by the founders, must necessarily be assumed by the trustees.
10. Every service responsibility should be matched by an equal service authority, with the scope of such authority well defined.
11. The trustees should always have the best possible committees, corporate service directors, executives, staffs, and consultants. Composition, qualifications, induction procedures, and rights and duties will always be matters of serious concern.
12. The Conference shall observe the spirit of A.A. tradition, taking care that it never becomes the seat of perilous wealth or power; that sufficient operating funds and reserve be its prudent financial principle; that it place none of its members in a position of unqualified authority over others; that it reach all important decisions by discussion, vote, and, whenever possible, by substantial unanimity; that its actions never be personally punitive nor an incitement to public controversy; that it never perform acts of government, and that, like the Society it serves, it will always remain democratic in thought and action.





**I am responsible...**

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