Summary of Topics/Questions not accepted for Conference 2013

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"How does GSO justify recommending public liability insurance for groups?"

Terms of Reference No. 6/7Lack of background material and based on false premise with reference to GSO
input regarding Public Liability Insurance.

2.

"Would Conference consider expanding its range of product to include appropriate merchandise?"

Terms of Reference No. 7	Not suitable for Conference discussion at this time and out with the Fellowship Traditions.
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What more could AA do to carry its message?

SOME RELEVANT STATISTICS

• "The number of admissions to hospital in England relating to alcohol has topped 1 million. Statistics show that there were1,057,000 such admissions in 2009/10. This is up 12 per cent on the 2008/09 figure (945,500) and more than twice as many as in 2002/03 (510,000)" – *The NHS Information Centre*.

It should be noted that these figures are only for NHS hospitals in England; they do not include the rest of the UK, nor do they include the private sector or attendances at A&E departments. To be admitted to hospital, such alcohol related conditions would have to have been serious which in itself would indicate that most, if not the vast majority of the patients concerned would be alcoholics. Yet despite the fact that the default treatments adopted by the NHS for treating alcoholism are completely ineffective, it is almost certain that few, if any, of the sufferers concerned will be referred either directly or indirectly to AA. It is worth noting, however, that if only 4 per cent of them were to find recovery in AA, AA's UK membership would double almost overnight to some 80,000

The United States (US) has a population of 300 million and an estimated AA membership of 1 million, 0.33 recurring% of the population. In the United Kingdom (UK) the respective figures are 60 million, 40,000 and 0.066 recurring%.
 If AA's UK estimated membership expressed as a percentage of its population were the same as in the US, it

If AA's UK estimated membership expressed as a percentage of its population were the same as in the US, it would have an estimated membership of 200,000.

• Worldwide AA now has an estimated membership of 2.5 million of which the UK membership of 40,000 is only 1.6%. For one of the world's leading countries and a member of the G7 with one of the higher drinking levels per capita, this surely is a pitifully low figure bearing in mind that AA came to England over 64 years ago.

• ESTIMATED NUMBER OF PEOPLE IN UK DEPENDENT/ADDICTED

	(Per	rcentage of population)
Nicotine	15 million	(25%)
Caffeine	12 million	(20%)
Alcohol	4.6 million	(8%)
Tranquilisers	1.6 million	(2.5%)
Heroin	150,000	(0.25%)
Cocaine	20,000	(0.03%)
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(Sources: Ash, Drug Scope, Alcohol Concern. Department of Health, NHS)

Assuming these recent figures are reasonably accurate and excluding members who may also be addicted to the three last categories above, the percentage of alcoholics recovering in UK AA is under 0.9%.

- "Among men, 24% reported drinking on average more than the recommended 21 units a week. For women 13% reported drinking more that the recommended 14 units in an average week Source: Statistics on Alcohol: England, 2007 (NHS The information Centre for health and social care)
- According to a press release of a report to be published in October 2011 by the think tank 2020 Health "In total, some eight million adults are putting their health in serious danger by drinking alcohol at levels above official 'safe' guidelines.

All of the above figures on page 1 indicate the magnitude of the challenge facing the Fellowship in the UK if it is to reach more alcoholics and be successful in even approaching parity with the United States where AA membership is proportionately 5 times greater than it currently is here.

MEDICINE AND THE DEPARTMENT OF HEALTH

For many years now, I have increasingly felt that in fulfilling its primary purpose of carrying its message to the alcoholic who still suffers, the Fellowship is up against an unsupporting, indeed sometimes hostile, medical profession who through the Department of Health/NHS continues to pursue "controlled drinking" and prescribed mood altering medication as its default treatments for "problem drinkers". Its only other answer to preventing "problem drinking" (they no longer use the terms alcoholism or drug addiction) is to increase the cost of alcohol, little realising that an alcoholic will get his drink whatever the price; if necessary he will steal for it as I myself did! Quite simply and as a body, the NHS does not 'do abstinence' and Minnesota Model Type abstinence based 12 Step Treatment Centres, who refer very many sufferers to AA, are not to be found within its organisation.

In AA's early days when it was still a fledgling Fellowship, Bill W. and Dr Bob, armed with The Big Book sought out the support of the US medical profession for AA not only for its disease concept of alcoholism but also for Twelve Step recovery programme. In this they were successful, so much so that the US Health Authorities gave their full support to AA and subsequently also recognised alcoholism as a disease. Not only that but in 1951 The American Public Health Association went further and presented a Lasker Award to AA "in recognition of its unique and highly successful approach to that age-old public health and social problem, alcoholism... In emphasising alcoholism as an illness..." (Please see Appendix IV in the Big Book and for the medical view of AA, Appendix III). It is hard to imagine such an award being made here!

For the record The World Health Organisation (TWHO) has for many years also recognised alcoholism as a disease as now also does much of the rest of the world. Yet in the UK, the Department of Health and the BMA, who formulate and advise on treatment policies, disagree and, in their wisdom, still don't recognise alcoholism as the illness/disease which we all know it to be. British doctors do not study alcoholism or drug addiction (Chemical Dependency) either in their training or subsequently. As a result many doctors often fail to diagnose alcoholism or, if they do, they fail to understand that it is not possible to recover from it without first accepting our powerlessness and being totally abstinent (Step One) – "you won't find a solution by saying there isn't a problem". Far from supporting us, "Thanks but no thanks, we have enough agencies to refer to" is the typical response of GPs when approached by one London PI rep I know of.

With one notable exception when eventually a doctor in private practice diagnosed me as a straight up chronic alcoholic (and I have not had a drink since that day), my experience with doctors confirms their astonishing lack of knowledge and understanding. For example, two years before my last drink, the leading psychiatrist specialising in alcoholism at one of the then London Teaching hospitals amazingly, and to my then wife's fury, diagnosed me as having a marriage problem when my chronic alcoholism was staring him in the face; more recently in 2008 when I had to have two operations under general anaesthetic, no less than four different doctors, three of whom specifically administered drugs, told that because I had not had a drink for over twenty five years, I could be not an alcoholic; nor could they understand me when I said that I was also chemically dependent.

CONCLUSION

AA has always maintained that alcoholism is a threefold progressive fatal illness which, though incurable, can be arrested by complete abstinence and by following its spiritual Twelve Step recovery programme. It believes, as did Dr Carl Jung, that the ultimate sources of recovery are spiritual. Scientists and medicine can, when necessary, treat the physical aspects of the illness and can sometimes be of assistance with the mental ones which otherwise normally correct themselves under

the practicing of the Twelve Step programme. Published in 1939, the Big Book brilliantly described in the illness particularly in Chapter Three, the fourth paragraph of which concludes with the following words:

"Neither does there appear to be any kind of treatment which will make alcoholics of our kind like other men. We have tried every imaginable remedy. In some instances there has been brief recovery, followed always by a still worse relapse. Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. Science may one day accomplish this, but it hasn't done so yet."

And 72 years later it still hasn't! Like us, medicine too is powerless over alcohol. It never has been nor, I suggest, will it ever be able to treat the spirituality in what is still the most untreated treatable disease in the Western World. To those people who maintain that alcoholism is not a disease I can only say that anyone who has seen the depth of suffering of a chronic alcoholic at rock bottom could in no way maintain that he or she has any degree of 'wellness'. On the contrary such an alcoholic is a very sick person in the terminal stages of a physical, mental and spiritual disease. Accordingly we must continue to try to persuade doctors to accept the disease concept and to realise that virtually all long term recovery takes place outside the purview of clinical medical treatment in the context of multi help support groups of which by far the most successful worldwide treatment is the on-going spiritual programme of Alcoholics Anonymous.

In Concept XI – Twelve Concepts for World Service, Bill W. urged us "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." I would also add politicians and the press to this list as with regard to the latter, we should never forget the effect which the Jack Alexander article had on the growth of the infant Fellowship in its early years. The problems caused by alcohol are discussed in the press and on television daily but the voice of AA is only very rarely heard. This may be in part because of our individual conformity to Traditions 11 and 12, but AA itself is not, nor should it be, anonymous; neither should it be invisible (very few of the public know what AA is about or even of its existence. It should have a much higher National profile). In Britain today, the need for more Jack Alexanders is greater than ever. I repeat that the statistics on page 1 illustrate very clearly that we in the United Kingdom should be doing much more than we are doing to reach the still suffering alcoholic. I believe, however, that the biggest hurdle before us remains the refusal of medicine and the Department of Health to recognise alcoholism as a disease thus following the lead given many years ago by The US Health Authorities, TWHO and most of the rest of the world. It would seem that to the BMA that "Everyone is out of step but our Jock"!!

RECOMMENDATION

AA has immense experience of the disease and no people know more about it than those who are in long term recovery from it. I recommend that Conference 2013 gives due consideration to the creation of a small panel (or similar body) charged yet again with the specific task of following in Bill W's and Dr Bob's footsteps of trying to persuade the BMA and the Department of Health to recognise alcoholism (and for that matter other drug addictions) as a disease/illness. I would suggest that the panel should be quite small and be comprised of, if possible, at least one doctor in the Fellowship (there must be hundreds) at least one board member together with other members of the Fellowship, both old timers and others with say at least 3 years sobriety. It would be essential for all members of the panel to believe passionately in their cause and to have the time and energy necessary to pursue their task.

I recognise that it may be difficult and that we may well be kicking against a brick wall, but it is very much our primary purpose and if we don't try, we certainly won't succeed. If success should be achieved, however, many lives would be saved and many more would be given the opportunity of seeking recovery in AA. We also would be taking the first steps towards increasing AA UK membership to the 200,000 it could and should be.

Terms of Reference No. 6

Subject had been discussed by Conference in various formats – difficult to verify the source of background information.

7.

With reference to the AA pledge: "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."

I would like the Fellowship to ask itself how seriously this is applied around holiday periods, with particular emphasis on Christmas. Do we ensure that our meetings are open? Wherever possible. Are we there for the still suffering alcoholic? *Are we responsible?*

I would like the Fellowship to ask itself how seriously this is applied around holiday periods, with particular emphasis on Christmas. Do we ensure that our meetings are open? Wherever possible. Are we there for the still suffering alcoholic? *Are we responsible*?

Background Information

Over the past two Christmas periods in London I have experienced a dearth of open AA meetings over the Christmas period (the 24th December through to 2nd January). And in both years, upon turning up at meetings, I have found them closed, with no indication to the telephone office. I have found crowds of people (including newcomers) outside these closed venues looking for a meeting.... and the hand of AA to be there.....

I recognise that some venues are naturally closed sometimes during this period and that the Landlord clearly stipulates this upon the rental agreement for the venue, Christmas and Easter, church venues are quite often not open, this is unavoidable and of course completely understandable and acceptable.

But what I am finding in recent years is that some groups themselves are taking the decision upon themselves to close for "Christmas holidays" - one group I know of was "closed for the Christmas holidays" last year and did not open the meeting, which actually fell on the 28th December, not even a bank holiday technically.

I appreciate that during these times some people will be away, they will go home or what *not*, others may have responsibilities to take care of, but I am quite sure that some members of any group will be available.

I myself came to AA during the Christmas period and thank God AA was very much open then. I went to a meeting and was warmly welcomed, and have not looked back since some years on. I remember back then when subsequent Christmas periods came that we (all the groups I knew of in the local area) would do our level best to ensure that the meetings were on. I remember one Christmas day that three of us opened the meeting, we too have families etc. but came out for a couple of hours to do this service because always I want the hand of AA to be there and for that I am responsible.

There seems to be a new trend developing in AA that does not hold this principle at Christmas time. I was very surprised to find on the 28th December last year that after going to one daytime meeting in central London that it was closed, myself and some of the other members I found outside then went to another central London meeting only to find that also closed, again no information passed onto the telephone office about these closures. We held an impromptu meeting in a nearby park with newcomers who were there and an Australian tourist who was desperate for fellowship and a meeting on his travels. Now this is all well and good, but what about the others that arrived at other venues and found the door closed and nobody there to offer the hand of AA. Most importantly what about the newcomer that experiences this, what impression of AA are they left with? How about our being there for them and their recovery?

I send this to Conference and not Region because I feel that this is a new trend that seems to be developing and if it has not yet reached other parts of the country I fear it *won't* be long before it does. I would like the groups themselves to each take inventory and to really ask themselves if they are being responsible enough in ensuring that the meetings continue, if possible, all year round, are we being responsible enough?

Terms of Reference No. 7 Local issue and group autonomy.

8.

Would Conference consider the feasibility of setting up an online method to take out a subscription to Share Magazine, via the Online Shop on the AA web site?

Terms of Reference No. 5	Share was discussed at Conference 2012 but the Conference Steering Committee
	will ask the General Service Board to consider a feasibility study for
	offering Share subscriptions through the online shop.
10	

10.

Despite the excellent Conference approved pamphlet ("The A.A. Member – Medications and Other Drugs") produced on the subject there appear to be a number of AA members who advise other members about whether or not to take medication. I have myself heard members do this and there was recently a letter in SHARE about this. Could Conference consider whether more could be done to raise awareness of how damaging this can be both for individual members and for the fellowship as a whole?

Terms of Reference No. 7	Covered by existing literature. Also the Winter 2012 AA Service News will have
	an article on this subject called 'A plea for Non-Interference'.
11.	

Would Conference discuss if AA UK should use or not use the term "self help group" when referring to AA groups.

Background

On the webpage section "Newcomer to AA - Who We Are" it says:

"Through meetings and talking with other alcoholics we are somehow able to stay sober."

This could give the impression AA is a self help group and that talking to others "somehow" keeps us sober. The Big Book has a chapter called "How it Works". It does not mention going to meetings and then "somehow" staying sober. Instead it talks about taking certain steps and through them building a relationship with God that works.

As much as it is understandable that we cannot explain the whole chapter in one sentence at the web, this description on how it works given now on the page, may cause the impression steps have nothing to do with recovery and that we don't know what got us sober in the first place.

In addition the flyer "To Professionals" actually states we were self help groups. As far as I know that is the only piece in AA literature that does so, especially as this information is wrong. Step 2 states exactly that "we came to believe that only a power greater than ourselves could restore us to sanity" and hereby refers to God, because we can <u>not</u> help ourselves

Terms of Reference No. 7 Already covered by existing AA literature.

12.

Would Conference peruse this version of our AA 12 Step programme, being widely passed on from sponsor to sponsee for some time now and advise on any concerns?

Terms of Reference No. 7 Outside issue.

13.

Some years ago Conference discussed the distribution to new AA members of cards containing 'six suggestions'.

The advice of Conference was only GSO distributed (i.e. Conference approved) literature to be distributed at AA meetings. If groups insist on distributing this then it should be kept on a table marked 'non-GSO distributed literature'.

Despite Conference advice on the matter being widely promulgated the particular groups have not followed it.

Would Conference discuss, as Conference ultimately comprises of the group conscience of the whole of AA, the need to reiterate advice already given.

Insufficient background material, each group is autonomous and non AA approved literature is an outside issue.

14.

Is the selection process for GSB Sub Committee membership too complicated and remote from the Fellowship?

Terms of Reference No. 7	Not suitable for Conference as this is a GSB matter and is covered in
	the Concepts of World Service and other AA literature.

15.

Should the AA guidelines be renamed to more accurately reflect what they actually are?

Many AA members are unaware of the importance of our AA guidelines. Some others are intimidated by complicated looking documents. The guidelines are simply "Conference decisions" and should be referred to as such. Keep it simple.

Terms of Reference No. 7 Question based on an incorrect premise.

16.

Make recommendations on how the Fellowship should proceed to protect the copyright of the Fellowship's literature.

Terms of Reference No. 7	All new copyrights have been tightened up and there are processes and procedures in place.
18.	

Share experience on giving talks to professionals who request a certificate of attendance for their CVs. Should AA be issuing attendance certificates?

- 1. Professionals particularly NHS staff attending AA talks request certificates of attendance for their CVs. AA currently does not seem to have a policy on this.
- 2. Doctors may need such certificates to obtain their credits for training that they need to do each year.
- 3. The Fellowship operates the "Chit" system confirming attendance at AA meetings.

Terms of Reference No. 7	Question based on an incorrect premise and points 1 and 2 break the
	tradition of anonymity.

19.

Will Conference discuss bringing the UK AA Census more into line with the US AA Census, by including questions relative to race, religion (also physical disability) among our membership, so as to better indicate AA's success or failure rate within minority groups.

Terms of Reference No. 7	CSC not comfortable with the issue of race and religion – refer to
• •	'AA Comes of Age' page 281. Against Traditions.

20.

Bearing in mind that AA is about alcohol, and that there is no mention in the Big Book advocating abstinence from cannabis; and in the light that several dual addicted Secretaries of AA meetings continue to smoke cannabis while advocating an alcohol related sobriety, would Conference discuss and advise on whether the use of cannabis should, or should not, preclude any member of AA from taking up any position of service within AA, including that of Conference Delegate?

Terms of Reference No. 7 Against the primary purpose and relates to an outside issue.

21.

More and more AA groups are being denied their basic right of membership in local Intergroups . This action also denies them participation in Region and Conference. Can Conference please clarify this situation and give advice so that minorities in AA are no longer banished from our Service/Conference structure and that their conscience is heard.

Background

- When these groups have asked the assistance of Conference in the past they have been told "it's a local issue" and up to the "conscience of those concerned". When the Conscience of those concerned deal with it, by forming new local Intergroups GSO & GSB refuse to recognise them, thus making it a National issue.
- Conference 2012 Committee 5, Question 2 says that by being part of the group conscience and valuing the importance of love, tolerance and the right to participate, we can best strengthen the unity of the Fellowship.

Terms of Reference No. 5 Discussed at Conference 2012, Committee 5, Q2.

22.

In light of the Conference recommendations of Committee 6, Question 1, 2007 and Conference 2012 Committee 5, Question 2, would Conference give advice on how disenfranchised groups can be integrated into the Intergroup service structure?

Background

There are groups across the country that have been denied the right to participate in service in their Intergroup, some even being denied membership of their Intergroup. However, in Conference 2012, Committee 5, Q2 the response says that it is important to value the right of participation at all levels of service.

Terms of Reference No. 5	Previously discussed at Conference 2012, Committee 5, Q2 and
	is addressed by Concept IV.

23.

In order to ensure unity would Conference please give advice on how groups that have been denied membership of their Intergroup can establish their own Intergroup in order to carry the message to the still suffering alcoholic and participate fully in the AA service structure?

Background

There are various groups that have been denied membership of their local intergroup but still want to participate in the AA service structure.

Conference 2012 (Committee 5 Question 2) recommends that we: value the importance of the right to participate in our service structure.

Terms of Reference No. 7 The question was based on an incorrect premise.

24.

Would Conference consider reverting back to the system of accepting and publishing Conference questions as they were submitted by the Fellowship, rather than rewording them and turning them into a topic, which can result in the loss of the question's original meaning? i.e. change the 'Terms of Reference'?

Background

- The current terms of reference; particularly item 3 of the 7 criteria for accepting or rejecting questions/topics for Conference.
- This practice can discourage groups from presenting questions in the future if they believe their questions will be constantly changed or rejected.
- The background to submitted questions often include specific material that refines and focuses the question and this detailed focus can be lost or marginalised when submitted questions are consolidated into a topic, even if the spirit of the original question is maintained.

Terms of Reference No. 7 The question was based on a false premise.

25.

Would Conference give guidance for disenfranchised groups wishing to come together for the purposes of carrying out Public Information service?

Background

- Conference is encouraging groups to do their own PI work.
- Group PI work can be done in liaison with established Intergroups.
- Disenfranchised groups are excluded from the service structure and without access to newcomers, who are the lifeblood of the Fellowship, may have turn their faces to the wall and die.

Terms of Reference No. 7

There are Guidelines in place for PI work.

26.

There has been a growing prejudice and willingness to try and expel or punish certain individuals or groups over the last couple of years. Can Conference please discuss ways in which itself and the GSB can show more leadership in assisting unity in areas where this attitude is prevalent?

Background

In some Intergroups, it is known that some Groups are being excluded, or their members are being prevented from taking part in Service. Often, this is because nominations are actively blocked, often leaving a variety of Intergroup Service positions vacant, rather than allow the election of a capable and willing AA from the 'disliked' Group.

Conference or the GSB could offer practical advice on how Groups could act in a more unified way, or in certain circumstances advise how those AA Groups having genuine concerns could highlight them to Conference or the GSB and ask whether it / they would be prepared to make the 'offer of mediation' (AA Service Manual combined with Twelve Concepts for World Service, 2004-2005 edition, p.72). Traditions 1, 4 and 10

Terms of Reference No. 7 Against Traditions.

27.

As guardian of the Three Legacies in GB, would Conference consider:

- a) What action should be taken regarding external websites and publications which make personal attacks on AA Groups and individual members by name;
- b) Giving guidance to the Fellowship on the involvement of AA members in such websites;
- c) Giving guidance to Groups and individuals under attack from such websites.

Background

It is known that certain non-AA websites exist which, sadly, are aimed at spreading malicious gossip or, worse still, directly attacking some AA Groups or individual AA's.

Whereas we do not wish to do anything which would raise their profile, websites such as these do affect AA as a whole because new prospects might believe that these websites speak for the majority of AA, when in fact they neither represent AA, nor do they speak for AA. Whilst at first it appears we in AA can do little or nothing to stop these websites operating (Tradition 10 - we ought never be drawn into public controversy), we ask Conference's help on *if* and *when* to act, and *how* to act.

Where such problems continue, the Concepts suggest that Conference may 'need to take certain protective actions' or 'press for the discontinuance of such a practice'. Our question seeks to ask Conference to consider (a) how AA groups ought best to draw such matters to its attention (or the attention of the GSB); (b) how they should act for the best; and (c) when Conference or GSB might find it necessary to intervene.

Terms of Reference No. 7 This is an outside issue.

Would Conference please share experience which may help those considering the formation of a non –Geographical Intergroup or Region open to all and any AA group within the UK.

Background

- A non-geographical Intergroup or Region would function like existing Intergroups yet its membership would not be contingent on location.
- A non-geographical Intergroup or Region would increase unity in the UK Fellowship by allowing groups which are currently being excluded from their geographical Intergroup, to participate fully in the Three Legacies of the Fellowship they serve.
- All AA groups should be able to contribute to our National group Conscience. Tradition 2, Concept 12 Warranties 4 & 6
- More and more Intergroups are trying to throw out AA groups that they disagree with.
- Prejudicial treatment of this kind could be in contravention of the Human Rights Act 1998
- The GSB/GSO are refusing to recognise new Intergroups unless the Intergroups who banish groups agree with it.
- AA Guideline on Personal Conduct refers to "Discrimination"
- Continental Europe example

Terms of Reference No. 7 Contravenes current guidelines.

29.

Given the service commitment required to be a Conference delegate, would Conference consider introducing a specific and separate guideline for Conference delegates, which can better help in the selection and preparation of delegates and their alternates?

Background

In the 2010 Conference report, the response to the inventory question (question 2) from Committee 5 - on improving the method of Conference reporting back to the membership – did not address the issue of improving the exiting communication between Conference and the membership as a whole.

Ideally all delegates would readily understand the implications of each question in terms of the Concepts, Traditions and the Conference Charter. As our trusted servants it is vital that all Conference delegates are fully armed with the facts in order to truly serve the Fellowship. It could also provide guidance about which literature should be read by an aspiring delegate or alternate. For example:

- GB Service Manual
- World Service Manual
- Conference Charter and warrantees
- 12 Traditions
- 12 Concepts
- AA Comes of Age
- Recent previous Conference reports

Terms of Reference No. 5

Already discussed at Conference 2010, Committee 5 and is covered in existing literature – Sections 9 and 10 of the AA Service Handbook for Great Britain and Guideline No. 3.

selecting the highest possible quality Conference delegates for the Fellowship?

Background

There are currently guidelines in the Service Manual for GB which include information about being a Conference delegate and alternate. There is also literature listed which Conference delegates are guided to be familiar with. However regions around the country sometimes have additional informal procedures for preparing and selecting delegates. Delegates in some Regions meet as a group to discuss conference questions, answers and background literature and invite alternate delegates to attend so they can gain experience. Some prefer to select their delegates from region assembly members who have had a number of years' experience on the assembly. Some service bodies workshops on the Concepts which can help prepare future delegates. It would be useful if experience on these approaches could be pooled and shared for use by the fellowship at large, given the vital and influential role delegates play in the future of our Fellowship on the largest scale.

Would Conference share its experience on what procedures Regions could put in place for

Terms of Reference No. 7	Covered in existing literature – Sections 9 and 10 of the AA Service
	Handbook for Great Britain and Guideline No. 3.

31.

Would Conference share experience on the best practice for GSO and GSB, and Conference itself for giving guidance or co-ordination on non-national issues?

Background

- When new or contentious issues come up many Regions / Intergroups contact GSO or GSB for information and support.
- When some groups decided to form a new Intergroup GSB would not accept Tradition 7 donations from them.
- The GSB would not recognise these new Intergroups on the National WTF.
- In a separate incident GSB placed an item on their agenda about local groups forming a new Intergroup.
- If GSO or GSB are perceived as taking a particular stance on a non-national issue it can deeply affect national unity.

Terms of Reference No. 7	Guidelines are in place and GSO/GSB Trustee Board do not have
	authority.

32.

Can Conference (the Fellowship) revise Guideline No. 10 "For AA Members employed in the Alcoholism Field"?

Background and reason for question

There are many more AA members working in places such as Treatment Centres and as counsellors. Newcomers can be confused by this. Unless great care is taken by the person who may have a dual role in the newcomer's life, it can appear that AA is more than it is or that it is affiliated with other organisations. The procedures of Treatment Centres are spoken about at some meetings as if they were part of the AA programme. Sponsorship is regarded as counselling. The workers themselves can blur the boundaries of their work and their AA 12th

30.

Step activity. Tensions and controversy and personal slurs crop up when discussing this issue locally. A Conference question could allow the subject to be aired without personal attacks and awkwardness.

Terms of Reference No. 7 Covered in existing Guideline No. 10.

34.

Would Conference consider how groups may become more involved in the Conference process as an on-going activity, and how delegates may become more involved with groups and intergroups on a regular basis.

Background

Concept I states that:

"Final responsibility and ultimate authority Should always reside in the collective conscience of our whole Fellowship"

The essay on this concept goes on to say "..the A.A. groups are to be the final authority; their leaders are to be entrusted with delegated responsibilities only".

At the present time it seems that only a tiny minority of groups are actively participating in the Conference process, either before or after the annual meeting, and hardly any have direct contact with the delegate, even via the GSR.

Most GSRs are unaware of their primary responsibility to participate in the Conference process.

Some intergroups do not discuss conference issues at all. Even when they do it seems that those few GSRs who contribute to the discussion often do so without consulting their groups.

This is a far cry from the process left to us by the old-timers in our Third Legacy – for example, in The AA Service Manual, Chapter Six, a delegate writes about ..." ... giving literally hundreds of talks to groups". In GB terms that would translate to dozens of talks, but how many delegates give any talks at all or visit any groups.

Re-building group participation will not be an overnight matter but if our 'upside down' structure is not to become inverted it is surely necessary to begin to find ways of increasing participation. For example:

□ "...the strength of our whole structure starts with the GSR that the group elects. Working via the Intergroup the GSR is the Groups' link with the General Service Conference, through which the groups share experiences and voice AA's collective conscience. ... The GSR has the job of linking his or her group with AA as a whole. The GSR represents the voice of the group conscience, reporting the groups' wishes to the delegate, who passes them on to Conference and the movement."

(From The AA Service Manual and quoted in GB Guideline 3)

It may help if GSRs have been educated in what their job is really about before they start it. Groups could be encouraged (and helped) to hold completely separate meetings to discuss conference questions and receive feedback. At these meetings the Conference process needs to be explained each time. (We constantly repeat the same simple message of recovery, but we are inclined to hold business meetings and group consciences with no explanations of what they are about.)

Delegates should be prepared to travel and visit groups to help the education process. Other members who understand the process should be invited to help.

Experience suggests that, if this is done methodically, it may start with a tiny attendance and the views of one person endorsed without debate. But the next year more attend, and very soon it becomes an accepted part of the group's calendar with a good attendance and lively debate.

Terms of Reference No. 5 Discussed at Conference 2010, Committee 3, Question 2.

35.

 Given the nature of the questions and answers from Conference 2012, and the negative and disinterested reactions of a number of groups towards the whole process of asking groups to evaluate questions, would it not be useful for Conference and the GSB to take their own inventory of the existing structure and how they perform within it, bearing in mind that they are the trusted servants to members of AA at grassroots level?

Background material

A. A review of the reports of Trustees to conference indicate that they chair 'subcommittees' that meet, for the most part, four times a year, offer workshops and/or seminars, attend various conferences and government bodies as representatives of AA. They also indicate that the service posts in various areas are vacant in a number of Regions and Intergroups. The Armed Services update is the most extensive and focussed of all the reports. (Summary of GSB Conference Report 2012)

B. An analysis of the work of the six conference committees suggest that much of their time and attention was taken up with issues that could be dealt with by service committees at all levels, or impact with little significance on the grassroots membership.

Committee No 1

1. Perhaps the most significant matter in the answer to this question is that the *message* that is being carried outside the Fellowship is not clearly elucidated. For example, points raised in paragraphs 2 and 3 - 'Alcoholics Anonymous works by following its Twelve Step Programme' and 'the programme of Alcoholics Anonymous is a spiritual programme '- mean something within the Fellowship but nothing without .

2. This question is already answered clearly and definitely in the pamphlet, *The AA Group*. Committee No 2

1. Are these not matters dealt with in telephone liaison meetings at GSB committee, Region and Intergroup level, and are they not already defined?

2. Are these not matters which concern the editors of these publications (two being incomeproducers) and isn't the matter of cost discussed in the Share and Roundabout committees? Committee No 3

 Are these not matters that Region and Intergroup committees work out themselves?
 The same question as above can be asked here, with the additional observation: with reference to Committee No 1, Question 2, members can read the relevant literature and answer these questions for themselves.

Committee No 4

1. What is the purpose of tying up a committee with reviewing a document that needs to be edited anyway? We would respectfully suggest that it does need a major overhaul, not simply an amendment to one paragraph!

Committee No 5

1. By 'AA structure', does this mean that GSB and Conference Reports are to be taken up at Region level, and anything relevant to groups passed down via Intergroups? If this isn't happening, then is there not possibly something wrong with the structure?

2. Is this not rather vague and inconclusive?

Committee No 6

1. Point 'e' under this answer is the only one that addresses 'sponsoring into service'. Point 'i' says that neither *Sponsoring: Your Questions Answered* or *Growing into Service* address this issue.

2. Aren't Concepts really more relevant to Conference and GSB business? And aren't Traditions read out at Intergroup and Region meetings, also discussed in Steps and Traditions meetings? How these might impact on the grassroots membership is not clear.

C. Suggested inventory questions.

Why are we failing in certain aspects of conducting our business in AA? (Refer to Concepts 9, 10, 11, and 12.)

The answers may come if our leaders take a fearless, honest, and moral inventory keeping in mind that they are but trusted servants to the Fellowship as a whole. Here are some questions that they might ask:

Are we asking the wrong questions? Are there defects in our internal mental processes? Is the way we gather and process information flawed? When strategies laid out in our literature and traditional way of going about things fail, do we ever ask ourselves, "What was I thinking when I made that decision?"

Are we, as leaders, informed?

Like it or not, those at trustee and conference delegate level, while they may be described as 'trusted servants ... they do not govern', they do have leadership roles. We ordinary members of the Fellowship want to know that we are being led by people who know what they are doing that we can trust them and do not have to second-guess them. When it comes to recommending that members or groups read certain pieces of literature, have our leaders read these themselves? Do they understand what they mean? Are they doing the best job possible to convey the desired message?

For instance:

• Do we, as leaders, have an up-to-date understanding of what alcoholism is and what is the best way to treat it?

Do we have a current understanding of attitudes and positions in the field of alcoholism different from that of AA? Are they capable of an open mind in evaluating a diversity of beliefs?
Are we capable of interpreting our philosophy and practices, dating to the 1930s, into modern-day language and comprehension?

• Have we examined our literature and updated it so that the message is clear and comprehensible, especially to outside bodies?

Are we, as leaders, shooting our critics?

Any decision a leader makes is subject to being questioned. And whether we're fully aware of it or not, we really do not want to have their decisions, beliefs, and choices questioned. We may subconsciously develop the tendency to marginalize people who disagree with us. When this happens, the people around us stop telling the truth. They avoid rocking the boat and just quietly stay out of the line of fire. This mind-bug causes intolerance for challenge and acceptance of our beliefs as sufficient, leaving huge gaps in judgment. Are we capable of accepting this possibility and having a second thought that our critics might be trying to help us be better leaders?

Are we, as leaders attached to outcomes?

Leaders can be so attached to outcomes that serve our interest that they fail to look for problems in their thinking and decisions. Unconsciously, all of us are attached to outcomes that serve our interests, helping us get what we want or what we believe others expect of us. When this mind-bug strikes, the attachment is so strong that we may be willing declare work completed when in fact it isn't. It seriously affects how we gather information so that we search in a way that supports the outcome to which we are attached. It is a debilitating problem when it affects how decisions are made. In general, feelings and emotional reactions tend to validate our thinking while we seek to justify our thoughts, desires, and decisions. We remain confident in the truth of our own belief system, however flawed.

For instance:

• Have we, as leaders, determined that the GSB/Region/Intergroup business is to be conducted in the way we have inherited rather than look to alternative ways of organising committees, the work of committees, conference, the structure of conference?

• Are we capable of looking at other businesses/charities to get ideas as to how we might improve our operations?

• Are we fully up to date with the technology, strengths and pitfalls of all communications media and capable of transmitting AA's message in the most effective way?

• Are we making full use of the experience and professional skills within our membership to this end?

Terms of Reference No. 5 & 7 Discussed at Conference 2010, Committee 3 and the question is based on a false premise.

36.

Would conference share its experience on continued sponsorship after going through the steps?

Background

Steps 10 11 and 12 – Practice principles in all our affairs. Committee 6 Q1 2012 – "The Committee has shared its experience and agreed the importance of sponsoring members into service".

Committee 6 Q2 2012 Sponsors are encouraged to raise awareness and an understanding of the Traditions and Concepts with their sponsees.

Leaflets:" Sponsoring: Your Questions Answered" and "Growing into Service"

Terms of Reference No. 7 Already covered sufficiently in existing AA literature.

37.

Would conference literature consider making the Concepts available to the Fellowship as a scroll, like the steps and traditions in the original form.

Terms of Reference No. 7 Already available from GSO on literature order form.

38.

Would Conference look at ways to clarify the division between business and service meetings, this would help members understand the AA structure more and help them decide which arm of AA is for them.

Baclground

"The GB AA service structure and business structure are not separate but are pushed together and each has lost its own identity. In doing this the lines of service and business have become blurred and each of these arms of AA has lost its impact in carrying out our primary purpose"

Committee 6 Q1 and Q2 2012. Concept 9.

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39.

There is a lot of talk of solution based meetings in AA meetings today. Would conference share its experience on what is a solution based meeting? Would conference also share its experience on what is not a solution based meeting?

Background

"Some meetings have decided not to talk about the steps or the big book at all." This would fall under Tradition 4 "Each group should be autonomous <u>except in matters affecting other groups</u> <u>or A.A. as a whole".</u>

Some meetings are a type of therapy meeting alike what are held in treatment centres, which would be ok if they were not call AA, as AA is not therapy.

Terms of Reference No. 7 Each group is autonomous and is a local issue.

Would Conference please review the differences in the GB Concepts from the Concepts in their original form? After this review would Conference please make available to the Fellowship all the difference found and the reasons for them?

Terms of Reference No. 7 Although the language change has made a difference in the reading there is no difference in the content. False premise.

41.

Following increased usage and application for access to web facilities, and in view of the lack of input from the Fellowship to provide support for the Administration of the web site, via the ECSC or other means.

Would the Fellowship discuss and after such consideration, initiate a motion if seen as necessary, the need to employ an AA member as a "Special worker" at GSO, or other suitable accessible location, a person with the necessary skill and ability to provide administration rights and maintenance of Password facilities to Forums, File Store Access and any other services in addition to uploads to Regional and Intergroup web pages. Assisting in the integration of material content to the Professional and Service Discipline areas, after having liaised with the relevant GSB Service group and it's Trustee, so as to avoid conflict or variance from overall material content with that of literature., etc

This would help provide more effective administration and monitoring of the current and future website content, than that which can be currently provided by non AA staff members, who were not employed originally for their Internet or Web related technologies.

That for reasons of confidentiality, principles of service and adherence to the Traditions and Conference decision, that the GSB should mange the website on behalf of the Fellowship. Part of the perceived role of the Special worker would provide guidance possibly on the construction, but more specifically on appropriateness of content to be posted on region and intergroup web sites, advising when appropriate of breaches in the terms and conditions of joining the GSO managed facility, and where breaches of the traditions are also evident. This would then make the signing up to Terms and Conditions of use far clearer in the minds of individual members, who in their enthusiasm to carry the message, inadvertently exceed the guidelines or traditions.

This role could also include coordination of the Professionals Web Portal content, with both inward and outward facing information, as well as that of certain other outward public facing disciplines. Such as Media content, which is currently rather lacking in appearance and content, other suitable material for consideration might be reports from an AA perspective on the Parliamentary events or other similar media information.

This co-ordination would possibly be best achieved by assimilation and correlation of information provided by the relevant Subcommittee's and under the auspices of the ECSC and it relevant Trustee, who would of course, discuss such matters with the literature committee where the need to avoid conflict in content of other literature or material is required. Whilst appreciating the current global financial circumstance, there is a more than healthy AA Prudent Reserve, to include for such a worker, and this burgeoning facility needs to be kept up to date, especially when reviewing some pages particularly in the Media Press and other sections.

There have been a number of reported incidence where delays in administration for access to the Regional or Intergroup pages has been evident. The introduction of such a post as referred to above would help to eliminate the volunteer element and the subsequent reliance placed on it, by the introduction of a paid position.

Though this should not be seen as a short term solution, as the Web will continue to develop and AA needs to be in a position to meet that demand when it comes. Such a position could well be a great source of information as to the needs of this future development.

40.

Terms of Reference No. 7 The CSC did not want to include the question this year, as there are many changes currently being made in relation to the web / electronic communications. The timing of this question is important and so if asked this year would preclude the issue for the next 3 years.
 If it was decided that a "special worker" would be required then the GSB can make the decision.

42.

Who is responsible for making sure Conference has sufficient background to consider a question where the data required (eg, internal AA management information) is not available at the level of the AA member or group?

Background

- Conference 2012 Final Report. Conference 2012 Committee 2 noted with regret that the background for one of their questions was insufficient. It appears that a full consideration of that question (Question 2) would have required details of the production costs of certain AA publications, information which would not have been available to the AA member or group which put the question forward. In order to make best use of Conference time, and to maximise opportunities for ordinary AA members to participate in the Conference process, perhaps procedures could be established to assist with research and to help ensure sufficient background is made available.
- Tradition 3
- Concept 4

Terms of Reference No. 7 Already covered under existing literature e.g. the pamphlet "How to submit a Topic or Question to Conference".

43.

Have we come to expect the still-suffering alcoholic to find the group, rather than the group to carry its message to the alcoholic?

Background Tradition 5

Terms of Reference No. 6	This is an inventory question for the individual group conscience and
	there was insufficient background material to support question.

44.

Do the Yellow Card and Anonymity Tent Card contradict our Primary Purpose? Would it help us carry AA's message to have a more accurate table-top reminder of the need to respect personal anonymity?

Intent While it is vital that we respect the anonymity of the people we see in AA meetings, not everything we hear in AA meetings ought to be kept secret, contrary to the Yellow Card ("What you hear here...let it stay here") and Anonymity Tent Card ("Treat in confidence...what you hear"). These cards may be working against our primary purpose - much of message we should carry to the still-suffering alcoholic derives from what we hear in meetings. We are not a secret society, but the repeated misrepresentation of Traditions 11 and 12, reinforced at virtually every AA meeting by these cards, may be part of the reason we are sometimes perceived as one, and often act like one. Perhaps it would better serve us to have a more accurately worded, conference approved table-top card on the need to respect personal anonymity.

Background: Yellow Card ("Let it stay here"). Anonymity Tent Card. Traditions 5, 11, 12

Terms of Reference No. 7	Both the yellow card and anonymity tent card are Conference approved literature: approved at Conference 1997, Committee 1, Question 1 and question was sufficiently covered in current AA literature.
	literature.

45.

Can the "outside contributions" in Tradition 7 refer to contributions (of service as well as pot donations) from outside the Group as well as from outside the fellowship? *Intent* As Tradition 7 specifically refers to the Group, rather than to AA as a whole, our Group conscience has decided to decline contributions from outside the membership of our Home Group, not just from outside the fellowship, in both service jobs and money. We have found that the practice has helped cement our Group's unity, has helped us focus on our responsibility to be fully self-supporting and, perhaps surprisingly, it appears to have resulted in a net increase in pot donations. We meet all our costs and have a healthy surplus available to pass to Intergroup. We are aware that at least one other Group has found success with a similar reading of Tradition 7, although we initially experienced criticism locally for what is a break with normal practice. We would be grateful for Conference's thoughts and any experiences of other groups which may have tried the approach. We wonder if perhaps there might be interest in considering the idea more widely.

Background

Tradition 7 (short form and long form)

Announcement read out at our Group's regular weekly meetings: The conscience of this group interprets Tradition 7 as asking this Group to be fully self-supporting from the contributions of the Group's own members, which is why we pass our pot around at our business and conscience meetings rather than here. We say to our visitors, we are very pleased to have you, and we ask respectfully would you mind please saving the donation you might have given us to put into your own Home Group's pot instead? - Where, by the way, you'd have a say in how it's spent. But we don't want to fight anyone, so if anyone here hasn't got a Home Group or feels that strongly about it, then feel free to put something in the pot by the tea counter before you go.

Terms of Reference No. 7 Already covered in Tradition 4 and each group is autonomous

46.

Is the message of AA being watered down? If so what can be done about it?

The book Alcoholics Anonymous was written in 1939 and was, "to show other alcoholics how we have recovered is the main purpose of this book".

In chapter 2: "There is a Solution" it says "The tremendous fact for every one of us is that we have discovered a common solution. We have a way out on which we can absolutely agree, upon which we can join in brotherly and harmonious action."

We see many people join AA and many leave without hearing about the solution.

The recovery rate initially was very high in AA but by all reports I have ever seen it is diminishing. From my own personal experience I have come in to contact with hundreds of newcomers and most come to 1 or a few meetings. Of the ones who did stay a little longer I have carried the message in the big book as stated in step 12, "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs"

Of the 50 or so people I have started work with about 20 got to step 12 and all but 1 remain sober and continue to work a program, and 6 of them now sponsor others.

Is there more we can do as a fellowship to guide people towards the original message, which when given still has a relatively high sobriety rate?

Terms of Reference No. 6

This is an inventory question for each individual member and insufficient background material as the quote was a personal statement.

47.

With the increase in meetings being registered by GSO, that do not belong to the Alcoholics Anonymous Service Structure and are not part of an Intergroup, also meetings being registered that are affiliated with treatment centres and the like, would Conference ask its self, should Intergroups take on the role to register groups? They are more up on what is happening in their local area.

This would not affect groups that are all ready registered, but it would mean that no other groups can be started and registered without being part of the service structure. By giving the registration over to Intergroups then it will help to unite our Fellowship. Two things that Bill W wrote stands out, *The unity of Alcoholics Anonymous is the most cherished quality our society has. Our lives, the lives of all to come, depends squarely on it. We stay whole or AA dies. (Tradition 1) "But AA unity cannot automatically preserve itself, like personal recovery, we shall always have to work to maintain it" (AA Traditions how it developed)*

Intention behind my question

There has been a lot of trouble caused in the past months, from a group that does not belong to AA service structure, they don't follow the traditions and feel they don't need to answer to anyone about their actions, this is having a negative effect on the rest of the local groups. GSO don't seem interested in stepping in and helping out, instead they say it's a local matter. It's not local, we didn't register them. If by changing the way we register groups, it might stop other Intergroups going through the same thing as us.

Terms of Reference No. 5 Refer to Conference 2012, Committee 1, Question 2

49.

Would the Fellowship consider reviewing Tradition 11 to ensure that public information work is less handicapped at the level of press, radio, TV and film?

Background

1. In the light of the BBC documentary, *Russell Brand: From Addiction to Recovery*, many members have expressed their disappointment that Russell Brand was restricted in mentioning that AA and other fellowships are needed to maintain long term sobriety after a rehab programme. The general public has been misled to believe that anyone with an addiction problem can go into a rehab programme for a few weeks and be cured of their addiction. The issue has been raised that the world has moved on since the Traditions were first published in the AA Grapevine in April 1946 and that Tradition 11 needs to be updated for the 21st century. 2. *Twelve Steps and Twelve Traditions*, pages 184-187, pages 189-192; *Twelve Traditions Illustrated*, Tradition 11; *Alcoholics Anonymous comes of Age*, pages 136-137, pages 286-294; *Understanding Anonymity*; *The AA Group*, page 23, page 31; *The Jack Alexander Article*; *As Bill Sees It*, pages 120, 198, 241, 278; *AA Service Handbook For Great Britain*, Section 18-39, *AA Grapevine*, Jan 1946, March 1946, November 1960.

Terms of Reference No. 7

To change a Tradition would require placing the question to the Fellowship as a whole (worldwide) and would require a two thirds majority agreement.

50.

Would the message of the Fellowship be carried better to the suffering alcoholic if the General Service Board approached the British Medical Association about training for doctors on the AA solution at medical school?

Background

1. The issue has been raised of a great lack of knowledge with regards to alcoholism when dealing with the medical profession. Addicts who have been in Mental Health and Psychiatric Care have been told by staff that they can take a drink on their days out but are not allowed to smuggle drink back into the ward. They have also been told that they can have a nice glass of wine with dinner!

Members have tried to place public information in surgeries only to face a complete lack of knowledge about AA and what it does. If the GPs do not know what AA is about then how can they provide the suffering alcoholic with a wider range of solutions to their alcoholism? 2. Alcoholics Anonymous comes of Age, page 235-252; As Bill Sees It, page 195; The AA Group, pages 29-30; Alcoholics Anonymous, The Doctor's Opinion, The Medical View on AA, The Lasker Award; Three Talks to Medical Societies by Bill W; AA as a resource for the Health Care Professional; The AA member – Medications and other drugs; If you are a professional; AA Service Handbook For Great Britain, Section 17, AA and Healthcare in the community.

Terms of Reference No. 7	Referred to Trustee for Health and the Health Sub Committee on the
	subject of GSB approaching the BMA.

51.

How can we raise the profile and overall awareness within the Fellowship of the rich and varied heritage contained in our own literature?

Background:

The solutions for most, if not all, of the problems that occur and recur within the Fellowship are to be found within our literature material.

Conference is often requested to produce new pamphlets etc, which frequently fail to filter down to the groups in any significant quantity.

Literature Directories, although excellent, are rarely seen at groups.

There appears to be a shortage of Literature Secretaries within the Fellowship at all levels. Do those in post generate interest in some of our lesser known publications as well as the more popular texts?

Many literature displays at group level seem to be limited to the basic texts and members are often unaware of the vast array of material that is actually available.

Interest has been stimulated within one local group following a regular monthly opening share focussing on a specific pamphlet.

An increase in awareness would probably stimulate sales within the Fellowship.

Terms of Reference No. 7Raising the profile and awareness of our literature is always a priority
of the Fellowship. Literature Sub Committee are running "Literature
Road Shows" at national and local conventions.

52.

Why is there a built-in resistance with many of us in AA to things like service and Conference?

Terms of Reference No. 6 Insufficient background material.

53.

Would Conference consider developing literature on how to conduct business meetings?

One of the principles of AA seems to be that AA stays as lean and unorganised as possible. Additionally, AA avoids controversy, and AA entities are autonomous. Probably, these factors may be some reasons why there isn't any literature on business meetings. As a result, knowledge and experience on how to effectively conduct business meetings, are not readily available within our Fellowship, often resulting in ineffective and unattractive business meetings, especially at the group level.

AA members that do take the effort to learn more about the AA way of doing business, often have to rely on external literature, like:

The Quaker booklet Beyond Concensus: Salvaging Sense of the Meeting¹ by Barry Morley;
Robert's Rules of Order²

• Lord Citrine: The ABC of Chairmanship³

and at best, these external sources only partially cover the unique way in which AA conducts business meetings.

A piece of literature, be it a flyer, a booklet or a book, could address various business meeting related issues through examples. E.g.:

• How to incorporate the minority opinion?

• When to vote and when to follow the sense of the meeting?

• Why isn't it wise to "take a group conscience" on a controversial topic, at the end of a regular meeting?

Terms of Reference No. 7 Already sufficient existing literature e.g. Guideline No. 1 and the booklet "The Home Group".

54.

Would the Fellowship discuss, share experience and make recommendations on the question of: "How 'special interest' or 'specialist' meetings& groups – men, women, gay & lesbian, young people –benefit AA as a whole?"

More specifically would conference consider the following:

a) For those meetings that are 'special interest', should the online meeting directory list the special interest meeting type in the description?

Background

There are a number of AA meetings and/or groups that are focused primarily for (a) men, (b) women, (c) gay & lesbian, or (d) younger alcoholics. Such groups have proven themselves beneficial to countless alcoholics coming to Alcoholics Anonymous.

As one AA brochure explains some AAs may feel more comfortable in just such a specifically geared group "...where for a time we find it easier to identify as an alcoholic or to be open about certain personal issues."

The online meeting directory does not list the special interest meeting type in each such meeting listing, so it is difficult to find these meetings.

These meetings have been briefly addressed by Conference before but only in the narrow context of *Where to Find?* listings. (2007 Conference Report, Committee 1, Question 2.) Example 1

Doing a 'Simple Meeting Search' with "men" as the search word results in every listing with the word "men" in any form including "women," "basement," "fishermens," and "refreshments." Example 2

Doing a 'Simple Meeting Search' with "gay" as the search word results in every listing with the word "gay" in any form including "Ardgay," "Gayfield," and "Bungay." Example 3

Doing an 'Advanced Search' using anyone one of "men," "women," "gay," "lesbian," or "young" in the 'Description' box resulted in "Sorry, there are no meetings that match your criteria." (With the exception on "men" which resulted in two meetings that match, one for "refreshments" and one for "arrangement.")

b) Should 'special interest' meetings/groups be informed, in keeping with AA's 3rd Tradition, they must include any alcoholic if a general meeting is not readily available? *Background*

AA's 3rd Tradition reads, "The only requirement for AA membership is a desire to stop drinking."

Meetings designated as "men's," "women's," "gay & lesbian" and/or "young people's" could give the impression that alcoholics not identifying as such are not able to attend the meeting, even if it were the only meeting available.

Example 1

A man brought a friend to her first AA meeting ever having completely forgotten, in the interest of helping a neighbour who thought she may have a drinking problem, it was a men's meeting. At the beginning of the meeting the group brought up the situation and quickly had a group conscience to open the meeting so the woman could stay.

Example 2

An AA asked a male friend to give her a ride to the women's meeting at which she was speaking. When she arrived, she asked if the group would open up for the evening for her friend. The group, having a brief discussion and noting that there were other general AA meetings available, declined.

Therefore, would it be worthwhile to directly inform (remind) all listed special interest groups of the following:

"This meeting is considered a 'special interest' meeting as it is listed for a specific demographic of alcoholic. However, in keeping with AA's 3rd Tradition, if no other general AA meeting is available in reasonable time and distance, the meeting must open up to anyone with a desire to stop drinking."

c) Consider if throughout AA's service structure men, women, gays & lesbians, and young people are sufficiently represented?

Background

Our upside-down triangle structure ensures the membership is the true leadership of Alcoholics Anonymous. But as we have less service positions as we look down the triangle, as we ensuring AA as a whole still sufficiently represents our broad demographic of alcoholics?

Are our trusted servants diligent to remember to bring forward the voice of alcoholics that may not be their demographic? Should the membership consider diversity in electing our trusted servants?

Is there a need for additional service positions at the Intergroup, Region or Conference levels to ensure the right of participation for, particularly speaking, women, gays & lesbians and young people in Alcoholics Anonymous?

References

Online meeting directory: http://www.alcoholics-anonymous.org.uk/?PageID=2 Brochure "AA for the Woman" Brochure "AA and the Gay/Lesbian Alcoholic" Brochure "Younger People in AA" <u>Twelve Steps and Twelve Traditions</u> <u>Twelve Concepts for World Service</u> 2007 Conference Report

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Terms of Reference No. 7
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Although the exact question was not accepted on the grounds of there is existing literature which covers these areas e.g. "The Home Group", a question has been submitted covering some aspects of the question.

55.

Would the Fellowship discuss, share experience and make recommendations on the question of:

"Is residing within certain geographic boundaries necessary to participate with voice and/or vote in the Great Britain service structure?"

Background

With inexpensive travel options and new media technologies of the internet, our global community is shrinking. It is now possible for people to be active participants in AA meetings on the other side of the world.

How do we respect the autonomy of the different Intergroups, Regions and GSOs while affording every AA the right to participate in their service structure? Example 1

The Continental European Region (Region #15) represents participating English-speaking meetings across Europe, outside of Great Britain. Within this Region is the "first164yp online meeting" which has a Representative who participates in Region meetings with vote. As this group is an online meeting held over Skype and WebEx conference call internet programs, members who reside in countries outside of our GSO (outside of Europe entirely) are able to participate.

Example 2

An AA lives in Glasgow, Scotland (Region #11) and participates in her local home group, but resides weekdays in London, England (Region #16) where she works and participates in her London home group. As such she is able to participate in two separate Regions at the same time.

Terms of Reference No. 7	Local issue also is adequately covered in existing literature e.g.
	pamphlet "Growing into Service" and Section 16 of AA Service
	Handbook for Great Britain.

56.

Would the A.A. Groups of our Fellowship consider to what extent we are living up to our responsibility as those having ''Final responsibility and ultimate authority'' for AA services?

An ongoing method of determining satisfaction could be achieved by the inclusion of specific 'audits' by three of the six Conference committees:

A. Audit of Primary Purpose and reports and work of GSB: *Would Conference review the past year with respect to fulfilment of our primary purpose at the level of the General Service Board.* B. Audit of 12th step work and reports and work of GSO and GSB:

Would Conference review input from the Fellowship its on perception of how effectively the General Service Office and the General Service Board have aided groups in carry the message to the still suffering alcoholic over the past year?

C. Financial audit by membership:

Would Conference review the financial report by the GSB for the previous fiscal year with focus on any large expenditures or commitments and in addition review administrative procedures and decision making processes.

Background:

- 1. Concept One
- 2. <u>1.</u> Alcoholics Anonymous comes of Age , page 217-218:

On their first day, the delegates inspected our Headquarters, got acquainted with the service staff, and shook hands with the Trustees. In the evening there was a briefing session under the name of "What's on your mind?" We answered questions of every description. The delegates began to feel at home. Seeing their quick understanding and confidence, our spirits rose. We all sensed that something momentous was happening; this was a historic moment.

One strenuous session followed another. The delegates inspected A.A.'s finances and listened to reports from the Board of Trustees and from all services. There was warm but cordial debate on many questions of A.A. policy. The Trustees submitted several of their own serious problems for the opinion of the Conference. With real dispatch the delegates handled several tough puzzlers about which we at Headquarters were in doubt. Though their advice was sometimes contrary to our own views, we saw they were frequently right. They were proving as never before that A.A.'s Tradition Two was

correct. Our group conscience could safely act as the sole authority and sure guide for Alcoholics Anonymous. As the delegates returned home, they carried this deep conviction with them."

3. Considering the issues raised in the recent past regarding the content of Conference questions, and a possible lack of interest within the Fellowship at large pertaining to Conference questions, a report by each of three committees to the Fellowship on the activities of the past year could help create a feeling of 'ownership' within the Fellowship.

Terms of Reference No. 7 Covered by existing literature e.g. Concept 1.

58.

Would the Steering committee ask the Honorary Treasurer to consider including a short section in the Annual report summarizing actions that have not been carried out in the reporting year due to lack of funds?

Background: The need for and the level of contributions to GSO by members and groups have been discussed over the past years. It may be of help to the membership if we are made aware of any specific actions or programs that are not carried out purely due to lack of funds.

Terms of Reference No. 7 C

CSC have formally requested that this be a part of the Honorary Treasurer's report to Conference.

59.

Is the Conference adhering to the 12 concepts of the world service manual and to the traditions as on the one hand the conference delegates are restricted in the exercise of their right of decision during conference where there are non voting sessions and on the other hand board members may feel there is no need to answer conference delegate questions on their board reports if they are raised during conference rather than by 31 March, and this may affect the board members' right of participation in answering issues of concern to the fellowship as represented by its trusted servants, the conference delegates.

Background: 2002 vote that the open forum session be non voting: conference steering committee guidelines that only questions on the board reports submitted by 31 march need be considered; concept 3 right of decision, concept 4 right of participation; tradition 2 trusted servants.

Terms of Reference No. 7Based upon a false premise. The plenary session at Conference has
never been a voting session. In previous years it has been a
workshop or a series of workshops with a range of topics.

60.

Discuss whether the Conference format is compatible with Tradition Two, where in one session Conference Delegates do not vote, and in the sessions where Board Members report, the Board Members need only reply to questions put in writing by 31 March, before Conference Delegates have the benefit of the group conscience at Conference, and make a recommendation if not.

Background: long form Tradition 2; Conference 2002 on the structure of Conference; conference steering guidelines on deadline to put questions to board members on their board reports.

Terms of Reference No. 7 voting has never occurred during the plenary session at Conference either in the current format or in previous years when it took other

formats, such as a workshop. Conference delegates are able to ask questions to the Board members throughout Conference as well as in writing. It may not always be viable or appropriate for Board members to reply immediately but Board members will respond where possible. Although this was not considered as a question for Conference 2013 the CSC members will be reviewing all the literature provided to Delegates. The focus of the CSC review will be to ensure that literature does explain fully that questions can be asked. Voting is not able to take place on material that is submitted to Conference without being seen by the Fellowship as a whole.

61.

In the spirit of Fellowship and Unity would the Conference offer guidance as to when at Conference a Delegate can raise an issue arising at that Conference for proper debate and a vote if called for.

Background: Conference 2009 committee 3 Q1. Experience & personal responsibility. Concept 3 Right of decision Concept 4 Right of participation. Tradition 2 Trusted Servants.

Terms of Reference No. 7

information is within the Conference Delegate packs, but the CSC members will be reviewing the information and will ensure that it is very clearly stated that Conference delegates can ask questions and when. It was not considered a Conference question but an action for the CSC members.