AA in Treatment Settings – How We Can Help

"Practical experience shows that nothing will so much insure immunity from drinking as extensive work with other alcoholics. It works when other activities fail"

Alcoholics Anonymous, p.89

Since one of the ways AA's Co-founders helped maintain their sobriety was by carrying the AA message into hospitals, many other alcoholics have discovered the great value to their *own* sobriety of working with suffering alcoholics in treatment settings and correctional facilities.

The collective experience of AA in Great Britain in doing service in treatment settings is set out in Chapter 6 of The AA Service Handbook for Great Britain 2017 and is suggested reading for any AA member before they undertake this service.

1 How does bringing A.A. to alcoholics in treatment settings help to strengthen sobriety?

Many happy sober AA members have found that the best cure for a "dry drunk" or a self-pity binge is working with another still suffering alcoholic. Seeing other alcoholics recover, whenever they do, is almost as great a reward as our own sobriety.

What better place to look for those still suffering alcoholics than in a hospital or some other alcoholism treatment place? The idea is older than AA itself.

In 1934, a sober alcoholic named Bill W kept trying to help drunks in Towns Hospital in New York City. None of them seemed interested at that time, *but Bill stayed sober.*

About six months later Bill W and another sober alcoholic, Dr Bob S, visited alcoholics in a hospital in Akron, Ohio. Although at first rebuffed they kept trying - in order to keep their own sobriety. It worked, and Bill and Dr Bob thus became the co-founders of the "help one another" chain reaction now called Alcoholics Anonymous.

All over the world, ever since, hundreds of thousands of AA members have been visiting alcoholics in such places. Twelfth - Stepping and sponsoring sick alcoholics - *wherever they are* - has long been one of the important and happiest ways of staying sober.

Today, unlike the 1930s and 1940s, alcoholics can get professional treatment in many different kinds of places, which are referred to in this pamphlet as "treatment settings". Into practically all of them AAs can carry our message of hope and recovery. Both hospitals and

treatment centres often have gastro-enterology and detox units, or other wards where patients with alcohol problems are treated. Walk-in centres, halfway houses, rehabilitation centres, recovery homes, day care centres, community rehabs, out-patient centres and accident and emergency units all come into contact with alcoholics. Some organisations operate drying out clinics. All these places see alcoholics who need help. Private physicians, social workers, key workers, psychologists, probation officers, psychotherapists, addiction teams, Alcohol Liaison nurses, treatment agencies and volunteer co-ordinators see many problem drinkers.

So, AA members who want to strengthen their own sobriety, or want more AA joy in life, can easily find it. It is in the hospital or other treatment facility nearest you, where many suffering alcoholics are.

Many of us in AA are certain that there is no such thing as unsuccessful Twelfth step work. If it keeps us sober it is a success. If other alcoholics get well, that is an additional benefit. All we have to do is be channels for the AA message. Just trying to help another alcoholic does seem to work wonders for us. It succeeds when everything else fails.

2 Do professional treatment settings really want AA?

Many treatment settings have A.A. meetings. They and the authorities who commission their services have generally found AA useful to their patients/clients.

It is significant that within the last few years Public Health England and National Institute of Clinical Excellence (NICE) have recognised the value of AA as one of a number of "mutual aid groups" which can improve an individual's chance of recovery. Their research suggests that such groups can have an extra effect when combined with structured treatment, and they can reduce rates of post-treatment relapse by providing a continuing support structure. They also noted that their research findings recognised that simply attending meetings of such mutual aid groups did not predict outcomes, but that 'active participation' in such groups did, with increasing levels of participation producing a significant incremental benefit.

3 What AA does not do when dealing with treatment settings

i. AA does not run membership drives to try and persuade alcoholics into joining. AA is for alcoholics who want to stop drinking and stay sober.
ii. AA does not check up on its members to see they don't drink. It helps alcoholics to help themselves.
iii. AA is not a religious organisation. All members are free to decide on their own personal ideas.
iv. AA is not a medical organisation, it does not give out medicines or psychiatric advice.
v. AA does not run any hospitals, detox units or treatment centres, or provide nursing services.

vi. AA is not connected with any other organisation. But AA does co-operate with organisations that help people who have problems with alcohol.
vii. AA does not accept money from any sources outside AA, either private or Government.
viii AA does not offer any social services, does not provide housing, food, clothing, jobs, or money. It helps alcoholics stay sober, so they can earn these things for themselves.
ix. Alcoholics Anonymous lives up to the "Anonymous" part of its title. We strive to make known our programme of recovery, not the individuals who participate in the programme. Helping others to find a solution to their problems with alcohol is one of the most important parts of our own programme. Anonymity is the spiritual foundation of our AA Traditions and our assurance to all AA's, especially newcomers, that their AA membership or attendance at AA meetings will not be disclosed. At the public level AA does not want members' names to be used on television, radio, films, in newspapers or on-line. AA members do not disclose other members' names to people outside AA. On a private level, members are not ashamed of belonging to AA, but it is entirely up to them whether or not they choose to identify themselves as such.
x. AA does not provide letters of reference to social services, courts, employers etc. although a group might, at a member's request, provide a 'chit' to show that the person has attended a meeting
xi. AA as such does not provide, run or have any involvement with any staff, volunteer or peer-mentor alcohol-related training programmes, nor does it have any opinions on the treatment or drug regime of patients/clients who are undergoing such programmes.
xii. AA does not recommend or provide references for people seeking employment in the alcoholism field.

4 How do AA members work with treatment settings?

There are many ways AA members can help and co-operate with treatment settings, from setting up AA meetings within the establishment or helping with transport of patients to local AA meetings, to individual members attending public information events and meetings, or making a Twelve Step visit to a hospital ward, etc. A careful study of each local situation is necessary and experience shows that this service may need great flexibility and adaptability and team-work.

As a first suggestion, find out from your intergroup health or public information officer what contacts have been made with local treatment settings previously, and whether these resulted in regular cooperation or a "one-off"presentation. Speak to any AAs in your intergroup who have been through those local treatment settings.

Giving a single presentation to a treatment centre's staff or to its clients is usually a one-off occasion and it is likely that this can be done easily through the intergroup health or public information liaison team. However, if the treatment facility is interested in having regular AA visits or meetings on its premises for its patients, or meetings open to its patients *and* to other AA members, then setting up such meetings calls for continuing dedicated input from us.

Some AA members have been glad to respond to an institution's request for help. Others have taken the initiative and have approached a facility themselves or with their local AA group service liaison officer. Either way seems to work fine for carrying AA's message.

Much depends on how many AA members can be counted on to follow through reliably on commitments made to treatment institutions or organisations, the more so if this is to be for an ongoing activity. If a representative from the organisation contacts the local intergroup asking for an AA presentation to be brought into the facility, experience shows that if the intergroup does not have enough willing AA members to carry the message then it is better that the intergroup does not make the commitment, rather than to have "no shows".

Will each AA member be able to relate to every patient? Of course not - but it is possible that one single individual there will be able to identify with you, or that you will be able to generate a desire for AA sobriety in someone. With your personal experience, you may be able to answer a question or at least show there is an answer.

It is an extraordinary experience to be at some regular AA meeting months or years later and have a smiling stranger come up to you and say "You don't remember me but I remember you, you visited the treatment facility while I was there. I wasn't ready then, but a few months ago I remembered what you said, so here I am sober".

5 What qualifications should an AA member have to carry the message to treatment settings?

Some good sobriety. For exactly how long, nobody can say, but it is suggested that you should have been through, or be working, the Twelve Step recovery programme with a sponsor, have a home group and be trying to incorporate the spiritual principles of AA into your life. Some members can handle this kind of AA activity beautifully soon after getting sober, especially when they are accompanied by an experienced member, but others need a longer time before making this commitment. Involvement in this area of service together with the help of those of longer sobriety and experience can be an excellent service opportunity, so you too can provide some of the support needed to get the project going. In any event, it is suggested you discuss this first with your sponsor, and then with your local intergroup AA health service liaison officer.

Personal experience of alcoholism and recovery. This of course is the chief and unique qualification we have – our experience, strength and hope You do not need to have been hospitalised yourself to Twelfth Step someone in a treatment setting, any more than you need a prison record to carry the message into a correctional institution.

A common-sense approach and adherence to our AA Traditions. Our fellowship of non-professionals firmly resists getting organised. As AAs know, we do not have any rules

or bosses. On the other hand, professional treatment settings have to be properly organised and managed to do their job and to meet various regulatory and legal requirements under which they operate. Their personnel have to follow professional guidelines and take their duties seriously. Alcoholism is a grave and life-threatening illness. When we carry AA's message of hope, experience and strength, we know this is a serious business.

A cheerful humility. We simply put the message in front of the alcoholic in treatment. What the alcoholic does with it is not our business – he or she may ignore it or use it but must be free to choose. We do not claim credit for success nor are we discouraged if the message is not heard.

Ability to follow directions. Although AA members are to some extent used to following suggestions rather than directions they do need to respect the rules and regulations of the hospital or treatment centre where they are doing service. Failure to adhere to these rules could result in AA being asked to leave. Carrying the message into such places calls for patience and self-discipline keeping in mind that we need not compromise our traditions. Never comment on facility policies or practices.

Reliability. Once a commitment is made by AA to any institution or organisation we cannot let our fellowship down by not living up to the agreement fully. We must go to any lengths to perform the services we have promised in the name of AA and try not to let anything interfere with keeping our word. What people think of AA depends on us: if we are reliable then AA seems so, if we are not, then it reflects badly on AA – remember that our public relations policy is based on attraction, not promotion, so that leaves it up to each of us to reflect the attractiveness of the AA way of life.

Broad knowledge of AA. Members who have been to meetings in only one or two AA groups in one community may not have a broad acquaintance with our fellowship. To be the best possible message-carrier try to visit other local groups. In addition, a thorough knowledge of AA literature and material will be beneficial in carrying our message. The deeper and broader our understanding of all aspects of our fellowship and the Legacies of unity, recovery and service the more we have to offer the troubled newcomer.

Ability to stick to our own business. Carrying the message to alcoholics in treatment settings can challenge our ability to keep focused on AA's primary purpose, "to stay sober and help other alcoholics to achieve sobriety". Many treatment settings deal with problems in addition to alcoholism and on those problems we have no opinion. The AA message is carried by sharing our experience, strength and hope. We have no business criticising any professional agency or person, or telling them how to treat alcoholics. That is not our purpose. Our only aim is to be helpful. We have the personal experience of our recovery, which we now share.

6 *Presentations to administrators and professional staff at treatment settings.*

1. Familiarise yourself with the AA literature that relates to treatment facilities: AA health resource pack (available in the Members/Documents Library/Health/ ~~/~~ Health Resources section of the website); *AA as a Resource for the Medical Profession; A Message for Professionals; 44 Questions and Answers; A Members eye view of AA; Speaking at non-AA meetings; A brief guide to AA.*

2. Establish topics to be covered. Share your recovery, how AA has helped turn your life around, and information on the fellowship of AA.

3. Allocate a certain amount of time to each segment of your presentation. Then - trim it down! Allow time for questions and answers. It is better to finish early than push too much, too fast into the presentation. You can always come back.

4. It is preferable for at least 2 AAs to work together in preparing for the presentation and to deliver it as a team. It may be helpful for you to practice this presentation a few times.
5. The professionals you are presenting to touch the lives of many alcoholics. You can help them to inform their clients/patients about AA's message. And if they have any comments or suggestions which you can't deal with straight away, please contact GSO.

A suggested presentation outline:

- Be on time, dressed appropriately, well-groomed and courteous: you are representing AA.
- Introduce AA and yourself as a resource, with a desire to help the alcoholic, but with no opinion on the treatment settings policies.
- Show any relevant DVD ~~-~~/ ~~-~~Literature
- Lead a discussion on the presentation
- Distribute AA literature/information such as: ~~12~~th ~~th~~ Step Starter pack; *A Member's eye view of AA*; *A Message for Professionals; 44 Questions and Answers; The God Word; The AA member - Medications and other drugs; A brief guide to AA; Who Me; Problems other than Alcohol; A Newcomer Asks; local 'Where to Find" leaflets without telephone numbers; AA Members Survey;* Literature order forms for outside agencies.

- Invite staff to attend local AA open meetings.

7 *Presentations to patients/clients at treatment settings*

Some basic guidelines:

i The recovery of the alcoholic is a goal shared by both AA and the treatment centre. However, the goal of AA is also to find and maintain a new way of living a stable and contented life without the need to drink alcohol. Let this be our message and share how you have been able to do this with the help of a sponsor and a home group, working the Twelve Step Programme and getting involved in service. Putting it simply, this is one alcoholic talking to another, to enable them to identify and then begin to take a series of actions in which they may not yet believe.

ii Share just enough of your drinking story to enable your audience to identify, but avoid drunkalogues: bear in mind the approach suggested in Chapter 7 "Working with Others" of our Big Book. Keep comments strictly to AA related matters. DO NOT comment on the facilities' policies or practices

A suggested presentation outline:

- Introduction: why you're there (to carry the message of Alcoholics Anonymous; what it is and what it is not) to use personal experience as a drunk for identification purposes, and possibly give hope of a new way of life through the practice of the 12 Steps.
- Show appropriate AA Literature and DVDs
- Read and explain the preamble
- Explain in general the 12 Steps and 12 Traditions
- Briefly describe the various types of AA meetings; open, closed, speaker, discussion, Big Book, 12x12 etc
- Mention the local meeting list and worldwide availability of AA
- Share some ideas about what they may expect in AA; the home group. Sponsorship, fellowship, service
- Tell them about AA literature: books, pamphlets, DVDs, tapes, Share magazine - and where they may be obtained. Provide order books and price list order forms
- Always try to leave time for a general discussion and question and answers session. Stick to AA and your own experience - steer discussion away from therapeutic "issues".

- Thank everyone and close.

8 What type of meetings are held in treatment settings?

Two kinds of meetings in alcoholism treatment settings seem to be practical, simple ways of introducing patients to AA while they are still in these settings. The particular treatment setting's own requirements of security, health and safety will determine which type is more suitable for its patients, and it is usual for both types of meeting to be "Open" to allow staff or health professionals to attend:

i. This is the regular AA group meeting run according to guidance outlined in the Structure Handbook, using the treatment setting as a venue. These meetings welcome clients/patients being treated for problems with alcohol and should be conducted in accordance with our AA Traditions, including Tradition Seven.

ii. This is an AA sponsored meeting supported ~~backed~~ by members from the local Intergroup/committee through cooperation with the treatment setting. The meeting is specifically for its inpatients. ~~The~~ AA members who participate ~~facilitate~~ bring in outside speakers but these meetings are not open to AA in general or listed in the local where to find. This second type of meeting may not be self-supporting so it may be necessary for the local Intergroup/committee to provide refreshments and AA literature~~This is the AA sponsored meeting backed by the treatment setting and held specifically for its inpatients, where the AA sponsors attend regularly and bring in outside speakers. These meetings are not open to AA in general or listed in the local AA "Where to Find". This second type of meeting may not be self-supporting, so it may be necessary for the AA sponsors to provide refreshments and literature.~~

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9 Starting a treatment settings group

This applies to the establishment of a regular group, rather than a one-off meeting. Discuss the idea with liaison officers and at intergroup, region and combined services meetings and try to establish the likely level of support of local AA members before approaching the treatment setting. Those members should then make contact with the treatment centre so as to discuss the form of meeting to take place on their premises, taking guidance from the relevant liaison officers where possible. Experience suggests that a minimum of four AA members will be needed who are committed to support the group for at least one year.

Most hospitals function through three departments - Medical, Nursing and Administration. Ensure that each is fully informed, as problems can arise when AA has contacted a person

who, though helpful and understanding, may not have the necessary authority to implement the decisions or the arrangements.

Courtesy and experience tells us that we cannot go into premises without the permission of the administrator; that we cannot approach patients/clients without the permission of the Doctor~~doctor~~ in Charge ~~charge~~ /-Treatment Centre Manager and we cannot enter a hospital ward or treatment facilities without the permission of the Ward Manager-/-Nursing Officer/ /Treatment Centre staff.

10 What are the responsibilities of the rest of us in connection with treatment settings

We have to have good sobriety ourselves, of course, before we can do much else. But once we have made a good start on that Twelve Step pathway to recovery, we have a lot to offer patients/clients in any alcoholism treatment setting.

For example, we can see in the books "*Alcoholics Anonymous"* and *"AA Comes of Age"* what Ebby T's visits with Bill W did, and what happened to Bill W and Dr Bob in Akron when they visited "the man on the bed", Bill D, who became AA number three. We can also find rich wisdom in chapter 7 of the Big Book, "Working with Others", and in the chapter on the Twelfth Step in *Twelve Steps and Twelve Traditions.*

But even if we never get near a treatment setting of any sort, there is much we can do in our own home groups. Being friendly to all newcomers is important, even if some of them may have an understandable allegiance to their treatment setting, or be dually addicted and not confine their remarks to matters related to alcoholism. If we are not prepared to welcome them unconditionally, they may not return. Offering sponsorship is important in helping smooth the way. Maybe your group would like to start beginners' meetings, or try some of the other ideas in the GSO leaflet on "Coping with the Influx of New Members"- a short description of ways groups are handling newcomers referred by treatment facilities and the like.

Cooperation between the fellowship and treatment facilities may increase attendance at AA meetings, which is beneficial to the clients and can help our fellowship grow. However, it may affect the group's finance if their clients do not carry money to put into the pot, also they may describe themselves as addicts rather than alcoholics. These issues can usually be overcome by adhering to the Traditions and relevant AA literature, and discussion and reference to the Group Conscience.

Attendees from treatment centres should be welcome and treated like any other newcomer from whatever background. AA cannot discriminate against any prospective AA member who is guided to us from any professional body. Who makes the referral is irrelevant: the problem drinker is our concern. AA cannot predict who recovers or how recovery is sought,

although the strength of our programme lies in the voluntary nature of membership. Many AAs first attended through pressure from other sources.

Administrators of treatment facilities cannot be expected to understand the dynamics of AA groups or how AA functions. The Steps, Traditions and guidelines are the responsibility of the AA member so dialogue between the group and treatment facility may help any problematic areas.

Professionals in the field of alcoholism will be receptive to approaches from AA that are conducted in the spirit of co-operation and they usually welcome information about AA when it is offered in this way.

AA has nothing to fear from treatment facilities settings: it can only help us reach more alcoholics.

Why do any of this?

Simple:

It is a good way to keep our sobriety strong. “It works when other activities fail”

When anyone, anywhere, reaches out for help, I want the hand of A.A. always to be there.

And for that,

I am responsible!