

II.

**COOPERATION
WITH THE
PROFESSIONAL
COMMUNITY**

AGENDA

Conference Committee on Cooperation with the Professional Community

Monday, April 25, 2022, 9 a.m. – Noon

Room: TBD

Chairperson: Tom B.

Secretary: Amy B.

Conference Committee Members

Panel 71

Tom B.

Julie C.

Pamela (Pam) K.

Gordon N.

Ruth R.

Panel 72

Shannon C.

Claude G.

Alison H.

- ◆ Discussion and acceptance of trustees' Committee report.
- A. [Review progress report on A.A.W.S. LinkedIn page.](#)
- B. [Review suggested revisions for the draft pamphlet "A.A. in Your Community."](#)
- C. [Review progress report on the development of outward facing pamphlets for the mental health professional.](#)
- D. [Consider creating a new pamphlet designed to help C.P.C. committees to reach as many doctors as possible.](#)
- E. [Review content and format of the C.P.C. Kit and Workbook.](#)

NOTE: 1989 Conference Advisory Action

Each Conference Committee carefully consider their agenda items and strive to make their recommendations for Advisory Actions to the Conference at the policy level. To be more financially responsible, when a Conference Committee recommendation involves a substantial expenditure of money, an estimate of cost and its impact on the budget be part of that recommendation.

2022 Conference Committee on Cooperation with the Professional Community

ITEM A: Review progress report on A.A.W.S. LinkedIn page

Background Notes:

From the January 30, 2022, trustees' meeting:

The committee discussed potential options for the multiple features of the LinkedIn platform. The committee **agreed to forward** a progress report on the A.A.W.S. LinkedIn page to the 2022 Conference Committee on Cooperation with the Professional Community.

Background:

1. History and Action of the A.A.W.S. LinkedIn page
2. LinkedIn Q4 progress report
3. Comprehensive Media Plan-LinkedIn

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History and Action of the A.A.W.S. LinkedIn page

2017

The committee discussed development of a LinkedIn page for Cooperation with the Professional Community (C.P.C.) committees and requested that the Trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities continue to explore establishing a presence on LinkedIn as a tool for C.P.C. efforts. The committee requested that the trustees' develop a full report that includes a complete exploration of all aspects of this social media tool as outlined in the minutes of the September 16, 2016 conference call of the trustees' Cooperation with the Professional Community/Treatment and Accessibilities subcommittee, and, if feasible within our Traditions, provide an implementation plan to the 2018 Conference Committee on Cooperation with the Professional Community that addresses the overall implications of such a presence, including sample content and estimates for implementation cost and maintenance.

The committee further requested that the trustees' report address the following items:

- Clarify what type of presence, for example, a “company” page for A.A. and/or some type of page for C.P.C. committees, would be the most effective C.P.C. tool(s).
- Determine if LinkedIn is the optimal platform for area and district committee nonpublic group page(s) to interact with each other.
- Clarify how “messaging” works for the type(s) of presence suggested.
- Explore premium options and the associated costs.
- Determine how to reach non-followers, and how to get “followers.”
- Fully explore the Traditions issues presented by LinkedIn actions including “endorsements,” “followers,” “comments” and “pushing sponsored links” and determine if these actions can be accomplished within the Twelve Traditions.
- Determine whether or not comments can be disabled or blocked and if not, the feasibility of effectively moderating comments.
- Explore if and how the Fellowship and/or C.P.C. committees might be asked to interact with the LinkedIn page.

[Back to coverpage](#)

2018

The committee recommended that A.A. World Services, Inc. develop a company page on LinkedIn with the following goals in mind:

- To offer another digital resource, in addition to www.aa.org, where professionals can find accurate information about A.A.
- To broaden the reach of the *About A.A.* newsletter for professionals
- To offer a platform where our professional friends may recommend us
- To raise awareness of exhibits staffed by local C.P.C. committees at national and local professional conferences
- To expand the network of our professional friends and perhaps deepen the pool of Class A Trustee candidates
- By our presence on LinkedIn, to reinforce the continuing relevance and efficacy of A.A. to professionals.

Additional Committee Considerations:

- The committee strongly suggested that those creating the LinkedIn company page consider adding some kind of disclaimer or explanation clarifying that A.A. is not affiliated with any of the organizations who appear in promoted content on the LinkedIn company page.

2019

Committee considerations:

- The committee discussed the progress on implementing a static LinkedIn page and felt that the overall goal of the 2018 Advisory Action on creating a LinkedIn page had not yet been achieved. The committee agreed that the wording suggested for the LinkedIn page did not adequately describe Alcoholics Anonymous. The presence of a LinkedIn page describing Alcoholics Anonymous would be a valuable tool to aid local C.P.C. committee work in the U.S. and Canada to inform professionals about A.A. The committee requested that the trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities revisit the plan for implementing a LinkedIn page taking into consideration the following suggestions:
 - Add a disclaimer explaining that the “promoted” content on the LinkedIn page is not affiliated with Alcoholics Anonymous.
 - Include information from current A.A. literature about what A.A. does and does not do that can be useful to professionals who work with alcoholics

[Back to coverage](#)

- Add a concise description of Alcoholics Anonymous that is based on the Conference-approved literature intended for professionals that was reviewed at the October 2018 trustee's meeting.
- Add a link to aa.org, and a link to the information for professionals' page.
- Add a link to the *About A.A.* newsletter.
- Include a schedule of C.P.C. exhibits at national level events that are coordinated through the General Service Office.
- Annually provide a report tracking the A.A. LinkedIn page, including visits to aa.org from the LinkedIn page for review by the Conference Committee on C.P.C.

2021

The committee recommended that:

The goals expressed in the 2018 Advisory Action establishing a dynamic A.A.W.S. LinkedIn page be implemented by G.S.O., to provide current and relevant content about A.A. to professionals in accordance with A.A. principles and Traditions; and that a progress report on the usefulness and effectiveness of implementing these updates on the A.A.W.S. LinkedIn page be brought back to the 2022 Conference Committee on Cooperation with the Professional Community.

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LinkedIn: Fourth Quarter Report 2021

October - December

PROGRESS:

In the fourth quarter of 2021, we posted 3 more announcements to LinkedIn for a total of 7. Hashtag research – Discussed potential use of hashtags as an SEO/organizational tool in the July Trustees meeting. Provided a list of potential primary and secondary hashtags for the Trustees to review. Recommend starting with a pool of 2 or 3 hashtags per category of post.

ANALYTICS:

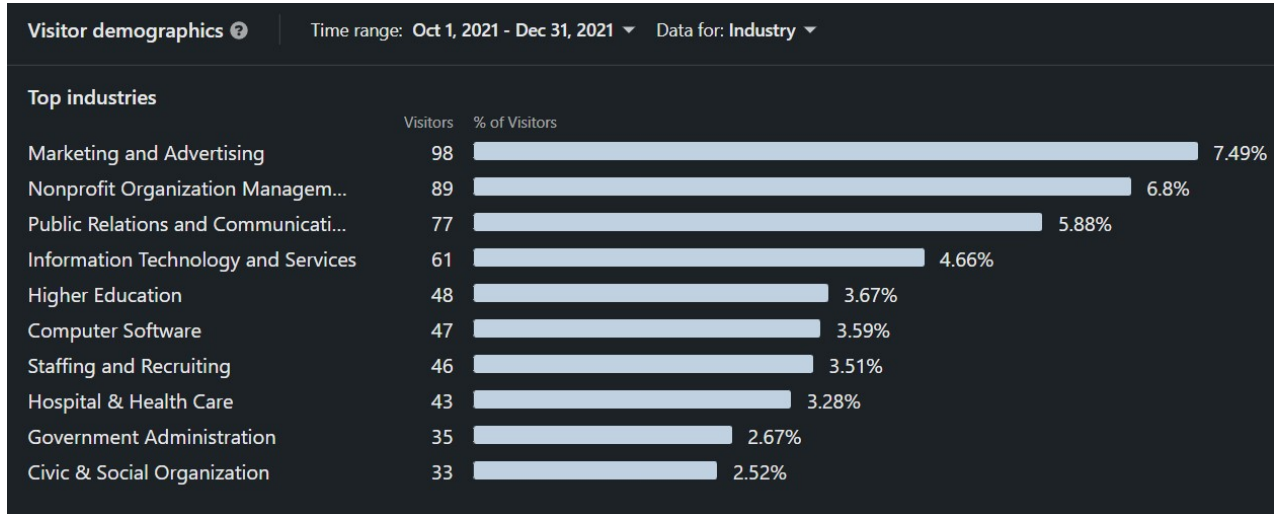
- As of December 31, 2021, we had over 1,600 followers.
- Channel stats this quarter:
 - Total page views: 1506 (+81 from third quarter)
 - Unique visitors 578 (+7 from third quarter)



[Back to coverage](#)

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Press Release: Posted 10/5/2021

Impressions: 1,406
Reactions: 32
Clicks: 82

Click through rate 5.83%
Shares: 1
Engagement rate*: 8.18%

About A.A. Newsletter: Posted 11/3/2021

Impressions: 1,334
Reactions: 29
Clicks: 99

Click through rate 7.42%
Shares: 1
Engagement rate*: 9.67%

Meeting Guide App: Posted 12/1/2021

Impressions: 1,230
Reactions: 32
Clicks: 68

Click through rate 5.53%
Shares: 8
Engagement rate*: 8.78%

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Trustees' Public Information Committee
Alcoholics Anonymous Comprehensive Media Plan
January 29, 2022

LinkedIn Excerpt – From CMP Section 6 Social Media

AAWS LinkedIn

LinkedIn serves as the professional social networking platform which hosts more than 600 million professional profiles along with 55 million companies listed on the site. AAWS's presence on LinkedIn allows us to communicate and share our mission with the professional community. One way to make connections is to include relevant and informative content.

Articles should be regularly updated, and a publication calendar should be created. The point of the LinkedIn page is to look professional and to connect with professionals (judicial, behavioral health staff, correction professionals, public health agencies medical, etc.) and consistency in posting helps us to present as professional, reliable, and current. The requirements for creating a post include the following:

- 3,000 characters or less for the post text
- Articles do not have a real character limit; however, it is reported that posts over 120,000 characters will be cut off thru the LinkedIn blogging network.
- Link to content on aa.org
- Any images or graphics to attach. LinkedIn will auto choose images based on the page we link back to.
- Post short text in 3 languages which will also link back to aa.org.

When the LinkedIn channel was approved by the 2018 Conference Committee on Cooperation with the Professional Community, they set out the following narrow scope and use of the profile:

- To offer another digital resource, in addition to www.aa.org, where professionals can find accurate information about A.A.
- To broaden the reach of the *About A.A.* newsletter for professionals
- To offer a platform where our professional friends may recommend us
- To raise awareness of exhibits staffed by local C.P.C. committees at national and local professional conferences.

[Back to coverage](#)

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- To expand the network of our professional friends and perhaps deepen the pool of Class A Trustee candidates
- By our presence on LinkedIn, to reinforce the continuing relevance and efficacy of A.A. to professionals.

Additional Committee Considerations:

The committee strongly suggested that those creating the LinkedIn company page consider adding a disclaimer or explanation clarifying that A.A. is not affiliated with any of the organizations who appear in promoted content on the LinkedIn company page.

2019 Committee considerations:

The committee requested that the trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities revisit the plan for implementing a LinkedIn page taking into consideration the following suggestions:

- Add a disclaimer explaining that the "promoted" content on the LinkedIn page is not affiliated with Alcoholics Anonymous.
- Include information from current A.A. literature about what A.A. does and does not do that can be useful to professionals who work with alcoholics.
- Add a concise description of Alcoholics Anonymous that is based on the Conference-approved literature intended for professionals that was reviewed at the October 2018 trustee's meeting.
- Add a link to aa.org, and a link to the information for professionals' page.
- Add a link to the *About A.A.* newsletter.
- Include a schedule of C.P.C. exhibits at national level events that are coordinated through the General Service Office.
- Annually provide a report tracking the A.A. LinkedIn page, including visits to aa.org from the LinkedIn page for review by the Conference Committee on C.P.C.

The 2021 Advisory Action:

The committee recommended that the goals expressed in the 2018 Advisory Action establishing a dynamic A.A.W.S LinkedIn page be implemented by G.S.O to provide current and relevant content about A.A. to professionals in accordance with A.A. principles and Traditions; and that a progress report on the usefulness and effectiveness of implementing these updates on the A.A.W.S LinkedIn page be brought back to the 2022 Conference Committee on Cooperation with the Professional Community.

Short Term Strategies

[Back to coverpage](#)

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It is important to note LinkedIn's search results algorithm depends on the frequency and relevancy of content. Currently, we do not show up for "AA" search, but only if you search "Alcoholics Anonymous World Services, Inc.". A.A.W.S Communications Dept and the Cooperation with the Professional Community have identified and prioritized the following content to be developed for posting:

High Priority

- "About A.A." releases
- Link to Box 4-5-9/Sharing from Behind the Walls
- The holiday issue of Box 459 with the 12 steps to stay sober during the holidays
- Press releases -7 per year with Public Information
- Yearly anonymity letter with links to additional anonymity resource
- New videos appropriate to the professional audience
- Vacancy announcements (Boards/Nominating)
- Employment opportunities (Office/Human Resources)
- A.A. Events hosted by G.S.O or where Board/Office members will be present. Specifically, any event professionals can attend as guests. This can include professional conferences where A.A. may have a C.P.C. display.
- Seek Grapevine and La Vina resources that are relevant for the professionals.
- Assess the use of hashtags for the LinkedIn postings

Low Priority

- CPC/PI related video highlights
- CPC/PI literature/resources highlights to include FAQs and short straightforward content
- Call out older issues of "About A.A." with articles that are still relevant
- Open Letter to Health Care Professionals
- Highlight the YouTube channel as a resource
- Who/What are Class A's (for the LinkedIn page, Class A's should be referred to as non-alcoholic trustees which will allow the professional community to understand the difference between the A's and the B's)
- Encourage Class A's to link themselves to the page as a resource. Consider relinking their introduction articles from newsletters and possibly adding headshots.
- Highlight LIM as a resource.

Long-Term Strategies

The following is a listing of possible strategies which may be considered to expand the use and visibility of A.A. on LinkedIn. Each suggested topic will be carefully and fully assessed as to the alliance to our thirty-six principles and the merit and feasibility of the action.

- Playback in LinkedIn

[Back to coverpage](#)

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Video content playing on social media is huge for engagement. We can link back to the individual video page on A.A.org but the video will not play on the Linked in platform unless we upload it directly. Our current practice is we do not upload our assets to other platforms but bring people back to A.A.org.

- Video reminders to the calendar after press releases. We will soon post a press release regarding the new PSA's and put individual posts on the calendar 1-2 months later to highlight each individual video and serve as a reminder of the previous content.
- Seek ways to increase the followers/subscribers to provide information to a wider audience. This can be tied to the strategy of providing posts geared to a category of professionals with FAQs or misconceptions and encouraging them to reach out to the CPC desk.
- Consider LinkedIn webinars or go live with a Class A (non-alcoholic) trustee on-screen with CPC off-screen for a Q and or did you know type format
- Use the LinkedIn analytics to help shape the work we engage in.

[Back to coverpage](#)

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2022 Conference Committee on Cooperation with the Professional Community

ITEM B: Review suggested revisions for draft pamphlet “A.A. in Your Community”

Background Notes:

From August 1, 2020, trustees’ meeting

The committee discussed the 2020 Conference Committee on CPC’s committee consideration to update the style and language of the pamphlet “A.A. in Your Community.” The committee noted the value of including links to other digital A.A. resources and a space for CPC committees to write in their local contact information. The committee discussed formats that modern professionals use when they look at content and agreed that print, digital and audio formats are needed. The committee also noted that most professionals prefer to access digital materials that have clickthrough links that lead to additional information that a professional may choose to access. The committee noted the value of printed A.A. materials and noted that many modern professional settings cannot accommodate walk-in, face-to-face meetings with local CPC committees.

The committee asked the secretary to work with the Publishing department on updating the “A.A. in Your Community” pamphlet, with a focus on currency and inclusion of modern professionals. The committee also asked the staff secretary to work with the Communication Services department to create samples that communicate the content of the pamphlet “A.A. in Your Community” in visual formats.

From the November 1, 2020, trustees’ meeting:

The committee reviewed the draft language of the pamphlet, "A.A. in Your Community" and offered suggestions. The committee asked the staff secretary to bring back a draft to the committee at the January 2021 meeting. The committee also reviewed the audio samples and noted their usefulness in communicating with modern professionals. The committee discussed the concept of audio service material and agreed to forward the samples and background to A.A.W.S. for further development.

From the January 31, 2021, trustees’ meeting:

The committee reviewed a progress report submitted by G.S.O’s Executive Editor and provided clarification about the target audience for the pamphlet. The committee looks forward to a draft or progress report at the July 2021 meeting.

From the August 1, 2021 trustees’ meeting:

The committee reviewed a progress report on “A.A. in Your Community” submitted by G.S.O.’s executive editor that provided clarification about the target audience for the pamphlet. The committee looks forward to a draft pamphlet or progress report at the October 2021 meeting.

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From the October 31, 2021 trustees' meeting:

The committee reviewed the draft pamphlet and asked staff to send a memo to G.S.O. Publishing with edits from the committee. The committee looks forward to a revised draft or an update report at their January 2022 meeting.

From the January 31, 2022 trustees' meeting:

The committee requested that edits provided by the committee be sent to Publishing. The committee **agreed to forward** the suggested revisions to the 2022 Conference Committee on Cooperation with the Professional Community.

Background:

1. Memo sent to Publishing
2. Edits-1
3. Edits-2

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Memorandum

February 8, 2022

To: Ames S., Managing Editor
David R., Publishing Director

cc: Nancy McCarthy, Chair of C.P.C.-T.A.
Bob W., G.S.O. General Manager
Sandra W., Director of Staff Services,

From: Amy C. B., GSO staff, Cooperation with the Professional Community

Re: 'A.A. in Your Community'

At the January 30, 2022, meeting of the trustees' C.P.C.-T.A. Committee, the following item was forwarded to the Publishing Department for further action as noted below:

The committee requested that edits provided by the committee be sent to Publishing. The committee **agreed to forward** the suggested revisions to the 2022 Conference Committee on Cooperation with the Professional Community.

/ab

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AA in Your Community Pamphlet

Introduction:

workers who had once been lost in addiction and have now come home again. **We see them all**

around us, at restaurants, in schools, at the gym, attending church services. I see where you're going but it sounds weird, feels clucky. Is it necessary?

AA Group

alcoholics who are themselves recovering in the Fellowship. Typically, two or more alcoholics

meeting together for purposes of sobriety may consider themselves an A.A. group, **provided that, as a group, they are self-supporting and have no outside affiliations.** I suggest this instead--**Have no outside affiliations and are self-supporting Local groups generally**

- **Where Does AA Meet?**

may mistakenly believe that Alcoholics Anonymous has religious ties, but A.A. has **no affiliation with any religious organization** (*Initialize to emphasize this point*).

- **What is the best way for professionals to find AA meetings**

Readily free downloadable from App Store or Google Play (we use the word free in Bridging the Gap, under "How does Bridging the Gap work?" bullet point #4---keep language consistent

- **A Meeting for everyone**

Sign language meetings for Deaf—hearing impaired, meditation meetings

- **How Does AA Work with professionals?**

Correctional institutions---former **inmate's** life

- **Is AA Religious?**

when they turn to the **Fellowship** AA members

- **Are There any Rules**

Fellowship membership I am thinking about the Communication audit---religious overtones

[Back to coverage](#)

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I like the section “**Is there evidence-based proof of AA’s efficacy?**” because this pamphlet is geared towards professionals, and I feel like this section speaks to questions they may have about this.

In the section “what are AA meetings” we need to include the words “substance abuse disorder” and/or “alcohol abuse disorder” as this is the language of the professional community. Also in the section regarding “where you can find AA, we may wish to consider removing “telephone directory” and include info on the Meeting Guide app. Also under Periodicals, include any GV/LV books which may be appropriate. Thanks

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A Guide to Alcoholics Anonymous for Professionals

How A.A. Works In Your Community to Help Alcoholics

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

Alcoholics Anonymous® is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.

[Back to coverage](#)

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- A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.
- Our primary purpose is to stay sober and help other alcoholics to achieve

sobriety. Copyright © by AA Grapevine, Inc.; reprinted with permission. Copyright tk

Introduction

Alcoholics Anonymous is grateful to the many professionals who have supported the A.A. program of recovery. Thousands of us owe our lives to them and our debt of gratitude knows no bounds. This pamphlet is intended as a general introduction to the Alcoholics Anonymous program for professionals, describing what Alcoholics Anonymous is, where to find it in your community and how A.A. works with professionals to help people who have a drinking problem.

Social scientists have long understood that community—generally defined as a group of people with diverse characteristics who are linked by social or familial ties and share common

[Back to coverage](#)

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perspectives—is one of the most important emotional underpinnings of our lives as human beings.

Alcoholism is a disrupter of communities, isolating alcoholics, separating them from friends and family, causing them to lose sight of ambitions and dreams, sometimes driving them to prison, mental illness and even death. ~~In all, causing them to lose that security and sense of identity that our human communities, at their best, provide for us.~~

One of the greatest gifts that Alcoholics Anonymous confers on its members is to return them, sober, to their communities. They are parents, spouses, children, relatives, friends and coworkers who had once been lost in addiction and have now come home again. We see them all around us, at restaurants, in schools, at the gym, attending church services.

A.A. and doctors, health care professionals, faith leaders, law enforcement or court officials, educators, counselors and social workers and other professionals who work with alcoholics share a common goal: to reintegrate sober alcoholics back into the lives of our communities.

What is A.A.? How does it work?

Alcoholics Anonymous is a fellowship of people from all walks of life who help each other to stay sober. (At last count, A.A. had roughly two million members worldwide.) The only requirement for membership is a desire to stop drinking. Members share their “experience, strength and hope” in recovery from alcoholism at meetings and on a one-to-one basis.

A.A. is a program of ~~complete~~ abstinence from alcohol. At the core of the program are the Twelve Steps of Recovery (see page XX), a group of principles based on the ~~trial and error~~

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[Back to Coverage](#)

experience of A.A.’s early members. Practiced as a way of life, the Twelve Steps include elements found in the spiritual teachings of many faiths. These Steps have helped A.A. members the world over to live sober, fulfilling lives.

Recent research studies done on A.A. (which does not engage in or sponsor research about itself, except for its own internal demographic survey) have concluded that the changes in an alcoholic’s social networks that A.A. brings about—meaning spending their time with people who are sober, not with those who drink heavily—are enormously helpful for long-term sobriety.

In addition, A.A. is a community of people who seek to recover from alcoholism in part by helping others to recover. This helps alcoholics heal by allowing them to look outward from inward suffering. While altruism is helpful for many people, not just for alcoholics, it is a core principle of Alcoholics Anonymous, one that alcoholics who remain sober bring to their interactions with loved ones, friends, colleagues and their communities at large.

Commented [cc1]: This is awkward. Does it need to be in the text?

The A.A. group

The A.A. group is the heart of the A.A. community. A.A. groups are autonomous, guided only by a series of Traditions garnered from long experience. A.A.’s essential work is done by alcoholics who are themselves recovering in the Fellowship. Typically, two or more alcoholics meeting together for purposes of sobriety may consider themselves an A.A. group, provided that, as a group, they are self-supporting and have no outside affiliations. Local groups generally select committees on a rotating basis to oversee vital group activities and services, which include holding A.A. meetings at established times and places.

[Back to coverage](#)

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Where does A.A. meet?

A.A. groups meet in ~~locations which are accessible to people and where the rent is affordable to a group that supports itself on its own, on a voluntary basis, accepting no outside contributions.~~ Because A.A. meetings are often held in churches, temples or other places of worship, people may mistakenly believe that Alcoholics Anonymous has religious ties, but A.A. has no affiliation with any religious organization. When A.A. was just getting started back in the late 1930s, many churches were generous enough to allow meetings to be held in their basements or common spaces, a large-hearted practice that continues to this day. Of course, A.A.'s pay rent like any tenant, through contributions gained by passing the basket among members.

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Commented [cc3]: Delete

What is the best way for professionals to find A.A. meetings within the community?

In most communities, finding A.A. meetings is just a keyboard click or phone call away. Typing "Alcoholics Anonymous" into a search engine will usually bring you to an A.A. central office website near you, with meeting listings.

Even easier to use is the popular Meeting Guide app. Readily downloadable from the App Store or Google Play, the Meeting Guide app allows users to access updated information about meeting locations and times. It gives directions to physical meetings close to people's homes or places of employment; provides links to virtual meetings; and clearly enumerates the name, address, and time of each meeting, as well as what type of A.A. meeting it is. Currently, there are nearly 125,000 meetings on the app, with 251,000 monthly active users.

A professional seeking to discover more about A.A. will find a robust A.A. presence online. The website of the General Service Office of Alcoholics Anonymous, aa.org, functions as a clearinghouse of information for A.A. as a whole. A.A. literature is available at aa.org, including numerous pamphlets intended for professionals. Alcoholics Anonymous has a

[Back to Coveragepage](#)

Linkedin page and both it and AA Grapevine, the international journal of Alcoholics Anonymous, have YouTube channels, which feature audio stories told by sober alcoholics as well as public service videos.

A meeting for everyone

~~It's important for professionals to be able to inform their clients that A.A. is an inclusive, diverse community and that this diversity is reflected in the wide variety of meetings available—there is, almost literally, a meeting for everyone. There are meetings for newcomers and young people, Spanish-speaking meetings, gay, lesbian and trans meetings, meetings for those with dual diagnoses, sign language meetings for alcoholics who are Deaf, meditation meetings, "atheist/agnostic" meetings, and many more.~~

Commented [cc4]: Replace "is" with "strives to be"

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A.A. meeting listings are generally accompanied by the notation "open" or "closed." An open meeting means that nonalcoholics such as family members or helping professionals can attend, while a closed meeting is only for those with a desire to stop drinking.

Commented [cc5]: This is an overstatement. Meeting availability varies widely from one community to the next. If specific types of meetings are mentioned, use "non-English speaking" rather than "Spanish-speaking". "Dual-diagnosis" implies multiple addictions, and some people will think we are widening our primary purpose by using the term.

~~It may be helpful for professionals to note that individual A.A. meetings can vary greatly. Suggesting a client go to different meetings in order to find the one that best suits their needs and personality is often a useful thing to do.~~

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There are also a wide variety of online meetings available, if an alcoholic is unable to attend physical meetings. Some meetings are held on virtual platforms. There are email meetings where an email is sent out on a specific topic; chat (text) meetings that include a live chat following the same format as a face-to-face meeting; discussion forums or message boards where

[Back to coveragepage](#)

a topic is posted and group members post in return (these are active 24/7); and the old-fashioned telephone, where meetings are conducted via a conference-call format.

How does A.A. work with professionals?

A.A. has a long history of cooperating but not affiliating with outside organizations and being able to provide A.A. meetings and informational presentations to professionals upon request. For example:

Commented [cc6]: other

A.A. members are experienced in setting up A.A. groups within **correctional institutions**—there are roughly 1,500 A.A. groups in correctional facilities in the U.S. and Canada. A.A.'s Bridging the Gap program, in which A.A. members volunteer as temporary contacts to help released inmates become acquainted with A.A. and to attend A.A. meetings in their home areas after they are released, allows for continuity in a former inmate's life once he or she is released, helping keep them sober for the long term.

A.A. provides information for **healthcare professionals** on the best way to overcome some of their patients' common misconceptions about A.A., such as A.A. being a religious organization or that they will be "judged" by those they meet in A.A. If possible, it is always helpful for a healthcare professional to attend a few "open" A.A. meetings, so they can give information to patients as to how an A.A. meeting works and possibly get a list of contacts willing to take a patient to his or her first meeting. The Bridging the Gap program also works in the same fashion with **treatment centers, hospitals and institutions**.

Commented [cc7]: is this information online? In pamphlets? where to find it would be helpful.

Commented [cc8]:

For **faith leaders** who counsel alcoholics, it can be helpful to know active A.A. members in the community to whom they can refer anyone looking for help with a drinking problem. They, too, can attend "open" A.A. meetings and also become acquainted with A.A. literature such as *Alcoholics Anonymous*, *12 Steps and 12 Traditions*, the booklet *Living Sober*, and *AA*

Commented [cc9]: it's helpful for faith leaders to know active AA members., but this statement doesn't offer any suggestion for how they might do that.

[Back to Coverage](#)

Grapevine, which is A.A.'s monthly magazine, containing inspirational stories by and for alcoholics.

For more information on how A.A. cooperates with professionals, go to aa.org and click the "For Professionals" tab.

Questions professionals are commonly asked about Alcoholics Anonymous

• **Is A.A. religious?**

A.A. has no affiliation with any ~~specific~~ religion nor does it inquire into alcoholics' religious beliefs — or lack thereof — when they turn to the Fellowship for help.

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~~However, the~~ A.A. program of recovery is based on certain spiritual values, and individual members are free to interpret these values as they think best, or not to think about them at all.

Commented [cc10]: Replace with "The"

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• **Is A.A. anti-alcohol?**

While many A.A.s appreciate that alcohol may be alright for most people, they know it to be poison for them. The average A.A. member has no desire to deprive anyone of something that, properly handled, is a source of pleasure. A.A. members merely acknowledge being personally unable to ~~handle the stuff~~.

Commented [cc11]:

Commented [cc12]: Replace with "consume alcohol safely."

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[Back to coverage](#)

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- **Are there any rules in A.A.?**

The absence of rules, regulations, or musts is one of the unique features of A.A. as a local group and as a worldwide fellowship. There are no bylaws that say a member has to attend a certain number of meetings in a given time. The only requirement for membership is a desire to stop drinking.

- **Will people find out that I joined A.A.?**

Anonymity is and always has been a basic tenet of the A.A. program. **Most** members, after they have been in A.A. awhile, have no particular objection if the word gets around that they have joined a fellowship that enables them to stay sober. But no one has the right to break the anonymity of another member. This means that the newcomer can turn to A.A. with the assurance that no newfound friends will violate confidences relating to his or her drinking problem.

Commented [cc13]: Many

Commented [cc14R13]:

- **Does membership in A.A. cost money?**

Membership in A.A. involves no financial obligation of any kind. The A.A. program of recovery from alcoholism is available to anyone who has a desire to stop drinking, ~~whether he or she is flat broke or in possession of millions.~~

Commented [cc15]: Replace with "Is there a fee for A.A. membership?"

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- **Is A.A. against alcoholics taking prescribed medication?**

~~A.A. has no opinion on what medication is appropriate for an individual. While it is true that some people may substitute addictions — pills for alcohol, for instance — many A.A. members truly need medication and Alcoholics Anonymous does not "play doctor" or offer medical advice.~~

Commented [cc16]: Replace with "and is supported by the voluntary contributions of its members."

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Commented [cc17]: A.A. does not offer medical advice. Medications, like other medical treatments, are a matter for each member to discuss with their physician or practitioner.

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[Back to Coveragepage](#)

- **Is there evidence-based proof of A.A.'s efficacy?**

A rigorous independent study, published by the medical journal Cochrane Database of Systematic Review in 2020, examined 25 previous studies involving 10,565 participants around the world. It found that Alcoholics Anonymous works as well as other scientifically proven treatments for alcoholism, including Cognitive Behavioral Therapy (CBT), outpatient treatment by a doctor and alcohol education programs, and in fact outperforms these methods when it came to longevity of sobriety.

- **But why doesn't A.A. work for everyone?**

The answer is that A.A. will work only for those who admit that they are alcoholics, who honestly want to stop drinking — and who are able to keep those facts uppermost in their minds at all times. A.A. usually will not work for the people who have reservations about whether or not they are alcoholics, or who cling to the hope of being able to drink normally again.

Working with professionals, within communities

As the world's first and oldest Twelve Step recovery program, Alcoholics Anonymous, founded in 1935, has long made it a priority to work with professionals, within communities. Early

[Back to coveragepage](#)

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members of A.A. entered hospitals where suffering alcoholics were “drying out” in order to help them find sobriety. A.A. groups brought meetings into jails in the Northeast as early as 1940, even before Alcoholics Anonymous had arrived in many U.S. cities. A.A. groups work to bring speakers into treatment centers, to bring information to professionals such as doctors, lawyers, judges and probation officers and to speak at schools, colleges and hospitals.

A large percentage of A.A. members were first introduced to the program through treatment facilities and the legal system; many more received counseling (psychological or spiritual) for their alcoholism before and after entering the program. Thus, those professionals in the fields of healthcare, addiction medicine, and the law, whose working lives intersect daily with Alcoholics Anonymous, are invaluable in helping sober alcoholics return to their community of parents, spouses, children, relatives, friends and co-workers.

As a program that points the way for alcoholics to find a new way of life without alcohol, a program that is working successfully for hundreds of thousands of people, A.A. stands ready to cooperate with professionals at all times to help suffering alcoholics achieve sobriety.

Commented [cc18]: Many

Commented [cc19R18]:

Useful links to more information about Alcoholics Anonymous:

Alcoholics Anonymous official website: <https://aa.org>

Find Local AA: a state by state link to A.A.’s central offices

https://www.aa.org/pages/en_US/find-local-aa

Online Intergroup: A.A.’s directory of online meetings <https://www.aa-intergroup.org/>

[Back to Coveragepage](#)

A.A.’s Cooperation with the Professional Community (C.P.C) desk at [aa.org](https://www.aa.org) is available to provide information for professionals and connect them with the local C.P.C. committees in their area https://aa.org/pages/en_US/information-for-professionals

Grapevine, The International Journal of Alcoholics Anonymous <https://www.aagrapevine.org/>

La Viña, Grapevine’s Spanish-language sister magazine <https://www.aalavina.org/>

[Back to coveragepage](#)

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The Twelve Steps of Alcoholics Anonymous

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

[Back to coverpage](#)

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2022 Conference Committee on Cooperation with the Professional Community

ITEM C: Review progress report on the development of outward facing pamphlet for mental health professionals

Background Notes:

The 2021 Conference Committee recommended that the trustees' Committee on Cooperation with the Professional Community/Treatment and Accessibilities develop a pamphlet directed to mental health professionals. The committee requested that a progress report or draft pamphlet be brought to the 2022 Conference Committee Cooperation with the Professional Community.

At the August 2021 Trustees committee they discussed the 2021 C.P.C. advisory action, "That the trustees' Cooperation with the Professional Community/Treatment and Accessibilities Committee develop a pamphlet directed to mental health professionals..." The committee discussed the request to create a pamphlet for mental health professionals and suggested that the first action is to explore assembling a focus group of past/present Class A's trustees' and other mental health professionals that are member of the fellowship for the purpose of asking what their needs are when addressing the suffering alcoholic. The committee looks forward from the staff secretary a progress report at the October 2021 meeting.

At the December 2021 trustees meeting The focus group is scheduled to meet on December 10, 2021, with a possible follow up meeting for those who are unable to attend the December 10 meeting. The committee looks forward to a progress report at their January 2022 meeting.

At the January 2022 Trustee meeting the committee discussed the 2021 Advisory Action to develop a new outward facing pamphlet geared towards the mental health professional. The committee reviewed a focus group report and requested that the staff secretary work with Publishing on the development of a language and potential formats. The committee **agreed to forward** a progress report on the development of the pamphlet to the 2022 Conference Committee on Cooperation with the Professional Community.

Background:

1. Focus group report
2. Memo to Publishing

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Focus Group on pamphlet for Mental Health Professionals

Attendance: Amy B., (secretary) Leonard M. Blumenthal, Trustee Emeritus, Retired Treatment Administrator- Canada, Vera F., Irene K., John Kelly *PhD, ABPP* Director, MGH Recovery Research Institute Program Director, MGH Addiction Recovery Management Service (ARMS) Associate Director, MGH Center for Addiction Medicine Peter F. Luongo, Ph.D. Executive Director Institute for Research, Education and Training in Addictions, Nancy McCarthy Class A Trustee, Corrections administrator, Judith Sadora, M.A., Oregon LMFT (T1642), Nevada LMFT (3210-R) and journalist William G.

Goal of Focus group: The committee discussed the request to create a pamphlet for mental health professionals and suggested that the first action is to explore assembling a focus group of past/present Class A's trustees' and other mental health professionals that are member of the fellowship and nonmembers, for the purpose of asking what their needs are when addressing the suffering alcoholic.

Question 1. What are the barriers to referring or providing information to your clients about A.A.

- Often confusion about spiritual vs religious organization. When look at literature it is heavy in religious language.
- Professionals don't know how to refer, that A.A. has no intake or referral process, the professional will have to have connections in the local A.A.
- That anonymity can have negative consequences that "we" are sending client to hide in meetings. That the idea of anonymity and what that means in A.A.
- Clients are often on medication, be able to provide information to client that A.A. has no opinion and that A.A. members are not doctors they are A.A. members.
- Professional's lack of understanding of the verity of members; young, old, persons of color and differences in culture.
- Understanding of who could be an alcoholic, signs and symptoms of the alcoholic education.
- Understanding how alcoholism in persons of color, and the culture of family.
- That spirituality and Mental Health issues have different meaning in different cultures example of people of color, indigenous people.
- Having practical resources in your community, know meeting types to inform clients.
- Education of what A.A. is and what it is not. That referring "drug addicts" to A.A. and why it does not work.
- Having relationship with local A.A. resources.

Question 2: What clear A.A. message to give professionals and what the ongoing message should be

[Back to coverage](#)

CONFIDENTIAL: 72nd General Service Conference Background

- Recovery is an evidence-based services that can serve a person over time, that it is assessable, flexible, has multiple ways (in person, online) and is free.
- That it works, effective way to sustain recovery
- A.A. is public heaths “free lunch”
- Use of A.A. resources makes you a better professional, that you are providing an option for recovery.
- A.A. materials need to be more on point of spiritual vs religious
- Drive home the message of inclusivity be aware of types of meeting and local so that you are sending people to appropriate meetings, example is being aware of culture of meeting, be not sending a person of color to all white meeting.
- A.A. members are not Doctors
- No discrimination that is safe place to explore spirituality
- That A.A. principles are in line with professionals’ ethics.
- Use of Professional language example is recovery coach vs sponsor and dual diagnosis. Language is science based and evidence based.
- That people experiencing “dual diagnosis” do just as well in A.A.
- Get to know your local A.A. and reach out to them.
- Use of graphics to get message across to meet people where they are.

Question 3: What do you tell your peers about A.A.

- That often therapy is group driven and that A.A. is also allowing people to make connections in the group
- Difference between someone who knows about A.A. and one who does not. One who is knowledgeable will know about when Client comes back and says “they” did the Lords Prayer or talked about medication the Clinician will be able to talk about how meeting are autonomous and different and that they can go to many meetings to find were they “fit”
- People will take “antidotol” as truth and use to wipe out all science. As you compare A.A. to same scientific standards it is as well or better for less money. Even involving cognitive therapy for free and learning of behavioral skills for free.
- Often those who are members of A.A. and professionals discuss A.A.

Other topics to help carry A.A. message to professionals

- Use of LinkedIn to highlight A.A. to the professional
- Carry the message to the Clinicians with new data from study “Does A.A. Work”
- That Clinicians have heavy workload make personal interactions and awareness
- Get “change agents” to go to managers to get staff to attend information on A.A.
- Meet people where they are, example is group of A.A. members who got sober during Covid and have never been to in person meeting.
- Use of Virtual platforms with be with us and use of these to carry the A.A. message to professionals. Realize the value of telecommunication.

[Back to coverage](#)

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Copy of this report will be sent to identified professionals that could not attend so that they can contribute as appropriate.

Notes from others after meeting:

- Utilization of Class A Trustees, particularly physicians, to present A.A. focused material at peer attended hospital/clinic Grand Rounds, teaching/academic (e.g., med school, grad school) lectures, specialty society and organized medicine annual conferences, university/college student mental health centers, and to middle and high school district/systems guidance counselors, school psychologists/social workers, and nurses.

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Memorandum

February 5, 2022

To: Ames S., Executive Editor
David R., Publishing Director

cc: Nancy McCarthy, Chair of C.P.C.-T.A.
Bob W., G.S.O. General Manager
Sandra W., Director of Staff Services

From: Amy C. B., GSO staff, Cooperation with the Professional Community

Re: Pamphlet for the mental health professional

At the January 30, 2022, meeting of the trustees' C.P.C.-T.A. Committee, the following item was forwarded to the Publishing Department for further action as noted below:

The committee reviewed a focus group report and requested that the staff secretary work with Publishing on development of language and potential formats geared toward the mental health professional.

Attached is the focus group report.

Please feel free to reach out to me if there are any questions.

/ab

2022 Conference Committee on Cooperation with the Professional Community

ITEM D: Consider creating a new pamphlet designed to help C.P.C. committees reach as many doctors as possible

Note: As a result of the EDW plan, this item is on the agenda of the Conference Committee on Cooperation with the Professional Community

Background notes:

PAI # 78

Consider creating a new pamphlet designed to help C.P.C. reach as many doctors as possible. This pamphlet includes general statements about the alcoholic to the doctor, questions for the doctor, and possible actions to take. The pamphlet is only to be used fully, or partially, at the comfort level of the individual alcoholic.

Background:

1. PAI # 78 submission form
2. PAI #78 Background draft "Conversation with Your Doctor"

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Conversation With Your Doctor Pamphlet Agenda Item Submission Form

(1) Submit a clear and concisely worded motion.

Motion to create a new pamphlet designed to help CPC reach as many doctors as possible. This pamphlet includes general statements about the alcoholic to the doctor, questions for the doctor, and possible actions to take. The pamphlet is only to be used fully, or partially, at the comfort level of the individual alcoholic.

(2) What problem does this proposed item address?

Instead of working in a top-down fashion, using this pamphlet we could reach out to doctors in a more “boots on the ground” approach. Somewhere between the pamphlet AA as a Resource for the Healthcare Professional, and a simple CPC contact card, there is use for a short simple conversation. Not taking as much time as the Resource pamphlet, and being a bit more personal than dropping a card with a number, we can individually as members reach out to far more doctors.

(3) What level of group conscience, if any, discussed the proposed agenda item? Make it clear who is submitting the item (an individual, group, district, area, etc.).

This pamphlet has been supported by my homegroup, and by my local CPC committee.

(4) Provide background information that describes and supports the reasoning for the proposal. List background material(s) included with the proposal:

CPC is not getting engagement from most local doctors, and when CPC reaches out it is not to individual doctors, but organizations. There is a large discrepancy between institutions that are engaged, and the many doctors who may not even know they are treating alcoholics.

(5) What are the intended/expected outcomes if this proposed item is approved?

My intention is that it is very clearly stated and understood only to use this pamphlet if you wish, and only to the extent that you feel comfortable. With that, maybe it only encourages doctors to know how many patients are afflicted with alcoholism. Doctors may not be caring enough, or take the time to read AA as a Resource for the Healthcare Professional. They may not see the need to use a contact card left in the office, maybe even left for a different doctor in the office. If CPC was able to reach out to hundreds of doctors individually, it could only help. This pamphlet would be a simple, small way to facilitate that depth of contact.

[Back to coverage](#)

(6) Provide a primary contact for the submission.

Brian K.

Idaho Area 18, District 3

GSR Midtown Group

(7) Final comments:

Helping CPC to engage with more doctors, and even thereby to have more engagement in those organizations will possibly increase membership, direct alcoholics to membership earlier, and ultimately save lives. The idea is that hundreds, or thousands of alcoholics could carry on this small conversation with their doctors to that end.

A Conversation with your Doctor

Statements about the Alcoholic to the Doctor

1. I am an Alcoholic.
2. I am working the 12 Steps of recovery.
3. I attend meetings.
4. I am working with a sponsor.
5. I am willing to answer questions about the program of Alcoholics Anonymous

Questions for the Doctor

1. Have you heard of AA?
2. What is your understanding of the program of Alcoholics Anonymous?
3. Have you treated alcoholics who got better?
4. What methods have you seen work effectively?
5. Have you read the pamphlet A.A. as a Resource for the Healthcare Professional?

Actions to Take

1. May I offer a point of contact if you need one in the future? (Can be a representative who has left their name and number on the pamphlet)
 2. Would it be helpful to provide some literature, or possibly a pamphlet rack in your office?
 3. Would you be interested in observing a meeting?
 4. I'm available to tell my story to anyone that might benefit from it
- This pamphlet can be used in whole, or in part, to start a conversation with your doctor. Only use what you are comfortable with. It can also left as simply a contact card with a representative's phone number

Contact Numbers

Local CPC Rep:

Local AA Hotline:

Local Al-Anon Hotline:

[Back to coverage](#)

2022 Conference Committee on Cooperation with the Professional Community

ITEM E: Review content and format of C.P.C. Kit and Workbook

Background Notes:

Special Notes: The trustees' C.P.C, Treatment and Accessibilities appointed a Subcommittee on Military Audio Interviews. This subcommittee was asked to bring their experience and background to a review of the *Sample guide letter to Military Chaplains* and the *Sample guide letter to professionals who work with military veterans* in the C.P.C. Workbook.

A report was received February 12, 2022, with two suggested revisions to the current *Sample guide letter to Military Chaplains*. One is a revision to the existing sample guide letter, while the other is an example of the sort of short succinct letter which relies on referenced and enclosed relevant A.A. pamphlets to communicate a detailed message to the military chaplains. Please see background items 4-6 below.

The subcommittee also was asked to discuss and review the *Sample guide letter to professionals who work with military veterans* in detail and extensively. The suggestion is that this letter be removed from the C.P.C. Workbook. While there are important messages included in the current letter that our Fellowship should offer to military members, the letter is directed to professionals who may be treating military members and the subcommittee is suggesting that it misses the mark to the targeted audience. Professionals treating military members do need to be aware of "other conditions", as the letter says but these not A.A.'s purview per se nor are they unique to military members. First responders have similar challenges as do many others who may turn to A.A. for help. A.A. should be highlighted as a resource for any professional treating anyone where alcoholism may play a part and sample guide letters already in the Workbook, aimed at Medical and Healthcare professionals do that. Please see background item 7 for current letter.

The full trustees' C.P.C. Treatment and Accessibilities Committee was made aware of this request by the chair of the trustees' Committee to send these suggestions to the Conference Committee on C.P.C. for consideration of this annual Review of the content and format of C.P.C. Kit and Workbook.

From the January 30, 2022, trustees' meeting:

The committee reviewed the shared experience from local C.P.C. committees and other trusted servants for updated content to be included in the C.P.C. Kit and Workbook. The committee agreed to forward draft language and format to the 2022 Conference

CONFIDENTIAL: 72nd General Service Conference Background

Committee on Cooperation with the Professional Community, for their annual review of the C.P.C. Kit and Workbook.

Background:

1. [Memo requesting shared experience](#)
2. [Shared experience](#)
3. C.P.C. Kit and Workbook (revisions pending) available to view on www.aa.org:

ENG: [Cooperation with the Professional Community \(C.P.C.\)](#)

SP: [Cooperación con la Comunidad Profesional \(CCP\)](#)

FR: [Collaboration avec les Milieux professionnels \(CMP\)](#)

4. [C.P.C. workbook sample guide letter to Military Chaplains](#)
5. [Revision to existing sample guide letter to Military Chaplains](#)
6. [Example of a short succinct letter to the Military Chaplains](#)
7. [C.P.C. workbook sample guide letter to professionals who work with military veterans](#)

[Back to Agenda](#)

Memorandum

September 22, 2021

To: Cooperation with the Professional Community Committee Chairs
From: Amy C. B. C.P.C. Coordinator at G.S.O.
(212) 870-3107 / cpc@aa.org
cc: Panel 71/72 Area Delegates, General Service Board Trustees, A.A.W.S. / AA
Grapevine Non-trustee Directors and G.S.O. Staff
Re: Request for shared experience on creative ways to carry the A.A. message to professionals

Dear Friends,

Warm greetings from the C.P.C. desk at G.S.O. We are sending you best wishes during these challenging times.

A committee consideration from the August 1, 2021, GSB meeting concerning the C.P.C. workbook, requested that the staff secretary survey the local C.P.C. committees for shared experience on creative ways to carry the A.A. message to professionals, including but not limited to, during the Covid-19 pandemic.

Please send us creative ideas your committee has tried or talked about trying, individual thoughts you may have – no idea is too big or too small.

We look forward to hearing from you. Please email cpc@aa.org with your experiences.

Deadline of November 22, 2021

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C.P.C
Item E
Doc.1

A survey was sent to the local C.P.C. committees for shared experience on creative ways to carry the A.A. message to professionals, including but not limited to, during the Covid-19 pandemic.

- Colin H. Whenever I walk into a doctor's office... I leave a grapevine in the waiting room.
- Dale -D12 PI/CPC Our committee sent out emails to Unions, Associations and Clubs with the email used as an Opener along with a suggested request to retain the attached Contact Sheet to use as a resource, should there be a need.
- Bob H. We have spoken twice since the beginning of the pandemic via video conferencing to a Brown University class titled Anthropology of Addiction and Recovery. . Each class consisted of about a twenty-minute share on our part (what is A.A. and what isn't it?), a talk which also sought to ease a bit the students' collective discomfort with attending the open A.A. meetings they are required to attend as part of the course (they're not quite sure how they should act around us!). This was followed by a question-and-answer period in which the students at both sessions asked excellent questions, and during which they seemed to have gained a new comfort level with us "A.A.-ers" as well.
- Lori L. Target audience of professionals and have zoom meetings with cards With CPC information. Also held zoom meetings for CPC committee Members, "Train the Trainer"
- Martha Talks to local graduating nursing students and MSW students on what AA is and is not; we began offering these talks in 2018; they have been held at Poudre Valley Hospital and the Medical Center of the Rockies. Talking with Doctors and meeting with housing facilities for Veterans.
- Warren G The PI/CPC Committee was allocated funds to purchase literature for DCMs and their GSRs to distribute to Professionals they come in contact with in their life. We called it the S.O.L.D. Project or Service Opportunity, Literature Distribution. This idea also provided increased interest and awareness of our pamphlets and improved conversation with our Literature Committee.
- Atlanta GA CPC committees in the USA & Canada have been reaching out Professionals during the pandemic!! Workshops in 2020 **LIST OF IDEAS FROM 2020 WORKSHOPS** 1. Put **ads** in Attorney, Doctor, Dental and other Professional Magazines. Research which professionals have magazines and bulletins & inquiry about costs. ***Put ads on restaurant placemats and on grocery carts ***Put ads on a large sign on a busy road.

CONFIDENTIAL: 72nd General Service Conference Background

2. Find out if there are **Professional Conventions or Conferences** to see if we can get in a quick 5 min talk of use a PSA or video A. Nat'l Clergy Conference B. Nat'l & Local Social Work Groups C. Dental Conventions D. Legal Conferences etc 3. Offer Big Book and 12&12 **e-books** to local and university libraries. 4. Created **glide apps** on the resources provided from GSO and 1 for new people on the committee 5. Contact the **warden of jails**: offer to show videos on their closed circuit TVs **GV is converting audio materials into video for use in jails and prisons

Donate audio Big Books to prisons. . 6. Make **business cards with the 24 hour hot lines on them. **Ask managers if they can be put in grocery stores, 7-11s, liquor stores, bars **Offer the cards to Policemen to see if they would give them to people they run across that are drinking and driving **Ask if Hotels and Casinos will allow us to put the **card or pamphlet** in their establishments. 7. Ask to give a **short PSA or video** to Insurance companies & DUI classes 8. Ask for a meeting room @ State Conventions on CPC & invite professionals to share 9. Home-groups **adopt a professional category** — brain storm as to how to partner with the professional group and follow thru — make a list of places to go 10. ZOOM presentations for doctors, nurses, med students 11. Electronic pamphlets are okay to use (per GSO) 12. **Post cards** will plant a quick seed when seen - sending them to prof. Put them in Starbucks or 7-11s and other places with the managements permission. Ways CPC committees in the USA & Canada are reaching out to Professionals during the pandemic!! Workshops - 2021 To Help A Still Suffering Alcoholic **LIST OF ITEMS** 15. Ask warden if we can use recoverytapers.com and recoveryspeakers.com in jails and institutions 16. Contacting 1-3 secretaries at Churches, Doctors Offices or Atty. to see what they recommend. 17.Youtube interviews or blogging (grows visibility and awareness of AA) 18. Using 15-20-30 sec.PSAs from aa.org in college and high school cafeteria's 19. Have the local intergroup see that their web-page can be google at the top of the page and have them geared for public and members **Put a landing page on the District, Intergroup

Tom C.

Our EVI PI/CPC Committee would like to share two creative ways that we have continued to do AA outreach despite the COVID-19 pandemic. We are enthusiastic about this effort and want to share it with you and other PI/CPC committees!

(1) We created an “AA Information Card” (SEE ATTACHED PHOTO) and are beginning distribution. It has a small footprint, the size of a standard business card. Clear plastic card holders, labeled with the Intergroup office phone number, also are being distributed.

Its purpose is to reach still sick and suffering alcoholics, in four ways. First, by placing a stack of Cards in locations likely to be seen by alcoholics (such as urgent care centers and homeless shelters). Second, by giving Cards to professionals (such as police and doctors) to distribute.

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Third, by giving Cards to local AA Groups to distribute. Fourth, by giving Cards to individual AA members for professionals they see as part of their daily lives (such as at doctor appointments and social events).

This AA Information Card is printed on blue card stock to catch the eye of the viewer. On the front side, the AA Circle and Triangle appears — an eye catching image with considerable symbolism and history for Alcoholics Anonymous. Beneath this image are the words "Alcoholics Anonymous." Next to the image is this text in bold font: "If you want to drink, that's your business. If you want to stop, we can help."

On the back side of the card, text at the top says "LOCAL INFORMATION – 24 HOUR HELP LINE". This is followed by the hotline phone number and website address of the 4 local Intergroups, and the aa.org website. At bottom right is a QR Code image with text that reads "Scan Here For Short Video" — this links to a 60 second video on the AA YouTube Channel, produced by AA World Services (AAWS). This video was chosen because it is short, has a positive AA message, features inventive animation that displays well on a cell phone, and is inclusive of gender and race. "Sobriety In A.A.: We Made Changes To Stop Drinking":

<https://www.youtube.com/watch?v=oZHjSZaXRU>

The Cards are inexpensive and can be placed in areas where pamphlets are inappropriate or not practical. They also can be used as a handout in addition to pamphlets.

Ideas for Card placement include: AA clubhouses, churches and other faith-based locations, community events, faith leader offices, homeless shelters, hospital waiting rooms, hotel lobbies, legal aid offices, parole and probation offices, police precincts, restaurant entry areas, school counseling offices, seasonal home parks, treatment facilities, urgent care centers, and Veterans Administration offices.

(2) We designed and have begun to implement a "Faith Leaders Outreach Program."

This program requires minimal in-person contact, made necessary because of the COVID-19 pandemic. Even limited personal contact is more effective than sending materials by U.S. Postal Mail, however, since mailed materials often are not received or read by the intended recipients. It also is much less expensive.

Its primary purpose, like all of Alcoholics Anonymous, is to carry the message to still suffering alcoholics. This is being done by providing information about AA to FAITH LEADERS who come into contact with alcoholics in CHURCHES, MOSQUES, SYNAGOGUES, AND TEMPLES. The name "Faith Leaders" is used instead of "Clergy" to be more inclusive. For the same reason, "Churches, Temples, Mosques and Synagogues" is used — although the general word "Churches" is used

CONFIDENTIAL: 72nd General Service Conference Background

as shorthand in training materials.

An initial spreadsheet was compiled containing over 100 churches, with additional ones being added as they are identified. A Follow-Up Form was created to keep track of initial outreach activity and requests for additional information. Training materials were written.

AA volunteers from throughout the Intergroup are invited to participate in this outreach. This helps our small committee reach a large number of churches — and has the added benefit of informing the entire AA Fellowship about PI/CPC service work and encouraging AAs to join the committee. This one-time service commitment takes about one hour.

Outreach is being done by an AA volunteer hand delivering an Information Envelope to churches. This envelope contains a Cover Letter which describes the outreach purpose and contents of the envelope: three AA Pamphlets, five copies of an Information Card, and a local AA Meeting Schedule. The three pamphlets are: "Members of the Clergy Ask About Alcoholics Anonymous" (P-25); "AA at a Glance" (F-1); "Is AA For You? Twelve Questions Only You Can Answer" (P-3).

Delivery is being done during regular business hours, without making an appointment — the Information Envelope is NOT mailed or dropped off. A personal visit, however brief, is always more memorable than an indirect contact by phone or by mail. Another advantage is that in-person delivery will allow for a brief explanation of the reason for the visit; it also presents an opportunity to answer questions or hear other requests from the recipient(s).

The recipient is the Office Manager, Administrator or Secretary – NOT the Church Pastor or Minister. Office Managers are much more likely to be available during business hours without an appointment. Also, they probably will know more than anyone else about files in the Church office – and often remain in their Church positions longer than the Pastors or Ministers. Of course, if a Pastor or Minister happens to be available, our AA Volunteer offers to meet with them.

The program has two desired outcomes. First, that AA materials are kept in church files for use by Faith Leaders when they talk to people with alcohol problems. And second, that some Faith Leaders make requests for additional AA information — such as asking for more pamphlets; an in-person or Zoom presentation; or to attend an open Alcoholics Anonymous meeting accompanied an AA volunteer.

Vikram V

1 with and 1 without the traditional tear off strips

Both versions feature a QR Code that provides a far more convenient, contemporary and anonymous way for our target audience to gain access to relevant information about AA and specific details about the programme and how they can connect with us

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Primary target venues for this have been Supermarkets, Convenience Stores and Community Centres

Secondary target venues include pharmacies, Rotary Clubs, Law Societies, Re-Hab centres

A Business Card :

Distribution of these is to be actioned at the start of the New Year and targeted exclusively to the Professional Community

Primary target venues for Round 1 will be Pharmacies and Clinics

Hospitals :

We have discussed the possibility of gaining approval from hospitals to place the Posters and/or the Business Cards at prominent locations and with the relevant Doctors, in their Emergency section

Esther C.

When I co-chaired this committee with Kevin W. on the Area 02, District 7 CPC, we had about 8-10 members and we met sometimes twice a month. The early meetings were becoming acquainted with CPC, studying the how-to manual, setting up a plan outlining our goals and objectives. Since there are many services and professionals in a community that alcoholics would come in contact with such as the Judicial system, attorneys, healthcare providers, social workers, the clergy, and organizations such as community family services (halfway houses). We decided to focus on health services.

One example was contacting the local Neighborhood Health Organization where one of our committee members worked. She provided us with names of appropriate managers to contact. I called and followed up with a letter describing our purpose and that we would like to set up a meeting with the clinical workers who might come in contact with alcoholics and how AA can be helpful as a resource in their recovery program.

As a result we (2 of us) were invited to come to a staff meeting held at noon at their facility. We brought literature, pamphlets, handouts about AA's program of recovery. Both of us sat at a table in the front of the room that had approximately 20 attendees. We gave short presentations about what is AA, what we provide as a recovery program for alcoholics and we responded to their questions. We were given 1 hour and I believe we helped open doors for future opportunities for them to work closer with AA. At that time we invited them to come to an open meeting of AA to learn more.

CONFIDENTIAL: 72nd General Service Conference Background

Other CPC committee members had jobs to leave AA information in designated areas of Spenard, which is a suburb of Anchorage city, to contact hotels and clinical waiting rooms of health service providers, with their permission. We also decided to do contacting of clergy.

We decided that the easiest way to start was with our own church where we were a member. I met with our pastors at a large church in south Anchorage. It was a stress-free meeting since we all knew each other. I explained about AA and how it could help in an alcoholics recovery. The clergy were invited to come to an open AA and, in fact, they were so excited about AA they opened up their church for us to hold meetings there. Another member and I worked toward that goal but it ended up I was left to organize this alone and I wasn't able to finish it. It still is an open invitation (after the pandemic) that I could work with the District or Intergroup CPC to make it happen.

Denise

Following up on your request, it is my pleasure to forward you a few accomplishments and projects from our committee. First, I'd like to point out that in our district, the public information and CPC committees are combined. During COVID, the members met on Zoom. Since the end of August, we are meeting in person again.

Related to public information, during the lockdown, a few actions were taken. We took this opportunity to update all the resources to visit. A list of all the community entities, community centers, retirement homes, was made. On it, the date, the provided documentation, the name of the contact will be added to insure following up with these resources.

Every month, an add about AA appear for a week on the dashboard of the local community channel "Nous TV".

A project of an informal tv program on AA has been submitted to the community channel for the week of addiction awareness of November 21-27. The person responsible for the program seemed interested. We will follow up. Last year, two articles on AA have been published in our local newspaper "l'Express" during this same week, titled: *Le récit de Mickaella* (Mickaella's story) and *Les Alcooliques anonymes contre vents et marées*. (AA against wind and tides).

About the CPC, we have been following up with a few resources: rehab centers for exemple, by sending copies of the groups repertories that kept changing, by email. Indeed, because of sanitary measures imposed by national health, groups opened and closed or had to limit the number of attending members. A list of all the medical centers of our district has been established. A few have been visited already. Business cards with a number for phone help, an email address and the specific web address of our local website where one can find all the information about meetings in our districts will be distributed in the medical centers. Documentation on AA will also be provided when the sanitary restriction due to Covid will be lifted.

CONFIDENTIAL: 72nd General Service Conference Background

Our committee is also invited to the local meeting discussing addiction in our town. This meeting gathers all the people in contact with people struggling with addiction: people working with the police, homeless shelters, women shelters, charity food providers, etc. This is great way to make the AA known.

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Sample guide letter to Military Chaplains

Dear Chaplain _____,

We know from the experience of A.A. members in the military that Chaplains often play a crucial role in helping problem drinkers in the military recover. Often a Chaplain is the first person the drinker turns to for help and understanding, the one person they feel they can trust. We want to help you more effectively achieve the goal we share: to help the alcoholic who still suffers.

Introducing men and women to A.A. can be as simple as having them go to our website, www.aa.org, and click on Need Help with a Drinking Problem? In the A.A. Near You section they can also find contact information for the nearest A.A. Intergroup or Central Office which can guide them to nearby A.A. meetings where they will be warmly welcomed.

The website is also a valuable resource for professionals. We have an 'Information for Professionals' page, and offer access to pamphlets such as:

Members of the Clergy Ask about Alcoholics Anonymous
A.A. and the Armed Forces

A.A. has both Open and Closed meetings. Open meetings are for anyone interested in finding out more about our program of recovery and we welcome professionals to attend. Closed meetings are only for those who feel they have a problem with alcohol. We would be happy to accompany someone to a meeting if you believe that would help them feel more comfortable trying A.A.

A.A. does not inquire into alcoholics' religious beliefs — or lack thereof — when they turn to the Fellowship for help. However, the A.A. program of recovery is based on certain spiritual values. Individual members are free to interpret these values as they think best, or not to think about them at all.

Today A.A. has over two million members in 180 countries around the world. Often there are A.A. meetings where a soldier will be deployed. There are also a variety of online meetings (email, chat, forum, audio) in a variety of languages available at www.aa-intergroup.org. We can also introduce you to the International Journal of A.A. called Grapevine. The magazine recently dedicated an issue to A.A. in the Military.

We are always seeking to strengthen and expand our communication with members of the clergy and to help the alcoholic stop drinking and lead a healthy, productive life. Please contact us if there is any way we can be of service.

Sincerely,
Jane S., Cooperation with the Professional Community jane@gmail.com
(123) 123-4567

Attachment 1 to “REVIEW OF SAMPLE GUIDE LETTERS” dated XX Feb 2022

Dear Chaplain *[Insert Name]*,

My name is *[Insert Name]* and I serve as a local point of contact for members of the professional community in our area who wish to know more about Alcoholics Anonymous.

The goal of this service to establish better communication between Alcoholics Anonymous and professionals, and to find simple, effective ways of cooperating without affiliating in order to help the individuals they may encounter who are struggling with an alcohol problem.

We understand that Faith Leaders and other professionals are often approached by individuals struggling with alcohol problems. As a Military Chaplain in our community I would like to ensure that you have the correct and current information about Alcoholics Anonymous in the local area should you encounter individuals who may wish to stop drinking.

Enclosed with this letter are copies of the A.A. brochures ***Faith Leaders Ask About A.A.*** and ***A.A. and the Armed Services***. I have also included a current list of A.A. meetings in the local area. Additional information about A.A. can be found online at *[Insert local District/Intergroup/or Area Website if applicable.]* and at www.aa.org.

Today A.A. can be found in over 180 countries and in and around many permanent and deployed military sites. There is also a robust online A.A. presence providing worldwide access to meetings at www.aa-internet.org - this may be particularly useful for deployed members.

If you have any questions or would like to know more about Alcoholics Anonymous please let me know.

Sincerely,

[Insert Name]

[Insert Phone]

[Insert Email]

Attachment 2 to Review of Sample Guide Letter dated XX Feb 2022

Dear Chaplain: We of Alcoholics Anonymous (AA) know that a Military Chaplain is often the first person to hear from Military Members who want to do something about a troubled life and that alcohol is often part of the problem. We would like to offer our help in ensuring you know enough about AA to consider our Fellowship and program of recovery as a potential source of help for those whom you serve.

Information about AA can be found on our website: www.aa.org and includes ways to get in touch with AA locally as well as links to connect to our Fellowship through several online options. It will often be possible to organize a direct connection between your local AA members and the potential newcomer in your care. While AA is not affiliated with and does not endorse any particular religion, our program of recovery is based on essential elements of faith in a Higher Power and the need to live life on the basis of spiritual principles. These tenets have made cooperation between our Fellowship and almost all of the world's religions not only possible but often mutually beneficial.

Our AA website has a great deal of useful information on finding a meeting and a host of literature, both for the potential new member and you as a caregiver and mentor in your community. "AA and the Armed Forces" and "Members of the Clergy ask about Alcoholics Anonymous" are a two good places to start for yourself and those you might be counselling.

Contacting a local member of our Fellowship to meet with and guide a potential new member of our Fellowship is the ideal first step in allowing us to be of assistance. Hopefully a member of AA in your area will be able to address this. If you are willing and able you would of course be welcome to attend an initial meeting with a service member in your care as you and they explore the potential for AA to help. Our "Open" meetings are organized for just the purpose. Most meeting guides you might consult will highlight the differentiation between "Open" meetings and those "Closed" where those who have a desire to stop drinking gather. "Open" meetings are the best place to start if possible, allowing the potential newcomer to gain a better understanding of our Fellowship and program, free of any expectation that they say or do anything more than feel welcome and listen.

AA has spread across the globe and is now found in over 180 countries. It is not a guarantee that one can find us wherever military members may be deployed but it is often true that we are there to be found. Also, there is a robust AA presence in today's online world and contact through that medium is almost universally available wherever there is Internet connectivity.

www.aa-internet.org is a great source for this information.

We thank you for your attention and time to read this introduction and if we can be of any further assistance or address any questions you may have, please contact us and we will be happy to connect you with our Fellowship in your area.

Name

Ph #

www. address

Sample guide letter to professionals who work with military veterans:

Dear _____,

If you are a professional who works with military veterans that may have a drinking problem, we want you to know that Alcoholics Anonymous is here to help.

Introducing men and women to A.A. can be as simple as having them go to our website, www.aa.org, and click on Need Help with a Drinking Problem?. In the A.A. Near You section they can also find contact information for the nearest A.A. Intergroup or Central Office which can guide them to nearby A.A. meetings where they will be warmly welcomed.

The website is also a valuable resource for professionals. We have an 'Information for Professionals' page, and offer access to pamphlets such as:

Members of the Clergy ask about Alcoholics Anonymous
A.A. and the Armed Forces

In case you are not familiar with A.A., we are a fellowship of men and women who have had a drinking problem and some of us are military veterans as well. A.A. is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. It is not a religious society since it requires no definite religious belief. The A.A. program is based on acceptance of certain spiritual values, but the individual member is free to interpret those values as he or she thinks best. Membership is open to anyone who wants to do something about their drinking problem.

We know that it is common for veterans to have other conditions in addition to problems with alcohol. Guided by our primary purpose of trying to help others with their drinking problems, we try to share only our experience with drinking and recovery in A.A., leaving the consideration of other issues to those more qualified to handle them. As nonprofessional volunteers, we are not affiliated with any particular hospital or organization, though many A.A. groups do cooperate with V.A. facilities in order to help veterans who have a problem with alcohol.

We would be happy to visit your office and make a presentation to you and your staff explaining what A.A. is and what it is not. We can also accompany anyone who wants to experience an A.A. meeting to one of our Open meetings (our Closed meetings are only for those with a desire to stop drinking).

We share the goal of wanting to help the alcoholic stop drinking and resume their normal life and career. Please contact us if there is any way we can be of service.

Sincerely,
Jane S., Cooperation with the Professional Community jane@gmail.com
(123) 123-4567

[Back to Cover](#)

[Back to Main Agenda](#)