

About A.A.

A NEWSLETTER FOR PROFESSIONALS

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information
about A.A.

A.A. as a Resource Around the World

While A.A. is not affiliated with any outside organization, it has long history of providing information about A.A. to professionals, including such international health organizations as the World Health Organization (WHO), which estimates that approximately 107 million people suffer from alcohol use disorder (AUD), with less than 10% receiving treatment.

WHO cites the prevalence of alcohol use disorders in the Americas as the highest in the world among women and the second highest among men. According to the Pan American Health Organization (PAHO), a specialized international health agency for the Americas that

is a part of the World Health Organization, alcohol consumption is a contributing factor in more than 300,000 (5.5% of total) deaths annually in the Americas.

A November 29, 2021, webinar hosted by PAHO, entitled "Treatment and recovery from alcohol dependence in the Americas" included panelists from various professional backgrounds and organizations. One of the webinar hosts, Dr. Maristela Monteiro, is Senior Advisor for PAHO, providing advice and assistance on alcohol use disorder for those treating alcoholics in the Americas. "People are now seeing alcohol use disorder as a public health issue, not an issue of morality, or because

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“People are now seeing alcohol use disorder as a public health issue, not an issue of morality.”

someone has a weak personality,” she said in an interview. “Even so, many primary care doctors find it difficult to treat AUD because it can be so time-consuming, especially with the shortage of health professionals right now. We work to do training with them, to ask questions and identify a risk, and if the patient seems even slightly motivated to allow that conversation, the doctor can offer a plan.”

FINDING HELP

A new current approach, Dr. Monteiro says, is digitizing information about alcohol use disorder. “We list A.A. as a resource on the PAHO Digital Helper along with how to locate A.A. entities around the world.” PAHO also works in cooperation with the Online Intergroup of Alcoholics Anonymous (OIAA), where people from around the world can find meetings and help in 16 different languages.

Dr. Al Mooney, a Class A (nonalcoholic) trustee on A.A.’s General Service Board, spoke at the webinar on the topic “What is A.A. and how can it serve as a resource for professionals and their alcoholic clients?”

Dr. Mooney is an addiction specialist and family practitioner in Cary, North Carolina. He has served as Director of Willingway Hospital in Statesboro and is still on its board. A pioneer in addiction medicine, he was one of the first physicians in the U.S. to be certified in Addiction Medicine and is also co-author of a book

on addiction and recovery.

In an interview, Dr. Mooney spoke of the need for “building friendships and cultivating relationships between physicians and alcohol dependence treatment specialists and Alcoholics Anonymous. Many people in my field don’t fully understand what Alcoholics Anonymous can bring to the table. In that regard, I think, the good news hasn’t spread far enough.”

The “good news” Dr. Mooney refers to is the 2020 study, led by Dr. John Kelly of Harvard and Dr. Keith Humphries of Stanford and sponsored by the respected Cochrane Institute, which provides the first extensively researched evidence that A.A. works as well or better than other scientific treatments for alcoholism, including cognitive behavioral therapy, outpatient treatment delivered by a mental health professional, meditation or certain educational programs. (A.A. does not engage in or sponsor research about itself.)

EMBRACING DIGITAL COMMUNICATION

The “good news” of A.A. is not only its efficacy, but the principles of selflessness, humility and humanity that guide its work in helping those suffering from alcohol use disorder. These are delivered every day to healthcare professionals by A.A.’s Cooperation with the Professional Community (C.P.C.) committees.

C.P.C. volunteers are eager to help professionals understand how bet-

ter to connect those suffering from alcohol use disorder to the A.A. community. They are happy to appear at local or national conferences and hold informational seminars on virtual platforms or in person in professional offices, schools or hospitals, depending on pandemic conditions.

Like Dr. Monteiro and PAHO, A.A. has embraced digital communication. Easily downloadable to phone/tablet/computer, the Meeting Guide app makes it easy for people just starting out in A.A. to connect to hundreds of local A.A. central offices, allowing users to access updated information about meeting locations and times, including meetings on virtual platforms.

CONNECTING WITH LOCAL A.A. VOLUNTEERS

Alcoholics Anonymous now has a LinkedIn page, as a way to provide information about A.A. to professionals along with a place for Class A vacancies to be announced. A.A.’s General Service Office U.S./Canada website, aa.org, contains free links to A.A. recovery literature such as *Alcoholics Anonymous* (the “Big Book”); *Twelve Steps and Twelve Traditions*; *A.A.’s Daily Reflections*; and numerous pamphlets outlining A.A.’s history and mission. AA.org also offers a “For Professionals” tab to access videos and audios to help A.A. members and others seeking information about A.A.

“Our goal is to connect professionals with local committees who are there and available to be a resource they can reach out to,” says Amy B., the staff member on the C.P.C. desk at A.A.’s General Service Office in New York. “I get emails every day from physicians and other treatment specialists and I link

them to the local C.P.C. committees in their area.”

There are certain things A.A. does not do. Alcoholics Anonymous is not a religious organization, does not engage in the fields of alcoholism research, medical or psychiatric treatment or education, although some members participate in such activities as individuals. A.A. does not provide medical advice, and it is suggested that all medical advice and treatment should come from a qualified physician or treatment specialist. A.A. doesn't offer a “cure” for alcoholism but rather a continuous process of recovery through the Twelve Steps of Alcoholics Anonymous and not drinking one day at a time.

What A.A. does do, says Dr. Mooney, is “save people's lives.” When healthcare professionals need help for people with alcohol use disorder, A.A., with its estimated two million members in over 180

**WHAT A.A. DOES DO,
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countries, “can be a real aid to physicians and mental health providers in providing a crucial point of traction that allows alcoholics to start on the road to sustained recovery.”

HOW CAN A.A. HELP YOU?

Would you be interested in having an A.A. presentation on a virtual platform for one of your professional gatherings? Or would you like information about recovery from al-

coholism in A.A.? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or cpc@aa.org. We welcome your questions, comments and requests.

In an open letter to healthcare professionals (see HIGHLIGHTS on last page), Dr. John A. Fromson, Associate Professor of Psychiatry, Harvard Medical School, asks those specializing in treating patients who may have a drinking problem to “please keep in mind that a referral to Alcoholics Anonymous can be a life-saving event... As a psychiatrist engaged in the diagnosis and treatment of patients with alcohol use disorders and a past trustee (nonalcoholic) of the General Service Board of Alcoholics Anonymous, I have seen the process of a sustained recovery facilitated by A.A. happen literally thousands of times.” ■

A.A. Welcomes Three New Class A (Nonalcoholic) Trustees

A.A. has always relied upon its many nonalcoholic friends to provide professional expertise, sound business judgment and balance to the dedicated group of trustees who donate their time and interest in service to Alcoholics Anonymous. Of the 21 members of A.A.'s General Service Board, seven are specifically designated as Class A (nonalcoholic) trustees. Historically, the Fellowship owes a tremendous debt to these Class A trustees, men and women from a variety of disciplines whose vision and faith not only helped the struggling movement through its difficult early years, but were instrumental in shaping the principles that continue to guide its present

course. Elected to six-year terms, the three most recent Class A trustees, Linda Chezem, of Plainfield, Indiana, Kevin Prior, of St. Louis, Missouri, and Molly Anderson, of Williamsville, New York, began their service to the Fellowship following the 71st General Service Conference in April 2021.

Linda Chezem was selected as the new chairperson of the General Service Board. Trained as a lawyer, she spent 22 years serving as a judge, beginning as the first female Circuit Court judge in Indiana, followed by a decade on the Indiana Court of Appeals.

Linda became acquainted with Alcoholics Anonymous as a newly minted jurist in 1975 and, while still



a circuit court judge, Linda spearheaded the first certified court alcohol and drug program in Indiana, serving on a state substance abuse advisory council along with state legislators and A.A. members.

One thing Linda's experience as a judge taught her is that "a person who has issues with alcohol doesn't just have to show up on the criminal docket to need the hand of A.A. to be there. Bankruptcy, divorces, child custody cases, business failures — I bet if you took a look at 100 cases, you could find any number where alcohol had been part of the problem."

Born in New York City, **Kevin Prior** moved to Champaign, Illinois, for high school and college, and finally to St. Louis — where he now lives with his wife and two children — to start a career in public accounting. "I am among the strange minority of people for whom alcohol does nothing. I barely drink," he says. "Yet alcohol was the most powerful force in my life as I was growing up." This was because of his experience with the alcoholism of a close family member. Kevin remembers being four years old and going to a detox center to visit his relative. Asked to write his "autobiography" in fourth grade, he began, "My family was torn apart by alcoholism." The family member eventually got sober through A.A. "I



firmly believe alcoholism is a family disease and I feel a debt to A.A." Kevin is Senior Director of Finance for the Catholic Health Association of the United States, a nonprofit very similar in size and scope to Alcoholics Anonymous; like A.A., it is funded by its own members, with what Kevin describes as a "parallel financial structure."

Molly Anderson has worked with people and organizations around the world in the areas of leadership development and organizational effectiveness. Since 2016, she has been Executive Director of the Center for Leadership and Organizational Effectiveness at the University of Buf-

falo. She finds A.A.'s model of governing its organization with a focus on service "fascinating."

"I have served on a number of boards and have spent a good deal of time learning about their challenges. I've worked with diversity, equity and inclusion issues, and how these impact organizations. I've learned it's wise for boards, every few years, to look at their purpose and mission. I want to underscore the history and Traditions of A.A. People describe me as someone who builds and creates things, and that's what I hope to help accomplish as I serve Alcoholics Anonymous."



Reaching Out to Mental Health Professionals

A.A.'s history shows that cooperation with a wide range of nonalcoholic professionals who often encounter suffering alcoholics in the course of their work has been an integral part of A.A. since its beginnings. In fact, A.A. might never have gotten off the ground without the help of a myriad of caring non-alcoholic professionals — doctors, members of the clergy, educators, law enforcement officials — who

came to recognize early on the effectiveness that A.A. was demonstrating in helping alcoholics to recover. Critical in this relationship between A.A. and its nonalcoholic friends has always been the spirit of collaboration.

This cooperation remains a cornerstone in the ongoing relationship between A.A. and the many mental health professionals who work with alcoholics and in a recent effort to enhance and expand

that relationship, it was suggested within A.A. that new resources be developed specifically addressing mental health professionals and their needs when working with alcoholics. To that end, as a meaningful first step, A.A.'s General Service Office reached out to a group of mental health professionals to discuss Alcoholics Anonymous and its relationship with the professional community and to learn more about what type of A.A. content

might be helpful to mental health professionals. Convening a focus group online, these professionals took time to explore the benefits of A.A., looked at some of the challenges encountered in the ongoing relationship between mental health professionals and A.A., and helped to lay the groundwork for development of the proposed A.A. pamphlet.

John Kelly, PhD, ABPP, the Elizabeth R. Spallin Professor of Psychiatry at Harvard Medical School, Director of the MGH Research Institute, and co-author of the acclaimed 2020 Cochrane Institute Study on the efficacy of A.A., began by making the point that, “Alcoholism is the top public health problem in the world, and A.A. is the closest thing to a free lunch for treatment.”

“The ongoing message,” he continued, “should be the distinction of mental health and addiction specialists—there are data points of success with mental illness within A.A.,” noting, “We now have a ton of very good scientific data points that validate the experience of so many people in A.A.”

SOME CHALLENGES FACING PROFESSIONALS

Peter F. Luongo, Ph.D., the Executive Director at the Institute for Research, Education and Training in Addictions and a former Class A (nonalcoholic) trustee on A.A.’s General Service Board, highlighted the challenge within the mental health field of referring clients out to A.A. “Due to A.A.’s decentralized nature, professionals don’t always know how to refer,” he said, articulating one of the challenges for professionals in the field. “A.A. has no intake or referral process — so the profession-

al will have to have connections in the local A.A. community.”

Further highlighting some of the challenges, Leonard M. Blumenthal, also a former Class A member of the General Service Board and a retired treatment administrator based in Canada, addressed dual diagnoses, stating, “The problem has always been that many alcoholics, prior to sobering up, are convinced there is something wrong with them men-

tally, and professionals don’t know what to do with them because alcoholism can mimic mental illness.

Focusing on a critical part of the solution, Leonard continued, “Let’s get the drinking out of the way—then we can deal with the mental illness. It is impossible the other way.

“The other thing,” he pointed out, “is that there are many recovering alcoholics who *do* need help with their mental illness but haven’t been able to get it because they’re drinking all the time. It’s the chicken and the egg situation.”

Blumenthal has had a long history with A.A., first encountering the program in 1966. “For years I tried to figure out how it worked; it took a few years to realize it didn’t matter, because it just does.”

“What the professional community needs to know,” added Nancy McCarthy, a current Class A trustee who

spent thirty-three years working for the Missouri board of parole in many roles, from probation officer to unit supervisor to District Administrator, “is what A.A. is and what does it offer for the clients they cater to — What the value of A.A. is, and how it can be more effective in helping their clients.” One of the challenges she noted, however, is that “there is a perception among some corrections staff that AA is not open to everyone,

THE ONGOING MESSAGE

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and that it is not diverse.”

Judith Sadora, a licensed marriage and family therapist based in Oregon and Nevada, concurred and spoke of the challenge of referring people of color to meetings in remote communities, as well as the need to understand that spirituality and mental health issues have different meanings in different cultures, such as with indigenous peoples and certain communities of color.

DEVELOPING A RELATIONSHIP WITH A.A.

All of the members of the focus group were familiar with or had a long history of involvement with A.A., and of successfully referring clients and patients to A.A. “Throughout the last twenty-five years, I’ve been recommending A.A.,” said John Kelly. “And from a public health standpoint we are very fortunate to

have groups like A.A. to provide that network of support.”

He added this is especially true today, where his profession is seeing “an uptick in deaths of despair related to addiction.”

Kelly added: “We need to find ways to support people and sustain remission. And we need more things like A.A. that can appeal to people. A.A. is a great model of what can be done.”

Peter Luongo echoed the sentiment, stating, “This is going to make you a better professional, and help you do what you do better. The use of A.A. resources makes you a better professional — you are providing an option for recovery.”

Luongo also spoke of his experience with A.A. since first checking it out in a professional capacity in 1979. “I’ve never called and not had somebody come. Where else does that happen other than the fire department? And people do it out of the love of helping a fellow alcoholic.”

“A.A. is a wonderful protection against relapse,” added Blumenthal. “A.A. protects the investment made when a person goes into treatment — continued participation in A.A. is almost essential.”

“For over fifty years, I’ve been speaking to medical groups,” Blumenthal continued. “I always ask the question — how many of you have alcoholics in your case-loads? Every now and then someone would put up their hand. And I would say, you are not asking the right questions, or listening to the answers being given. It is a missed opportunity for so many physicians. Because alcoholism affects every aspect of medical treatment.”

Peter Luongo made a similar, sobering point. “It is conceivable,” he

said, “that you could see the same person fifteen or twenty times in a year in the ER. If you have patients, you’re going to have patients with an alcohol disorder. If we make sure that knowledge of alcoholism is part of a physician’s practice, it not only makes the physician’s life easier, it helps the patient.”

John Kelly summed up his hopes for the future, saying, “Recovery is an evidence-based service that can serve a person over time, that is accessible, flexible, has multiple ways (in person and online) and is free. It works and is an effective way to sustain recovery.” ■

HIGHLIGHTS

Useful links to more information about Alcoholics Anonymous:

ALCOHOLICS ANONYMOUS GENERAL SERVICE OFFICE WEBSITE:

<https://www.aa.org>

“NEED HELP WITH A DRINKING PROBLEM?”

<https://www.aa.org/new-to-aa>

“AN OPEN LETTER TO HEALTH CARE PROFESSIONALS”

https://www.aa.org/assets/en_US/f-210-AnOpenLettertoHealthCareProf.pdf

From Dr. John A Fromson, Associate Professor of Psychiatry, Harvard Medical School, Vice Chair for Community Psychiatry, Brigham and Women’s Hospital and Chief of Psychiatry, Brigham and Women’s Faulkner Hospital

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FIND LOCAL A.A.: 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/>

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