

Cooperation With the
Professional Community
WORKBOOK

Cooperation With the Professional Community WORKBOOK

This workbook is service material, reflecting A.A. experience shared at the General Service Office. A.A. workbooks are compiled from the practical experience of A.A. members in the various service areas. They also reflect guidance given through the Twelve Traditions and the General Service Conference (U.S. & Canada).

Copyright © 1995, 2010, 2016 by
Alcoholics Anonymous World Services, Inc.
All rights reserved.
Grand Central Station, Box 459, New York, NY 10163

www.aa.org

Contents

Introduction	5
Origin and Purpose of C.P.C.	5
C.P.C. Work and Why A.A.s Do It	6
Let's Be Friendly With Our Friends	9
Anonymity	15
How to Get Started	18
Committee Services	21
Guide Letters	29
"Fact Sheet"	36
A.A. Website	37
Literature Guide	38

A.A. Preamble

ALCOHOLICS ANONYMOUS[®] is a fellowship of men and women 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.
- 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 A.A. Grapevine, Inc.;
reprinted with permission*

Introduction

Your service committee can bring the A.A. message to professionals and to students at professional schools in your community, helping them to understand how and why A.A. works.

A.A. has always valued friends in all professional fields. These associations have been mutually beneficial and completely in keeping with the A.A. Traditions.

Origin and Purpose of C.P.C.

“Our Twelfth Step—carrying the message—is the basic service that the A.A. Fellowship gives; this is our principal aim and the main reason for our existence. Therefore, A.A. is more than a set of principles; it is a society for alcoholics in action. We must carry the message, else we ourselves can wither and those who haven’t been given the truth may die.”

The A.A. Service Manual, “A.A.’s Legacy of Service” p. S1

C.P.C. came into being as a distinct entity in 1970 when the trustees’ committee was formed as an outgrowth of the Public Information Committee. In 1971, the Conference C.P.C. Committee was established. Today, many local communities, areas, and regions consider C.P.C. an activity separate from public information, treatment or corrections work. In some places, though, there is overlap.

Members of C.P.C. committees inform professionals and future professionals about A.A.— what we are, where we are, what we can do, and what we cannot do. They attempt to establish better communication between A.A.s and professionals, and to find simple, effective ways of cooperating without affiliating.

C.P.C. Work and Why A.A.s Do It

Cooperating with nonalcoholic professionals is an effective way to carry the message to the sick alcoholic. Such people often meet the alcoholic in places where A.A. is not present. Through professionals, alcoholics may be reached who might otherwise never find the program, or they may be reached sooner with the help of informed non-A.A.s.

Here is a list of professions that C.P.C. committees have approached. Your committee may think of others: alcoholism or other counselor; armed forces officer; athletic coach; corrections officer; court official; educator; employers or employee assistance professionals; health care professional (doctor, nurse, psychiatrist, psychologist, etc.); clergyperson; judge; juvenile services professional; law enforcement officer; lawyer (prosecutor, defense attorney); probation or parole professional; professional student; public health official; senior services professional; social worker; union official.

A professional can be a family doctor or other health care professional, a member of the clergy, a law enforcement or court official, an educator, a social worker, an alcoholism or other counselor, or anyone who deals with problem drinkers in the course of their work. Many of these people often encounter the suffering alcoholic, and in spite of public awareness, many of them simply don't know what to do with a drunk.

C.P.C. work can begin when individual A.A.s reveal their membership to their doctors or drop a quiet word in the ear of a pastor, priest or rabbi that an A.A. member is available to the congregation. Some A.A. members, A.A. groups, or committees share a single issue of the A.A. Grapevine, La Viña or La Vigne with the professionals, explaining how our meeting in print paints a picture of the Fellowship in action through members' stories and letters. Groups can further participate in C.P.C. by welcoming professionals and future professionals to open meetings and offering a subscription to the A.A. Grapevine, La Viña or La Vigne.

Committees on the area or local level actively seek ways to make contact with professional people and set up programs to increase knowledge and understanding of Alcoholics Anonymous.

The aim of this Workbook is to serve as a guide through the C.P.C. process, from formation of a C.P.C. committee to discussion of the work and activities such committees can perform. It is important to remember that cooperation with professionals—like everything else in A.A.—is based on personal contact.

What a committee decides to do will be dictated by local needs and experience. The suggestions here are just that—suggestions. It is hoped they will spark thinking and provide leads on new ways to approach professional people locally.

A look at our history shows clearly that cooperation with professionals has been an integral part of the Fellowship since our beginnings. A.A. might never have gotten off the ground, or progress would have been much slower, without the help of nonalcoholics such as Dr. Silkworth, Sister Ignatia, and the Reverend Sam Shoemaker.

It is important that C.P.C. workers understand the importance of A.A.'s Traditions and learn how to explain them to nonalcoholics. The cardinal fact is that the Traditions are *our* Traditions, and there is no reason non-A.A.s should be expected to understand them unless we take the initiative and explain them.

Singleness of Purpose

This Singleness of Purpose statement has been added to pamphlets intended to share information about A.A. with professionals:

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

This is in keeping with the Long Form of A.A.'s Third and Fifth Traditions:

Third Tradition: Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation.

Fifth Tradition: Each Alcoholics Anonymous group ought to be a spiritual entity *having but one primary purpose* — that of carrying its message to the alcoholic who still suffers.

Working Within the Traditions

Let's take a look at some other A.A. Traditions and their relationship to cooperation with the professional community.

Tradition One: “Our common welfare should come first; personal recovery depends upon A.A. unity.”

We can all keep this Tradition in mind when, for example, an influx of new members from a local rehab causes controversy within a group.

Tradition Two: “For our group purpose, there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.”

This Tradition is helpful when we're tempted to impose the “right” way of working the program on seemingly unwilling newcomers.

Tradition Four: “Each group should be autonomous except in matters affecting other groups or A.A. as a whole.”

Tradition Six: “An A.A. group ought never endorse, finance, or lend the A.A. name to

any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.”

This Tradition reminds us never to give the impression that A.A. itself, or any A.A. group, endorses (or opposes) or finances any other enterprise, no matter what our individual opinions may be. It also points out that seeking prestige always creates problems for us.

Tradition Seven: “Every A.A. group ought to be fully self-supporting, declining outside contributions.”

Tradition Eight: “Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.” We do not accept payment for A.A. service work.

Tradition Ten: “Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never to be drawn into public controversy.”

Tradition Eleven: “Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.”

This Tradition informs us that A.A.s always respect each other’s anonymity.

Tradition Twelve: “Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.”

Let's Be Friendly With Our Friends:
Friends on the Alcoholism Front

by Bill W.

We are told there are 4,500,000¹ alcoholics in America. Up to now, A.A. has sobered up perhaps 250,000² of them. That's about one in 20, or five percent of the total. This is a brave beginning, full of significance and hope for those who still suffer. Yet these figures show that we have made only a fair-sized dent on this vast world health problem. Millions are still sick and other millions soon will be.

These facts of alcoholism should give us good reason to think, and to be humble. Surely, we can be grateful for every agency or method that tries to solve the problem of alcoholism — whether of medicine, religion, education, or research. We can be open-minded toward all such efforts, and we can be sympathetic when the ill-advised ones fail. We can remember that A.A. itself ran for years on trial-and-error. As individual A.A.'s, we can and should work with those that promise success — even a little success.

Nor ought we allow our special convictions or prejudices to overcome our good sense and goodwill. For example, numbers of us think that alcoholism is mainly a spiritual problem. Therefore, we have little time for biochemists who would like us to believe that drunks drink mostly because they are bedeviled by bad metabolisms. Likewise, we are apt to get red-hot when psychiatrists wave aside all issues of right or wrong and insist that the real problem of the alcoholic always gathers around the neurotic compulsions which he innocently acquired as a child, becoming maladjusted because of his erring parents. Or, when social workers say that the true causes of alcoholism are to be seen in faulty social conditions, we are apt to get restive and say, "Who cares a hang what the causes are, anyway? A.A. can fix drunks without getting into all that."

In similar fashion, some of us A.A.'s decry every attempt at therapy save our own. We point to certain clinics and committees that have accomplished little; we complain that huge sums are being wasted by state and private sources. We roundly thump every experimental drug that turns out badly. We belittle the attempts of the men and women of religion to deal with us drunks. We believe that sound alcohol education is a good thing. But we are also apt to think that A.A. — indirectly — is doing most of it, anyhow.

Now this may seem to be a confession of the sins of A.A., and in some part it is. It is also a confession that, at one time or another, I have myself held many of these often shortsighted views and prejudices. But I do make haste to add that what I've just said applies far more to A.A.'s past than to the present.

Copyright © 1958 by The A.A. Grapevine, Inc.
(March 1958 issue); reprinted with permission

Also available in pamphlet format from A.A.W.S., Inc. (P-34)

Today, the vast majority of us welcome any new light that can be thrown on the alcoholic's mysterious and baffling malady. We don't care too much whether new and valuable knowledge issues from a test tube, a psychiatrist's couch, or revealing social studies. We are glad of any kind of education that accurately informs the public and changes its age-old attitude toward the drunk. More and more, we regard all who labor in the total field of alcoholism as our companions on a march from darkness into light. We see that we can accomplish together what we could never accomplish in separation and in rivalry.

Preoccupied with A.A. and its affairs, I must admit that I've given too little thought to the total alcohol problem. But I do have a glimpse of it, and that glimpse I would like to share with you.

Take those 4,500,000² drunks in America. What is their condition now? What is being done, and what might be done for them? What about the next generation — yet another 4,000,000 who are children and adolescents? Excepting for what A.A. can do, must they be victims, too?

Let's start at the bottom of the heap. Our mental institutions are flooded with the brain-damaged and the deeply psychopathic. Here and there a few find their way back, but not many. Most are gone beyond recall; the next world is their best hope. But more research upon their condition may add to our knowledge of prevention for the benefit of others who are approaching the jumping-off place. Great numbers of alcoholics are to be found in prisons. Either alcohol directly got them into the jams that landed them there, or they had to drink in order to commit the crimes toward which they had compulsive tendencies. Here research — medical, psychiatric and social — is plainly needed. A.A. can't do this job, but others have already made a great beginning.

Every large city has its skid row. The so-called derelict alcoholics doubtless number several hundreds of thousands. Some are so "psycho" and so damaged that the mental hospital is their destination. The rest of these countless men and women clog police blotters, courts, jails, and hospitals. To them, the cost in suffering is incalculable; the cost to society, even in dollars only, is immense. Huge numbers of these, not yet legally insane, are thus condemned to mill hopelessly about. Can anything be done? In all probability, yes. Perhaps these sufferers can be transferred to farms where, in some sort of "quarantine" confinement, they can do enough work to support themselves, be in better health, and save their respective cities great sums and trouble. This and other related experiments are beginning to offer much more hope for the skid-rower. Individual A.A.'s are helping, but most of the work and the money will have to come from elsewhere.

What now of the millions of alcoholics who haven't hit prisons, asylums, or skid rows? These, we are told, constitute the vast majority. At the moment, their best hope of recovery seems to be A.A. Well then, why haven't these millions come to us? Or why haven't they tried to get well by some other method?

Any A.A. can give you a quick and very accurate answer: "They aren't ready — they don't know how sick they really are. If they did, they would flock to treatment, just as though they had diabetes or cancer." The problem, therefore, is how to expose them to the facts that will convince them they are gravely ill.

More than anything, the answer seems to be in *education* — education in school-

rooms, in medical colleges, among clergymen and employers, in families, and in the public at large. From cradle to grave, the drunk and the potential alcoholic will have to be completely surrounded by true and deep understanding and by a continuous barrage of information: the facts about his illness, its symptoms, its grim seriousness. Why should an alcoholic have to wait until he is 55 and horribly mangled to find out that he is a very sick man, when enough education of the right kind might have convinced him at 30 or 35?

History has shown that, whatever their several merits, neither preaching nor moralizing nor other efforts at reform have ever made much impression on alcoholics as a whole. But factual education about the malady has in the last few years shown great promise. Even now, we are seeing a great many younger people coming to A.A. as a direct result of the recently more widespread information about the disease.

We A.A.'s have done a lot of this kind of education, and friends outside A.A. have done even more. As a result, right now maybe half a million of the U.S.A.'s drunks are trying to get well — or at least thinking seriously about getting well — either on their own, or by actual treatment. Maybe this guess is too high, but it is by no means fanciful. Sound education on alcoholism, and far more of it at all levels, will clearly pay off.

Education will not only pay off in numbers treated; it can pay off even more handsomely in prevention. This means factual education, properly presented to children and adolescents, at home and at school. Heretofore, much of this education has attacked the immorality of drinking rather than the disease of alcoholism.

We A.A.'s can speak with a lot of conviction about this. Most of our children have been emotionally bunged up by our drinking behavior, "maladjusted" for sure. Large numbers of them should have turned into problem drinkers by now. But they have done no such thing. Alcoholism, or potential alcoholism, is a rare thing to see among the children of A.A. parents. Yet we never forbid them to drink, and we don't preach if they do. They simply learn by what they have seen and by what they hear that alcoholism is a ghastly business and that their chances are about one in 15 of contracting the illness of alcoholism if they drink. Most of them don't drink at all. Others drink sparingly. The remainder, after getting into a few ominous jams, are able to quit — and they promptly do. This seems to be preventive education at its best.

Therefore, it is entirely possible that many of these A.A. attitudes and methods can be widely applied to kids of all kinds.

Now who is going to do all this education? Obviously, it is both a community job and a job for specialists. Individually, we A.A.'s can help, but A.A. as such cannot, and should not, get directly into this field. Therefore, we must rely on other agencies, on outside friends and their willingness to supply great amounts of money and effort — money and effort which will steer the alcoholic toward treatment as never before, and which will prevent the development of alcoholism in millions of predisposed kids who will otherwise take the road we know so well.

As the following fragment of history will show, great and promising progress, outside of A.A., has been made in the field of research, treatment, rehabilitation, and education. It happened that I was a witness to the beginning of modern methods in these areas, and this is what I saw:

I well remember Dr. H. W. Haggard of the Yale University faculty. In 1930, four years before I sobered up, this good physician was wondering what ailed drunks. He wanted

to begin research — mostly a test-tube project at the beginning — to see what their chemistry was all about. This so amused some of his colleagues that no funds were forthcoming from the Yale treasury. But Dr. Haggard was a man with a mission. He put his hands in his own pockets and begged personal friends to do the same. His project launched, he and an associate, Dr. Henderson, began work.

Later, in 1937, the renowned physiologist Dr. Anton Carlson and a group of interested scientists formed a subsidiary body called the Research Council on Problems of Alcohol. This was to be a more inclusive effort. Some of us early New York A.A.'s went to their meetings — sometimes to cheer and sometimes, I must confess, to jeer. (A.A., you see, then thought it had a monopoly on the drunk-fixing business!)

Presently, the Research Council took on a live wire, Dr. E. M. Jellinek. He wasn't an M.D., but he was a "doctor" of pretty much everything else. Learning all about drunks was just a matter of catching up on his back reading. Though a prodigy of learning, he was nevertheless mighty popular with us alcoholics. We called him a "dry alcoholic," because he could identify with us so well. Even his nickname was endearing — his Hungarian father had dubbed him "Bunky," which, in that language, means "the little radish." "The little radish" got down to business at once.

At length, Bunky and Dr. Haggard joined forces and began in 1940 to publish the *Quarterly Journal of Studies on Alcohol*, which devoted itself to articles covering the total field of alcohol research and inquiry. This brought Dr. Jellinek into partnership and close association with Dr. Haggard.

In 1943, Dr. Haggard and Bunky organized The Yale School for Alcohol Studies.³ It was seen that a laboratory and a technical journal couldn't get far unless a wider audience was found. The idea was advanced that everybody who bumped into drunks or the alcohol problem should be represented at the school.

A strangely assorted crowd turned up at the early sessions. I well remember the venerable Mr. Colvin, he who used to run on the Prohibition ticket for the U.S. Presidency. At the other pole of violent opinion, there were certain representatives of the liquor industry. Sandwiched in between these were a sprinkling of clergymen, social workers, judges, cops, probation officers, and educators, and a certain number of us drunks. Everybody had his own ax to grind and his own cast-iron convictions. The dries and wets were hardly on speaking terms. Every faction wanted us drunks to agree with them. This was very flattering, but we naturally took the independent course and agreed with practically nobody!

It was out of this unpromising miscellany that Drs. Haggard and Jellinek had to bring order. The wets had to be convinced they couldn't brush the alcohol problem under the bed; neither could those dries go on scaring every drinker by brandishing before him a hobnailed liver. We A.A.'s had to see the enormity of the total alcohol problem and to face the fact that we probably weren't going to dry up the world overnight. The school threw in its research findings; everybody else contributed what he had, or thought he had; and Bunky finally showed us that we had to face the actual facts together and be friendly about it besides. His was a stroke of diplomacy; it was perhaps the first beginning of a comprehensive and statesmanlike approach to the problem of alcohol in America.

In the next year, 1944, there were two signal events. The Yale group opened up a clinic where there would be plenty of live drunks to research and to treat experimen-

tally. Here Ray McCarthy, as first administrator, began to sweat out the clinic method with his first batch of alcoholics.

Then came Marty Mann. As a recovered alcoholic, she knew public attitudes had to be changed, that people had to know that alcoholism was a disease and alcoholics could be helped. She developed a plan for an organization to conduct a vigorous program of public education and to organize citizens' committees all over the country. She brought her plan to me. I was enthusiastic, but felt scientific backing was essential; so the plan was sent to Bunky, and he came down to meet with us. He said the plan was sound and the time was ripe, and he agreed with me that Marty was the one to do the job.

Originally financed by the tireless Dr. Haggard and his friends, Marty started her big task. I cannot detail in this space the great accomplishments of Marty and her associates in the present day National Council on Alcoholism.⁴ But I can speak my conviction that no other single agency has done more to educate the public, to open up hospitalization, and to set in motion all manner of constructive projects, than this one. Growing pains there have been aplenty, but today the N.C.A. results speak for themselves.

In 1945, Dr. Selden Bacon, the noted sociologist, was appointed chairman of the first program to be supported by state funds, the Connecticut Commission on Alcoholism. This first state effort was the direct result of the work of Dr. Bacon and the Yale group. Our friend Selden has since brought his immense energy and the finest perceptions of his profession to the aid of us alcoholics. He is without doubt one of the best authorities from the social point of view that we now have, I much wish I could name and tell you of many another dedicated friend of that early pioneering time. They have since been followed by others, who are today legion. To all of them, I send the timeless gratitude of Alcoholics Anonymous.

Their combined efforts, often sparked by A.A.'s, have since flowered to this general effect: Four universities are now running replicas of the Yale School. Three thousand public and private hospitals have been opened to alcoholics. Industry is revolutionizing its attitude toward its alcoholic employees. Penal institutions, police, and judges alike have taken new heart. Citizens' committees in large numbers are attacking the total problem in their several communities. Over 30 U.S. states and the majority of Canadian provinces have programs of rehabilitation and treatment. Many clergy groups are educating their co-workers. Psychiatric research and treatment are making telling strides. Test-tube devotees are working hopefully in their laboratories. The American Medical Association has officially declared alcoholism to be a chronic illness, and has activated its own committee on alcoholism. Medical colleges are beginning to include this subject in their courses. Sparked by Bunky, the World Health Organization is carrying all this good news around the world. School textbooks are being modernized. In the cause of general education, the press, radio, and television are pouring out floods of it daily. This has all happened in the 28 years since Dr. Haggard first decided to find out what makes drunks tick.

Every one of these pioneers in the total field will generously say that had it not been for the living proof of recovery in A.A., they could not have gone on. A.A. was the lodestar of hope and help that kept them at it.

So let us work alongside all these projects of promise to hasten the recovery of those millions who have not yet found their way out. These varied labors do not need our special endorsement; they need only a helping hand when, as individuals, we can possibly give it.

¹ Estimate as of 1958.

² Current (2016) estimate of A.A. membership worldwide: more than two million.

³ The School for Alcohol Studies is now at Rutgers University, New Brunswick, N.J. It publishes the former Quarterly Journal — now a monthly called *Journal of Studies on Alcohol*.

⁴ After retiring from her position as executive director, Marty Mann served N.C.A. as founder-consultant until her death in 1980. Today N.C.A. is the National Council on Alcoholism and Drug Dependence (NCADD).

Today, Bill W.'s suggestion is being earnestly followed. The A.A. General Service Board has a Committee on Cooperation with the Professional Community; so has the General Service Conference. These committees enable the Fellowship to put the recommended friendliness into action on a continent-wide basis. The board committee offers cooperation to government and private agencies and to professional people and organizations throughout the alcoholism field.

Anonymity

C.P.C. Service Work: An Anonymity Break?

When approaching C.P.C. service work, some A.A. members are concerned that revealing their identity to members of the professional community constitutes an anonymity break, since the Eleventh Tradition states that “Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.” This Tradition of anonymity lies at the heart of A.A. and is a constant and practical reminder that personal ambition has no place in A.A. As the Twelfth Tradition states: “Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.” Humility, expressed by anonymity, is the greatest safeguard that Alcoholics Anonymous can ever have.

However, the purpose of C.P.C. and Public Information (P.I.) service work is to share with the general public what A.A. is, what we do, and how to get in touch with us. Our hope is that an alcoholic, or a concerned friend or relative, who hears about A.A. will know that we offer a solution to alcoholism. The general sense is that A.A. members remain anonymous at the public level involving all forms of media, but that the A.A. name itself (as well as phone numbers, websites, etc.) should be known, and that accurate and consistent information on A.A. needs to be made available.

Anonymity at the Public Level

In *The Language of the Heart*, Bill writes, “Our whole public relations policy, contrary to usual customs, should be based upon the principle of attraction rather than promotion.” In the pamphlet “A.A. Tradition: How It Developed” (p. 41) he stated: *We ought not disclose ourselves to the general public through the media or the press, in pictures or on the radio.*” (This would also, these days, include digital or social media.)

Anonymity at the Personal Level

In *The Language of the Heart* (p. 15), Bill writes: “It should be the privilege of each individual A.A. to cloak himself with as much personal anonymity as he desires.” At the personal level anonymity provides protection for all members from identification as alcoholics, something newcomers may particularly desire. However, in doing C.P.C. or P.I. service work—such as giving presentations to those in a professional field—an A.A. member may be asked for his or her first and last names. This is not an anonymity break because it is not on a level of press or media, and because an A.A. member doing this type of service work is also doing Twelfth Step work. However, if

as an A.A. member, you are uncomfortable with this, than perhaps another form of service might be a better fit for you.

Anonymity at the Group Level and Open A.A. Meetings as an Informational Tool

C.P.C. committees often make Open A.A. meetings known to professionals as an informational tool for those students, family members or professionals wanting to know more about A.A., since nonalcoholics can attend as observers. If this is the case, it is a good idea for the C.P.C. committee member to have a conversation before the A.A. meeting explaining the principle of personal and public anonymity with the professionals in attendance. Many Open A.A. meetings start with an anonymity statement. (Anonymity cards containing a brief statement about A.A.'s anonymity Tradition, may also be obtained from G.S.O.)

The 1956 General Service Conference approved the following brief statement of A.A.'s Movement-Wide Public Information Policy, which holds true for C.P.C. work:

“In all public relationships, A.A.'s sole objective is to help still-suffering alcoholics. Always mindful of the importance of personal anonymity, we believe this can be done by making known to still-suffering alcoholics, and to those who may be interested in their problem, our own experience as individuals and as a Fellowship in learning to live without alcohol.

“We believe that our experience should be made available freely to all who express sincere interest. We believe further that all our efforts in this field should always reflect our gratitude for the gift of sobriety and our awareness that many outside of A.A. are equally concerned with the serious problem of alcoholism.”

The 23rd General Service Conference (1973) reaffirmed that “the furnishing of information about Alcoholics Anonymous to professional societies is not in violation of the Traditions.”

How to Handle Anonymity as a Practical Matter

C.P.C. service workers frequently gain access to professional events and are sometimes asked to supply identification. This is not an anonymity break at a public level—you are simply following the rules of the particular facility you are entering.

When staffing a booth, one's badge can read either “A.A. Volunteer” or “Sally—A.A. Volunteer,” without any last names being used. The same holds true when C.P.C. committees give presentations on A.A. to professionals—only first names should be used.

It is generally wise to clarify the A.A. Tradition of Anonymity with those arranging the meeting at which you are speaking, especially if you think a report of the meeting might be published, disseminated via social media or broadcast.

Anonymity Resources

The books *Alcoholics Anonymous Comes of Age* and *Twelve Steps and Twelve Traditions* share some of the history of the development of C.P.C. and Public Information Activities, as well as information on anonymity.

Other sources to be found at www.aa.org include the pamphlets “Understanding

Anonymity” (P-47), “Problems Other Than Alcohol” (P-35) and “Speaking at Non-A.A. Meetings” (P-40). A.A. Guidelines can be found on the Internet, as well as the “Anonymity Resource Page” at www.aa.org.

Tradition Eleven—“Our relations with the general public should be characterized by personal anonymity. We think A.A. ought to avoid sensational advertising. Our names and pictures as A.A. members ought not be broadcast, filmed, or publicly printed. Our public relations should be guided by the principle of attraction rather than promotion. There is never need to praise ourselves. We feel it better to let our friends recommend us.”

— *Twelve Steps and Twelve Traditions*, p. 192

How To Get Started

C.P.C. committees are started with the agreement of local groups to support this Twelfth Step service work. Today, most areas have working C.P.C. committees (in some cases, the committee also serves “public information” functions). Typically, a C.P.C. committee is aligned with and funded by one or more service bodies—area, intergroup/central office, district, etc.

A Few Suggestions on Getting Started

- When the need for a C.P.C. committee is apparent, notify local groups through G.S.R.s or other contacts that any interested A.A. member is welcome to participate. Area, district or central office newsletters can be utilized to do this. Include the D.C.M. or other area officers as well.

If practical, invite one or more A.A.s experienced in C.P.C. service in nearby communities to attend the meeting for the purpose of sharing how they got started.

- In addition to this Workbook, study the basic material listed below. Have extra copies for those attending the start-up meeting.

“Speaking at Non-A.A. Meetings”

“How A. A. Members Cooperate With Professionals”

“Understanding Anonymity”

“Problems Other Than Alcohol”

A.A. Fact File

A.A. as a Resource for Drug & Alcohol

Court Professionals (F-177)

A.A. Guidelines: Cooperation With the Professional Community; Cooperating With Courts, D.W.I. . . . ; For A.A. Members Employed in the Alcoholism Field

- At the first meeting, after everyone has been introduced, ask an experienced A.A. guest(s) to briefly share.
- Develop a committee membership list from those attending the meeting. One of the basic activities of committee members is to read and discuss the relevant pamphlets and other literature.
- C.P.C. committees find that regular meetings help to keep their services moving forward, and provide opportunities to iron out any difficulties. It is important to have scheduled dates and times for these meetings.
- Once the new committee has met and become comfortable with the basic C.P.C. literature, determine which committee members are available during daytime hours,

as well as those who are willing to participate in evening functions. This is important because much C.P.C. work takes place during business hours at the professional person's work place or during classes at professional schools.

- Next, the committee could discuss which group of professionals to contact first. Established C.P.C. committees have found that focusing on one profession at a time, such as a visiting nurse association or home health care agency, or school of nursing, prevents a scattering of A.A. resources.
- Some committees find it helpful to prepare a list of local open A.A. meetings to provide to professionals.
- A telephone call to such an agency will lead to identification of the person responsible for information and training or curriculum. A conversation with that person might include an offer to meet and provide A.A. information. It might also be appropriate at this time to set a date for an A.A. presentation.
- Once a date is set, several committee members volunteer to take on this assignment. (see *Preparing for a C.P.C. Presentation*, p. 21).
- Communication with the various professional communities is very important. Identify professional entities, including schools and faculties, that would benefit by knowing more about A.A. and develop a list of people to telephone for preliminary meetings. Arrange to attend meetings of professional societies as an observer. Develop personal face-to-face relationships within the professional community.
- Local C.P.C. committees sometimes provide G.S.O. with copies of locally developed C.P.C. pieces, such as flyers for those who have been court ordered and suggestions for approaching an individual's doctor to share about Alcoholics Anonymous. Contact the C.P.C. desk to see what is available.

Suggested C.P.C. Committee Goals and Projects

- Study C.P.C. Workbook and related A.A. literature and resources available on G.S.O.'s A.A. Web site: www.aa.org.
- Communicate and cooperate with Correctional Facilities, Treatment and Accessibilities, and Public Information committees and other C.P.C. committees to share experience.
- Hold workshops for members who want to learn about C.P.C. Twelve Step service and how to share information about Alcoholics Anonymous with professionals they may come in contact with in their daily lives.
- Contact local professional schools that train future healthcare, legal/correctional, human resources/employment professionals and offer A.A. presentations.
- Create small business or index-size cards to give to professionals with pertinent A.A. information such as a central office telephone number or other ways to find local meetings, and a nonrotating telephone number or e-mail to contact the C.P.C. committee.
- Contact professionals and offer to meet with them in their office to share information.
- Utilize the *About A.A.* newsletter for professionals in your C.P.C. contacts with

professionals. (Past issues can be found at www.aa.org)

- Utilize the C.P.C. Videos for Professionals.
- Invite local professionals to a breakfast or luncheon with a presentation explaining how A.A. can be a resource and explaining what A.A. is and is not.
- Contact local court professionals and offer A.A. presentations.
- Contact local physicians, hospitals and clinics and arrange for A.A. literature to be available in their waiting rooms and develop a plan for how to keep the literature stocked.
- Let groups know the committee is available as a resource if questions or problems arise with the local courts.
- Invite professionals and professional students to attend an open meeting.
- Contact the C.P.C. desk at G.S.O. to request PowerPoint presentation that can be adapted for local needs.
- Create a display for use at professional meetings and conferences.
- Contact local professional organizations and offer A.A. presentations and/or investigate opportunities to have an A.A. table/exhibit at their meetings or conferences.
- Send sharing on local C.P.C. efforts to G.S.O.
- Share your enthusiasm! Find a co-chair and interested members in order to help.

Committee Services

One of the best resources for C.P.C. work is A.A. literature. Sample literature is usually enclosed in letters of introduction to professionals, and a variety of pamphlets and books are a part of any C.P.C. presentation.

About A.A. is a newsletter for professionals published twice a year. The mailing list includes professionals who request this service, and local C.P.C. chairpersons, who are free to make copies of each issue for use during presentations and A.A. exhibits at professional meetings. *About A.A.* can also be read on G.S.O.'s Web site. Names of professionals who wish to be on the *About A.A.* mailing list are sent to G.S.O., attention: C.P.C. Desk. For "Digital Delivery" professionals can sign up to receive the *About AA* newsletter for professionals by going to G.S.O's A.A. Web site, www.aa.org, then, from the homepage, clicking on the box labeled "[A.A. Periodicals Digital Subscriptions](#)" and follow directions.

It's a good idea to keep a supply of literature on hand for unanticipated opportunities (see C.P.C. Discount Order Form in pockets of folder for low-cost bulk purchases).

Presentations

Preparing for a C.P.C. presentation: Presentations can take place at the invitation of an outside organization, possibly as part of one of its regular meetings. Often, the C.P.C. committee takes the initiative through a letter, phone call, or face-to-face, offering to make information on A.A. available. The pamphlet "[Speaking at Non-A.A. Meetings](#)" is essential reading for those planning such a presentation.

Basic guidelines for C.P.C. presentations: Here are two suggested formats for presentations: first, with a speaker and one or two supporting members; and second, with a panel of two to four people.

A.A. participants include a moderator, and one or two A.A. members experienced in speaking about A.A. Sometimes, a knowledgeable, nonalcoholic friend of A.A. may also be invited to take part.

In either case, the points listed below can be useful:

- Introduce yourself and ask other A.A.s to follow suit; read or summarize the Anonymity card for public meetings; read or paraphrase the A.A. Preamble, emphasizing relation to Traditions.
- Discuss A.A. history. Cover our beginning with Bill and Dr. Bob's meeting in Akron (1935), emphasizing the empathy that was present between these men. As the result of this first meeting, A.A. has grown throughout the world. Mention estimated number of members and groups in your locality.

- Briefly explain A.A.'s Twelve Steps, and briefly summarize their application in your own experience.
- At this point consider showing videos, such as the C.P.C. video "A.A. Cooperation With the Professional Community," "Hope: Alcoholics Anonymous," "A.A. Videos for Young People," or other videos appropriate for the audience.
- Explain that A.A. meetings may follow a variety of formats—speaker, discussion, etc., but that there are two basic types:

Open: Guests are welcome as observers; if practical, mention that individual members are available to take a professional friend to a meeting.

Closed: For A.A. members or those with a desire to stop drinking.

- It's important to have information on local meetings available, whether the central office A.A. meeting directory or a listing of local "open" meetings. Be prepared to offer the names and phone numbers of one or two committee members to the guests.
- Discuss what A.A. does and does not do (refer to "Fact Sheet," p. 29).
- Give a brief version of your story, emphasizing recovery in A.A.
- Allow time for a Question and Answer period:

Our credibility is determined by the way we respond to questions. "I don't know" is often the best answer. If you are uncertain of an answer, research the question and contact the person later.

Avoid commenting on issues outside of A.A., including remedies or treatments for alcoholism used by others.

- After the meeting, handle literature requests promptly. Requests from professionals to be added to the *About A.A.* mailing list are sent to G.S.O. A letter expressing appreciation for the visit is sent to the host.

Working with Students Attending Professional Schools

Many local, area, and intergroup committees have gotten a jump start on informing professionals about A.A. by working with students in various professional disciplines. Most of the information that follows concerns working with medical students, but the same ideas may be used with students in such other areas as social work, law, nursing, dentistry, pharmacy, education, law enforcement, and theology.

Typical programs: C.P.C. committees have contacted medical schools offering to send speakers and give presentations at the school, take students to meetings, and meet with them on a one-to-one basis.

The experience of a local central office is typical: The central office wrote to the deans of medical schools in the area, inviting students to learn more about the A.A. program by attending meetings or having an A.A. speaker come to the school. Students interested in attending open meetings were given a meeting list to select the groups they wanted to attend, and in turn the groups were notified to make sure they would welcome students and have members available to answer questions.

At a local hospital, an A.A. speaker is scheduled to talk to third-year students every five to six weeks. The format is a three-member presentation using “Information on Alcoholics Anonymous” as a guideline, distributing pamphlets and a current meeting list, and leaving time for a short version of each panelist’s story and for questions and answers.

Shared experience on building relationships with students one-to-one: Many staff physicians who treat alcoholics in rehabs and elsewhere have never been to a meeting other than those held at the hospital. Doctors in one area wanted to get a truer idea of what A.A. meetings really are, and the local intergroup set up a program of one-to-one sponsorship, which has since served as a model for other programs. The goal is to eradicate stereotypes about A.A. by giving a student first-hand experience of A.A. meetings and the chance to get to know an individual A.A. member.

The intergroup obtained a list of students, with names, addresses, and phone numbers, from the medical school’s administrative office, and at an orientation meeting, collected the same information from A.A. members who volunteered to serve as sponsors.

They assigned a team of A.A. callers to phone the volunteer members, asking them to take a student to a meeting within two weeks. Once committed, the A.A. member was given the student’s name and other information and asked to get in touch. Before attending a meeting, the student was given an envelope containing five or six pieces of A.A. literature, a meeting list, and a cover letter explaining the mechanics and purpose of the meeting. Afterwards, the member notified the intergroup office that the student had been to the meeting, and agreed to attend future orientation meetings for volunteers to share experience.

- The A.A. member should have a minimum of one or two years of sobriety, knowledge of the Traditions and service structure, and some service experience (group, intergroup or general service).
- Volunteers should contact the student promptly and let intergroup know of any difficulty.
- Since students have little free time, the meeting should be scheduled at their convenience.
- Students should attend open meetings only, preferably those the member is familiar with and where he or she is known. Avoid hospital, rehab or institution meetings.
- In order to help students experience a typical meeting, introduce them as medical students to the entire group after the meeting rather than before.
- One-to-one contact is important. Do not travel to the meeting with other A.A. friends.
- Let the students ask the questions; don’t tell them everything.
- When sharing a personal opinion, make it clear that you do not speak for A.A. as a whole.

Approaching Professionals

Many areas encourage individual A.A. members to approach professionals and share information about A.A. Some areas provide a packet for local members to help them. The packet often includes a guide letter directed to the A.A. member offering information on how to approach a professional as well as a letter to the professional, and a few pieces of A.A. literature. Samples of some of these are available from the C.P.C. desk at G.S.O.

Below are some pieces of A.A. literature that might be included in a packet directed to a specific profession. As committees become familiar with C.P.C. literature, they may make changes or additions that are more appropriate for professionals in their community.

For Medical Professionals: “A.A. as a Resource for the Health Care Professional”; “Problems Other than Alcohol”; “The A.A. Member—Medications and Other Drugs.”

For Legal Professionals: “Alcoholics Anonymous in Your Community”; “If You Are a Professional”; “Information on Alcoholics Anonymous.”

For Clergy: “A Member’s-Eye View of Alcoholics Anonymous”; “Alcoholics Anonymous in Your Community”; “Members of the Clergy Ask About Alcoholics Anonymous.”

For Employers or Employee Assistance Professionals: “Alcoholics Anonymous in Your Community”; “Information on Alcoholics Anonymous”; “Is There an Alcoholic in the Workplace?”

As you conclude your visit with the professional, let them know that your committee would like to know how it could be more helpful, and ask if the professional would fill out this stamped and addressed postcard after you leave. Fill in the date of the meeting before handing over this card, which can be already stamped and addressed to your local C.P.C. Committee chair.

Sample contact assessment postcard for professionals

Date: _____	
Thank you for meeting with us today!	
1. Was the length of time we spent with you about right?	<input type="checkbox"/> YES or <input type="checkbox"/> OTHER _____
2. Will you be able to use the A.A. information and literature we provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you now have a clearer understanding of what A.A. does and does not do?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Overall, was meeting with the A.A. member valuable to your work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Based on today’s meeting, is there anything we can do better explain about A.A. to members of your profession?	

For CPC Committee Use:	
Contact was to doctor(s)/staff, Association, other: _____	

Shared Experience for One-On-One C.P.C. Contact With Professionals

Direct contact with professionals one-on-one is an effective way to share information about Alcoholics Anonymous. C.P.C. committees have shared the following suggestions for personal contacts with professionals:

- Be prepared — gather any appropriate background information about the professional and take appropriate literature (see page 38).
- C.P.C. appointments are business appointments — be prompt and dress appropriately. One committee shares “The most important thing when an A.A. member of the C.P.C. committee meets with a professional is that they are representing A.A. — impressions are important. Wear your sobriety well.”
- If you plan on using online resources, such as showing a local website or G.S.O.’s A.A. website: www.aa.org, make sure you have web access ahead of time.
- Most professionals are extremely busy people and appreciate brevity and adherence to the issues at hand.
- Be sure to express appreciation for the opportunity to meet face-to-face.
- Professionals want to know how best to get their clients involved in the A.A. program (meeting lists, the A.A. telephone number and/or website and how to use them, i.e. how to arrange for their client to be taken to their first A.A. meeting and any other appropriate local resources).
- Give the professional a nonrotating telephone number or e-mail address to contact you/the C.P.C. committee.
- Many professionals are interested in acquiring A.A. literature for their clients and receiving regular replacement literature.
- Go in pairs. If you are making an initial contact with a treatment or correctional professional you may want to invite a Treatment or Corrections committee member to accompany you.
- When making initial contact with a treatment or correctional professional be sure to establish what the protocols and expectations will be when A.A. enters the facility — both for the A.A.s and their clients, and communicate this information to the Treatment or Corrections committee. There may be additional considerations if minors are involved.
- Remember that no member speaks for A.A. as a whole.
- Focus on sharing the solution and what A.A. is and is not. Explain our primary purpose.
- Offer to make a presentation to their professional associates.
- Invite the professional to an open meeting and offer to accompany them.
- Complete any meeting follow-up promptly.
- Detailed local sharing on one-on-one contacts with professionals is available from the C.P.C. desk at G.S.O.

Workshops

For A.A. members: Often workshops are held during state or regional A.A. conventions, area assemblies, district or central office meetings, for the purpose of explaining the ways in which C.P.C. services enhance our ability to carry the A.A. message to the still-suffering alcoholic. This type of workshop provides an opportunity to encourage A.A. members to share their sobriety and basic A.A. information with their doctor, lawyer, clergy person, former bartender, etc.

For professional friends: To explain how A.A. may be helpful to the people served by professionals, the C.P.C. Presentation Guidelines, page 21, can be used.

Sometimes C.P.C.s arrange gatherings of professional people, such as a breakfast or buffet luncheon with one or two speakers.

Newsletters

Some C.P.C.s publish regular newsletters to inform local A.A.s of their activities. Many committees distribute reports of their meetings to the district, area committee and delegate, and often send a copy to the C.P.C. desk at G.S.O. Area C.P.C. chairpersons often exchange information and progress reports with each other.

Exhibits

Exhibits at national or international meetings of professional groups: Exhibits at national or international sites are coordinated through the C.P.C. desk at G.S.O. Invitations arrive at the C.P.C. desk, and are reviewed by the trustees' C.P.C. Committee, which approves A.A.'s participation in specific national meetings.

With the agreement of the local C.P.C. committee, keeping the area delegate informed, A.A. members staff these exhibits. All costs and advance arrangements are handled by G.S.O., including shipping the C.P.C. traveling exhibit to the chairperson or responsible committee member.

Well ahead of the opening date, two pieces of service material, "For the Chairperson Staffing an A.A. Exhibit" (F-200) and for "Volunteers Staffing an A.A. Exhibit" (F-201) are mailed by G.S.O.

At local, state or regional professional meetings: Area or local C.P.C. committees learn of opportunities to staff a booth through contacts with professionals and "meeting planners," people who handle advance arrangements for larger meetings. Other resources for information on upcoming professional conferences or meetings are convention bureaus, chambers of commerce, and offices of professional societies.

When G.S.O. receives information on local or regional professional conferences, the details are sent to the local C.P.C. chairperson, along with a reminder that G.S.O. will ship appropriate literature to the committee, provided the request is received well in advance.

As with all committee services, the purpose is to carry the A.A. message to professionals who may be in contact with the still-suffering alcoholic. When staffing an A.A. exhibit or booth, this is done by displaying and distributing A.A. information; offering a "welcome" to people attending the meeting, and through open communications with other exhibitors. This often leads to other C.P.C. opportunities.

C.P.C. committee people also answer questions and assist visitors interested in filling out free subscription cards (from G.S.O.) for *About A.A.* Blue and white “Public Information” mailing labels (also from G.S.O.) may be filled out by interested visitors. When G.S.O. receives a completed label, the addressee is sent a letter of appreciation and a packet of basic A.A. literature.

Advance planning: Select the professional events the committee hopes to attend well in advance, then contact the meeting planner to learn location, dates, and possible exhibitor fees. Customarily, a table—sometimes with skirt, chairs, etc.—is supplied by the exhibit host. If there is a fee for exhibit space, you might inquire if there is a lower fee for non-profit groups such as A.A.

Exhibits are usually held in hotels or in large areas that allow for many booths to be set up side by side. The committee is assigned a booth in advance and the event planner sends details as to time for set up and dismantling, and the hours that the exhibit area will be open. Questions go to the meeting planner or contact person.

Exhibit costs: If possible, the committee’s budget should include funds for exhibit space fees for these events, literature for professional meetings, and small, unanticipated opportunities throughout the year.

Portable exhibits: A number of areas have built or purchased simple, professional—appearing exhibits for use by the C.P.C. (and often, P.I. and Corrections) committees. Contact other C.P.C. committees or G.S.O. for more information.

Enlisting A.A. Volunteers: Attend area assembly, district and intergroup meetings and announce C.P.C. commitment to exhibit, asking for A.A. volunteers for the dates of the event. Get names and phone numbers from prospective volunteers, and give your phone number to each.

Some C.P.C. committees find that a smooth-functioning exhibit staff is assured by getting all the A.A. participants together before the event and reminding them to dress neatly and to follow the basic examples in the “Fact Sheet” and the A.A. Traditions. A.A.’s presence at these meetings is often the first contact a professional may have with a recovering alcoholic. Because of this, some care must be given as to how we present ourselves. Familiarity with the pamphlet “Speaking At Non-A.A. Meetings,” as well as with the Traditions, is essential.

- The shifts of volunteers should be scheduled well in advance. Two at a time is often best so that no one A.A. is overburdened. A woman and man together works well, as does putting an experienced member with someone new to C.P.C.
- Send “reminder” notes to each A.A. who agreed to participate. Follow up with a phone call one or two days before the event.
- Transport and set up the exhibit and literature during hours designated by the host organization.
- Arrange literature (pamphlets, books, copies of *About A.A.*, meeting lists, *Grapevine*, *La Viña* and/or *La Vigne* copies) in an appealing manner for easy access by exhibit visitors. Literature racks are available through G.S.O.’s Conference-approved Literature catalog. Keep additional supplies under the table to replenish the display.

- Be on time. Introduce yourselves to other exhibitors. Open communications with these friends often leads to other C.P.C. opportunities.
- Don't push. Remember: a cheerful smile and welcoming hand put most people at ease, and leaves a positive impression of our Fellowship.
- It's suggested that A.A. volunteers minimize obstacles between themselves and attendees. For instance, it's best to be near the front of the A.A. exhibit space and not allow the booth furnishings to be a barrier.
- When the event closes pack up exhibit supplies and literature. Send P.I. labels, *About A.A.* cards, and any special requests to G.S.O., attention C.P.C. desk.
- Leave the A.A. space in good order, looking as you would want the Fellowship to be remembered.
- Give feedback to the A.A. community the committee serves (area, district or intergroup).
- Be open to the next opportunity to carry our message through a professional person.

Guide Letters

Many C.P.C. committees initiate contact with professionals through letters. The following is a summary of suggested content and enclosures for these mailings.

Most effective C.P.C. letters include some or all of the following elements:

- Information about A.A. in the form of the Preamble, summary paragraph or “Fact Sheet,” and appropriate literature samples;
- An offer to cooperate with the professional person or organization in carrying the message, accompanied by the name and/or address of an appropriate contact within the Fellowship;
- Information on the Traditions, especially those dealing with anonymity and cooperation without affiliation.
- Invitation to accompany professionals or students to open A.A. meetings.
- Invitation to present on what A.A. is and is not.

Depending on local needs, C.P.C. letters may be written to individuals, to professional schools and faculties or to groups such as doctors, clergy, correctional and treatment, professionals, educators, lawyers, and counselors of all types.

Guide Letters can be copied and pasted from the C.P.C. Workbook on the C.P.C. Service Page at www.aa.org.

Sample guide letters to various professionals

Dr. John Doe (or other appropriate title)
Box 954
Any Town, State or Province (zip or postal code)

Dear Dr. Doe:

You may be familiar with Alcoholics Anonymous, also known as A.A. It is possible you have (patients, students, clients, members of your congregation, etc.) with a drinking problem who could benefit from A.A., if they knew it could help them. Perhaps the Cooperation With the Professional Community program can help you get some of this information to them.

The attached Fact Sheet explains briefly what A.A. is and what it does. It points up the extraordinary influence professional people can bring to bear on the problem drinker. Should you have questions about A.A. you might like to ask of a recovering alcoholic, we can supply an A.A. contact who would be glad to answer your questions about A.A. personally. He or she is also available to introduce your alcoholic (patient, student, etc.) to our Fellowship.

If you are interested in receiving a packet of information, or being contacted by an A.A. member, please complete the enclosed card and mail it in the self-addressed envelope.

We just want you to know that we are available to you and those with whom you work.

Sincerely,

Jane S., Chairperson
Cooperation With the Professional Community Committee

Enclosures: A.A. Fact Sheet
Response Form and self-addressed envelope

To Prosecutors and Police Departments

Dear _____

We of the _____ Cooperation With the Professional Community Committee of Alcoholics Anonymous request your permission to visit your headquarters to provide information about our program of recovery from alcoholism.

Alcoholics Anonymous has cooperated for many years with local DWI and other programs. Many members of A.A. were once in trouble with the law because of alcoholism. Today they are useful, productive citizens and safe drivers.

Alcoholics Anonymous is not affiliated with any other organization or institution. We want you to know that we are available to be of help to you.

Sincerely,

To the Clergy

Dear _____

We of the _____ Cooperation With the Professional Community Committee of Alcoholics Anonymous would like to offer information about A.A., through you, to members of your congregation who may have a drinking problem. We know that you are in a unique position to have contact with and help the active alcoholic.

Alcoholics Anonymous is a worldwide fellowship of men and women who help each other to maintain sobriety through sharing their recovery experience with others.

The enclosed postcard returned to us with any or all of the boxes checked will be answered promptly with a phone call to arrange an answer to your request in the manner most convenient to you.

Sincerely,

To Physicians

Dear _____

You may be familiar with Alcoholics Anonymous, and have patients with alcoholism problem, whom you may want to send to A.A. Perhaps we can help you help our fellow alcoholics. The attached Fact Sheet explains briefly what A.A. is and what it is not.

If you have questions about A.A., an A.A. member would be glad to talk with you. He or she is also available to introduce your alcoholic patient to our Fellowship.

For any of the pamphlets listed below, please check and return the list in the enclosed self-addressed envelope. We want you to know that the _____ Cooperation With the Professional Community Committee of Alcoholics Anonymous is here to be of service to you.

Sincerely.

Postcard

1. Would you be interested in having an A.A. member(s) speak to any of your individual members or groups? _____
2. Would you be interested in accompanying an A.A. member to an open meeting of Alcoholics Anonymous? (Open meetings are for alcoholics and nonalcoholics) _____
3. Would you like us to provide you with a schedule of A.A. meetings, dates, times, and locations? _____
4. Would you like us to provide you with an order form for A.A. literature? (We do have some no charge flyers for distribution.) _____

To the Legal Community

Dear _____

As an attorney (judge), you may be familiar with Alcoholics Anonymous, also known as A.A. You may also have clients (people who appear before you) who have a drinking problem and who could benefit from A.A.

This letter comes to you from the Cooperation with the Professional Community Committee of A.A., not as a request for anything, but as an offer of A.A.'s services to your clients who may have a drinking problem. You are in a unique position to have contact with and influence on what we call the "still-suffering alcoholic."

A.A. is composed of recovered alcoholics, and the primary purpose of our Fellowship is to help other alcoholics who wish to find and maintain sobriety. We have enclosed an "A.A. Fact Sheet" that will briefly explain what A.A. is, what it does, and what it does not do.

Much more information about A.A. is available through our literature. If you are interested in receiving a packet of information or being contacted by an A.A. member, please return the enclosed card by mail in the self-addressed envelope.

Should you have questions about A.A. that you might like to ask of an A.A. member, we can supply a contact who would be glad to respond to them. That person is also available to introduce your client to our Fellowship.

Thank you for taking the time to review this information and for letting us know if we can be of assistance.

Sincerely,

_____, Chair
Cooperation with the Professional Community Committee

***Guide Letter Inviting Professional
to Take Part in a Workshop***

Dear _____

The _____ Area/District/Central Office/Intergroup Cooperation With the Professional Community Committee of Alcoholics Anonymous will hold a workshop for A.A. members and others who are interested in helping alcoholics maintain sobriety through the A.A. program of recovery.

We would be delighted if you agreed to take part in a panel discussion on the subject of _____. This panel will be held from ____ p.m. to ____ p.m. on _____. Some of the other panelists will be _____, and _____. A preliminary program for this workshop is enclosed.

It is only through the kind cooperation of so many of our nonalcoholic friends like you that A.A. now has well over two million members in over 180 countries worldwide.

The _____ panel of our workshop would be greatly enhanced by the addition of your insight and professional expertise.

Please let us know by _____ if you will join us.

Sincerely yours,

Enclosure: Preliminary program

Using a slightly different approach, the body of another letter might contain the following wording:

This letter comes to you from Alcoholics Anonymous, not as a request for anything, but as an offer of A.A. services through you to (your patients, clients, students, congregation members, etc.) who may have a drinking problem. Because of your involvement, you are in a unique position to have contact with what we call the “still-suffering alcoholic.”

The purpose of our A.A. Committee for Cooperation With the Professional Community is to be “friendly with our friends” in all walks of life, so that the A.A. message of personal recovery can reach more of those who need and desire our help.

Simply stated, Alcoholics Anonymous is a worldwide Fellowship of more than two million men and women who help each other maintain sobriety and who offer to share their recovery experience with others. Anyone who thinks he or she has a drinking problem is welcome at an A.A. meeting.

Much more information about A.A. is available in A.A. literature. The enclosed postcard lists a few of the available services in which you may be interested. This card, returned to us with any or all of the boxes checked, will be answered promptly with a phone call to arrange an answer to your request in the manner most convenient to you.

(This language may be tailored to meet the needs of a particular audience.)

The “Fact Sheet,” reproduced on the next page, clearly explains what A.A. does and does not do, and might be included with all mailings. Information in the “Fact Sheet” has successfully answered many questions about our Fellowship.

A.A. Fact Sheet

The Preamble of Alcoholics Anonymous

Alcoholics Anonymous is a fellowship of men and women 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.

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 The A.A. Grapevine, Inc.;
reprinted with permission*

What A.A. Does

Nonalcoholic guests are welcome at “open” A.A. meetings. Attendance at “closed” meetings is limited to those who are alcoholic or think they may have a drinking problem.

At meetings A.A. members share their recovery experience with anyone seeking help with a drinking problem, and give person-to-person services or “sponsorship” to the alcoholics coming to A.A.

The A.A. program, as set forth in the Twelve Steps to recovery, offers the alcoholic an opportunity to develop a satisfying way of life free from alcohol.

What A.A. Does NOT Do

A.A. does not: Furnish initial motivation for alcoholics to recover...solicit members... engage in or sponsor research...keep attendance records or case histories...join “councils” or social agencies (although A.A. members, groups and service offices frequently cooperate with them...follow up or try to control its members...make medical or psychological diagnoses or prognoses...provide detox, rehabilitation or nursing services, hospitalization, drugs, or any medical or psychiatric treatment...offer religious services, or host/sponsor retreats...engage in education about alcohol...provide housing, food, clothing, jobs, money, or any other welfare or social services...provide domestic or vocational counseling...accept any money for its services, or any contributions from non-A.A. sources...provide letters of reference to parole boards, lawyers, court officials, social agencies, employers, etc.

Our recovery is based on sharing our experience, strength and hope with each other, that we may solve our common problem; more importantly, our continued sobriety depends upon helping others to recover from alcoholism.

A.A. Website

G.S.O.'s A.A. website, at www.aa.org, is available in English, French and Spanish. We hope you will visit our home page and include information about it in your presentations to professionals.

The contents of the website include the following:

- The A.A. General Service Conference-approved [A.A. Fact File](#).
- The Conference-approved pamphlets “[A Message to Teenagers](#),” “[A Newcomer Asks](#)” and “[Is A.A. for You?](#)”
- List of [Central Offices/Intergroups/Answering Services in U.S./Canada](#), and a location search feature for local A.A. offices and websites.
- List of [international general service offices](#).
- [Anonymity letter](#) and a video to the media.
- [Information on A.A.](#) (service piece).
- [About A.A.](#), newsletter for professionals. Current and past issues can be viewed and printed out, as well as “[Digital Delivery](#)” subscription sign up.
- A link to [AA Grapevine website](#).
- [A.A. Videos](#) for Health Care, Legal and Corrections, and Employment/Human Resources Professionals.
- A link to the “[For Professionals](#)” page.
- A link to “[What is A.A.?](#)” page.
- The Full-length video, “Hope: Alcoholics Anonymous” can be streamed in its entirety on the G.S.O. website.

The General Service Office contacts C.P.C. committees to act as a local resource to professionals who request additional information. A.A. experience indicates that this provides a valuable opportunity for C.P.C. committees to reach the sick alcoholic through cooperation with the professional community.

Literature Guide

The front and back pockets of the C.P.C. Kit have samples of material especially useful for C.P.C. committee members. Here is an expanded list of A.A. information in three categories: basic guidance for members of C.P.C. committees; information useful for professionals; and literature for the people professionals serve. This material is available in English, French and Spanish, and can be viewed on the A.A. G.S.O. website at www.aa.org.

For C.P.C. Committee Members

[Speaking at Non-A.A. Meetings](#) (P-40)

[C.P.C. Workbook](#) (M-41)

[Understanding Anonymity](#) (P-47)

[Information on Alcoholics](#)

[Anonymous](#) (F-2)

[A.A. Membership Survey](#) (P-48)

[How A.A. Members Cooperate. . .](#) (P-29)

[A Member's-Eye View of A.A.](#) (P-41)

[Many Paths to Spirituality](#) (P-84)

[A.A. as a Resource for Drug & Alcohol](#)

[Court Professionals](#) (F-177)

[A.A. Cooperation with the Professional
Community Videos H.R./E.A.P., Legal/
Correctional and Healthcare](#) (DV-13)

[About A.A. Placard](#) (F-24)

[About A.A. Subscription Cards](#) (F-23)

A.A. Guidelines on: [C.P.C. Committees; Cooperating With Courts, D.W.I. & Similar Programs; Relationship Between A.A. and Al-Anon; For A.A. Members Employed in the Alcoholism Field; Public Information Committees; Serving Alcoholics With Special Needs.](#)

For Professionals

[Understanding Anonymity](#) (P-47)

[If You Are a Professiona...](#) (P-46)

[Members of the Clergy Ask About A.A.](#) (P-25)

[Problems Other Than Alcohol](#) (P-35)

[Is There an Alcoholic in the Workplace?](#) (P-54)

[This Is A.A.](#) (P-1)

[A.A. In Your Community](#) (P-31)

[A.A. as a Resource for the Health Care
Professional](#) (P-23)

[A.A. for the Alcoholic With Special Needs](#) (P-83)

[A.A. Membership Survey](#) (P-48)

[A Message to Corrections Professionals](#) (P-20)

[Information on Alcoholics Anonymous](#) (F-2)

[A.A. as a Resource for Drug & Alcohol](#)

[Court Professionals](#) (F-177)

[A.A. Cooperation with the Professional
Community Videos H.R./E.A.P., Legal/
Correctional and Healthcare](#) (DV-13)

[Many Paths to Spirituality](#) (P-84)

[A.A. Members—Medications and](#)

[Other Drugs](#) (P-11)

[About A.A.](#) (F-13)

For the People Professionals Serve

[A.A. at a Glance](#) (F-1)

[This Is A.A.](#) (P-1)

[Is A.A. For Me?](#) (P-36)

[A Brief Guide to A.A.](#) (P-42)

[Too Young?](#) (P-37)

[Do You Think You're Different?](#) (P-13)

[Is There an Alcoholic in Your Life?](#) (P-30)

[Problems Other than Alcohol](#) (P-35)

[A Message to Teenagers](#) (F-9)

[A.A. for the Alcoholic With Special Needs](#) (P-83)

[Is A.A. For You?](#) (P-3)

[A.A. and the Armed Services](#) (F-50)

[Frequently Asked Questions](#)

[About A.A.](#) (P-2)

[A.A. for the Older Alcoholic—](#)

[Never Too Late](#) (P-22)

[A.A. Members—Medications and](#)

[Other Drugs](#) (P-11)

[A.A. for the Black and African American
Alcoholic](#) (P-51)

[A.A. and the Gay/Lesbian Alcoholic](#) (P-32)

[A.A. for the Native North American](#) (P-21)

[A.A. Grapevine, La Viña and La Vigne](#)

Videos: Hope: Alcoholics Anonymous; A New Freedom; Carrying the Message Behind These Walls; Your A.A. General Service Office, the Grapevine, and the General Service Structure; A.A. Videos for Young People.

These publications are all listed, with brief descriptions and prices, in the Conference-approved Literature and Other Service Material catalog, which also includes literature for those with special needs. There is also a catalog of Grapevine material, including La Viña.

Most C.P.C. committees have found it helpful for each member to have a personal copy of this Cooperation With the Professional Community Workbook. G.S.O. furnishes a C.P.C. Kit to the area committee chairperson at no charge. Additional Kits and Workbooks may be purchased.

