

Guideline for Speaking at RI State "Alcohol Education Program"

"Alcohol Education Program" (DUI) classes are courses people who have received DUI convictions must usually attend to satisfy the terms of their court sentences. These courses are designed to provide drivers with information about making safe driving choices and being better drivers. They are usually part of a larger court sentence that may include mandated alcohol counseling, community service, fines, and jail time. In the spirit of cooperation, we have accepted an invitation by the Department of Driver Retraining for AA Speakers to provide those in attendance information about AA and to carry the message of recovery to alcoholics through a third person. For a large number of newcomers, their first approach to AA may come as a result of just such a "jackpot". It is entirely in keeping within the AA Traditions for AA members to speak at non-AA meetings, providing information about AA and our program of Recovery, as long as a few simple guidelines are observed.

As AA members, we assume an enormous responsibility when asked to speak at Non-AA meetings. We need to always be careful to explain that we are not speaking for AA as a whole. There is no "AA Spokesperson". We never suggest that AA is the "only way to get sober" nor do we minimize the efforts of other organizations or programs. We are cautious not to claim to be experts on medical, physiological, or psychological aspects of alcoholism, no matter what our professional or educational background maybe. We must remember why we are there. Our primary purpose is to share information on what Alcoholics Anonymous is, how our program of recovery works and where we can be found if the listener decides that they may be interested in what we have to offer.

Suggested Outline for Speaking.

- Introduction and Anonymity Statement
Identify as an Alcoholics and first name only. Request anonymity be respected and explain reasons – Suggestion: Read anonymity card obtainable at the Central Service Office
- Alcoholics Anonymous
What is it? What isn't It? 12 Step Program (how it works for us), Traditions
Explain difference between an open and closed meeting
Explains different types of meetings (Speaker, discussion, Literature based)
Information on where to find AA. (provide meeting schedules, website address, phone number)
- Personal Recovery Story
Drinking Pattern and experience
Why you decided to seek help
What you found in AA
What your life is like now
- Questions and Answers
Allow time for the listeners to ask any questions they may have (often times there are no questions)

RI Central Service will provide you with AA literature that can be distributed to the attendees.

Always remember you may be someone's first experience with Alcoholics Anonymous and they may base their opinion (good or bad) of our Fellowship on what is said and how it is said. This may someday make the difference between life or death for a still suffering alcoholic.

Thank You for your service in this vital 12 Step Work

Anonymity Statement

There are some here who are not familiar with our Tradition of personal anonymity at the public level:

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

Thus, we respectfully ask that no A.A. speaker—or, indeed, any A.A. member—be identified by full name in published or broadcast reports of our meetings.

The assurance of anonymity is essential in our efforts to help other problem drinkers who may wish to share our recovery program with us. And our Tradition of anonymity reminds us that A.A. principles come before personalities.

A FRIENDLY REMINDER ABOUT . . .

ANONYMITY

In past years, we in A.A. have seen our traditions greatly tested by a large number of public anonymity breaks. Among these have been feature stories on television and in print in which members of A.A. have identified themselves as *a member of A.A.*, sometimes using full names and/or full-face pictures. Some have offered their opinions as A.A. members on such issues as drunk driving laws, zoning ordinances, and alcohol and drug treatment programs. Others, better known to the public for personal or professional achievements, have revealed their own A.A. membership in the course of their public lives.

As we review the difficulties with anonymity, we must ask ourselves if such "publicity" has helped to draw members in, or perhaps kept potential members away.

Our co-founder, Bill. W. devoted a great amount of thought and writing to the anonymity with which he struggled, and which he so greatly treasured. In a letter in 1958, Bill commented on A.A.'s who felt they were doing much good by breaking their own anonymity, thus bringing in many new members. Bill did not agree with them, and felt that such breaks worked against both the individual's and the fellowship's spiritual growth:

"They express the belief that our anonymity Tradition is wrong – at least for them ... They forget that, during their drinking days, prestige and achievement of worldly ambition were their principal aims. They do not realize that, by breaking anonymity, they are unconsciously pursuing those old and perilous illusions once more. They forget that the keeping of one's anonymity often means a sacrifice of one's desire for power, prestige, and money. They do not see that if these strivings became general in A.A., the course of our whole history would be changed: That we would be sowing the seeds of our own destruction as a society."

The final two paragraphs of the Twelve Steps & Twelve Traditions contain a further explanation of the great growth which can result from the practice of anonymity:

"These experiences taught us that anonymity is real humility at work. It is an all-pervading spiritual quality which today keynotes A.A. life everywhere. Moved by the spirit of anonymity, we try to give up our natural desires for personal distinction as A.A. members both among fellow alcoholics and before the general public. As we lay aside these very human aspirations, we believe that each of us takes part in the weaving of a protective mantle which covers our whole Society and under which we may grow and work in unity ... We are sure that humility, expressed by anonymity, is the greatest safeguard that Alcoholics Anonymous can ever have."

As members of the general public, especially the media, continue their interest in our fellowship, we must assume more responsibility for protecting our "greatest safeguard." It is not the responsibility of non-A.A.'s to adhere to our Traditions; that responsibility lies squarely upon each of us.

For suggestions on preserving anonymity at the public level, please read the A.A. conference-approved pamphlets "The Twelve Traditions Illustrated" and "Understanding Anonymity".

What A.A. Does NOT Do

A.A. does not keep attendance records or case histories . . . engage in or sponsor research . . . make medical diagnoses or dispense medicines or psychiatric advice . . . provide drying-out or nursing services or sponsor halfway houses . . . affiliate with "councils" or social agencies (although A.A. members, groups and service officers cooperate with them) . . . offer religious services . . . provide housing, food, clothing, jobs, money or other social services . . . provide domestic or vocational counseling . . . provide letters of reference to parole boards, lawyers, court officials or social agencies.

From A.A. (G.S.O.) Pamphlet P-46

What A.A. does not do

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

1. Recruit members or furnish initial motivation for alcoholics to recover.
2. Keep membership records or case histories.
3. Follow up or try to control its members.
4. Make medical or psychological diagnoses or prognoses.
5. Provide hospitalization, drugs, or medical or psychiatric treatment.
6. Provide housing, food, clothing, jobs, money or other such services.
7. Provide domestic or vocational counseling.
8. Engage in or sponsor research.
9. Affiliate with social agencies (though many members and service offices do cooperate with them).
10. Offer religious services.
11. Engage in any controversy about alcohol or other matters.
12. Accept money for its services or contributions from non-A.A. sources.
13. Provide letters of reference to parole boards, attorneys, court officials, schools, businesses, social agencies, or any other organization or institution.

SINGLENESS OF PURPOSE AND PROBLEMS OTHER THAN ALCOHOL

Alcoholism and drug addiction are often referred to as "substance abuse" or "chemical dependency." Alcoholics and nonalcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings. But only those with a *drinking* problem may attend *closed* meetings or become A.A. members. People with problems other than alcoholism are eligible for A.A. membership only if they have a drinking problem.

Dr. Vincent Dole, a pioneer in methadone treatment for heroin addicts and for several years a trustee on the General Service Board of A.A., made the following statement: "The source of strength in A.A. is its single-mindedness. The mission of A.A. is to help alcoholics. A.A. limits what it is demanding of itself and its associates, and its success lies in its limited target. To believe that the process that is successful in one line guarantees success for another would be a very serious mistake." Consequently, we welcome the opportunity to share A.A. experience with those who would like to develop Twelve Step/Twelve Tradition programs for the nonalcoholic addict by using A.A. methods.

WHAT A.A. DOES NOT DO

A.A. does not:

1. Furnish initial motivation for alcoholics to recover
2. Solicit members
3. Engage in or sponsor research
4. Keep attendance records or case histories
5. Join "councils" of social agencies
6. Follow up or try to control its members
7. Make medical or psychological diagnoses or prognoses
8. Provide drying-out or nursing services, hospitalization, drugs, or any medical or psychiatric treatment
9. Offer religious services
10. Engage in education about alcohol
11. Provide housing, food, clothing, jobs, money, or any other welfare or social services
12. Provide domestic or vocational counseling
13. Accept any money for its services, or any contributions from non-A.A. sources
14. Provide letters of reference to parole boards, lawyers, court officials, social agencies, employers, etc.

CONCLUSION

The primary purpose of A.A. is to carry our message of recovery to the alcoholic seeking help. Almost every alcoholism treatment tries to help the alcoholic maintain sobriety. Regardless of the road we follow, we all head for the same destination, recovery of the alcoholic person. Together, we can do what none of us could accomplish alone.

We can serve as a source of personal experience and be an ongoing support system for recovering alcoholics.

ARE YOU AN ALCOHOLIC?

To answer this question, ask yourself the following 20 questions and answer them as honestly as you possibly can.

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Do you lose time from work due to your drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is drinking making your home life unhappy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you drink because you are shy with other people? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is drinking affecting your reputation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever felt remorse after drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you gotten into financial difficulties as a result of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you turn to lower companions and an inferior environment when drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does drinking make you careless of you families welfare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has your ambition decreased since drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you crave a drink at a definite time daily? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you want a drink the next morning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does drinking cause you to have difficulty in sleeping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your efficiency decreased since drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is drinking jeopardizing your job or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you drink to escape from worries or trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you drink alone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had a complete loss of memory as a result of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you resent the advice of others who try to get you to stop drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you drink to build up your self-confidence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been to a hospital or institution on account of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |

- If you have answered YES to any one of the questions, there is a definite warning that you may be an alcoholic.
- If you have answered YES to any two, the chances are that you are an alcoholic.
- If you have answered YES to three or more you are definitely an alcoholic.

(The foregoing Test Questions are used by Johns Hopkins University Hospital, Baltimore, MD, to help in determining whether or not a patient is an alcoholic.)