First Pre-Conference Meeting
March 9, 2024
Third Topic

3) Linking Treatment and A.A.

A recent opinion from the research community on the role of AA and treatment reveals that many professionals believe that alcoholism is a chronic disease. Some have seen their patients over very long periods, realizing that there was often substitution of addiction, and this is why these professionals found it useful to see their patients over long periods, fearing a possible relapse.

Today, we know that in the case of a 4-year follow-up, for example, these same specialists often find that there is a relapse. This reinforces the assumption that alcoholism is a long-term chronic disease.

We also know that people who consult a specialist for alcoholism often have a concomitant mental disorder. This observation has been reinforced since the 2000s. This is the rule rather than the exception among people who consult professionals.

In A.A., we often hear members say that they are taking prescription medication for some kind of mental disorder, often anti-depressants or anti-anxiety drugs. This indicates that either alcohol has affected their mental health, or that the mental disorder preceded the alcoholism and the alcohol was used as a means to self-medicate.

If it's true that alcoholism is a chronic disease, then long-term treatment will be beneficial. AA proposes to stop drinking alcohol altogether and attend meetings on a regular basis. Although AA advocates abstaining from alcohol for one day at a time, many members know they're in for the long haul - in fact, the rest of their lives. This is exactly the treatment recommended in the scientific literature for a chronic disease. It's the same for alcoholism; long-term treatment for people with an alcohol-related disorder. AA is recognized as an effective, zero-cost option that ensures continuous abstinence over time.

In Quebec, the disease model was the basis for the creation of the public network of addiction rehabilitation centers. Without going into detail, it was in the 1980s that rehabilitation centers distanced themselves from AA and turned their attention to the bio-psychosocial model.

A few decades later, researchers have a better understanding of the importance of long-term treatment. The key role of a home group such as AA thus becomes an interesting option. What's more, the sheer diversity of addiction problems, and the way they evolve over time, suggests that A.A. can certainly play a more important role by collaborating with public centers and the psychiatric community.

It seems clear that AA groups can, if they have the resources, to hold meetings in public addiction centers, and that professionals who work there as well as those who

work outside could adapt their practice to the AA model for their patients who wish to attend AA meetings. Professionals therefore have a vested interest in being better informed about what AA does and doesn't do, because AA groups can respond to needs at critical moments. AA is always there when professionals are not available. We need only think of the wide range of meetings held in the evenings, on weekends, at Christmas, New Year's, Easter, etc., rain or shine, in times of need, and as an effective solution against a possible relapse.

Discussing today the connection between treatment and A.A., or how A.A. can better welcome those who are in or coming out of treatment, is a matter of concern for many of us. The 2022 members survey tells us that 29% of our members said they joined A.A. through treatment centers. That's almost a third.

In Quebec in particular, a distinction must be made between private treatment centers and the treatment offered by public services. The recent opinion of the research community cited in the introduction of this text focuses mainly, but not exclusively, on the experience of the public service sector in the treatment of alcoholism.

Most of our members came to A.A. one day with a desire to stop drinking, and most have found a solution to their problem. When it comes to giving back what we've received so freely, this is perhaps where we collectively face our greatest challenge.

In the book, *The Language of the Heart*, there are two articles written by Bill W. on the topic of communication in A.A.: one is called *The Language of the Heart* and the other, *Our Theme: Responsibility*. In these articles, Bill talks about carrying the A.A. message. In the Twelve Steps, carrying the message is Step Twelve. In the Twelve Traditions, it is the Fifth Tradition. While the Twelve Concepts explain the "why" of our service structure in the carrying of the message.

The A.A. program can be summarized in Twelve Steps. It is first and foremost a spiritual program that defines spirituality through the concepts of a *Power greater than ourselves* and *God as we understood him*. The "A.A. theory" holds that only a Power greater than ourselves can liberate us from alcoholism since all other solutions have failed.

In an April 1961 Grapevine article, Bill W. reminded us that one of our greatest communication challenges is « How to transmit this good news, for which there may be no fast or sweeping answer. Perhaps our public information services could begin to emphasize this all-important aspect of AA more heavily. And within our own ranks we might well develop a more sympathetic awareness of the acute plight of these really isolated and desperate sufferers. In their aid we can settle for no less than the best possible attitude and the most ingenious action that we can muster. We can also take a

fresh look at the problem of « no faith » as it exists right on our own doorstep. Though three hundred thousand alcoholics did recover in the last twenty-five years, maybe half million more have to walked into our midst, and then out again. No doubt some were too sick to make even a start. Others couldn't or wouldn't admit their alcoholism. Still others couldn't face up to their underlying personality defects. Numbers departed for still other reasons. Yet we can't well content ourselves with the view that all these recovery failures were entirely the fault of the newcomers themselves. Perhaps a great many didn't receive the kind and amount of **sponsorship** they sorely needed. We didn't communicate when we might have done so. So, we have failed them. Perhaps more often than we think, we still make no contact at depth with those suffering the dilemma of no faith ».

This remains true in 2024. Are we really doing all we can today within our service structure to enable us to carry "the message" and make Twelfth Step work more effective?

In A.A., all the work in the service structure is aimed at making Twelfth Step work possible. This means communicating "the message" to whoever needs and wants it, wherever possible.

In A.A., we seek to promote our program of recovery from alcoholism. In our area, AA members, in particular our committees on Treatment Centers, Cooperation with the Professional Community, and Public Information, do not promote either private or public centers for treatment. A.A.'s policy in this regard is one of cooperation, not of endorsement, or promotion of their program, which in most cases is very different from what A.A. offers its members.

Our cooperation in the area of treatment can be summed up by quoting from our Big Book, where the first 100 members suggested in 1939 in "The Doctor's Opinion" that "Though we work out our solution on the spiritual as well as an altruistic plane, we favor hospitalization for the alcoholic who is very jittery or befogged. More often than not, it is imperative that a man's brain be cleared before he is approached, as he has then a better chance of understanding and accepting what we have to offer."

In 2024, treatment provides this option in a specialized and efficient setting. But unlike AA, professionals in the field are not as available as AA. And the duration of treatment is temporary, of limited scope, with a cost directly linked to the treatment.

If we get back to our initial topic, we'll be told that the linking up after treatment and A.A. is the concern of the Treatment Centers Committee, and that accessibility is part of the « Bridging the Gap" program.

So, how do we communicate with someone who has just come out of treatment, has no experience of A.A., shows up at our door with his or her new "knowledge", and is

confronted with our spiritual principles and our way of doing things? How should we handle it?

Is it absolutely necessary to apologize for talking about God, or to justify our doing so? Is this really necessary?

Do we carry the A.A. message to them, sharing our experience, our strength and our hope, while being careful to let the person that is receiving the message be the judge of what is to happen next?

Is attraction rather than promotion an outdated "cliché", a ready-made phrase that no longer means anything today?

What can we put to use all the experience of the past 89 years?

Finally, how do we respond today to the invitation above to the effect that "Professionals can only benefit from being better informed about what A.A. does and what A.A. does not» ?

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