

First Pre-Conference Meeting  
March 9, 2024  
Fourth Topic

#### 4) Membership Survey 2022 - Twelfth Step

In September 2023, the results of the 2022 Membership Survey were published. It is available in a printed brochure and on a web page at aa.org. Infographics are available for download.

In 2022, over 6,000 A.A. members took part in a randomized membership survey. The previous survey had been conducted in 2014.

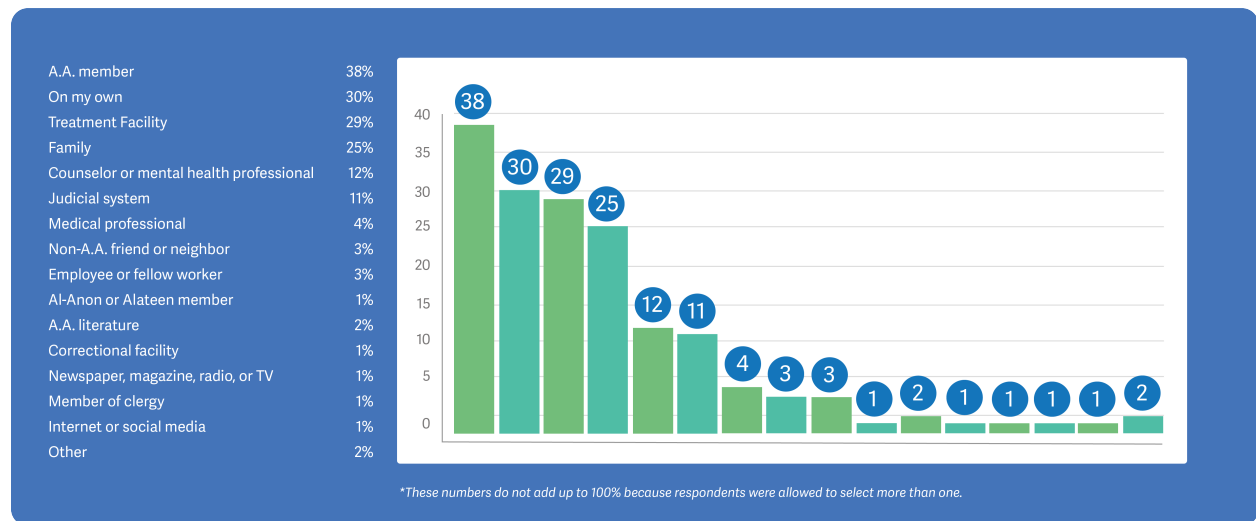
For the first time, the survey took into account online A.A. meetings, whose numbers significantly expanded during the COVID-19 pandemic. Other findings included:

- 41% of A.A. members have been in recovery for more than 20 years
- Members attend an average of two A.A. meetings per week
- 75% of members have attended an A.A. meeting virtually (online or by phone)
- 79% of members prefer in-person meetings

While, overall, there were no changes in membership characteristics since 2014, the results did indicate an increase in “old timers,” members with more than 20 years of continuous sobriety.

In addition, 89 percent of respondents said they have a “home group,” a meeting they attend regularly, indicating a strong connection with the Fellowship among an overwhelming majority of members.

Part of the survey results informs us about how we joined A.A.: thanks to whom we arrived at our first A.A. meeting?



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For the most part, we were introduced to AA by a third party. This includes a family member; through our own means; treatment centers; a therapist.

One observer, the same one who commented that professionals would do well to be better informed about what A.A. does and doesn't do, pointed out to me that only 4% of our members said they had been referred by a healthcare professional. Considering that the vast majority of citizens in this country visit a doctor at some point, that same doctor is more likely to ask if you smoke than if you drink. We know that between July 2019 and December 2019, 81% of Quebec residents had reported drinking alcohol, and of those, 21% had experienced at least one alcohol-related infraction.

I asked a fourth-year medical student about this in January 2024. I asked her, "What about the issue of alcohol in your training? How will you approach your patients?"

In family medicine, a doctor must always question lifestyle habits: drugs, alcohol, tobacco, physical activity, diet. Often, people will tend to minimize their consumption ("I drink like everyone else"). If the doctor has serious doubts, he or she will further probe with a questionnaire.

In psychiatry, the doctor investigates at the first meeting, but if there's no evidence, there'll be no further investigation.

The student added that they are not informed about resources for this kind of problem (alcoholism) during their basic training. In her four years of medical training, she has not attended an AA presentation on the services they offer to the public.

Also, as we pointed out in the first topic presentation, only 1% of our members said they came to A.A. through the Internet and social media, while we're about to invest considerable resources in these new means of carrying our message of recovery, and 68% said they came to A.A. on their own (30%) or through an A.A. member (38%).

It's worth noting that the Internet and social media, at 1%, are tied with Correctional facilities, also at 1%. Does this mean we should stop investing in people who are incarcerated? As we pointed out in the first topic, should we take a strictly accounting view of our Twelfth Step work, or rather consider the expense in spiritual terms of lives saved?

It's always important to remember that the AA program is a spiritual program (AA has no therapeutical pretense in the sense it is often understood) and that a Higher Power, a Loving God, helps alcoholics through this 1% to one day, come knocking on our AA door.

The experience of our Cooperation with the Professional Community Committee (C.P.C.) also reminds us that in the medical world, no training or discourse on the

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specific subject of alcoholism is available. In fact, there are several schools of thought on the subject of alcoholism within the medical community. Alcoholism remains an almost taboo subject in society so it is not a stretch to see the same in medicine. Very few medical professionals will talk to their patients about AA in the course of their career. And this is not exclusive to medicine; in fact, all professional sectors conflate alcoholism with the broader issue of mental health. In reality, it's often a professional who has been in contact with A.A. in his or her life who is most likely to carry our message. Those who have never been in contact with A.A. will be more difficult to convince or approach, perhaps because of prejudices about A.A. (the "God stuff" for example) or perhaps the mere fact that A.A. "is just a bunch of amateurs".

Perhaps our best calling card with a professional is our good health and our "joie de vivre". Attraction rather than promotion? Is this what it's all about?

I've been a subscriber of the AA Grapevine for several years. There was a time when articles suggested that the reader « twelve-step" his or her healthcare professional. Why not? I gave a Big Book to a psychologist I consulted, and "miraculously" he told me about it afterwards, even confiding in me some of his personal experiences with alcohol. Isn't that something? Same thing with my doctor. I introduced myself as a "member of Alcoholics Anonymous" rather than just a "weak patient". The relationship I have with my doctor on this subject is very interesting today, because when we talk about alcoholism, I tell him about A.A., what we do and what we don't do, and believe me, it makes all the difference in the world.

What about you, on a personal level, how are you doing with the Twelfth Step?

And how can we, collectively, be more effective in carrying our message and making our Fellowship better known ?

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