

SPEAKING AT NON-A.A. MEETINGS

This is A.A. General Service Conference-approved literature.

A large, stylized graphic in shades of green, depicting a hand holding a pen. The hand is positioned at the bottom left, and the pen extends towards the right, with the nib pointing downwards. The graphic is semi-transparent and serves as a background for the word 'service' at the bottom.

service

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.

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**Speaking at
Non-A.A. Meetings**

A.A. groups and central offices everywhere are receiving an increasing number of requests for A.A. members to speak at meetings outside the Fellowship, for organizations that want to know more about the A.A. approach to alcoholism. These have brought forth many queries about “Should I?” “What to say?” and “How to say it?”

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Should such talks be made?

An A.A. group makes its own decision regarding the desirability of supplying A.A. speakers for such meetings in general, or for any particular meeting. Sometimes, the inviting organization indicates that its interest is primarily in alcoholism, rather than in A.A. as such. A group may wish to refer such requests to one of the state-supported or private agencies concerned with broader aspects of alcoholism. However, it is entirely in keeping with the A.A. Traditions for an A.A. member to speak at non-A.A. meetings about A.A. and our recovery program if a few simple precautions are observed. (See page 20.)

Groups in many areas consider this type of speaking to be one of the cornerstones of a constructive A.A. public information program. They believe that it provides an excellent opportunity to demonstrate our willingness to be “friendly with our friends,” to inform the public concerning the role of A.A. in the community, and above all, to carry the message of our recovery to alcoholics through a third person. A large proportion of today’s newcomers are making their first approach to A.A. at the suggestion of a nonalcoholic well-wisher — a doctor, member of the clergy, lawyer, social worker, employer, union representative, relative, or friend to whom A.A. has become favorably known.

Who is qualified?

In seeking to carry the message through a third person by speaking at non-A.A. meetings, A.A. members therefore assume a serious responsibility. Even though they are careful to explain that they are not speaking for A.A. as a whole, many

members of the audience will base their good or bad opinion of the Fellowship on what is said and how it is said. The reaction of nonalcoholic listeners and their consequent referring or failure to refer alcoholics to A.A. may someday mean the difference between life and death to still-suffering alcoholics.

Profound as these considerations are, they do not imply that the responsibility should be restricted to A.A.s trained as professional speakers or to “elder statesmen and -women.”

An A.A. member who has been sober in A.A. for a sufficient length of time to discuss our recovery program — the Steps, Traditions, and service — intelligently, should be capable of a good job.

What to talk about?

In talking to non-A.A. groups, A.A. members can draw upon a wealth of information from their own experience, what they learned from the experience of others, and various pamphlets and other literature available from the General Service Office. Their problem is one of selection. Some pamphlets and material recommended as a primary source of information are:

“44 Questions”

“A.A. in Your Community”

“A.A. Membership Survey”

“Understanding Anonymity”

“If You Are a Professional”

“A Brief Guide to A.A.”

“How A.A. Members Cooperate”

“A.A. Fact File”

“A Member’s-Eye View of Alcoholics Anonymous”

“Information on Alcoholics Anonymous”

You may also obtain from G.S.O. Guidelines on the following subjects:

Public Information; Treatment Facilities Committees; Corrections Committees; Cooperating With Court, and Similar Programs; Archives; Finance; Serving Alcoholics With Special Needs; A.A. Answering Services; Central or Intergroup Offices; Relationship Between A.A.

and Clubs; For A.A. Members Employed in the Alcoholism Field; Conferences and Conventions; Cooperation With the Professional Community; Literature Committees; Carrying the Message to the Deaf Alcoholic; and Relationship Between A.A. and Al-Anon.

One question frequently asked is: "Should I tell my story?" Those who have had experience in speaking to nonalcoholic audiences have learned that the average person wants to know what Alcoholics Anonymous is, what it does, and what he or she can do to cooperate, rather than to hear the personal-history type of talk that a member might give at an A.A. meeting.

On the other hand, experienced speakers have found that it is helpful to relate incidents from their own drinking history to illustrate a point. Citing the progressive nature of alcoholism or summarizing your case history can lend conviction to the rest of your talk.

Starting on page 15 of this pamphlet, you will find a list of questions that are usually asked by non-A.A. audiences. These are based on the results of a survey made by your General Service Office among groups and individuals in different parts of the United States and other countries. The number of questions you cover will depend on the speaking time you are allotted and whether there will be a question-and-answer period after your talk.

The topics which you will select for discussion may also depend, to some degree, on the particular audience that you are addressing. For example, you may wish to lay more stress on certain points in talking to an audience of doctors or members of the clergy than you would to a group of high school students. Here are some suggestions concerning what you should know about your audience.

General information

1. What is their occupation?
2. If they are members of an organization, what does it do? What does it stand for?
3. Why is the organization holding a meeting?

Specific information

1. What are the organization's primary interests at present?
2. What are its distinctive characteristics?
3. On what do its members pride themselves?
4. Why was A.A. invited to talk?

Let's keep our amateur standing

In talking to non-A.A. groups, A.A. members are careful to preserve their amateur standing. They do not claim to be experts on the medical, physiological, or psychological aspects of alcoholism. Yet some questions about alcoholism, as distinct from A.A., are invariably asked at these meetings. As a practical matter, A.A. speakers try to give answers which will be intelligent and, without being dogmatic, will satisfy the curiosity of the nonalcoholic. It is for this reason that some questions and suggested answers about "alcoholism" and "alcoholics" are included in this pamphlet.

Talking to specialized groups

When you have occasion to speak before certain very specialized groups (lawyers, law-enforcement officials, industrial groups, doctors — to name a few), you may wish to refer to pamphlets specifically designed for such audiences. For example: members of the clergy — "Members of the Clergy Ask About A.A."; doctors — "A.A. as a Resource for the Health Care Professional."

You may suggest that these pamphlets be sent for, or take a supply to the meeting. Added to both categories above should be "A.A. in Your Community" (how the Fellowship is geared to work in the community to help alcoholics), "A.A. Membership Survey" (summarizing results of a U.S./Canada membership survey), and "If You Are a Professional." Also, the flyer "A.A. at a Glance" is available free of charge for distribution at such gatherings.

A brief outline for a talk

1. Introduction

Identification as an alcoholic (first name only, usually); request that anonymity be respected, giving reasons — Traditions, etc. A card with the following brief statement on anonymity can be obtained from G.S.O.:

There may be 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, including reports on new media technologies such as the Internet.

The assurance of anonymity is essential in our effort 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.

You may even wish to distribute these cards to the audience.

2. Alcoholics Anonymous

- a. What A.A. is (Preamble — on the inside front cover of this pamphlet)
- b. Twelve Steps (how they worked for us)
- c. Twelve Traditions
- d. Explain meetings (open, closed, and public meetings)

3. Personal Recovery Story

- a. Drinking pattern and experience
- b. Why you decided to seek help
- c. What you found in A. A. that helped you
- d. How you feel and what your life is like today

4. How We Can Work Together

- a. How to contact A.A.
- b. What we can do (see pamphlet “How A.A. Members Cooperate”)

- c. What we can't do (see "A.A. in Your Community" and "Problems Other Than Alcohol")
- d. Why knowledge about alcoholism and A.A. is important

Twenty questions most frequently asked at non-A.A. meetings

These questions were determined by the survey previously described. (The answers to many are covered more amply in the “44 Questions” pamphlet and other A.A. literature.)

A.A. members always make it clear that they do not speak for A.A. as a whole — but are expected to answer these, or any other questions, on the basis of their personal interpretations and experiences and in their own words.

1. What is Alcoholics Anonymous? The Preamble (inside front cover of this pamphlet) is the definition used most often. A.A. now has more than two million members in more than 180 countries.

2. How did A.A. get started? A New York stockbroker who sobered up late in 1934 realized that efforts to help other drunks helped him to stay sober. On a business trip to Akron in 1935, he was put in touch with an alcoholic surgeon. When the doctor also recovered, the two sought out other alcoholics. The movement spread and acquired its name with the publication of the book *Alcoholics Anonymous* in 1939.

3. How does A.A. work? Chiefly through local meetings, where alcoholics help one another to use the A.A. program of recovery (see next question).

4. What are the Twelve Steps? Principles based on actual recovery experiences of early members. Not just a means of staying dry, but a suggested program for living.

5. What is an open meeting? A group meeting that anyone — alcoholic or nonalcoholic — may

attend. Usually, a leader opens and closes the meeting and introduces the speakers (almost always A.A.s, like the leader). They tell about their lives before and after joining A.A., and may give personal views on its program.

6. How is A.A. organized? Very informally. Groups elect officers to serve — not to govern — for limited periods. Each group may elect a representative who takes part in area meetings and helps to elect an area delegate to the General Service Conference (U.S./Canada) — the groups' link with the General Service Board of trustees. Conference members and trustees, too, serve the Fellowship but do not govern it.

7. What are A.A. Traditions? Suggested principles to ensure the survival and growth of groups and A.A. as a whole.

8. How does a person join A.A.? Simply by attending meetings of a local group. Newcomers may call a local A.A. office, write to the General Service Office, or be guided to A.A. by a friend, a relative, or a professional. But the decision to join is up to the alcoholic alone. The only requirement for membership is a desire to stop drinking.

9. What does membership in A.A. cost? Nothing.

10. How is A.A. supported? Voluntary contributions — accepted from members *only* — support groups and help support national and international A.A. services.

11. Are there many women alcoholics in A.A.? About one-third of the members are women.

12. How successful is A.A.? The latest survey (U.S./Canada) indicates that 50% of members have been sober more than five years, and 24% have been sober between one and five years.

13. Why doesn't A.A. seem to work for some people? It works for those who really want to stop drinking and are able to keep that resolve foremost in their minds.

14. Is A.A. affiliated with any other organization? No. But it cooperates with other efforts to help alcoholics.

15. Is A.A. a religious society? No. It includes people of many faiths, agnostics, and atheists.

16. Is A.A. a temperance movement? No. As a society, A.A. has no opinion at all on such outside

issues as whether or not other people should drink. Its members simply know that they themselves cannot handle alcohol safely.

17. What is alcoholism? A.A.s see it as an illness, not a moral failing; as a progressive illness, which worsens as drinking continues; as an incurable, threefold illness — physical, mental, and spiritual — which can be arrested by practicing the A.A. program.

18. Who is an alcoholic? Absolutely any type of person may have this illness, as the unlimited variety of A.A. members indicates. If drinking has an unfavorable effect on any part of a person's life, and that person still cannot stop drinking, then he or she — in the opinion of most A.A.s — is an alcoholic.

19. What signs should people look for to determine if they have a drinking problem? Based on A.A. experience, these are some of the signs commonly associated with a drinking problem:

- Drinking to relax when you have problems.
- Drinking when you get irritated, frustrated, unhappy or angry.
- Drinking alone.
- Having trouble at work or school that is related to drinking.
- Failing to control the number of drinks you have once you start.
- Drinking in the morning.
- Guzzling drinks.
- Forgetting what happened when you were drinking.
- Lying about drinking.
- Getting in trouble when you drink.
- Getting drunk, even when you don't want to.
- Thinking it is good to be able to drink a lot.

20. What can the nonalcoholic do to help? The answer to this query will be based on your knowledge of the particular interest of the group. If, for example, they are professionals — doctors, nurses, lawyers, social workers, or members of the clergy — you know sick alcoholics and their families come to them for help.

If they are a nonprofessional group, they still may have a sick alcoholic as a friend, acquaintance, relative, neighbor, etc. Or they may suspect a problem in themselves.

Thus, you will wish to leave with them the importance of their role as the person who reaches the sick alcoholic with the knowledge that alcoholism is an illness and that hope for recovery is in A.A.

You may also refer your audience to a local Al-Anon Family Group, or to Al-Anon's World Service Office, 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617. Al-Anon Family Groups are not affiliated with A.A., but they contribute greatly to increased understanding of alcoholism as it affects the family.

Some suggestions for nonalcoholics to follow — you will have more — indicate that they may do their part . . .

a. By offering to help the sick alcoholic get in touch with A.A. through the telephone listing or other means available, explaining that this will entail no obligation to become a member. Give them local A.A. and Al-Anon phone numbers.

b. By offering to attend A.A. open meetings with the alcoholic for informational reasons. They are welcome.

c. By explaining to individuals that only they themselves know whether they are really alcoholics and suggesting a talk with someone from A.A. to help clarify the problem.

d. By talking to the sick alcoholic always in terms of suggestion, avoiding threats or duress, since the decision must and can be made only by the alcoholics themselves.

e. By acquiring a better personal understanding of A.A. through attending some A.A. open meetings and reading A.A. literature, including the book *Alcoholics Anonymous*. It can be explained that the Big Book is generally accepted as A.A.'s basic text, first published in 1939, issued in a second edition in 1955, a third in 1976, and a fourth edition in 2001, and is available for purchase at most local groups or on direct order from the General Service Office, Box 459, Grand Central Station, New York, NY 10163.

- f.** By passing the book and other A.A. literature along to the sick alcoholic, as interesting and worthwhile reading matter.
- g.** By using their influence in the community to help other nonalcoholics toward a better comprehension of the problems and needs of the alcoholic and of the help that is available in A.A.
- h.** By calling A.A. any time they can be of help.

What precautions should A.A. members take when telling their personal recovery stories at non-A.A. meetings?

1. They mention the fact that they speak for themselves only, not for A.A. as a whole.
2. If they are known in the community as members of A.A., their membership might be revealed by the press, even though the members may not have stated their full names. To prevent this, A.A. members clarify the A.A. Traditions of anonymity with the people arranging the meeting. The A.A. or the meeting chairperson may read the Traditions before the talk and ask that they be respected. (Cards containing a brief statement about our anonymity Traditions may be obtained from G.S.O. — see page 12.)
3. If there is publicity involved, caution is taken not to link the A.A. name with the activities of other agencies.
4. If A.A. members have any doubts about the wisdom of speaking at a specific non-A.A. group, they consult the local groups or central committee before accepting the invitation. (See Tradition Four.)

Responsibilities of the Movement for keeping people informed

The 1956 Conference approved the following brief statement of A.A.'s Movement-Wide Public Information Policy:

“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.”

In 1960, in amplification of the above statement, the board of trustees approved certain guidelines to be followed by the Public Information Committee in the release of information about A.A. to news sources. Among these principles, which may also be adapted to public speaking, are the following:

“The release must be factual; boasting, disparagement of other groups concerned with the problem of alcoholism, or engagement in controversy in any form, whether by direct representation or by implication, must be carefully avoided.

“We should recognize that our experience to speak about alcoholism is limited in subject matter to Alcoholics Anonymous and its recovery program; hence, any statement in reference to other or broader aspects of the problem of alcoholism should be accurately attributed to authoritative sources outside the movement, identified by name.”

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. 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.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. 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.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

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

11. 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.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

A.A. PUBLICATIONS Complete order forms available from
General Service Office of ALCOHOLICS ANONYMOUS,
Box 459, Grand Central Station, New York, NY 10163

BOOKS

ALCOHOLICS ANONYMOUS (*regular, portable, large-print and abridged pocket editions*)
ALCOHOLICS ANONYMOUS COMES OF AGE
TWELVE STEPS AND TWELVE TRADITIONS
(*regular, soft-cover, large-print, pocket and gift editions*)
EXPERIENCE, STRENGTH AND HOPE
AS BILL SEES IT (*regular & soft cover editions*)
DR. BOB AND THE GOOD OLDTIMERS
"PASS IT ON"
DAILY REFLECTIONS

BOOKLETS

CAME TO BELIEVE
LIVING SOBER
A.A. IN PRISON: INMATE TO INMATE

PAMPHLETS

44 QUESTIONS
A.A. TRADITION—HOW IT DEVELOPED
MEMBERS OF THE CLERGY ASK ABOUT A.A.
THREE TALKS TO MEDICAL SOCIETIES BY BILL W.
ALCOHOLICS ANONYMOUS AS A RESOURCE FOR
THE HEALTH CARE PROFESSIONAL
A.A. IN YOUR COMMUNITY
IS A.A. FOR YOU?
IS A.A. FOR ME?
THIS IS A.A.
IS THERE AN ALCOHOLIC IN THE WORKPLACE?
DO YOU THINK YOU'RE DIFFERENT?
A.A. FOR THE BLACK AND AFRICAN AMERICAN ALCOHOLIC
QUESTIONS AND ANSWERS ON SPONSORSHIP
A.A. FOR THE WOMAN
A.A. FOR THE NATIVE NORTH AMERICAN
A.A. AND THE GAY/LESBIAN ALCOHOLIC
A.A. FOR THE OLDER ALCOHOLIC—NEVER TOO LATE
THE JACK ALEXANDER ARTICLE
YOUNG PEOPLE AND A.A.
A.A. AND THE ARMED SERVICES
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
INSIDE A.A.
THE A.A. GROUP
G.S.R.
MEMO TO AN INMATE
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
LET'S BE FRIENDLY WITH OUR FRIENDS
HOW A.A. MEMBERS COOPERATE
A.A. IN CORRECTIONAL FACILITIES
A MESSAGE TO CORRECTIONS PROFESSIONALS
A.A. IN TREATMENT FACILITIES
BRIDGING THE GAP
IF YOU ARE A PROFESSIONAL
A.A. MEMBERSHIP SURVEY
A MEMBER'S-EYE VIEW OF ALCOHOLICS ANONYMOUS
PROBLEMS OTHER THAN ALCOHOL
UNDERSTANDING ANONYMITY
THE CO-FOUNDERS OF ALCOHOLICS ANONYMOUS
SPEAKING AT NON-A.A. MEETINGS
A BRIEF GUIDE TO A.A.
A NEWCOMER ASKS
WHAT HAPPENED TO JOE; IT HAPPENED TO ALICE
(*Two full-color, comic-book style pamphlets*)
TOO YOUNG? (*A cartoon pamphlet for teenagers*)
IT SURE BEATS SITTING IN A CELL
(*An Illustrated pamphlet for inmates*)

VIDEOS

A.A.—AN INSIDE VIEW
A.A.—RAP WITH US
HOPE: ALCOHOLICS ANONYMOUS
IT SURE BEATS SITTING IN A CELL
CARRYING THE MESSAGE BEHIND THESE WALLS
YOUNG PEOPLE AND A.A.
YOUR A.A. GENERAL SERVICE OFFICE,
THE GRAPEVINE AND THE GENERAL SERVICE STRUCTURE

PERIODICALS

THE A.A. GRAPEVINE (monthly)
LA VIÑA (bimonthly)

I am responsible...when anyone,
anywhere reaches out for help, I want
the hand of A.A. always to be there.
And for that, I am responsible.