

About AA

Collaboration: Paving the Way to Sobriety

By design, A.A. is a loosely knit Fellowship of men and women who share their experience, strength, and hope with each other as it relates to their recovery from alcoholism. Embracing its nonprofessional status and dedication to the least amount of organization possible, the Fellowship hews to one purpose only, that of carrying the message of hope and recovery to the alcoholic who still suffers.

A.A.'s history shows that cooperation with a wide range of nonalcoholic professionals who often encounter suffering alcoholics in the course of their work has been an integral part of the Fellowship since its beginnings. In fact, A.A. might never have gotten off the ground without the help of a myriad of caring nonalcoholic professionals—doctors, members of the clergy, educators, law enforcement officials—who came to recognize early on the effectiveness that A.A. was demonstrating in helping alcoholics to recover.

Critical in this relationship between A.A. and its nonalcoholic friends, a relationship forged in the pursuit of common goals—how to best help the still-suffering alcoholic and provide an ongoing means for recovery from the effects of alcoholism—is the spirit of collaboration.

‘The missing link...’

Speaking about A.A. in a presentation to the New York City Medical Society on Alcoholism in 1958, the Fellowship's cofounder, Bill W., acknowledged the fundamental similarities between A.A. and the fields of medicine and religion, and expressed how this spirit of collaboration has paved the way for countless alcoholics to recover.

“Certainly nobody invented Alcoholics Anonymous. A.A. is a synthesis of principles and attitudes which came to us from medicine and from religion. We alcoholics have simply streamlined those forces, adapting them to our special use in a society where they can work effectively. Our contribution was but the missing link in a chain of recovery which is now so significant and of such promise for the future.”

Elucidating further in a 1958 article, available today under the title “Let's Be Friendly with Our Friends,” Bill notes: “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 from 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.”

This spirit of cooperation remains a cornerstone in the ongoing relationship between A.A. and the professional world—those who

work with alcoholics in correctional facilities, treatment facilities, drug courts, and such—a relationship exemplified in a series of workshops held early in July 2010 at the 75th Anniversary International Convention of Alcoholics Anonymous in San Antonio, Texas. Featuring a number of nonalcoholic “friends of A.A.,” the workshops were designed to highlight the ways in which A.A. and the professional world can work together effectively.

In this and subsequent issues, we would like to share with readers some of the highlights of those workshops.

‘You and I are like gardeners.’

In the last 20 years, one of the most dramatic developments in the movement to reduce alcoholism and drug addiction among the criminal justice population in the United States and Canada has been the spread of drug and alcohol courts. These courts are designed to guide offenders, identified as having alcohol or drug issues, into treatment.

In the typical drug and alcohol court program, participants are closely supervised by a judge who is supported by a team of state and local agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers, who work together to provide needed services to drug court participants, blending the resources, expertise, and interests of a variety of state and local jurisdictions and agencies.

Judge Jamey Hueston of Baltimore, Maryland, has been a drug court judge for the last 16 years, and is currently the judge-in-charge for Baltimore's District drug court. Presiding over a wide range of cases in every type of area, including domestic violence, landlord/tenant disputes, public nuisance convictions, Judge Hueston relates, “I'm pretty convinced that about 90% of all the cases that come through my courtroom are drug and/or alcohol related.”

Committed to helping those with alcoholism regain their lives, Judge Hueston relies on the relationship she has developed with the A.A. community in her district and throughout the state. “I hear these stories every day in my courtroom, tales of horror and heartache, dysfunctional backgrounds, people who have lost jobs, lost kidneys, lost limbs; people who are living in abandoned buildings....”

“You and I are like gardeners,” she says, talking about the role that A.A. can play in helping alcoholics who come through drug courts. “We have to plant seeds and hope that at some point they get it.”

Describing one of the people who came before her court whom she had remanded to A.A., a woman who had been actively using

drugs and alcohol for many years—“she was strung out, her eyes were sunken, her kids were in foster care, she was homeless”—Judge Hueston witnessed the incredible miracle of A.A. The judge detailing how the woman complained bitterly about having to go to A.A. and would have preferred simply being in jail. “It’s too hard,” she said.

The woman, however, returned a year or so later to Judge Hueston’s court—with flowers for the judge—sober and slowly regaining her life.

“Drug court is creative and it’s holistic, and we’re trying to wrap around our services and our support in a meaningful way. But I cannot do it alone. I need help. I need a team. And A.A. is a very powerful part of the team.”

‘I knew nothing about recovery.’

Richard S. Sandor, M.D., graduated from Yale University in 1968 and received his M.D. from the University of Southern California in 1972. Prior to full-time private practice, Dr. Sandor was the Chief of the Chemical Dependence Treatment Programs at the Sepulveda VA Medical Center and then Medical Director of the Saint John’s Hospital Chemical Dependence Center. He has lectured and written on the subject of addictive disorders and was President of the California Society of Addiction Medicine from 1993 to 1995.

According to Dr. Sandor, when it comes to using A.A. as a resource for healthcare professionals, “You in A.A. have a great deal to teach those of us in the healthcare field.” Dr. Sandor, who began treating alcoholics when he was director of a care unit at a California hospital, attended A.A. meetings as part of his early training. There, says Dr. Sandor, “I learned about recovery, which in all my fine academic education, I had never learned anything about. I knew how to detox people, I knew how to treat all kinds of physical and psychiatric illnesses; but I knew nothing about recovery. And these wonderful people in the meetings taught me about how recovery comes as a result of working the Twelve Steps.”

Reflecting on his experience at A.A. meetings and observation of A.A. practices, Dr. Sandor worked to set up a program at a hospital for indigent alcoholics, where graduates of the program would come back to the detox to work with newer members, which worked very well.

In terms of the relationship between professional treatment and Twelve Step programs, Dr. Sandor says, “I conceive of treatment as helping people overcome obstacles to becoming dedicated, active members of A.A.” Those obstacles can take many forms, he explains; they can take the form of psychiatric illness, physical illness, family problems. “So, it’s my job,” says Dr. Sandor, “to figure out what is keeping an alcoholic from doing what I know will help—that is becoming a member of A.A. and working the Steps—and helping them get over the obstacles to that.”

A.A. Appoints Two New Board Members

The General Service Board of A.A. has appointed two new nonalcoholic members. Of the 21 trustees serving on the board, seven are termed Class A (nonalcoholic) trustees. These nonalcoholic members of the board provide professional experience useful to

the Fellowship. Importantly, they can do things the 14 Class B (alcoholic) trustees can’t do, such as facing the camera head-on or using their last names without violating the Traditions and principles of anonymity that are designed to keep A.A. members out of the public eye.

The two new trustees are Michele Grinberg, J.D., of Charleston, West Virginia, and John A. Fromson, M.D., of Waban, Massachusetts.

Michele first came into contact with A.A. over 20 years ago, she says, having seen the miracle of recovery in people around her—family members, friends and colleagues. “I’ve seen people in the throes of the disease and then have seen the change. Being the kind of person that I am, I began to ask some questions.” What she discovered led her to A.A.

“On a one-to-one basis, the answer that I would hear from those who stayed sober was that they were in A.A. I wanted to understand what that was. So, I went to some open A.A. meetings, did some reading, had some profound conversations that helped me to understand and attracted me to the Fellowship.”

Her extensive background in health care policy, experience in employment relations and familiarity with nonprofits are the principal areas of strength she brings to her work on the board.

A graduate of New York Medical College and a Certified Addiction specialist, John Fromson is an associate director of postgraduate medical education in the department of psychiatry at Massachusetts General Hospital. He lectures widely and is the author of many articles on a broad range of health-related topics.

Of primary concern, however, is his work with impaired physicians, helping those colleagues in the medical profession who have become overwhelmed by alcoholism and addiction.

In terms of his contribution to the board and to the A.A. Fellowship, John hopes to be a bridge to the larger medical community where he perceives a failure to understand the disease of alcoholism and to recognize the solution that A.A. offers.

“I hope I can be a catalyst,” he says. “The organized medical community knows about A.A., but I don’t think they really appreciate how important it is. I think people in the addictions field do, but the addictions field is really tiny. Ultimately, I hope on a broad scale that my physician colleagues and those in the corporate world can learn more about A.A. and accept it; to recognize that the disease of alcoholism is not simply a moral or character flaw and that there’s a well defined, step-by-step path to recovery that works. There are not many diseases,” he says, “where you can simply stop doing something and arrest it. It’s really pretty remarkable.”

How Can A.A. Help You?

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism and A.A.’s singleness of purpose? If so, please contact the C.P.C. desk at the General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163, or cpc@aa.org. We welcome your questions, comments and requests.

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