

Is There an Alcoholic in Your Life?

A.A.'s Message of Hope



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

ALCOHOLICS ANONYMOUS[®] is a fellowship of people 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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Box 459
Grand Central Station
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www.aa.org

**Is There an Alcoholic
in Your Life?**

A.A.'s Message of Hope

If someone you love has a drinking problem, this booklet will provide you with facts about a simple program of recovery. Through A.A.'s help, over two million people who once drank too much are now living comfortable and productive lives without alcohol.

For more than eight decades, Alcoholics Anonymous has been working successfully for men and women from every kind of background. Before these people came to A.A., most of them had tried to control their drinking on their own and, only after repeated unsuccessful efforts at such control, finally admitted that they were powerless over alcohol. At first, they could not imagine life without it; they certainly did not want to admit that they were alcoholics. But, with the help of other A.A. members, they learned that they did not *have* to drink. They discovered that life without alcohol not only was possible, but could be happy and deeply rewarding.

Often those closest to an alcoholic find it hardest to see and admit that someone they care about can be an alcoholic. Such a thing just can't be true, it seems. In their eagerness to deny the depth of the problem, they may for a time believe the alcoholic's promises. But the repeated breaking of these promises and the increasing difficulties finally force those living with the alcoholic to acknowledge the truth.

Then a desperate search for a solution begins. Feeling that all their love and well-intended attempts to help have been wasted, they become deeply discouraged. If you have felt like this, take hope from the experience of A.A. members' spouses, relatives, lovers and friends who once felt the same way, but have seen the problem drinkers they care about freed from the compulsion to drink.

In this booklet, you will find answers to many questions that people asked both before and after

the alcoholic in their lives joined A.A. If the problem drinkers laugh at the idea that they are in trouble with alcohol, or if they resent any such suggestions, the following pages may help explain what you can and cannot do. If the alcoholic has already joined A.A., the information that follows will help *you* to understand the A.A. way of life.

Perhaps the best brief description of what A.A. is and what it does is this short "Preamble," usually read at the beginning of every A.A. meeting:

Alcoholics Anonymous is a fellowship people 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.

Understanding your problem

Today, over two million men and women have stopped drinking in A.A. This figure includes many different sorts of people, from teenagers to octogenarians. It is clear from a review of its membership that A.A. has been able to help women, men, aged persons, young people, the rich, the poor, the highly educated, the uneducated.

This, like all A.A. books and pamphlets, is based not on theory but on experience — many experiences of those close to alcoholics, those who know what it is like to live with them. If these people could sit down with you, they might say: “We know what you are up against. We know how baffling it is to live with a problem drinker, to see close and loving relationships torn by irrational anger and conflict, to see family life upset, to see much-needed money spent on liquor or on alcohol-related hospitalization, instead of on necessities, to see children growing up in an abnormal, unpredictable atmosphere. But we all know that if the person you love recognizes the problem and really wants to stop drinking, there is a solution that has worked for those we love — and can work for the one you care about, too.”

In spite of all the trouble that drinking may have caused, you may not wish to admit to yourself that a loved one is an alcoholic. A problem drinker, yes, but not an *alcoholic*. The word may have too many disturbing associations for you. Even if the alcoholic admits to being one, you may find yourself trying to deny it. Many people have felt the same way about someone they love until they understood that alcoholism is a disease, a fact that modern medicine now confirms. Previously, an alcoholic’s loved ones may have believed that *they* had somehow been responsible. How and why alcoholism begins, we do not know; but later adult relationships apparently have little effect on its severity or progression. Alcoholism, like most noncontagious diseases, is the sole property of the individual unfortunate enough to have it. Nobody — whether layperson or scientist — is certain of its cause.

The alcoholic can recover

The alcoholic is a sick person suffering from a disease for which there is no known cure — that is, no cure in the sense that he or she will ever be able to drink moderately, like a nonalcoholic, for any sustained period. Because it is an illness — a physical compulsion combined with a mental obsession to drink — the alcoholic must learn to stay away from alcohol completely in order to lead a normal life.

Fundamentally, alcoholism is a health problem — a physical and emotional disease — rather than a question of too little willpower or of moral weakness. Just as there is no point blaming the victim of diabetes for a lack of willpower in becoming ill, it is useless to charge the problem drinker with responsibility for the illness or to regard such drinking as a vice.

Alcoholism takes many routes. Some A.A. members drank in an out-of-control way from their first drink. Others slowly progressed over decades to uncontrolled drinking. Some alcoholics are daily drinkers. Others may be able to abstain for long periods. Then they cut loose on a binge of uncontrolled drinking. The latter are called “periodics.”

One thing all alcoholics seem to have in common is that, as time passes, the drinking gets worse. No reliable evidence exists that anyone who ever drank alcoholically has been able to return, for long, to normal social drinking. There is no such thing as being “a little bit alcoholic.” Because the illness progresses in stages, some alcoholics show more extreme symptoms than others. Once problem drinkers cross over the line into alcoholism, however, they cannot turn back.

What can you do?

Knowing that more than two million problem drinkers have attained sobriety in A.A., you may be impatient to “do something” for the alcoholic in your life. You may want to explain that alcoholism is an illness and urge the alcoholic to read A.A. literature and head straight for the nearest A.A. meeting.

Sometimes, this kind of approach works. After reading A.A. pamphlets or books, many problem

drinkers call their local A.A. office, begin attending A.A. meetings, and put their drinking days squarely behind them. But, in fact, most active alcoholics are *not* eager and ready to turn to A.A. simply because a loved one suggests it. Drinking habits are firmly rooted in one's personality, and the alcoholic's compulsion to drink often creates stubborn resistance against help. To admit to being an alcoholic, simple and evident as it may seem, implies committing oneself to *doing* something about one's drinking. And the alcoholic may not be ready for this. A frequent component of the disease is the alcoholic's belief that drinking is necessary to cope with life. In an alcoholic's confused mind, the need to drink may literally seem like a matter of life or death.

When is the right time?

It is not easy to know when an alcoholic is "ready" for A.A. Not all drinkers descend to the same physical or mental states before they decide to seek help. An alcoholic may fall, roughly, into any of the following four stages:

1. These people may seem to be only heavy drinkers. Drinking may be daily or less frequent and may be heavy only on occasion. They spend too much money on liquor and may begin slowing up mentally and physically, although they will not concede this. Their behavior is sometimes embarrassing, yet they may continue to assert that they can handle alcohol and that drinking is essential to their work. Probably, they would be insulted if someone called them alcoholic. At this stage, they may be approaching the borderline that separates social from compulsive drinking. Some may be able to moderate or stop their drinking altogether. Others may cross that border, increasingly lose the ability to control their drinking, and become alcoholics.

2. At this stage, drinkers lack control over their drinking and begin to worry about it. Unable to stay on the wagon even when they want to, people in this group often get completely out of hand when drinking and may even admit it the next day. But they are certain that "next time it will be different." Drinkers may now employ a number of "control" devices: drinking only wine or beer, drinking only on

weekends or during certain hours of the day or evening, or working out a formula for spacing drinks. They may take a “medicinal” drink in the morning to quiet the nerves. After serious drinking bouts, they are remorseful and want to stop. However, as soon as health returns, they begin to think that they can really drink moderately next time. Perhaps they can still meet responsibilities fairly well on the job or at home. The idea that drinking will probably become progressively worse and may cause the loss of family, job, or the affection of others seems fantastic. In the meantime, they say they would like to stop drinking. Those who have been around A.A. for a while would say, “They want to want to stop.”

3. These drinkers have moved beyond the second stage; they have lost friends, cannot hold jobs, and find various intimate relationships in ruins. Perhaps doctors have been consulted, and the weary round of “drying out” places and hospitals has begun. They realize full well that they cannot drink normally, but are unable to understand why. They honestly want to stop, but cannot. No one seems able to help them stay sober. In searching for a path to sobriety, they become increasingly desperate. Usually, they have tried some form of counseling and perhaps some special diet or vitamin therapy, and for a little while the situation may have improved, but then the progression downward continues. They lose all interest in constructive social relationships, in the world around them, and perhaps even in life itself. The only emotion they show with any consistency is self-pity.

4. In this last stage, drinkers may seem beyond help. By now, they have been in one institution after another. Often violent, they appear insane or oblivious to reality when drunk. Sometimes, they may even manage to sneak a drink on the way home from the hospital. They may have alcoholic hallucinations — delirium tremens (D.T.s). At this point, doctors may advise you to have the drinker committed to an institution. Perhaps you have already had to do so. In many ways, these drinkers seem to be “hopeless.” But A.A. experience has shown that, however far down the ladder of alcoholism drinkers have gone, very few have passed beyond the hope of recovery in A.A. — that is, if they *want* to recover.

It may take the alcoholics themselves some time to admit their own illness. They may protest that their problems are “different” and that A.A. is not necessary or desirable for them. Such drinkers often point out that they are a long way from the bottom of the ladder, and what they consider “the bottom” keeps getting lower and lower. Or they may simply continue to insist that they can stay sober on their own. Unfortunately, they cannot and do not.

Anyone who loves an alcoholic finds these reactions and evasions bitter pills to swallow. The simple truth is that no one can *force* the A.A. program on anyone else. However, if the drinker you care about hesitates to go for needed help, you can take some action to assist in recovery.

You can develop a good and, if possible, first-hand understanding of the A.A. program, so that when the alcoholic is ready, you will be in the best position to help. You can also inform yourself by writing or phoning A.A. or Al-Anon Family Groups. (Turn to page 21 of this booklet for addresses.) In many communities, loved ones of A.A. members (and of those who need A.A.) meet regularly to exchange experiences and viewpoints on the problems of alcoholism. They are part of what is known as Al-Anon Family Groups. Among these are Alateen groups, for teenagers who have alcoholic parents. Al-Anon is not affiliated with A.A., but its contribution to increased understanding of the A.A. recovery program has been substantial. They believe alcoholism is a family illness and that changed attitudes can aid recovery.*

A.A.’s long experience has taught us the need for confidence and patience in encouraging the alcoholic to begin the process of recovery. If you find that the alcoholic meets your enthusiastic recommendation of A.A. with refusal even to discuss the matter, you may feel discouraged and resentful. Sometimes, because of the disruption the alcoholic causes, or because children are being adversely affected, you may decide to walk away, leaving him or her to face the problem alone. Having no place left to go but A.A. may actually lead the alcoholic to seek help earlier than he or she would

*“*This Is Al-Anon*,” pamphlet written and distributed by Al-Anon Family Groups.

have if you had remained available. Sometimes, it is necessary to be cruel for the moment in order to be kind in the long run.

The alcoholic may be rebelling outwardly against the idea of A.A., but may actually be close to accepting your encouragement and support and making a decision to join A.A. or at least listen to what various recovered alcoholics have to say about the program. At this stage, the alcoholic is usually confused — knows that the illness has to be dealt with somehow, but is unable to evaluate the situation clearly. Alcoholics often have many false ideas about A.A. and its members. That is why your understanding of Alcoholics Anonymous may be extremely helpful during this critical period. You will be able to answer questions, make suggestions, and correct erroneous assumptions about A.A.

Who attends A.A. meetings

There are more than 120,000 local A.A. groups worldwide. Usually, a member regularly attends a group near home, but all members are free to attend any meeting of A.A. anywhere. Most groups hold one or more meetings a week, some “closed” (for A.A. members or newcomers only), others “open” (to loved ones and friends as well). At these meetings, members discuss their own drinking experiences before coming into A.A., and explain how A.A. principles led them to sobriety and a new outlook. Through their interpretations of the program, older members try to help newcomers and one another. Meetings are informal and usually include friendly get-togethers around the coffee table, where you may get a still better picture of the wide variety of people who belong to this Fellowship.

Alcoholics unfamiliar with A.A. may think that it is only for real down-and-out, skid-row people and, therefore, not for them. The facts are quite different.

The belief that A.A. is for skid-row derelicts is only partly true — and a small part, at most. Some men and women indeed rise from a life on skid row or similar places to achieve sobriety and responsible living through A.A. But A.A. members in general are a cross section of the average

community. Among them are educators, professional people and business executives, as well as those who have had little or no schooling. A stockbroker and a doctor — both alcoholics — founded A.A. Alcoholism is no respecter of intelligence, talent, education or position, and is as likely to afflict a nurse or a priest as an entertainer or a writer.

Not a religious organization

Perhaps the alcoholic in your life thinks that A.A. is an evangelical organization, heavy on religion and preaching. Again, the facts are different.

A.A. has been described as basically a spiritual program. To be sure, it does not offer any material help, as a welfare department would. But A.A. is certainly not a religious organization. It does not ask its members to hold to any formal creed or perform any ritual or even to believe in God. Its members belong to all kinds of churches. Many belong to none. A.A. asks only that newcomers keep an open mind and respect the beliefs of others.

A.A. holds that alcoholism, in addition to being a physical and emotional illness, is a spiritual disorder to some degree. Because most alcoholics have been unable to manage things on their own, they seem to find effective therapy in the decision to turn their destiny over to a power greater than themselves. Many A.A.s refer to this power as “God.” Others consider the A.A. *group* as the power to be relied upon. The word “spiritual” in A.A. may be interpreted as broadly as one wants. Certainly, one feels a certain *spirit* of togetherness at all A.A. meetings!

A.A.'s Twelve Steps

Part of the recovery program that A.A. suggests is set forth in the Twelve Steps listed on page 15. Based on the experience of A.A.'s earliest members, the Steps are a record of the principles and practices they developed to maintain sobriety (after many other approaches had failed). If the alcoholic in your life shrinks from the idea that a formal code of behavior will be required, you can put his or her mind at ease. Each member uses the Steps in an individual way. The Steps are *suggested* as a program of recovery. Although experience shows that many A.A. members' comfort in sobriety depends, to an extent, on their understanding and acceptance of the Steps, no A.A. member is forced to accept — or even read — them. It is up to the individual to decide when and how the Steps will be used.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

How Does A.A. Work?

It should be emphasized that the *only* requirement for membership in A.A. is a desire to stop drinking. Nothing more. A.A. asks no pledges or personal commitments of any kind. During their drinking days, many A.A.s took numerous pledges, made solemn promises, and often went on the wagon. The results were not lasting. The A.A. approach is more practical. It is based on the idea that every problem drinker, at one time or another, has gone for at least 24 hours without a drink. So A.A. members do not swear off alcohol for life or for any other extended period. They know there is nothing they can do today about the drink they may crave tomorrow. A.A.s concentrate on staying sober *today* — during *this* 24 hours. They work on tomorrow when the time comes.

Since regular attendance at meetings plays an essential part in continued sobriety, the loved ones of an alcoholic may wonder where they fit into the program of recovery. Some of these people attend open A.A. meetings. It gives them a chance to share the road back to normal life with the alcoholic. It also provides the opportunity to learn how other people are meeting the challenge of living with a problem drinker who no longer drinks. Al-Anon meetings, mentioned earlier, also provide a chance to meet and discuss your problems with other people in similar circumstances.

At all meetings, and in contacts with A.A. members, most people will probably be impressed by the frequency of laughter and the general atmosphere of good humor and warm fellowship. This is typical of A.A. Generally, members take their alcoholism — but not themselves — seriously. Part of the recovery process is laughing over the experiences that once brought tears.

Recovery takes time

What can *you* expect when someone you love joins A.A. after years of problem drinking?

All problem drinkers who find A.A. do not stop drinking and move into a happy and contented sobriety with the same speed and ease. Some need to be hospitalized and may come through their convalescence still shaking and unsure of themselves. Others — not in the habit of facing problems directly — may, for a while, feel swamped by their responsibilities. Some will be plagued by feelings of remorse and depression. A few may become tense and, for a while at least, hard to live with.

Alcoholism may be under control, but many smaller problems almost invariably remain. Alcoholics, in their enthusiasm for the new life, may indeed forget the sacrifices those living with them made during the drinking days. They may plunge into such a constant round of A.A. meetings and calls to help other alcoholics that they have little time left to spend with you. Enjoying the return of health, some may approach their jobs with new energy and interest. Others may want to return to school to pursue long-delayed career goals.

Often, this intense interest in A.A. and in work or school will seem to be just as self-centered as the alcoholic's drinking was. This period — when the recovering alcoholic has such high enthusiasm for A.A. that other concerns fade — is often referred to in the Fellowship as “the pink cloud.” It passes, eventually. Although sober, the alcoholic still has the same illness, and non-drinking alcoholics cannot be expected to change all their erratic behavior overnight. Certain thinking habits have probably become ingrained. But as time goes on, most A.A. members achieve better balance. The A.A. program is designed not as an escape route, but as a bridge to normal living.

During their drinking days, many alcoholics made their problems worse by mixing liquor with sedatives, tranquilizers, marijuana or other drugs. They may cling to the pill or drug habit even after they stop drinking. It will probably also be wise if you encourage the alcoholic to seek medical advice from a physician knowledgeable about the special problems recovering alcoholics

experience. Using medications or discontinuing their use without proper professional guidance may be dangerous, and either course may lead a sober alcoholic back to the first drink. (The pamphlet “The A.A. Member — Medications and Other Drugs” discusses the problem in detail.)

When alcoholics achieve sobriety, they sometimes startle their loved ones by the overwhelming importance they attach to their newly awakened sense of spirituality. They may well go overboard on the subject. Usually, this phase does not last long, and it often moderates into a sound and satisfying spiritual life.

Your own drinking

If you are a normal drinker, you may wonder what to do about your occasional drink or about keeping a supply of liquor at home, now that the alcoholic in your life is not drinking. Will it help if you abstain completely? Should you stop serving liquor to guests?

If the sight and smell of alcohol upset the newly sober alcoholic, you might use a little discretion and avoid the old drinking crowd, cocktail parties and barroom society whenever possible. In the last analysis, alcoholics must look after their own sobriety. What counts most, now that they are sober, is their attitude toward their own drinking. They must stop drinking for themselves and stay stopped for themselves.

A word about “slips”

Many people who turn to A.A. for help often achieve sobriety without too much difficulty and continue to stay sober. Others have trouble understanding and accepting the A.A. program. All too soon, they forget what being an alcoholic means. After their physical health returns and their lives become a little more manageable, they may drift away from the program — either mentally, by forgetting its principles, or physically, by going to fewer meetings. These people may have one or more relapses or “slips.” They may get drunk again. This can be discouraging — and very painful — for loved ones. Fears and feelings of hopelessness may be reawakened. But experienced

A.A. members know that such slips are not necessarily repeated in the future. If the alcoholic can honestly review the kind of thinking and behavior that preceded the slip, its recurrence can often be prevented. In fact, a slip can serve as a valuable lesson for alcoholics who believe that they have been “cured” of alcoholism merely because they have been dry for a while.

Overconfidence and unrealistic thinking sometimes result in slips. Judgment becomes fuzzy, and some alcoholics begin to believe that they can now control alcohol. They may go to fewer and fewer meetings, or they may begin to criticize the people in their group, losing sight of the A.A. tradition that the alcoholic should always put the principles of the program before the personalities of its members. Or it may be that the alcoholic forgets to live life one day at a time.

Of basic importance are three frequently used A.A. slogans: First Things First, Live and Let Live, and Easy Does It. These are useful reminders that alcoholics are staying away from drinking one day at a time and that they are striving toward open-mindedness and serenity.

How can you help?

Whether you are the husband, wife, lover, parent or child of a problem drinker, your understanding of the nature of the problem can play a vital part in helping the alcoholic to achieve and maintain sobriety. Hope is the ever-present theme in A.A. Many members once considered hopeless drunks now have years of sobriety behind them. This booklet is based on their experiences and the experiences of those who love them. Let it remind you that hope need never be abandoned and that you can help through your understanding of the illness and of A.A. itself and through your willingness to apply the program in your own daily life.

You will not be alone. The hopes and good wishes of more than one and a half million sober alcoholics accompany you all the way.

For more information on A.A.,
contact the General Service Office:

*P.O. Box 459
Grand Central Station
New York, NY 10163
Website: aa.org*

For more information on
Al-Anon and Alateen, contact:

*Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
Website: al-anon.org*

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 nonprofessional, 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 Below is a partial listing of A.A. publications. Complete order forms are available from the General Service Office of Alcoholics Anonymous, Box 459, Grand Central Station, New York, NY 10163. Telephone: (212) 870-3400. Website: www.aa.org

BOOKS

ALCOHOLICS ANONYMOUS
TWELVE STEPS AND TWELVE TRADITIONS
DAILY REFLECTIONS
AS BILL SEES IT
OUR GREAT RESPONSIBILITY
ALCOHOLICS ANONYMOUS COMES OF AGE
DR. BOB AND THE GOOD OLDTIMERS
'PASS IT ON'

BOOKLETS

LIVING SOBER
CAME TO BELIEVE
A.A. IN PRISON: A MESSAGE OF HOPE
A.A. FOR THE OLDER ALCOHOLIC — NEVER TOO LATE

PAMPHLETS

Experience, Strength and Hope:

WOMEN IN A.A.
BLACK IN A.A.
INDIGENOUS PEOPLE IN A.A.
YOUNG PEOPLE IN A.A.
LGBTQ ALCOHOLICS IN A.A.
THE "GOD" WORD: AGNOSTIC AND ATHEIST MEMBERS IN A.A.
A.A. FOR ALCOHOLICS WITH MENTAL HEALTH ISSUES —
AND THEIR SPONSORS
ACCESS TO A.A.: MEMBERS SHARE ON OVERCOMING BARRIERS
A.A. AND THE ARMED SERVICES
DO YOU THINK YOU'RE DIFFERENT?
MANY PATHS TO SPIRITUALITY
HISPANIC WOMEN IN A.A.
BEHIND THE WALLS: A MESSAGE OF HOPE
IT SURE BEATS SITTING IN A CELL
(An illustrated pamphlet for those in custody)

About A.A.:

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
IS A.A. FOR ME?
IS A.A. FOR YOU?
A NEWCOMER ASKS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
THIS IS A.A.
QUESTIONS AND ANSWERS ON SPONSORSHIP
THE A.A. GROUP
PROBLEMS OTHER THAN ALCOHOL
THE A.A. MEMBER — MEDICATIONS AND OTHER DRUGS
SELF-SUPPORT: WHERE MONEY AND SPIRITUALITY MIX
EXPERIENCE HAS TAUGHT US:
AN INTRODUCTION TO OUR TWELVE TRADITIONS
THE TWELVE STEPS ILLUSTRATED
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
HOW A.A. MEMBERS COOPERATE WITH PROFESSIONALS
A.A. IN CORRECTIONAL FACILITIES
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
A.A. TRADITION — HOW IT DEVELOPED
LET'S BE FRIENDLY WITH OUR FRIENDS
UNDERSTANDING ANONYMITY

For Professionals:

A.A. IN YOUR COMMUNITY
A BRIEF GUIDE TO A.A.
IF YOU ARE A PROFESSIONAL
ALCOHOLICS ANONYMOUS AS A RESOURCE
FOR THE HEALTH CARE PROFESSIONAL
A MESSAGE TO CORRECTIONS PROFESSIONALS
IS THERE A PROBLEM DRINKER IN THE WORKPLACE?
FAITH LEADERS ASK ABOUT A.A.
A.A. MEMBERSHIP SURVEY

VIDEOS (available on www.aa.org)

A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
A NEW FREEDOM

For Professionals:

A.A. VIDEO FOR HEALTH CARE PROFESSIONALS
A.A. VIDEO FOR LEGAL AND CORRECTIONS PROFESSIONALS
A.A. VIDEO FOR EMPLOYMENT/HUMAN RESOURCES PROFESSIONALS

PERIODICALS

AA GRAPEVINE (monthly, www.aagrapevine.org)
LA VIÑA (bimonthly, in Spanish, www.aalavina.org)
ABOUT A.A. (digital-only, www.aa.org/about-aa)

A DECLARATION OF UNITY

This we owe to A.A.'s future: To place our common welfare first; to keep our Fellowship united. For on A.A. unity depend our lives and the lives of those to come.

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.**

