

COOPERATION WITH THE ELDER COMMUNITY (C.E.C.) WORKBOOK

(02/184/11 Edition)

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Introduction

Your service committee can bring the A.A. message to the elder community helping them to understand how and why A.A. works.

Major portions taken and adapted from:

- *Public Information Workbook,*
- *Intellectual Property Policies Treatment Facilities Workbook, and*
- *Cooperation with the Professional Community Workbook*

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Above has been approved by the A.A.W.S. Board on January 27, 2005.

Purpose of C.E.C.

C.E.C. oversees and coordinates all activities with regard to carrying our message of recovery to the older alcoholic.

Hawaii Area 17 Structures and Guidelines, 2011, p. 4

| In general, the A.A. program works when an active alcoholic wants help^s and A.A. is on hand to give that help. This includes outreach to the professional and public community, so that as somewhere in the background there has usually been the help of

a doctor, alcoholism agency or facility, relative, employer, teacher, or [other concerned person will know someone who knew](#) about A.A. and where to find it.

The aim of this workbook is to serve as a guide through the C.E.C. process. The pages that follow suggest ways individuals can organize and perform C.E.C. work, as well as activities that have been successful for local C.E.C. committees.

Origin of C.E.C.

C.E.C. came into being in 2004 through the efforts of A.A. members in the Kailua-Kona area of West Hawaii, District 8, Hawaii Area 17. There was a consensus among these individuals that reaching the older alcoholic was of sufficient importance that a committee should be formed to focus on work to specifically service elder alcoholics.

What is C.E.C. work and why should A.A.s do it?

C.E.C. committees coordinate the service work of A.A. groups and individuals who carry the message to older alcoholics in hospitals, medical clinics, nursing homes, and treatment facilities. We carry the message by getting in touch with the media, the community and professional organizations and schools who can report on the nature and purpose of A.A. and what it can do for alcoholics. Carrying the message of recovery to the older still-suffering alcoholic can be done by informing the general public professionals about the A.A. program – what we are, where we are, what we can do and what we cannot do. Professionals often meet the alcoholic [before they have come into contact with in places where A.A. is not present](#), and, through them,

alcoholics may be reached who might otherwise never find the program, or they may be reached sooner.

Those undertaking C.E.C. work for the first time, whether it be at the area, district, group or intergroup/central office level, are encouraged to read and take guidance from the information contained here. It is suggested that members taking part in C.E.C. work should have several years of continuous sobriety. It is important to remember that cooperation with the elderly alcoholic, the professionals the elderly come into contact with and the public— like everything else in A.A. — is based on personal contact.

As stated by the General Service Board in 1956,

In all public relations, A.A.s sole objective is to help the still-suffering alcoholic. 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 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.

A large proportion of today's newcomers are making their first approach to A.A. at the suggestion of a non-alcoholic 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. As our co-founder, Bill W., wrote, "Whatever the form, it comes down to 'one drunk carrying the message to another drunk,' whether through personal contact or through the use of third parties and the media."

C.E.C. work can begin when individual A.A.s reveal their membership to their doctors or drop a quiet word in the ear of a pastor, priest, or rabbi that an A.A. member is available to the congregation. Groups participate in C.E.C. by welcoming present and future professionals and the public to open meetings. Committees on the area or local level actively seek ways to make contact with professional and community people and the public and set up programs to increase knowledge and understanding of Alcoholics Anonymous.

The needs and experiences of people in your own area, large or small, urban or rural, will affect what you decide to do. The suggestions in the workbook are just that — suggestions — to spark your thinking on how best to work at carrying the message.

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Forming a C.E.C. Committee

C.E.C. committees are started with the agreement of local groups to support this Twelfth Step service work.

Once you decide to form a C.E.C. committee, it is a good idea to take it easy at first until you are sure just what the needs are and how many people you have available to get the job done. In some instances, the first task for a committee is to inform the A.A. members in your area about the need to communicate to the public and the professional about elder alcoholics. There may be a need to correct misconceptions among A.A. members themselves about whether A.A.s should be approaching or

speaking to non-A.A.s who fear they will be “promoting” A.A. Rather, it should be seen as an attempt to establish better communication between A.A.s and professionals, and to find simple, effective ways of cooperating without affiliating.

Total and candid communication within A.A. about C.E.C. work is important. Your first audience is the A.A. Fellowship itself. For example:

1. Some C.E.C. committees share with one another by exchanging minutes of their meetings.
2. It is helpful to report your activities and ideas with A.A.’s General Service Office (G.S.O.) for possible inclusion in Box 4-5-9.
3. C.E.C. committee members can be visible to other A.A.s through participation in their group and other business meetings.
4. When a need for a C.E.C. contact arises, let the telephone answering service or central/intergroup office know who to contact.

A Few Suggestions on Getting Started

- The C.E.C. committee usually consists of the committee chairperson and, depending on the service level of the committee, at least one A.A. member from the group, district, area or intergroup/central office. Welcome the participation of any A.A. member by notifying local groups through its General Service Representative’s (G.S.R.), announcements and newsletters.

Experience suggests that solid sobriety, a firm knowledge of the Traditions, commitment and dependability are the qualifications needed to serve on the committee.

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- In addition to this Workbook, one of the basic activities of the committee members is to read and discuss relevant A.A. literature. Some of the basic A.A. General Service Conference approved literature material for reading are:

“Speaking at Non-A.A. Meetings”

“A.A. for the Older Alcoholic –Never Too Late (Large Print)”

“How AA Members Cooperate with Professionals”

“A Member’s Eye View of Alcoholics Anonymous”

AA Fact File (booklet)

- Because C.E.C. attempts to coordinate all efforts with regard to the elder community, its work necessarily overlaps with Public Information (P.I.), Cooperation with the Professional Community (C.P.C.), Treatment, and Hospital committees. As such, their workbooks and committee members can provide invaluable help to the newly-formed C.E.C. committees.
- Develop a committee membership list. One of the basic activities of committee members is to read and discuss the relevant pamphlets and other literature.
- Keep committee members informed through regular committee meetings, which help to keep services moving forward, to introduce new material and information, and to provide opportunities to iron out any difficulties.

It is important to have scheduled dates and times for these meetings and notices of upcoming meetings to committee members and others. This will help to improve attendance. Also, minutes are an important record of the committee’s transactions as they allow new members to become familiar with past committee actions and ideas.

- Determine which committee members are available during daytime hours, as well as for evening functions, as much work with professionals will take place during business hours or school classes, while public events may be after-work and evening events.
- Next, conduct a survey of the area or district to identify what the needs are and what resources exist in servicing the older alcoholic. Having an inventory, the committee can then prioritize a plan of action.

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Suggested C.E.C. Committee Goals

This list is intended as a starting point only. It is our experience that if a committee group conscience selects a single project and follows it through to completion, there is a great sense of unity and love of service shared by all committee members.

1. Distribute literature and meeting schedules to locations where the elder community congregate subject to obtaining such facilities' approval, such as senior citizen centers, convalescent homes, rest homes, health care facilities, AARP, and geriatric conventions,

2. Invite C.P.C., P.I., Treatment and Hospital committee liaisons to C.E.C. committee meetings.
3. In conjunction with P.I. and C.P.C., contact condo managers, ministers and geriatric physicians to place literature and meeting schedules in their brochure racks and waiting rooms.
4. Send a letter to convalescent homes, rest homes and senior centers offering a presentation.
5. In conjunction with C.P.C., make presentations to physicians and professionals who work with the elder community, residential facility staff, health care providers and offer follow-up presentations at least once a year to accommodate staff changes.
6. Establish A.A. meetings for seniors, list them with local Intergroup/Central Offices and ask for C.E.C. voluntary drivers to help get them to such meetings.
7. Work with P.I. to place Public Service Announcements aimed at the elderly with radio and TV stations.
8. Recruit "Bridging the Gap" temporary contacts to be available to take newly recovering seniors to meetings.
9. Participate in district, state and regional A.A. seminars, workshops and conventions.

Working within the Traditions

It is important that C.E.C. committee members understand the importance of A.A.'s Traditions (the "Traditions") and learn how to explain them to non-alcoholics. The cardinal fact is that the Traditions are our Traditions, that the responsibility for preserving them is ours, and that there is no reason non-A.A.s should be expected to understand them unless we take the initiative and explain them.

Many C.E.C. committees place fundamental importance on informing the committee members about these Traditions – what they are and how they came into being. With this ground work, C.E.C. committees can effectively communicate A.A. principles to the

general public, professionals and representatives of the media. We cannot expect others to understand and observe the Traditions if we are poorly informed ourselves. Sadly, we have also found that lack of information can lead to intolerance. For example, if an A.A. member's anonymity is broken at the media level, it is often quite simply the result of a misunderstanding. A courteous note explaining the related Tradition, either to the member involved or to the media, is helpful; a snap, critical judgment is not. Politeness and quiet explanation are the A.A. way.

An understanding of all the Traditions, especially a firm grasp of the anonymity Tradition is vital. The pamphlet "Understanding Anonymity" and the Anonymity Wallet Card are useful in making the A.A. anonymity principle clear to the public. (Remember, it is not a break of Tradition Eleven when you privately identify yourself as an A.A. member to non-A.A.s encountered in the course of C.E.C. work.) Thoughtful reading of *Twelve Steps and Twelve Traditions* and the pamphlet "A.A. Traditions – How They Developed" is essential for anyone who works with non-A.A.s.

Tradition Six - "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."

Today, alcoholism is a major concern of many local, state, provincial and national agencies. Many speak glowingly of the A.A. program and cooperate with A.A. groups and committees. To what extent should A.A. members participate in the programs of these agencies?

Experience has given us a simple guiding principle: We do cooperate, but we do not affiliate. We want to work constructively with other organizations in the field of alcoholism, but we do not want to be merged with them in the public mind. Public linking of the A.A. name with that of another organization could give the impression of affiliation. We should be careful to make it clear that A.A. is available as a resource for other agencies, and that we are always available to help and cooperate.

A.A. is concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to the A.A. Fellowship (the "Fellowship") for help. A.A. does not engage in the fields of alcoholism research, medical or psychiatric treatment, or propaganda in any form, although members may participate in such activities as individuals.

Committees on C.P.C. and P.I., too, are especially aware of the Sixth and Seventh Traditions (and their workbooks as good resources.) The pamphlets "How A.A.

Members Cooperate with Professionals," "A.A. in Your Community" and " If You Are a Professional" are also helpful.

Singleness of Purpose - The Singleness of Purpose statement has been added to pamphlets intended to share information about A.A. with professionals.

Some professionals refer to alcoholism and drug addiction as "substance abuse" or "chemical dependency." Non-alcoholics are, therefore, sometimes introduced to A.A. and encouraged to attend A.A. meetings. Anyone may attend *open* A.A. meetings, but only those with a *drinking* problem may attend *closed* meetings.

This is in keeping with the Long Form of A.A.'s Third and Fifth Traditions which are:

Tradition Three – "Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation."

Tradition Five – "Each Alcoholics Anonymous group ought to be a spiritual entity *having but one primary purpose*—that of carrying its message to the alcoholic who still suffers."

Doing What We Do Best – We stick to what we know best – personal recovery and Twelfth-Step work. We are not authorities on the whole field of alcoholism. We share our recovery program, but we are not professionals. We have no official definition of alcoholism. Although we are victims of the illness, we have no profound knowledge of its cause or "cure."

C.E.C. workers are frequently involved in activities at the media level. A.A. is not a secret society, and we carry the message to whomever we can. If a suffering alcoholic never meets an A.A. member, how is he or she going to find us? We must, however, be ever aware of the need to remain anonymous at the public level. We must give the media an accurate picture of the A.A. Fellowship as a whole.

A.A.s who carries the message through public information has found it essential to emphasize and to remember that A.A. is a Fellowship of peers.

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Anonymity

Why Alcoholics Anonymous is 'Anonymous'

Anonymity is the spiritual foundation of A.A. It disciplines the Fellowship to govern itself by principles rather than personalities. We are a society of peers. We strive to make known our program of recovery, not the individuals who participate in the program. Anonymity in the public media is assurance to all A.A.s, especially to newcomers, that their A.A. membership will not be disclosed.

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As Bill W. said, "Anonymity has two attributes essential to our individual and collective survival; the spiritual and the practical. "On the spiritual level, anonymity demands the greatest discipline of which we are capable; on the practical level anonymity has brought protection for the newcomer, respect and support of the world outside, and security from those of us who would use AA for sick and selfish purposes." (Bill W.'s Last Message)

Reflections on Anonymity from the Twelve Steps and Twelve Traditions

- We need always maintain personal anonymity at the level of press, radio and films.
- Anonymity to this extent is the practice of genuine humility.
- Even within the Fellowship, every member's name and story needs to be confidential if the member so wishes it.
- Our public relations policy is based on attraction rather than promotion.
- As a Fellowship, we wish to publicize our principles and our work but not individual members.
- To us, the Tradition of anonymity is far more than a sound public relations policy. It is more a denial of self-seeking.
- This Tradition of anonymity is a constant and practical reminder that personal ambition has no place in A.A.
- The spiritual substance of anonymity is sacrifice.
- Moved by the spirit of anonymity, we try to give up our natural desires for personal distinction both among fellow alcoholics and before the general public.
- We are sure that humility, expressed by anonymity, is the greatest safeguard that A.A. can ever have.

| As our co-founder Bill W. put it in *Language of the Heart*, and lastly, "It should be the privilege of each individual A.A. to cloak himself with as much personal anonymity as he

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desires. His fellow A.A.s should respect his wishes and help guard whatever status he wants to assume." (*Language of the Heart, p.—*)

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Workshops and Meeting Formats

For A.A. Members

Workshops are held during state or regional A.A. conventions, area assemblies, district or intergroup/central office meetings to explain how C.E.C. services enhance our ability

| to carry the A.A. message to the still-suffering elderly alcoholic. This type of workshop provides an opportunity to further disseminate pertinent A.A. information to doctors, lawyers, and clergy, among others.

Suggestions:

- Discuss your alcoholism with your physician;
- Ask other members to carry the message to their physicians;
- Ask members to invite physicians, nurses, and other health care professionals to open meetings;
- Offer appropriate A.A. literature (see Appendix 4, "A.A. Literature Guide");
- Explain how A.A. may be helpful to the people who serve the elder population.

A Sample C.E.C.A.A. Workshop

An all-day workshop was planned. It was opened with the Serenity Prayer then followed by a reading of the short form of the Twelve Concepts. The Fifth Tradition was also read, and related to the First Concept. The Fifth Tradition states that, "Each group has but one primary purpose-to carry its message to the alcoholic who still suffers." The First Concept states that the ultimate responsibility and authority belong to the A.A. groups.

The bulk of the day was devoted to discussion, with the full group breaking up into seven small tables. Before the discussion began, a brief presentation on Cooperation with the Elder Community was given.

One to two discussion topics were assigned to each table, and a recorder was appointed at each table to take notes. Topics discussed were:

1. What is the best way to form a C.E.C. committee?
How do we form a working plan for the committee?
2. What is the best way to reach professionals?
What is the best way to sponsor professionals?
3. How can we sponsor members in service?
How can we sponsor doctors, clergy and police?
4. How can we bridge the gap between professionals and A.A.?
What types of presentations are appropriate for professionals?

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5. What are the best attitudes toward professionals?
 6. How can we make contact with professionals?
 7. What literature is best, and from whom?

Brief summaries of the discussion were reported from each table, followed by general discussion.

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For Public and Professional Friends

From the beginning, A.A. has depended on good community relations to keep its "helping hands" informed and ready. Here are some ways A.A. members in an area can tell others about A.A. and keep the friends of A.A. working with us.

A community or public information meeting can do a lot to strengthen relationships with non-alcoholic friends and help make new friends. The committee may invite doctors, members of the clergy, law enforcement officers, public service workers, and others who deal with active alcoholics to a special open meeting or arranges a gathering of professional people at a breakfast or buffet luncheon with one or two speakers.

Invitations should be mailed, ten days before the meeting, to groups in the area, friends of A.A., and those who are interested in the problem of alcoholism – doctors, judges, alcoholism agencies, clergy, social workers, health care providers, and the press.

The announcement below is one suggested format:

The _____ Cooperation with the Elder Community
Committee (or group) of Alcoholics Anonymous invites you, your family,
and friends to a Community Meeting about Alcoholics Anonymous. The
meeting will be held at _____ on
_____. It will start promptly at _____
and end at _____.

The speakers are:

_____, Chairperson

_____, Guest Speaker

Dr. _____, "The Medical View"

_____, Guest Speaker

Sample Guideline for C.E.C. Presentations

There are many kinds of successful meeting programs geared to the elder population. Source material drawn from A.A. experience includes the pamphlets "Speaking at Non-A.A. Meetings," "A.A. at a Glance," "44 Questions," "A Member's View of A.A.," and "A.A. for the Older Alcoholic – Never Too Late."

As one sample: A.A. participants include a moderator, and one or two members experienced in speaking about A.A. The points listed below may be useful:

1. Introduce yourself and ask other A.A.s to follow suit;
2. Read the Anonymity Statement Card for public meetings:

"There may be some here who are not familiar with our Tradition of personal anonymity at the media level. Our public relations policy is based on attraction, not promotion; we need always maintain personal anonymity at the level of press, radio, TV and films. Therefore, we respectfully ask that no A.A. member be identified by full name or photograph in published or broadcast reports of this meeting."
3. Read the A.A. Preamble, emphasizing its relation to the Traditions;
4. Discuss A.A. history. Cover our beginning with Bill W. and Dr. Bob's meeting in Akron, Ohio in 1935 emphasizing the empathy that was present between these men and that as the result of this first meeting, A.A. has grown throughout the world.
5. Briefly explain A.A.'s Twelve Steps and briefly summarize their application in your own experience;

6. Explain that A.A. meetings may follow a variety of formats – speaker, discussion, etc. and that there are two basic types:

Open meetings: Guests are welcome. When practical, mention that individual members are available to bring a professional friend to a meeting.

Closed meetings: For A.A. members or those with a desire to stop drinking.

7. It is important to have information on local meetings available whether by A.A.'s intergroup/central office meeting directory or by a listing of local "open" meetings. Be prepared to offer the names and phone numbers of one or two committee members to guests.
8. Discuss what A.A. does and does not do, such as:
- Mention A.A.s willingness to help whenever and wherever possible;
 - The A.A. program works to arrest the illness of alcoholism;
 - A.A. is for all faiths and those of no faith;
 - A.A. is for men and women of all ages;
 - Speakers' opinions are their own;
 - A.A.'s Tradition of self-support (*no* collection at this meeting);
 - A.A. helps keep the member sober as well as getting him or her sober;
 - A.A. can be found in most cities and towns. Look for a listing in the local telephone directory or check local newspapers;
 - Many non-A.A.s have helped us;
 - Give a brief version of your story emphasizing recovery in A.A.
9. Show one of the current A.A. films, available from the General Service Office (G.S.O.) or your local intergroup/central office.
10. Allow time for a question and answer period. Our credibility is determined by the way we respond to questions. "I don't know" is often the best answer if you are uncertain. Tell them you will research the question and get back to them later. And then do it!
11. Avoid commenting on issues outside A.A., including remedies or treatments for alcoholism used by others.

12. After the meeting, handle literature requests promptly. Send requests from professionals to G.S.O. for addition to the "About A.A." mailing list.
13. Send a follow-up thank you letter to the host.

Sample Introduction

My name is _____ (first name only) and I am here to talk about the problem of alcoholism in the elder population.

A drinking problem can occur at any age. In the senior population, alcoholism may be hard to detect. As one gets older, life's changes can bring loneliness, boredom, anxiety and depression. Initially a drink appears to bring relief. With time, drinking can become a problem.

Here are a few examples that may signal problems with alcohol.

- Great Uncle Harry may have always liked his whiskey so an increase in his drinking may escape notice by his family.
- Grandma Jane, always a teetotaler, started to drink each night after her husband died. No one realizes she now needs those drinks to endure the day.
- Old Joe Smith falls and breaks his leg. He is taken to the emergency room at the hospital. The doctor sets his leg and it heals. No one asks why he fell. The reason is that Joe is an alcoholic and was drunk. The broken leg mended, but alcoholism, a fatal illness, is ignored.

Families, friends and health care professionals often overlook stories like these. Alcoholism in the elder population may be mistaken for other conditions, particularly depression.

Guidelines for Presenters

- Remember, non-A.A.s *cannot be expected to be aware of A.A.'s Traditions.*
- A.A. members are invited guests in the facility or meeting place.
- Personal appearance is vital. Look as neat and well-groomed as possible.
- Personal conduct is also important. You may be the only Big Book someone will ever see.
- Let your behavior reflect this.
- Be there on time or five minutes early.
- Refrain from using any foul language in any group situation.
- Be polite and respectful to residents and staff in facilities, for we are there as their guests.
- Cooperate with the facility. Although we have our own Traditions which guide us, when we are inside any facility or institution we follow their rules to the letter. The reasons for their rules may not seem clear to us, but it is not up to us to question them. We just cooperate fully.

Some of these guidelines may seem strongly stated, and for very good reason. In many cases, many months of hard work have gone into establishing the relationship which enables us to be invited into a facility. Careless action on any level by any A.A.

member could destroy that trust, and we would no longer be permitted to carry the message into that facility.

When carrying the message into a facility, institution, or to the public or media, we are not just one drunk talking to another. In their eyes, we represent the entire Fellowship of Alcoholics Anonymous. How we look, act and talk are all they are going to know about A.A. This is a very important responsibility. Let your behavior speak that the A.A. program works.

Exhibits

Area or local C.E.C. committees learn of opportunities to staff a booth at health fairs and professional events through contacts with professionals, community planners or organizations contacting central offices or G.S.O. As with all committee services, our purpose is to carry the A.A. message to the public and professional who may be in contact with the still-suffering alcoholic. Staffing an A.A. exhibit or booth is done by displaying and distributing A.A. information, welcoming and answering questions of people attending the meeting or event and open communications with other exhibitors. This often leads to other C.E.C. opportunities.

A number of areas have built or purchased simple, professional appearing portable exhibits for use by committees. Contact other C.E.C. committees or G.S.O. for more information.

Guide Letters

The following letters are suggested formats to be sent to hospitals, retirement communities, assisted living facilities and nursing homes. Enclosures are appropriate such as [the pamphlets "A.A. at a Glance," "Information on Alcoholics Anonymous" and "A.A. for the Older ~~Alcoholic.~~" as Alcoholic," as well as the AA Fact Sheet and a postcard asking if additional contact or information is requested.](#)

Guide Letter to Physicians

Dear _____,

Perhaps you are familiar with Alcoholics Anonymous (A.A.), have an elderly patient with problems relating to alcohol and wish to refer him/her to A.A. We can help. The attached Fact Sheet explains briefly what A.A. is and what it is not.

If you have questions about A.A., an A.A. member would be glad to talk with you. He or she is also available to introduce your senior alcoholic patient to an elder member in our Fellowship. We want you to know that the Cooperation with the Elder Community Committee of Alcoholics Anonymous is here to be of service to you.

|

Sincerely,

Attachment – Fact Sheet

Guide Letter to the Clergy

Dear _____,

We of the _____ (place name) Cooperation with the Elder Community Committee of Alcoholics Anonymous would like to offer information about A.A. through you, to members of your congregation who may have a drinking problem. We realize that you are in a unique position to have contact with and help the senior active alcoholic.

Alcoholics Anonymous is a worldwide fellowship of men and women who help each other to maintain sobriety through sharing their recovery experience with others. The enclosed postcard returned to us with any or all of the boxes checked will be answered promptly.

Sincerely,

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Enclosure – postcard

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Guide Letter to Senior Citizen Centers

Dear _____,

Today, we hear a great deal about alcoholism among young people. Far less is said about the alarming increase in alcoholism among older persons; a fact that is causing concern to everyone involved with alcoholism and with recovery from this serious illness. The disease of alcoholism in the senior population is often unrecognized, misdiagnosed and mismanaged.

We of the _____ (place name) Cooperation with the Elder Community Committee of Alcoholics Anonymous are enclosing a copy of the pamphlet "*A.A. for the Older Alcoholic – Never Too Late*" which is designed for people 60 years [of age](#) and over. If you know someone who may be interested in this pamphlet, please let us know and we will forward copies to you, at no charge.

Another service available on request is sending a speaker to talk about the recovery program of A.A. The speaker is a former problem drinker with some years of sobriety, well qualified to answer questions about how alcoholics can recover in A.A. Our experience shows that even those with no drinking problem of their own find such programs intensely interesting, for in our society almost everyone has a relative or friend whose drinking is a cause for worry. If we can supply your organization with literature or any additional information, please write or call _____ or _____.

Sincerely,

|

Other Letters

Dear Administrator,

We would like to take this opportunity to introduce our committee to you. We are the Cooperation with the Elder Community (C.E.C.) Committee under the auspices of Alcoholics Anonymous (A.A.) We want to inform you that we can provide presentations, literature and offer assistance to elder members at your facility who may have a drinking problem.

We are enclosing a copy of the pamphlet "*A.A. for the Older Alcoholic – Never Too Late*" which is designed for people 60 years and over. If you know someone who may be interested in this pamphlet, please let us know and we will forward copies to you, at no charge.

Another service available on request is sending a speaker to talk about the recovery program of A.A. The speaker is a former problem drinker with some years of sobriety, well qualified to answer questions about how alcoholics can recover in A.A. Our experience shows that even those with no drinking problem of their own find such programs intensely interesting, for in our society almost everyone has a relative or friend whose drinking is a cause for worry.

If you wish, we can supply your organization with literature or any additional information.

Please write or call us at _____ or _____.

Sincerely,

|

Other Letters (continue)

Dear Administrator,

There is a concern that alcohol abuse is a growing problem among older adults within our population. Many studies indicate that the problem will become bigger as the "baby boomers" approach retirement age. The aim of Alcoholics Anonymous (A.A.) is for these older adults to know that our A.A. Fellowship exists and is here for them should they wish to see help to stop drinking.

For background purposes, A.A. is an international fellowship of men and women who have had a drinking problem. We are non-professional, self-supporting, multiracial, apolitical group of people available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

We are willing to provide an informational presentation for the residents at your location. The presentation would encompass what A.A. is and isn't and what A.A. can do and cannot do. Presentations normally are about 30 minutes in length, including a question and answer session. Another format available is the "open meeting" where an A.A. member or members share their experiences with an audience that may include non-alcoholics. An additional option would be a display of pertinent A.A. literature at your facility. There is no charge for any of the preceding.

You probably are aware that the disease of alcoholism is a fatal one. This does not always have to be the case. We know there is a solution. We thank you for your consideration of this offer. We can be contacted at _____ or _____.

Respectfully,

|

Postcards to be Included in Letters if Appropriate

- Would you be interested in having an A.A. member(s) speak to any of your individual members or groups?
- Would you be interested in accompanying an A.A. member to an *open* meeting of Alcoholics Anonymous? Non-alcoholics are welcome at *open* A.A. meetings.
- Would you like us to provide you with an order form for A.A. literature? We have free material for distribution.

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A.A. Fact Sheet

The Preamble of Alcoholics Anonymous

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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What A.A. Does

- Non-alcoholic guests are welcome at "open" A.A. meetings. Attendance at "closed" meetings is limited to those who are alcoholic or think they may have a drinking problem.
- At meetings, A.A. members share their recover experience with anyone seeking help with a drinking problem and give person-to-person [support services](#) or "sponsorship" to the alcoholics coming to A.A.
- The A.A. program, as set forth in the Twelve Steps to recover, offers the alcoholic an opportunity to develop a satisfying way of life free from alcohol.

What A.A. Does Not Do

- Make medical or psychiatric diagnoses or prognoses, or offer advice.
- Provide drying out or nursing services, hospitalization, drugs, housing, jobs, money or other welfare services.
- Accept any money for its services or contributions from outside sources.
- Provide letters of reference to parole boards, lawyers, court officials, social agencies, employers, etc.
- Engage in or support education, research or professional treatment.

|

Our recovery is based on sharing our experience, strength and hope with each other, that we may solve our common problem: more importantly, our continued sobriety depends upon helping others to recover from alcoholism.

Literature Guide

G.S.O. Conference-approved Literature & Other Service Material

The following pamphlets give a complete overview of all A.A. literature, plus an order form. There is a catalog which also describes all G.S.O. Conference-approved audio/visual material, some of which is useful in C.E.C. work.

For C.E.C. Committee Members:

- "A Member's Eye View of A.A." (P-4)
- "A.A. Membership Survey" (P-48)
- "A.A. in Your Community" (P-31)
- "How A.A. Members Cooperate" (P-29)
- "Information on Alcoholics Anonymous" (F-2)
- "Let's Be Friendly with Our Friends" (P-34)
- "Speaking at Non-A.A. Meetings" (P-40)
- "Three Talks to Medical Societies by Bill W." (P-6)
- "Understanding Anonymity" (P-47)

A.A. Guidelines on:

Cooperation with the Professional Community Committees
Relationship between A.A. and Al-Anon
For A.A. Members Employed in the Alcoholism Field
Public Information Committees
Treatment and Hospital Committees
Serving Alcoholics with Special Needs

For Professionals:

- "A.A. as a Resource for the Health Care Professional" (P-23)

"A.A. In Your Community" (P-31)
"A.A. Membership Survey" (P-48)
"A Message to Corrections Professionals" (P-20)
"If You Are A Professional" (P-46)
"Information on Alcoholics Anonymous" (F-2)
"Is There an Alcoholic in the Workplace?" (P-54)
"Let's Be Friendly with Our Friends" (P-34)
"Members of the Clergy Ask About A.A." (P-25)
"Problems Other than Alcohol" (P-35)
"This is A.A." (P-1)
"Understanding Anonymity" (P-47)

For the Public and People Professionals Serve:

"A Brief Guide to A.A." (P-42)
"A.A. and the Gay/Lesbian Alcoholic" (P-32)
"A.A. at a Glance" (F-1)
"A.A. for the Black and African American Alcoholic" (P-51)
"A.A. for the Native North American" (P-21)
"A.A. for the Older Alcoholic – Never Too Late" (P-22)
"Do You Think You're Different?" (P-13)
"44 Questions" (P-2)
"Is A.A. for Me?" (P-36)
"Is A.A. for You?" (P-3)
"Is There An Alcoholic in Your Life?" (P-30)
"Problems Other Than Alcohol" (P-35)
"This is A.A." (P-1)

G.S.O.'s A.A. Websites

G.S.O. has an A.A. website located at www.aa.org. This website gives a wealth of information about Alcoholics Anonymous in English, French and Spanish. It includes material such as the "A.A. Fact File," "If You Are A Professional...," and "Anonymity Letter to Media."

[Hawaii Area 17's website at www.area17aa.org](http://www.area17aa.org) has state AA information and links to information on each island.

Contacts

- A.A.'s local intergroup/central office;
- General Service Office of Alcoholics Anonymous, P. O. Box 459, Grand Central Station, New York, NY 10163, (212) 870-3400.

Bibliography

Alcoholics Anonymous

Twelve Steps and Twelve Traditions

A.A. for the Older Alcoholic – Never Too Late

Living Sober

A.A. Comes of Age

Pass It On: the Story of Bill Wilson and How the A.A. Message Reached the World

As Bill Sees It

Daily Reflections

The Language of the Heart

Understanding Anonymity

Best of the Grapevine, Vol. 1, Vol. 2 and Vol. 3

Public Information Workbook

Cooperation with the Professional Community Workbook

Treatment Facilities Workbook

Reprint Policy:

Our reprint policy, however, is different from our licensing policy. As stated in the A.A. Service Manual: "Local A.A. publications are permitted to quote a phrase, sentence or brief paragraph excerpted from A.A. literature such as the Big Book, Alcoholics Anonymous, the Twelve Steps and Twelve Traditions, the A.A. Service Manual and Conference-approved pamphlets without a prior, written request to do so ..., (accompanied by a credit line (that) should read: Reprinted from (name of publication, page number), with permission of A.A. World Services, Inc.)"

Non-A.A. individuals and entities may not reprint A.A. copyrighted materials without prior approval granted pursuant to a written request. Please send your request to reprint A.A.W.S. material to ippolicy@aa.org.

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Appendix 1

NEEDS INVENTORY FOR THE ELDERLY IN AREA _____, DISTRICT _____

_____(date)

In an effort to review the current services of Alcoholics Anonymous to the elderly in your district, please complete the following:

1. Are there any A.A. meetings in elder residences or retirement centers in your district?

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Yes _____ No _____ Don't Know _____

2. If yes, please give a brief history of the meeting and/or provide a contact person so that we may get additional information.

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3. Are there organized efforts in your community to carry the message to older alcoholics?

Yes _____ No _____ Don't Know _____

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4. Is literature in large print such as the Big Book, the A.A. Service Manual, and the pamphlet "A.A. for the Older Alcoholic - Never Too Late," available for the older alcoholic in your district?

Yes _____ No _____ Don't Know _____

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Appendix 1

NEEDS INVENTORY FOR THE ELDERLY IN AREA _____, DISTRICT _____

_____ (date)

5. Have meetings been held for people who have come into A.A. late in life to share their experience, strength and hope in your district?

Yes _____ No _____ Don't Know _____

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6. Do you wish to have a workshop or roundtable discussion in your district led by the chair of the Cooperation with the Elder Community Committee?

Yes _____ No _____ Don't Know _____

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7. Do you have any thoughts and ideas about what we can do to better carry the message to the older alcoholic who still suffers?

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Please return this completed form to: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Appendix 2

Carrying the Message via the Primary Care Physician

Suggestions are drawn from the A.A. experience of the West Hawaii District 8, Hawaii Area 17 Committee on Cooperation with the Elder Community (C.E.C.):

The fastest and best way to carry the message of Alcoholics Anonymous to the under-served, ever-growing senior population is via the primary care physician. Physicians need information about A.A. and exactly how A.A. can be a source of help.

A packet of materials to be distributed includes the pamphlet, "A.A. for the Older Alcoholic—Never Too Late," a flier with a 24-hour on-call number on a label that can be conveniently pasted for the physician to refer to, and meeting information about "Sober over Sixty" (S.O.S.) groups.

Each C.E.C. committee member is requested to contact their own physician and one or two others to carry the message.

Appendix 3

Guide to a Senior A.A. Meeting

All around us are seniors whom alcohol has robbed of hope, dignity and the ability to cope. Many elder alcoholics are unlikely to seek help because of stigma, shame, cost and transportation issues. They are often called “invisible” alcoholics and tend to hide their drinking. Older folks who may have bar hopped for years claim they do not want anyone to know they have joined Alcoholics Anonymous (A.A.). Even those with years of recovery are reluctant to share their story for fear of being ostracized by the community.

“Chronologically gifted” folks are sometimes “chronologically challenged.” They prefer to move at a slower pace. They may have hearing problems and transportation problems. They may abhor bad language. They may have difficulty relating to issues of younger folks at meetings.

Age specific groups have been recommended in many studies. In West Hawaii District 8, Hawaii Area 17, “Sober over Sixty” (S.O.S.) is a group designed to address these issues. It holds closed meetings in Kona on Fridays from 10:00 a.m. to 11:00 a.m. to provide an opportunity for older folks to explore the program of A.A. in a comfortable, safe and hospitable environment.

A number of recovering senior alcoholics have been motivated to participate in S.O.S. activities and by doing so has found a niche that is meaningful and worthwhile.

Appendix 4

Initial Contact Person

~~We will consult our temporary contact list and select an appropriate member when a request from a referral source (physician, treatment facility, etc.) is received by the Cooperation with the Elder Community Committee to contact a senior with an alcohol problem. The temporary contact person will:~~

- ~~Take the newcomer to the weekly “Sober over Sixty” (S.O.S.) meeting and to several other meetings in the neighborhood;~~
- ~~Help the newcomer feel comfortable;~~
- ~~Introduce the newcomer to people at the meeting;~~
- ~~Give the newcomer literature and answer any questions.~~

~~The temporary contact is to:~~

- ~~Try to avoid becoming a long term taxi service;~~
- ~~Try not to confuse the temporary contact service with long term sponsorship.~~
- ~~Avoid becoming involved in discussions about the contact’s treatment or confinement. We have no opinions on outside issues.~~

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After a few weeks, the newcomer will be allowed to begin to find their own way. They will need to find a sponsor as it is not the job of the temporary contact person.

Appendix 5

Expenses

The expenses incurred in carrying the message to the elder alcoholic are met in different areas in different ways. Money is needed to purchase literature and cover printing, postage, travel, telephone, etc. costs. Seventh Tradition contributions by groups to their area, district, G.S.O., and local intergroup/central office help to defray Cooperation with the Elder Community (C.E.C.) expenses at the various service levels. It helps to have an annual budget.

Sample Budget for the Year 2005: Hawaii Area 17:

Literature	\$425
Printing, paper and copying	325
Phone	20
Tabletop display	50
Inter island air fare*	300
Total	\$1,120

*Air fare for C.E.C. Committee Chair to attend four assemblies and three committee meetings @ \$160 = \$1,120.

Appendix 6

Sample Goals List

Plan of Action—C.E.C. area standing committee in coordination with the other area standing committees and with each district will establish a plan of action such as:

1. Identify and list all target residential facilities and concentrations of elder citizens along with the name and telephone number of the contact people. The groups or facilities may be private, public, sectarian or religious.
2. Include a list of all professional groups that impact elder health care and well-being. This inventory should be completed at the beginning of the two-year panel term and kept in the district and area committee files.
3. Contact professional groups and key individuals who serve the health and well-being of elders. Discuss the literature, workshops and meetings that can be offered to all appropriate professionals. Keep record of contacts (date, person, contact info) with the ability to follow-up, evaluate and prioritize needs.
4. Contact targeted facilities and communities a minimum of once annually to introduce what C.E.C. does and to offer literature, workshops and meetings.
5. Present C.E.C. work to administrators of the identified groups and facilities. These presentations are for general informational purposes and should be designed to address the needs of administrators rather than prospective members of the Fellowship. These presentations discuss how to make A.A. available to members of the elder community.
6. Upon invitation, establish A.A. meetings at facilities to enable travel-challenged people to attend meetings.
7. Develop, present and share materials with area, districts and other groups doing C.E.C. work. These materials should follow and adhere to A.A.'s steps and traditions.
8. Develop volunteer driver lists. This will help travel-challenged elderly attend meetings.
9. Establish Twelve-Step telephone lists for intergroup offices for response to calls from the elderly.
10. Distribute literature and meeting schedules where seniors gather, senior citizen groups, AARP, geriatric conventions and health care facilities, governmental offices for the aging, residential/retirement communities and the like.
11. Contact key professionals who serve the elderly in cooperation with C.P.C.

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Appendix 6

Sample Goals List

12. Develop and implement a public information and media program to disseminate information on A.A. to the elder population in cooperation with other standing committees.
13. Report at each area function, detailing the progress in meeting the goals of C.E.C.
14. Assist the succeeding C.E.C. panel standing chair and committee as much as possible. This will ensure that the work of the C.E.C. committee continues and cause the least amount of disruption to existing services.
15. Do workshops, roundtables, discussion meetings wherever and whenever possible at planned functions such as roundups, local and international conventions, assemblies such as the PRAASA to further carry the message.
16. Keep and maintain files and records of the committee's progress to better serve as a guide to others who wish to serve the elder community.
17. Create a C.E.C. display for use at seminars, district and area meetings and conventions.
18. Develop an area presentation including script and suggested literature.
19. Liaison with G.S.O. and other A.A. areas to produce and periodically update a standardized set of materials. This will facilitate the training of others to continue the C.E.C. work.
20. Update G.S.O. on the committee's activities in a routine manner.
21. Do a committee inventory at the panel's end using outside facilitators.

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