

Alcoholics Anonymous

Let's Be Friendly with Our Friends

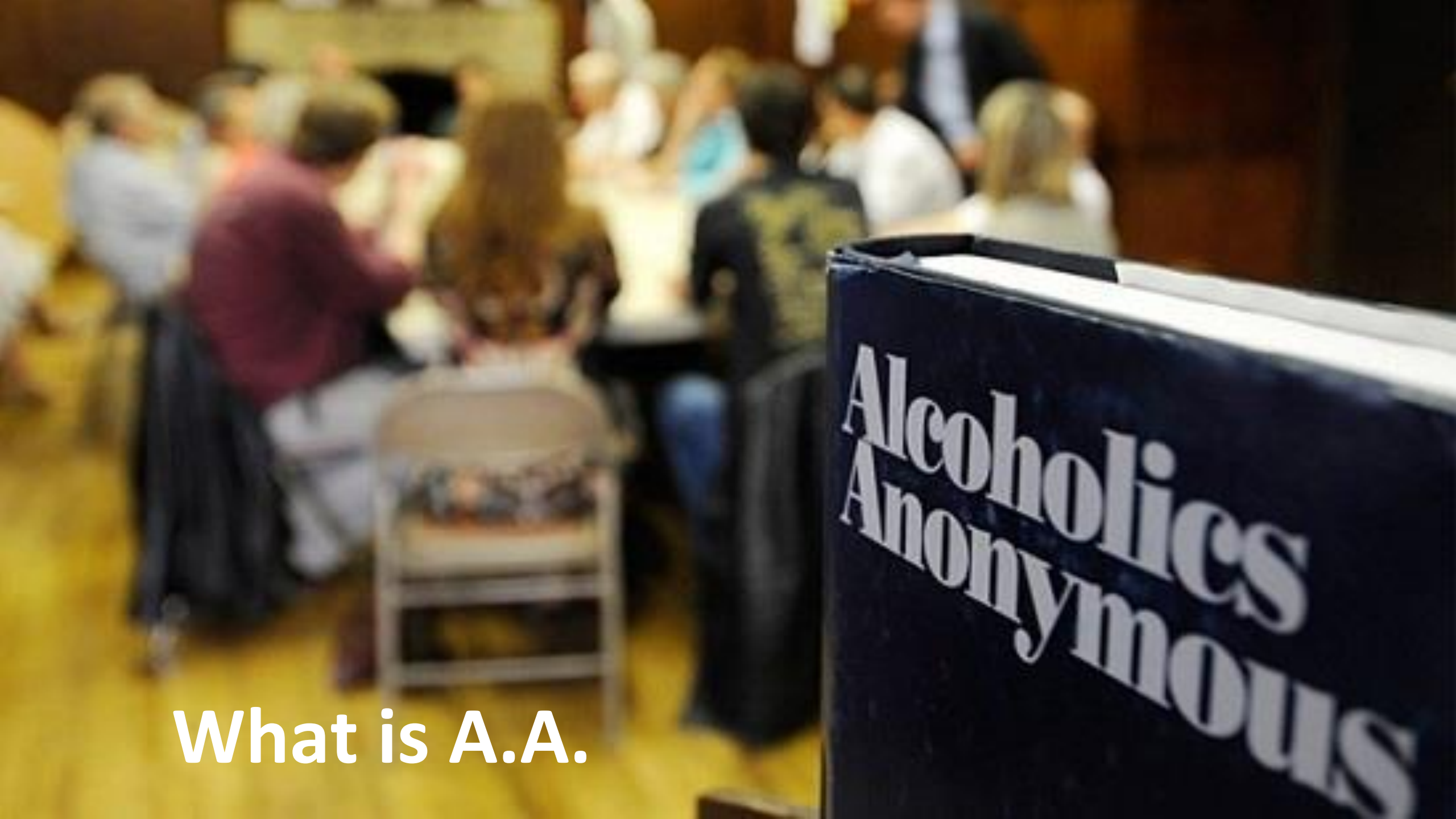
OUTLINE

- Alcoholism
- What is A.A. and it's history?
- How does A.A. work
- What does A.A. do?
- What does A.A. NOT do?
- Singleness of purpose and problems other than alcohol
- Professionals and 2014 A.A. membership survey
- How medical professionals can help alcoholics?
- A.A. peer support in hospitals

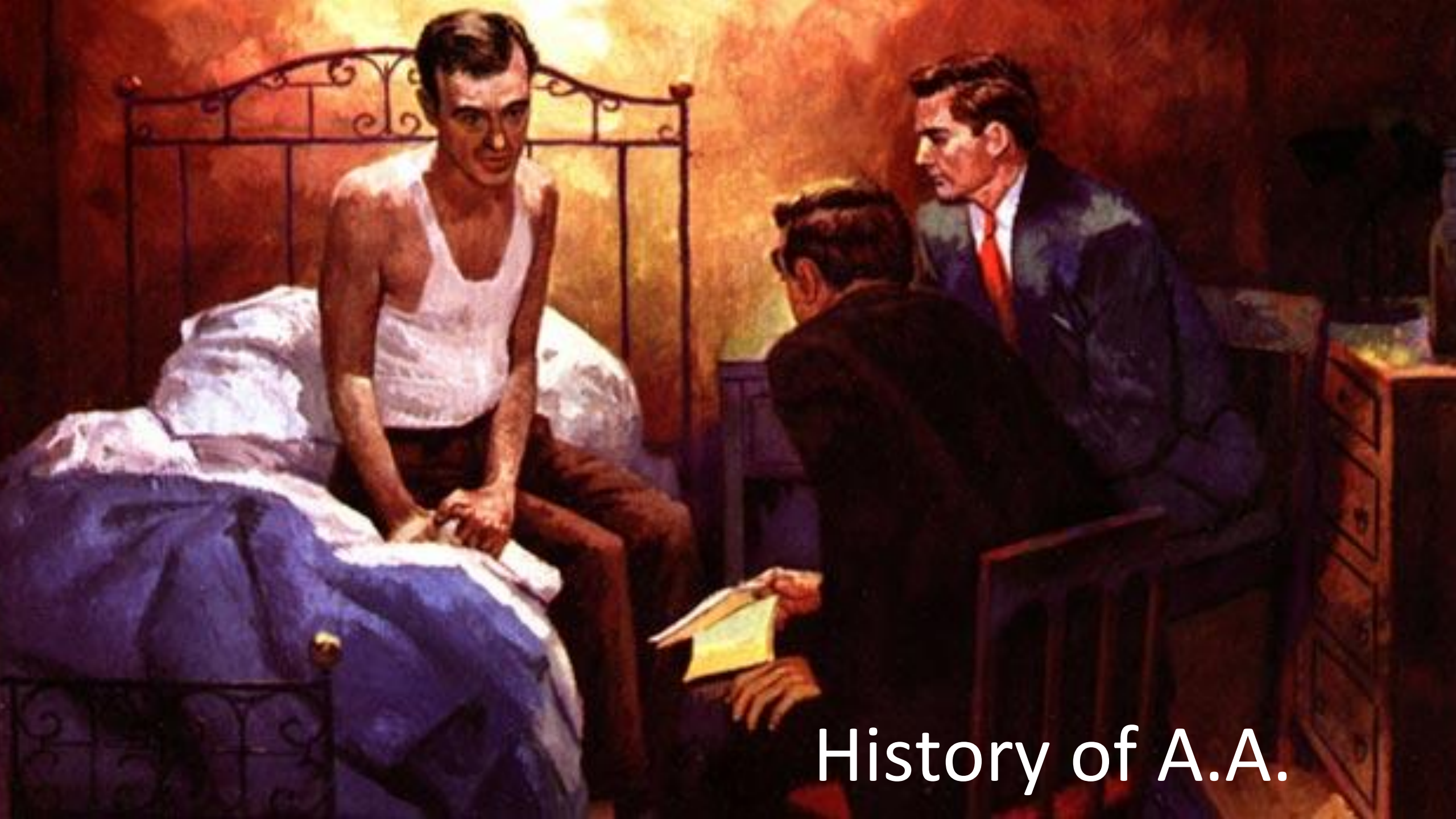
The Alcoholic's resistance to help can be frustrating

- The biggest obstacle to the Alcoholic's chance to get well is their inability to admit they have a problem
- Rationalization and denial are symptoms of the alcoholic's illness
- Most alcoholics will resist any suggestion that alcoholism is involved
- Often the Alcoholic will not be willing to try A.A.
- A.A. members are particularly suited to help others break through denial

THERE IS HOPE



What is A.A.



History of A.A.

How Does A.A. Work

- A way to stop drinking and stay stopped
- A.A.'s suggested Twelve Steps are the program of recovery
- The Steps are based on the experience of early A.A. members
- A.A. is spiritual, not religious

What Does A.A. Do?

- Offers a Twelve Step program of recovery
- Groups put on A.A. meetings
- A.A. members share their experience
- Local committees carry the A.A. message

What Does A.A. Not Do?

- Furnish initial motivation for alcoholics to recover
- Solicit members or keep attendance records/case histories
- Make medical diagnoses
- Offer religious services
- Accept any money or services, or any contributions from non-AA sources

Singleness of Purpose

- A.A.'s focus is on recovery from alcoholism
- Anyone may observe open meetings
- Closed meetings are for those with a drinking problem
- People with problems other than alcoholism are able to become A.A. members if they also have a drinking problem
- A.A. members bring meetings into correctional and treatment facilities

A.A.'s Spirit of Service



Why knowledge about alcoholism and A.A. is important to medical professionals

- According to the NCADD¹, there are 17.6 million people in the U.S. suffering from alcoholism
- A.A. estimates² to have ~2 million members in the U.S. and Canada
- Millions more sick alcoholics are still out there, suffering....

¹ A.A. has no affiliation with the National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

² A.A. does not keep membership records. The information shown here is based on reports given by groups and does not represent an actual count of those who consider themselves A.A. members.

ALCOHOLICS ANONYMOUS

2014 MEMBERSHIP SURVEY



AGE OF MEMBERS



Average Age of Members is **50** Years.

MARITAL STATUS OF MEMBERS

Married/ Life Partner	Single	Divorced	Other
41%	32%	21%	6%

GROUP MEMBERSHIP



86% of the members belong to a home group.

LENGTH OF SOBRIETY (YEARS)



The average length of members sobriety is almost ten years.



Members attend an average of **2.5 A.A. meetings** per week.

MEETING ATTENDANCE

INTRODUCTION TO A.A.*

Through an A.A. member	32%
Treatment facility	32%
Self-motivated	30%
Family	27%
Judicial System	12%
Counselor/Mental Health Professional	13%
Medical Professional	4%
Employer or fellow worker	4%
Non-A.A. friend or neighbor	3%
Correctional facility	2%
Al-Anon or Alateen member	2%
A.A. literature	2%
Newspaper/magazine/radio/TV	1%
Member of clergy	1%
Internet	1%
Other	6%



RELATIONSHIP WITH HEALTH CARE PROFESSIONALS

75% of members' doctors know they are in A.A.
57% of members said they were referred to A.A. by a counselor, medical or mental health professional.

SPONSORSHIP

82% of members have a sponsor.
74% got a sponsor within 90 days.



* These numbers do not add up to 100% because respondents were allowed to select more than one.

ADDITIONAL HELP . . .



BEFORE coming to A.A., **59%** of the members received some type of treatment or counseling (such as medical, psychological, spiritual, etc.) related to their drinking.

74% of those members who received treatment or counseling said it played an important part in directing them to A.A.

AFTER coming to A.A., **58%** of the members received some type of treatment or counseling (such as medical, psychological, spiritual, etc.) related to their drinking.

84% of those members who received treatment or counseling said it played an important part in their recovery from alcoholism.

MEMBERS OCCUPATIONS

19%	Retired
11%	Other (including self-employed)
8%	Unemployed
10%	Manager / Administrator
9%	Professional / Technical
7%	Skilled trade
5%	Disabled (not working)
6%	Health professional
5%	Laborer
4%	Sales worker
4%	Educator
2%	Student
4%	Service worker
2%	Clerical worker
2%	Homemaker
1%	Transportation
1%	Craft worker

How medical professionals can help?

- Be honest and empathetic with the alcoholic patient
- Make it clear that she has a progressive and often fatal illness, and that she can't get well by herself, and she needs a lot of help
- At this stage, the main objective is that the alcoholic recognize that they have a problem. When the alcoholic accepts that they have a problem, the battle is half won
- Provide information about A.A. to the alcoholic patient

¹ From the A.A. 2014 Membership Survey

A.A. Peer Support in Hospitals

- **Peer Support:** A.A. volunteers visit the patient in the hospital at their bedside
- **Bridge:** A.A. volunteers take patients to meetings upon discharge
- **Training:** A.A. volunteers provide information about A.A. to Hospital professionals

Peer Support Visit Process

- After a patient has been identified with an Alcohol Use Disorder(AUD), the patient is asked if they would like a peer support visit from members of Alcoholics Anonymous.
- If patients agrees, they sign an ROI
- Hospital staff emails A.A. with patient: *name, sex, location, phone number.*
- Within 3-4 hours, 2 A.A. volunteers (same sex as patient) arrive to hospital and check in with the nurse station before entering the patients room.
- The visit with the patient is confidential and like a very small meeting of Alcoholics Anonymous. If the patient is interested in additional help from A.A., a bridge is offered.

Hospital Process

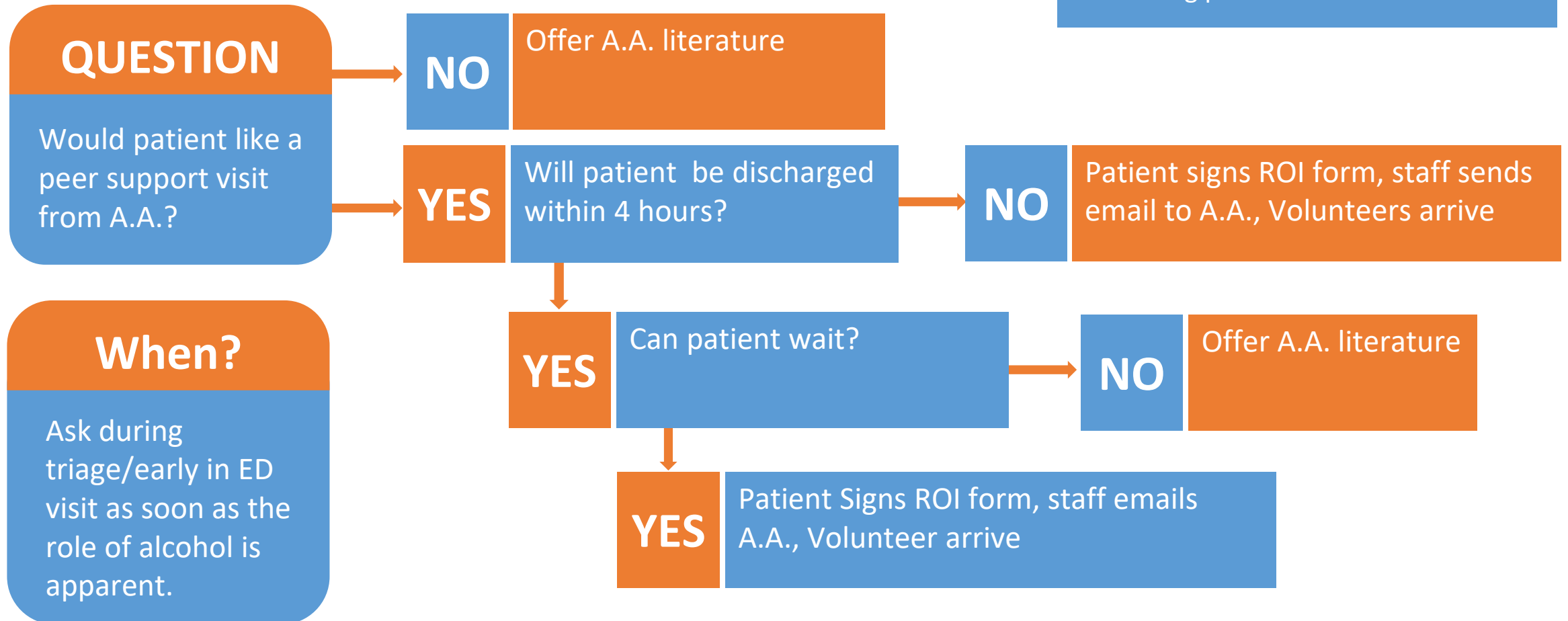
A.A. volunteers try to arrive within 4 hours of receiving the email request.

Email to A.A.

Email: [hospital specific email address]

Subject: "A.A. Peer Visit"

Content: Patient Name, Sex, Location, Phone Number for patient after release or meeting place if homeless



Bridge

A Bridge is when A.A. volunteers help a patient get to A.A. meetings upon their discharge from the hospital. Prior to the patient being discharged from the hospital, the Bridge is arranged by the A.A. volunteers who met the patient at hospital and A.A. members in the local community to where the patient lives.

Hospital Professionals

- Professionals meet alcoholic patients in recovery.
- Social workers, doctors, nurses, councilors, ER teams, residents, medical students, patient coordinators, and more.
- Meetings are typically one hour with two to three A.A. members sharing what A.A. is and how it works and how their recovery from alcoholism was helped by medical professionals.
- We also explain the peer support program process and answer questions.
- The main objective of these training sessions is to help medical staff feel more comfortable talking to patients about their drinking and to recommend an A.A. peer support visit during their hospitalization.

Hospitals Currently in Cooperation with A.A. in Western Washington

- Virginia Mason – Seattle
- Overlake – Bellevue
- Peace Health – Kelso/Longview
- CHI Franciscan Network – Western Washington
- MultiCare Network – Western Washington
- Swedish Network – Seattle

Get more information about A.A.

- Maintain contact with the local A.A. community
- Attend an open A.A. meeting
- Read A.A. literature directed to professionals
- Subscribe to the About A.A. newsletter for professionals:
http://www.aa.org/pages/en_US/subscribe-to-about-aa-newsletter-for-professionals

Alcoholics Anonymous

Thank You!

www.aa.org