

Area 53

Treatment Facilities Committee



Policies & Procedures Manual

“Our Collective Conscience”

2021

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Area 53 Treatment Facilities Committee Purpose Statement

The primary purpose of the Area 53 Treatment Facilities Committee is to carry the message of Alcoholics Anonymous to the alcoholic who still suffers, specifically the alcoholic in a treatment facility, outpatient treatment setting, and transitional housing setting. Our intention is to simplify and unify the procedures for those who are interested in this type of Twelfth Step work. The activities of this committee are governed by the Twelve Traditions and based on the spiritual principles embodied within the Twelve Concepts of Alcoholics Anonymous.

Because our public relations policy is one of attraction rather than promotion, we serve in these facilities at the invitation of the administration, ever conscious of the admonition “**cooperation not affiliation.**”

Our committee is organized to avoid confusion and duplication of effort within Area 53. We are a Standing General Service Committee directly responsible to those we serve; the most important being:

1. To the patient or client within a facility
2. To the facility: courteous acceptance of and compliance with its guidelines
3. To the AA Fellowship of Area 53 which funds our activities:
 - To always be open and accountable to our Fellowship
 - By conducting ourselves in a manner above reproach, to ensure we will not say or do anything that will reflect unfavorably upon A.A. as a whole

Some AA members may be apprehensive about doing this kind of Twelfth Stepping. If they follow the suggestions of the Treatment Facilities Committee and stick to the basics of the A.A. program, their efforts will be successful and rewarding. To quote Chapter 7, page 89 of our Basic Text: “Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail Carry this message to other alcoholics! You can help when no one else can. You can secure their confidence where others fail.”

Carrying the message to alcoholics in treatment facilities is basic Twelfth Step work — sharing experience, strength, and hope — giving it away in order to keep it!

This statement is derived in part from the AA Treatment Committee Workbook (https://www.aa.org/assets/en_US/m-40i_TFWorkbook.pdf) and the Northern California Hospitals & Institutions Committee of Alcoholics Anonymous (<https://www.handinorcal.org/files/2020%20Policy%20Manual%20Sec%201%20Eng%20Final.pdf>)

Introduction

This document serves as the operating manual for the Area 53 Treatment Facilities Committee. The guidelines in this manual are a culmination of the informed group conscience of A.A. members of Area 53 and derive from personal experience, A.A. Guidelines on Treatment Committees, the A.A. Treatment Committee Workbook, and policies manuals of other A.A. Areas.

Due to an abundance of need for carrying the A.A. message in treatment settings in Central and Southeast Ohio, the committee agreed in March 2021 that an operating manual could serve as the backbone for implementing processes that could unify efforts and increase cooperation within Area 53. This we believe would ultimately increase our ability to carry the message to the alcoholic who still suffers.

According to Area 53 Guidelines, approved by the Area 53 General Assembly, the primary duties delegated to this committee are:

- a) Shall establish good cooperation between A.A. and treatment facilities in Area 53.
- b) Shall provide information about A.A. to patients in Area treatment facilities.
- c) Shall assist in the organization of treatment facilities meetings.

As of 2021, the vast majority of A.A. meetings held in treatment settings in Area 53 are facilitated by individual A.A. members and groups. Experience has taught us that duplication of efforts and miscommunication have negatively impacted the reputation of A.A. among some treatment facilities. This committee aims to unify the Area to share the message of A.A. to suffering men and women in treatment settings.

The flow of this manual has been designed to create a template for conducting trainings, orientations, and workshops which typically fall into the following categories:

- **Meeting Sponsor Orientations:** Often held monthly at a regular time and place, whose main purpose is to provide the information necessary for volunteers to fill open positions in facilities within the Area, as well as to provide volunteers with an opportunity to sign up for such positions.
- **Literature Request Orientations:** For A.A. members or groups who already bring a meeting into a treatment setting and would like literature support from Area 53. To request literature from the Area, A.A. members must become an official Meeting Sponsor by attending at least one Literature Request Orientation or Meeting Sponsor Orientation.
- **Information Workshops:** Often held in conjunction with other standing committees or Districts, where the main purpose is to stimulate interest in our committee and inform members of the local Fellowship where and how to get further involved. Actual orientations for volunteers may also be held in conjunction with these workshops, if circumstances allow.

Funding

The Area 53 Treatment Facilities Committee has several sources of funding. Because The Treatment Facilities Committee is an Area 53 Standing General Service Committee, a set amount of funds are delegated to the committee through the Area 53 General Assembly, which are gathered via group 7th tradition contributions to Area 53.

The committee also gathers contributions of individuals A.A. members and A.A. groups. These funds are sometimes gathered in designated “Treatment Cans” which can be acquired directly from the Treatment Facilities Committee. In the spirit of transparency, funds collected in the Area 53 “Treatment Cans” are “*dedicated funds*” for the Treatment Facilities Committee given by group members for the purpose of supplying literature to alcoholics in facilities served by this committee.

If it comes to the attention of the Treatment Facilities Committee that an A.A. group is not using the Treatment Can for the above purpose, a member of the committee should contact the group and encourage them to do so.

In lieu of a Treatment Can, some groups opt to contribute a certain percentage of their funds to the Treatment Facilities Committee. Each group may decide for themselves how or if they contribute through a group conscience decision.

The last source of funding is through occasional committee events and fundraisers.

All use of funds are established through an informed group conscience of the Treatment Facilities Committee. In the spirit of openness and accountability to all A.A. members of Area 53, the committee shall provide regular Treasurer Reports specifying the use of committee funds, which can be found on the Area 53 website.

To make a contribution to the Area 53 Treatment Facilities Committee:

- By mail: **PO Box 82431, Columbus, OH 43202**
- In-person: Funds may be contributed in-person at Treatment Facility Committee meetings. Funds should be given to the Treasurer. The current committee treasurer can be found on the Area 53 website.

Communication

Because we serve a sensitive population, clear and open communications among all facets of the Area 53 Treatment Facilities Committee is essential. Many negative situations can be avoided or resolved by responsibly informing our fellow committee members of any potential problems in a timely manner. Our obligations include:

- **Meeting Sponsors:** keeping your Facility Coordinator informed of any meeting problems or issues in the facility you serve
- **Facility Coordinators:** keeping your Regional Coordinator informed on any reported or potential problems, as well as informing your meetings sponsors on any change in conditions at the facility
- **Regional Coordinator:** keeping the Committee Chair informed of any problems and ensuring that the Area 53 Treatment Facilities Committee is aware of situations which could affect other Districts or the Area as a whole

Effective and consistent communication is essential in developing cooperative relationships with treatment facilities. Communicating effectively is a major part of everyone's responsibilities, as a failure to do so can ultimately affect the alcoholic in a treatment setting and A.A. as a whole. This is especially true when we rotate out of a position or meeting commitment. We ought to do all we can to ensure that we give the incoming Trusted Servant the benefits of our experience with a thorough "pass it on".

General Guidelines For Conducting Meetings in Facilities

The following guidelines for briefing speakers and conducting meetings are the policies and procedures of this committee based on that which experience has taught us - THEY ARE NOT PERSONAL OPINIONS. Many of these suggestions come as a result of our own experience in this type of Twelfth Step work and are combined with suggestions from facility staff members, other A.A. Areas, A.A. Treatment Guidelines, and The Twelve Traditions. **All volunteers and guest speakers wishing to accept an Area 53 Treatment commitment should be willing to comply with these suggestions.** Individual District Committees may adopt additional policies as long as they do not conflict with the policies and procedures of this manual.

1. Any Meeting Sponsor who resumes drinking automatically resigns their position, and may be re-appointed only when they have again qualified with minimum sobriety requirements (6 months current and continuous sobriety and have worked all 12 Steps).
2. Members will not return to any facility at which they were patients or clients for at least six months after their release from that facility. Exceptions to this will be considered with approval of both facility administration and Facility Coordinator.
3. It is suggested that the total number of guest speakers in a given facility meeting, including the Meeting Sponsor, should include two to four AA members. Drunkalogues are not a sufficient message of A.A. Speakers should include our common solution as well as our common problem.
4. No individual members should accept appointments with doctors or staff members of a hospital or institution to discuss procedural problems. If such a question arises, it should be referred through proper channels (See Organizational Structure).
5. Visiting treatment facilities is a **privilege** extended to us. We do not serve as a go-between for someone on the inside to someone on the outside. **THERE IS TO BE NO VERBAL OR WRITTEN COMMUNICATION EXCHANGED.** If anyone violates the rules or regulations set by the administration, our privileges could be revoked.
6. Before providing phone numbers to patients or clients, obtain permission from the facility administration. We do not engage in activities which could be perceived by the administration as overfamiliarity.
7. Any Area 53 Treatment Committee member who is currently employed at, volunteers at, or serves in any capacity at a specific institution, shall not serve as a Meeting Sponsor or guest speaker at that institution.
8. Patients or clients might approach Meeting Sponsors for support of their opinions of staff or facility policy. We have no basis for criticism and should NOT express any opinion of treatment, treatment methods, medications, treatment administration or staff. No member shall interfere or use any influence in any institution. Our only goal is to carry the

message of Alcoholics Anonymous through our personal experience working the Twelve Steps. It should always be remembered that AA has no opinion on outside issues.

9. In keeping with A.A.'s primary purpose and to avoid confusion with other Twelve Step programs, members of this Committee shall refer to themselves only as alcoholics and adhere to our singleness of purpose when carrying the A.A. message into a facility, as well as at any meetings or functions of the Committee.
10. Since each of us who participates is automatically a representative of A.A. we will dress accordingly. This means:
 - a. Clothing should be neat and clean, keeping with the restrictions as outlined by the facility
 - b. No revealing clothing (transparent blouses, short bottoms, sleeveless tops, excessively torn or shabby clothing, etc.)
 - c. Except for unavoidable manufacturer's marks, no product advertising for alcohol, tobacco, clubs, sports logos, political positions or affiliations, religious affiliations, twelve-step programs, gangs, etc.
11. In addition to being fully aware and compliant with all regulations and recommendations themselves, Meeting Sponsors must brief guest speakers on basic rule requirements of the facility as well as Area 53 Guidelines prior to attendance at treatment meetings. Guest speakers may face some additional screening upon entering the facility.
12. Meeting Sponsors should be aware of and adhere to facility policy in regards to items that may be considered contraband (cell phones, pocket knives, etc.).
13. Inappropriate mingling and overfamiliarity with the patients or clients is not allowed.
14. Lewd, obscene, profane, and other offensive language will not be tolerated in any facility. The facility host can clarify or advise on matters not otherwise clearly outlined.
15. Literature purchased by this committee is for the use of the Meeting Sponsors who bring meetings to the alcoholic in a treatment setting. It is not to be given away to the treatment facilities themselves, unless pre-authorized by the Committee Chair. Additionally, no literature purchased by this committee, including Grapevines, is to be given to any persons other than the alcoholic in a treatment setting.
16. Meetings conducted in treatment facilities are not open to the general fellowship.

Your participation in bringing meetings to treatment settings is a most helpful contribution to carrying the message of Alcoholics Anonymous. To avoid oversights and confusion, if you are unable to keep your commitment as scheduled on a given day, it is your responsibility to notify your Facility Coordinator or Treatment Facilities Committee Chair with sufficient notice. If you are not able to continue your commitment, please notify your Facility Coordinator or Chair as soon as possible to avoid a gap in meetings. This maintains our relationships with the suffering alcoholic and the treatment facilities, and protects the reputation of A.A. as a whole.

Treatment Facilities Committee Organizational Structure

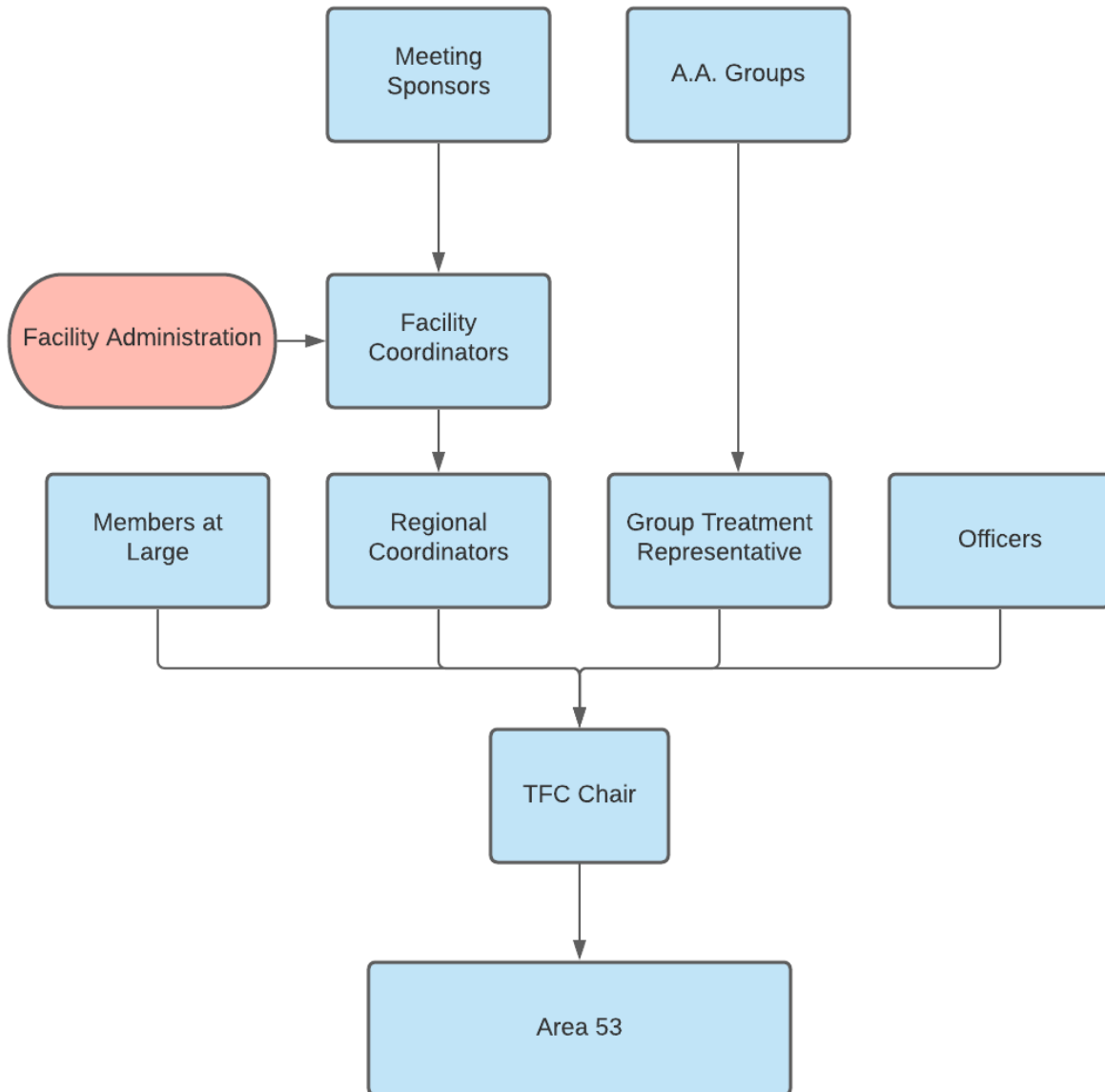
The Area 53 Treatment Facilities Committee fully realizes, because of limited personnel in some regions, it is not always possible to adhere to the following summation of area structure, but it strongly urges every effort to observe these roles to avoid confusion within Area 53 and to ensure ideal functioning of the committee.

Treatment Facilities Committee Position List

Depending on availability of interested personnel, the following positions are preferred for proper committee operation:

- **Meeting Sponsors**
- **Facility Coordinators**
- **Regional Coordinators**
- **Group Treatment Representatives (GTR)**
- **Bridging The Gap Coordinator**
- **Secretary**
- **Treasurer**
- **Materials Coordinator**
- **Information Coordinator**
- **Chair / Co-Chair**

Committee Organizational Structure Chart



Role Descriptions & Requirements

Meeting Sponsor: A person responsible for carrying the meeting into the facility, with a partner or guest speaker, usually once a week at a set time and day of the week. Meeting Sponsors are supplied with materials and literature to support the meeting. Meeting Sponsors are responsible for being in communication with their assigned Facility Coordinator and Facility Administration.

- **Term:** Indefinite Commitment
- **Qualifications:** It is recommended that a Meeting Sponsor have at least six months of current and continuous sobriety and has worked all Twelve Steps. Specific facilities may have higher sobriety requirements for Meeting Sponsors. Facility guidelines will be honored in these cases.
- **Responsibilities:**
 - Conducts the A.A. meeting in a specific facility, at the set date and time. In some cases, the Meeting Sponsor will bring in a guest speaker who has worked all Twelve Steps.
 - In the event that the Meeting Sponsor is unable to attend the scheduled meeting, is responsible for finding a substitute. The Meeting Sponsor will communicate with Facility Coordinator and Facility Administration at least one week prior to the substitution.
 - Has a full, working knowledge of the rules governing the specific facility regarding visitors and should be thoroughly familiar with the guidelines of this committee. Meeting Sponsors will thoroughly inform guest speakers of facility rules. If there is any reason why a particular guest speaker or substitute Meeting Sponsor should not enter the facility, the Meeting Sponsor will inquire and report to their Facility Coordinator.
 - Ensures that Treatment Facilities Committee literature is available for the meeting.
 - Does not replace him/herself for their indefinite commitment, but may suggest a replacement to their Facility Coordinator.

Facility Coordinator: A person responsible for oversight of all meetings in a particular facility. This person is selected by and responsible to the Regional Facility Coordinator. This person is responsible for communication with Meeting Sponsors and Facility Administration.

- **Term:** Indefinite Commitment
- **Qualifications:** It is suggested that the coordinator have three years of current and continuous sobriety, including one year of committee activity.
- **Responsibilities:**
 - Is directly responsible to the Regional Facility Coordinator for all volunteers who go into the facility and for each meeting being properly and adequately covered.

- Where/when necessary, conducts Individual Orientations to train new Meeting Sponsors to fill open positions.
- Maintains Volunteer List for all meetings, filling openings and replacing Meeting Sponsors as needed.
- Regularly provides Volunteer List updates to Regional Facility Coordinator and the committee, preferably by digital copy.
- Informs Regional Facility Coordinator of any problems - real, imagined, or potential - in a timely fashion.
- Attends area Treatment Facilities Committee meetings and provides a written report of progress to their Regional Coordinator.
- For facilities that require additional requirements or clearance, provides information and forms to Meeting Sponsors and Facility Administration.
- Serves as a main point of contact with Facility Administration.
- Ensures that adequate Treatment Facilities Committee literature is available for all meetings in their assigned facility. Collaborates with Materials Coordinator to fulfill literature and material requests from Meeting Sponsors.
- Does not replace him/herself, but may suggest a replacement to their Regional Facility Chair.

Regional Facility Coordinator: A person responsible for the oversight of all Facility Coordinators in their designated region. This person is elected by and responsible to the Area 53 Treatment Facilities Committee. This person is responsible for communication between Facility Coordinators and the Area 53 Treatment Committee.

- **Term:** Two years.
- **Qualifications:** It is suggested that the Regional Facility Coordinator have three years of current and continuous sobriety, including one year of active committee activity.
- **Responsibilities:**
 - Is directly responsible to the Treatment Facilities Committee for all Facility Coordinators in their designated region.
 - Ensures all facilities in their region are being served appropriately.
 - Engages new facilities in their designated region. Conducts needs assessments and delegates each facility to a Facility Coordinator.
 - Assists in maintenance and upkeep of Volunteer List for each Facility Coordinator.
 - Serves as a main point of contact for Facility Coordinators.
 - Reports to Area 53 Treatment Facilities Committee on status of Facility Coordinator openings, Meeting Sponsor openings, and other updates as necessary.

Group Treatment Representative (GTR): A person who is elected by a group conscience of the A.A. group they are representing. This position can be held in addition to other Treatment Facilities Committee (TFC) positions and is encouraged as an adjunct to these positions. The GTR is the means whereby our Committee operates fully in accordance with the Second and Ninth traditions of A.A., ensuring that our authority ultimately comes from God as expressed through the group consciences of Area 53.

- **Term:** May vary based on local group conscience.
- **Qualifications:** May vary based on local group conscience.
- **Responsibilities:**
 - Attends the monthly Area 53 Treatment Facilities Committee meeting to bring their Home Group conscience and questions to the Area Committee.
 - Attends Home Group's business meeting as the Area 53 Group Treatment Representative, reporting on TFC activities and needs, presenting the TFC financial statements and gathering questions and concerns to bring back to the Area Committee at the monthly meeting.
 - Makes brief regular announcements to Home Group regarding the need for TFC volunteers, announcing any upcoming TFC activities and generally being available as a TFC resource point for group members.
 - Has available information about current TFC openings.
 - Encourages awareness and proper use of the Treatment Can:
 - Ensures properly labeled cans are available at every meeting of their home group
 - Always removes Treatment Cans from Seventh Tradition basket
 - Encourages the group's Treasurer to send regular collections to address on Treatment Can, noting Group Name on the check

Secretary: Records and compiles minutes from Area 53 TFC business meetings, keeps area lists and other records as decided by the Area 53 TFC. Sends committee minutes to Area 53 Web Admin to be posted on Area 53 website.

- **Term:** Two years. May succeed themselves once.
- **Qualifications:** At least two years of current and continuous sobriety.

Treasurer: Collects Seventh Tradition funds at monthly meetings. Pays for authorized Area expenses for rent, printing, literature, etc. Keeps record of financial activity of the TFC. Regularly provides a report and copy to the TFC. Provides Area 53 Web Admin copies of Treasurer reports to be posted on Area 53 Website.

- **Term:** Two years. May succeed themselves once.
- **Qualifications:** At least two years of current and continuous sobriety.

Materials Coordinator: With approval of TFC group conscience, orders, stamps, stores and distributes literature, coins, laminated copies of Twelve Steps, Twelve Traditions, and meeting formats to Meeting Sponsors. Materials Coordinator will also order, stamp, store, and distribute Treatment Cans to local groups. Maintains adequate inventory of these items as determined by group conscience.

- **Term:** Two years. May succeed themselves once.
- **Qualifications:** At least two years of current and continuous sobriety.

Bridging The Gap Coordinator: Monitors the Bridging The Gap sign-up email account, contacts AA members who sign up to be volunteer Temporary Contacts and explains the program, ensures Facility Coordinators have Bridging The Gap sign-up materials for patients/clients of the facilities they serve, assists in the facilitation of workshops and Bridging The Gap orientations, assigns patients/clients a Temporary Contact from the Temporary Contact list or delegates these duties to Regional Coordinators when appropriate.

- **Term:** Two years. May succeed themselves once.
- **Qualifications:** At least two years of current and continuous sobriety.

Information Coordinator: Responsible for communicating with all DCMs in our Area regarding the Committee. Relays activities of the Committee to DCMs as to inform the members of their respective districts. May need to meet with districts in person, through digital means, or by phone. This person is chiefly responsible for raising awareness of the Committee among districts in Area 53.

- **Term:** Two years
- **Qualifications:** An active member of the TFC, at least 1 year of continuous sobriety, completed the 12 steps of Alcoholics Anonymous.
- **Responsibilities:**
 - Contact all DCMs in Area 53 to raise awareness of the TFC
 - Communicates importance of the TFC to districts
 - Arrange meetings with interested DCMs, attend district meetings, offer workshops for interested districts

Chair / Co-Chair: This person is elected by the Area 53 TFC members and has an overall responsibility for all TFC operations in Area 53. The Chair facilitates all Area 53 TFC meetings and reports TFC activity to the quarterly Area 53 General Assembly. The TFC Chair also serves as a committee member of the Area 53 Assembly.

- **Term:** Two years.
- **Qualifications:** At least three years of current and continuous sobriety. It is recommended that the Chair have at least one year of active committee participation and have a firsthand knowledge of the functioning of the committee.

- **Responsibilities:**

- Serves as a filter for local issues and engages in limited public relations involving TFC within Area 53.
- Maintains effective communication and relations with other Standing Committees of Area 53.
- Designates responsibility in order that all meetings at facilities in the area are covered.
- Ensures that all committee officer positions are adequately filled.
- Conducts regularly scheduled area meetings, conducts or delegates to be conducted workshops and/or orientations.
- Provides Area Group Treatment Representatives with timely information for their groups.
- Ensures the Treatment Facilities Committee page on the Area 53 website is accurate and up to date with pertinent committee information.

How To Start a Treatment Facility Meeting

As stated in our Purpose Statement, the first prerequisite to starting a Treatment Facilities Committee meeting in a facility is an invitation from the facility. An invitation to start an A.A. meeting should not be accepted until it has been considered and evaluated at the Area Treatment Committee Facilities level. Among the questions to consider:

1. Will the A.A. meeting be one where the ONLY purpose is for A.A. members to carry the message of A.A. to the alcoholic in a treatment facility?
2. Has the host facility committed itself to providing adequate space, and if required, supervision?
3. Can the Area Committee support the meeting with a Facility Coordinator and a Meeting Sponsor?

If the consensus of the TFC is that the proposed meeting can be supported and maintained, the following steps should be taken:

1. A Facility Coordinator is selected by the appropriate Regional Coordinator.
2. The Facility Coordinator visits the facility and coordinates the time, date, and place of the meetings.
3. The meeting volunteers are selected.
4. The Facility Coordinator completes a facility schedule form (roster) and provides a copy to each Meeting Volunteer, the Regional Coordinator, and the Committee.

The Facility Coordinator and Meeting Sponsors are the most qualified to conduct a productive A.A. meeting for the following reasons:

1. They are more knowledgeable about this Policy and Procedures Manual.
2. They are familiar with the approved A.A. literature and what is available for distribution.
3. They are better able to resolve problems in coordination with the Facility Staff.
4. They can better promote unity among the patient members.
5. They can share the experience of recovery based on the Twelve Steps.

If unforeseen circumstances evolve and outside members of A.A. are prohibited from entering a treatment facility, inside A.A. members who have worked all Twelve Steps may continue to facilitate the meeting so that the meeting will be held as scheduled.

Bridging The Gap

Bridging the Gap is a Temporary Contact Program offered by the Area 53 Treatment Facilities Committee aimed at bridging the gap between treatment settings and Alcoholics Anonymous. In order to bridge this gap, AA members volunteer to be Temporary Contacts for individuals leaving treatment settings within Area 53. To become a Temporary Contact in the Bridging the Gap program, members of Area 53 can sign up on the Treatment Facilities Committee page on Area53aa.org, in person at Treatment Facilities Committee meetings, by filling out a hard copy sign-up sheet, or by emailing BTG@Area53aa.org

Temporary Contact Basic Responsibilities

It is suggested that Temporary Contact volunteers:

- Contact the newcomer via phone call on their discharge date
- Take the newcomer to a variety of meetings
- Provides additional phone numbers of AA members as support
- Shares experience with sponsorship, the 12 Steps, and importance of a homegroup

Temporary Contact Guidelines

1. Experience suggests that it is best to be accompanied by another A.A. member when meeting the newcomer.
2. Experience also suggests that men meet with men and women meet with women.
3. The intent is to provide the newcomer with your help for a limited time. You need not have experience with treatment settings. Your qualifications are experience as an alcoholic and recovery in A.A!
4. It may be helpful for you as a temporary contact to attend Treatment workshops and attend meetings of the Treatment Facilities Committee
5. Be familiar with the paper “Information on Alcoholics Anonymous,” (F-2), particularly the section on what A.A. does and does not do.
6. In all contacts or activities with treatment settings, it is extremely important to be punctual and to look your best.
7. Review the many different meeting formats — cover the difference between open and closed A.A. meetings and accompany the newcomer to a variety of meetings. Give the newcomer an A.A. meeting schedule or suggest they use the online Meeting Guide.
8. Introduce the newcomer to A.A. Conference approved books (particularly the Big Book)
9. Explain group membership and the value of having a home group.
10. Explain sponsorship to the newcomer

Sample Meeting Format #1

Hello everyone, and welcome to the weekly meeting of the Area 53 Treatment Facilities meeting. My name is _____ and I am an alcoholic. Let's open the meeting with a moment of silence followed by the Serenity Prayer.
"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

Read A.A. Preamble. Have an inside member read "How It Works" from Chapter 5 of the A.A. Big Book (page 58-60).

Thank you for coming to the meeting - we're glad you're here. In keeping with our singleness of purpose and our Third Tradition which states "The only requirement for membership is the desire to stop drinking", we ask all who participate to confine their discussion to their problem with alcohol. Also, in keeping with our Twelfth Tradition, we ask that you respect the anonymity of those present and that all discussion held at this meeting remains confidential.

OPTIONAL: Go around the room and have members introduce themselves.

OPTIONAL: Ask for A.A. anniversaries that have occurred since the last meeting.

Introduce yourself and briefly qualify yourself for 5-10 minutes. Introduce the speaker, who qualifies for 15 minutes (speaker can be guest speaker if meeting is structured as such).

Choose a discussion topic, but since the inside members will have relatively short-term sobriety, or are entirely new to A.A., make it clear that they are also free to ask questions about A.A.

Experience shows that the following should be encouraged during the discussion:

1. Focus on the solution - sponsorship and the Twelve Steps.
2. Keep the discussion confined to what A.A. provides, and away from outside issues.
3. Side conversations and other disruptions should be discouraged as disrespectful to the person who is speaking.

OPTIONAL: After discussion, have someone read "The Ninth Step Promises" on page 83 from the A.A. Big Book -OR- "The Tenth Step Promises" on page 84-85 of the A.A. Big Book.

In closing, the Meeting Sponsor should stress the following:

1. Literature is available (provided as a gift by members of A.A.).
2. Contact with local A.A. office or A.A. member immediately upon release - hand out Bridging the Gap information and sign ups.
3. A.A. is **not**: a religious organization, an anti-alcohol movement, a social service organization, an employment agency, a loan office, or a dating service.
4. A.A. does **not**: accept outside funds, run hospitals, prescribe treatment, pay for hospitalizations of alcoholics.

Close the meeting with the We Version of the Serenity Prayer.

"God, grant us the serenity to accept the things we cannot change, the courage to change the things we can, and the wisdom to know the difference."

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.

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority -- a loving God as He may express himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose -- to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

THE TWELVE CONCEPTS FOR WORLD SERVICE

1. Final responsibility and ultimate authority for A.A. world services should always reside in the collective conscience of our whole Fellowship.
2. The General Service Conference of A.A. has become, for nearly every practical purpose, the active voice and the effective conscience of our whole Society in its world affairs.
3. To insure effective leadership, we should endow each element of A.A.— the Conference, the General Service Board and its service corporations, staff, committees, and executives—with a traditional “Right of Decision.”
4. At all responsible levels, we ought to maintain a traditional “Right of Participation,” allowing a voting representation in reasonable proportion to the responsibility that each must discharge.
5. Throughout our structure, a traditional “Right of Appeal” ought to prevail, so that minority opinion will be heard and personal grievances receive careful consideration.
6. The Conference recognizes that the chief initiative and active responsibility in most world service matters should be exercised by the trustee members of the Conference acting as the General Service Board.
7. The Charter and Bylaws of the General Service Board are legal instruments, empowering the trustees to manage and conduct world service affairs. The Conference Charter is not a legal document; it relies upon tradition and the A.A. purse for final effectiveness.
8. The trustees are the principal planners and administrators of overall policy and finance. They have custodial oversight of the separately incorporated and constantly active services, exercising this through their ability to elect all the directors of these entities.
9. Good service leadership at all levels is indispensable for our future functioning and safety. Primary world service leadership, once exercised by the founders, must necessarily be assumed by the trustees.
10. Every service responsibility should be matched by an equal service authority, with the scope of such authority well defined.
11. The trustees should always have the best possible committees, corporate service directors, executives, staff, and consultants. Composition, qualifications, induction procedures, and rights and duties will always be matters of serious concern.
12. The Conference shall observe the spirit of A.A. tradition, taking care that it never becomes the seat of perilous wealth or power; that sufficient operating funds and reserve be its prudent financial principle; that it place none of its members in a position of unqualified authority over others; that it reach all important decisions by discussion, vote, and, whenever possible, by substantial unanimity; that its actions never be personally punitive nor an incitement to public controversy; that it never perform acts of government, and that, like the Society it serves, it will always remain democratic in thought and action.

A final note on carrying the A.A. message into a treatment setting:

“The professional treatment setting is in charge of its patients or clients and is responsible for them. While we cannot compromise our A.A. Traditions, we should remember that we are there as guests of the facility, and must abide by its rules. We are there to carry the A.A. message to the newcomer, and to answer any questions regarding the A.A. program of recovery and the A.A. way of life. Statements that may be interpreted as medical or psychological diagnosis or advice on medication should be avoided. We are there only to share our experience of staying away from one drink, one day at a time, through the program of Alcoholics Anonymous.

In many cases, months of hard work have gone into establishing a relationship which enables us to be invited into a facility. A careless action could destroy that trust and interfere with carrying the message. If problems arise, inform the local service committee. They may wish to present an A.A. informational meeting.

No one speaks for A.A. as a whole. When we carry the A.A. message to those in treatment, we are just one drunk talking with another. How we look, act, and talk may be all they are going to know about Alcoholics Anonymous. Since we may be seen as part of A.A., let our new friends see, hear and talk to a winner!”

From Pamphlet P-49 “Bridging the Gap from Treatment to A.A. Through Contact Programs”.