

THE AA. MEMBER— MEDICATIONS & OTHER DRUGS

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

12
steps
to
recovery

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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**The A.A. Member —
Medications and Other Drugs**

Alcoholics Anonymous is a program for alcoholics who seek freedom from alcohol. It is not a program against drugs. However, *some* A.A. members have *misused drugs*, often as a substitute for alcohol, in such a manner as to become a threat to the achievement and maintenance of sobriety. These incidents have caused all A.A. members to be concerned with what is popularly known as the “pill problem.”

A report from a group of physicians in A.A.

Because this subject is one which goes deeply into the field of medicine, a group of physicians who are members of A.A. was asked to help prepare this pamphlet.

The experience of some A.A. members reveals that drug misuse can threaten the achievement and maintenance of sobriety.

Yet some A.A. members must take prescribed medication in order to treat certain serious medical problems.

Experience has shown that this problem can be minimized if the following suggestions are carefully heeded:

1 Remember that as a recovering alcoholic your automatic response will be to turn to chemical relief for uncomfortable feelings and to take more than the usual, prescribed amount. Look for non-chemical solutions for the aches and discomforts of everyday living.

2 Remember that the best safeguard against drug-related relapse is an active participation in the A.A. program of recovery.

3 No A.A. Member Plays Doctor.

4 Be completely honest with yourself and your physician regarding use of medication.

5 If in doubt, consult a physician with demonstrated experience in the treatment of alcoholism.

6 Be frank about your alcoholism with any physician or dentist you consult. Such confidence will be respected and is most helpful to the doctor.

7 Inform the physician at once if you experience side effects from prescribed drugs.

8 Consider consulting another doctor if a personal physician refuses or fails to recognize the peculiar susceptibility of alcoholics to sedatives, tranquilizers, and stimulants.

9 Give your doctor copies of this pamphlet.

In this pamphlet you will read some suggestions outlined by physicians, as well as the shared experience of a few A.A. members.

From the earliest days of Alcoholics Anonymous it has been clear that many alcoholics tended to become physically and/or psychologically dependent on drugs other than alcohol. There has been tragic incident after tragic incident of individuals who have struggled to achieve sobriety only to develop just as serious a problem with a different drug. Time and time again, A.A. members have described frightening and sobriety-threatening episodes.

Their experience suggests that even though barbiturates and tranquilizers (such as Librium, Valium, meprobamates, etc.) may be safe for most nonalcoholics when taken according to a doctor's instructions, they can be harmful to the alcoholic. It is often true that these substances create a dependence as devastating as dependence on alcohol.

Even many A.A.s who have taken over-the-counter nonprescription drugs, thinking them harmless, have discovered the alcoholic's tendency to become addicted again. And those A.A.s who have used street drugs, ranging from marijuana to heroin, have discovered the alcoholic's tendency to misuse. The list goes on and will lengthen as new drugs are developed.

The reasons for this tendency to become readdicted are varied. In some cases the drug acts in the same way in the body as does alcohol. This is the case with barbiturates, Valium, Librium, and other medications that act like sedatives. An alcoholic's physical system has already adjusted to the use of sedatives, and when they are used without caution destructive dependence can develop. The use of medications and drugs to relieve stress becomes an almost automatic response for many alcoholics.

**Some A.A. members share their
experiences with drugs:**

Sally's Story

“I came to see that I had been relying on tranquilizers to give me the bulwark against anxiety that most of my fellow A.A.s were finding through the Twelve Steps.”

My name is Sally, and I am an alcoholic.

When I attended my first A.A. meeting, I had many years of alcoholic drinking and several years of prescribed tranquilizers under my belt. At the first meeting, I was deeply struck by the honesty, the variety of personalities, and the individual gratitude to the A.A. program. By the end of the meeting, it was clear to me that “it can be done,” and I hopefully began my recovery in Alcoholics Anonymous.

I attended this A.A. meeting on the advice of my psychiatrist. My mental and emotional anguish was quite severe and the doctor had prescribed a tranquilizer which I was taking according to prescription. I never did adjust the dosage on my own.

One day at a time, I did not pick up the first drink. Just as other A.A.s had shared with me, life did begin to take on more meaning and I was so deeply grateful that my alcoholic drinking was behind me. I continued taking my prescribed dosage of a tranquilizer, despite the fact that I heard many A.A. members share their own terrible experiences with tranquilizers, invariably discovering that such medication led to a “slip.”

Six months into sobriety, I had a terrible day at the office and felt severely rejected in every possible way. Overwhelmed by self-pity and anxiety, I tried every conceivable means to get rid of my resentments. But I was unable to grasp any insight I had gained from therapy, nor did anything I ever heard at an A.A. meeting penetrate. At the end of the day, I found myself in the restau-

rant where I had done much of my drinking and ended up having several martinis.

The fact that I drank again was a stunning blow to me. I did not really want to drink, but I did want to relax. The next evening, at a meeting of my home group, I looked around the room and it occurred to me that everyone there was living the A.A. program in an honest fashion — everyone except me. For the first time in my life, I truly opened my mind and decided to follow suggestions. I promised myself that I would speak with my psychiatrist about discontinuing the tranquilizers, as I was convinced that somehow this medication had something to do with my relapse.

My psychiatrist was willing to cancel the prescription. During the weeks and months immediately following, I came to see that I had been relying on tranquilizers to give me the bulwark against anxiety that most of my fellow A.A.s were finding through the Twelve Steps. It was apparent to me that although I had been attending many A.A. meetings, reading the literature, and attempting to integrate the A.A. way of life in myself, my own use of tranquilizers had prevented a real surrender. Actually, I had been quite remote and isolated, attempting to control my feelings just the way I had once tried to control my drinking. Discontinuing the use of the tranquilizer was crucial in recovering from the disease of alcoholism. Through the A.A. program, I have learned to live comfortably without mood-altering medication of any kind.

Although it has not always been easy to be honest with myself, to reach out to a Higher Power, and to surrender my self-centered will, I feel I am living proof that it is worth it!

Randall's Story

“Although I had stopped drinking, I continued to use drugs and pot, ending up in a mental hospital.”

My name is Randall, and I am an alcoholic. Although I had stopped drinking, I continued to

use drugs and pot during my first eight years in A.A., ending up in a mental hospital. I've been sober and clean in Alcoholics Anonymous now for over three years, but during the first year I thought I would never be sane again. My fears were relentless, and I was sure they would never subside. But they have. I am getting better.

During the last couple of years of my drinking I had started to use drugs — LSD, mescaline, and pot. At one point, I had tried to control my drinking with drugs, but they didn't work very well or for very long. When I was 27, I went into an alcoholism rehabilitation center where the staff didn't talk much about other drugs.

After I left the rehab, I was surprised to go to an A.A. meeting and find members talking about drugs. At the first group I attended, the message was clear — don't drink and don't drug. But I was very clear about what my alcoholism meant: It meant I couldn't drink alcohol, period. Eventually, I found a group with members more sympathetic to drug use, learned to be a little less open about my drugs, and sought out other members who also liked to get "high" on drugs.

By the end of my first year in A.A., I had decided to give up hallucinogens. Every trip was a bad trip and I knew they weren't going to get any better. But I saw no reason to give up pot.

As time went by, I smoked more and I grew more distant from A.A. I quit calling my sponsor. One by one, members with whom I had been getting "high" decided to stop, and I was all alone again.

I ended up in a mental hospital. My doctor suggested that I call my old A.A. sponsor and explain what had become of me. And my sponsor gently pushed me back toward A.A.

I can see now that when I first came into A.A., the first thing I did was to start telling myself that I was different. "Maybe they can't smoke grass, but I can." "What do they know about drugs? They never use them." And slowly, but surely, the pot pulled me back into the very pit of isolation I had seen briefly beyond. Like the alcohol, which at first promised to end my isolation but ultimately turned against me, marijuana led me back into

a desolate landscape. But today, I'm no different and I'm not alone.

Today, I am grateful to be sober in A.A. and I am grateful to the members of my group, who patiently listened to me long enough for me to begin to learn that I am just like them.

Ann's Story

“I popped a sleeping pill and vividly remember feeling just as drunk as I had ever been on liquor.”

My name is Ann, and I am an alcoholic. During my drinking years, I suffered from a physical problem which had more or less prompted my addiction to prescription drugs. Although surgery had been recommended, I put it off. As my alcoholism progressed, it was impossible for me to tell where the pain of my drinking problem began and the pain from my physical problem left off.

There were times during my drinking years when I boasted of “going cold turkey,” and stopped drinking for a couple of weeks. During that time I would take my readily available pain killers — some prescribed and some over-the-counter — and take a tranquilizer to calm down. I didn't consider myself addicted to pills because my “fix” had always been half a glass of brandy!

After coming to Alcoholics Anonymous, I still needed surgery, but as I had my hands full with getting sober, I delayed any decision about that. During my first sober months, I self-righteously spoke up at meetings about turning my life and my will over to the care of God as I understood Him, and then would go to the rest room and take a pill for pain. As weeks went by, I continued to pop a little pill now and then, but I was soon to find that these little pain killers and tranquilizers were just as cunning, powerful, and baffling as the bottle had been.

One night, in deep emotional pain over a broken engagement, I popped a sleeping pill and vividly remember feeling just as drunk as I had ever been on liquor. I retreated to my apartment

where I drank lots of water and many cups of black coffee, thinking that this whole scene was just like drinking. Thank God my lesson came very early in my sobriety, and I learned once and for all that I was not capable of handling any mood-altering drug.

**— However, some alcoholics
require medication ...**

At the same time that we recognize this dangerous tendency to readdiction, we also recognize that alcoholics are not immune to other diseases. Some of us have had to cope with depressions that can be suicidal; schizophrenia that sometimes requires hospitalization; manic depression; and other mental and biological illnesses. Also among us are epileptics, members with heart trouble, cancer, allergies, hypertension, and many other serious physical conditions.

Because of the difficulties that many alcoholics have with drugs, some members have taken the position that no one in A.A. should take any medication. While this position has undoubtedly prevented relapses for some, it has meant disaster for others.

A.A. members and many of their physicians have described situations in which depressed patients have been told by A.A.s to throw away the pills, only to have depression return with all its difficulties, sometimes resulting in suicide. We have heard, too, from schizophrenics, manic depressives, epileptics, and others requiring medication that well-meaning A.A. friends often discourage them from taking prescribed medication. Unfortunately, by following a layman's advice, the sufferers find that their conditions can return with all their previous intensity. On top of that, they feel guilty because they are convinced that "A.A. is against pills."

It becomes clear that just as it is wrong to enable or support any alcoholic to become readdicted to any drug, it's equally wrong to deprive any alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems.

**Some A.A. members who
have required medication
share with us:**

Fran's Story

“Each time I abruptly stopped taking my medication my symptoms got worse and my suicidal depressions came back.”

I came into A.A. with not only an alcohol problem, but also with a depression. Originally I had started drinking to remedy my depression, but when drinking stopped working I went to a psychiatrist who treated me with an antidepressant and a tranquilizer. With my depression under control, I was totally shocked at my first A.A. meeting when one of the first questions I was asked was, “Are you taking any pills?”

Because people in the A.A. program now knew I was taking “pills,” there was constant harassment from that day on to “stop using a crutch,” to “get honest” with myself, and to “get away from the shrink — A.A. is all you need.”

Knowing my reputation as a “pill head,” I vacillated back and forth for three years, until one afternoon I just stopped taking *all* pills. Within 24 hours I went on a trip that I wasn't too sure I would ever return from — a trip of hallucinations, paranoia, excessive fear, depersonalization, and obsessions. When this happened, I went into a rehab.

In the months that followed, I was hospitalized many times. Doctors disagreed among themselves about my diagnosis, and my problems in my A.A. group resumed because of all the “medical advice” I was receiving from other A.A.s. Constantly, I had to choose between my doctors and A.A., and I chose A.A. time after time. Each time I abruptly stopped taking my medication my symptoms got worse and my suicidal depressions came back.

Following a suicide attempt and another hospitalization, I contacted yet another physician, who diagnosed me as a manic depressive and prescribed lithium. Even though I had known

something was wrong with me since I was a teenager, manic depression was a total shock. I now understand, however, that it's just another disease and there are meetings for manic depression in my community.

Today I have an entirely different attitude about taking medication. I have only one judge, my Higher Power, and it really doesn't matter who knows that I take lithium for my disease. I am aware that some people still talk about my being "on something," but that's okay.

I stay sober today with the help of a home group, with Step and discussion meetings, with meetings for alcoholics on medication and, most important, with my Higher Power.

Julie's Story

“Certainly, the decision to take medication should be made primarily between a doctor who is informed about alcoholism and a patient who is informed about the medication.”

My name is Julie, and I am an alcoholic. After fourteen years of sobriety in A.A., I am under a physician's care for severe depression and am taking an antidepressant medication, as prescribed.

When I first came to A.A., the main thing I had to deal with, of course, was my alcoholism, and that is what I did. I became active in my home group, got a wonderful sponsor, and began using the Twelve Steps in my life right away. One of the first things that I learned in A.A. was that I had to separate my problems, which was a good thing to learn because I had a lot of them on my mind.

Eventually it became clear to me that there were many things that I had to face, including the ramifications of the severe abuse I had suffered as a child. So I went into therapy and started working on these problems. When I became suicidal my therapist suggested medication to help me cope with severe depression. Unfortunately my first consultation was with a doctor who did not know anything about alcoholism. I obtained a

prescription for what I thought was an antidepressant but later learned was a tranquilizer. I took the pill and immediately wanted to take another. I had to be honest. I debated with myself for about an hour before I finally threw the pills away.

I then requested a second opinion from a physician who had been the head of an alcoholism rehabilitation center. She knew much more about alcoholism from a medical point of view than I, and she prescribed the antidepressant I am now taking.

During all this time, of course, I have been close to the A.A. program and am being as honest with myself as possible about the medication. The medication has enabled me to continue working on the root causes of my problems, and I know that this work is essential to my staying sober.

I think it is very important for anyone in the program who is considering taking medication to get as much information as possible before taking it. Certainly, the decision to take medication should be made primarily between a doctor who is informed about alcoholism and a patient who is informed about the medication.

Barry's Story

“I had to trust my doctors with my medical problems — not blindly, but with a regular review of my healing program and medical needs.”

My name is Barry, and I am an alcoholic. After several hospitalizations for alcoholism and serious gastrointestinal problems, I came into A.A. on the advice of a psychiatrist at the VA hospital where I was being treated. This doctor helped me see alcoholism as my primary problem and the root of a totally unmanageable life. I attended A.A. meetings at the hospital and continued in A.A. after I was discharged.

I have been happily sober in A.A. for many years now, but during the first nine years of my recovery I suffered from celiac disease, and dur-

ing those early years I was physically miserable.

When I came into A.A., I was taking tranquilizing medication under the direction of a physician who is knowledgeable about alcoholism. Every month I had the opportunity to review the prescription with him. For about a year and a half, I continued to take the medication, and my A.A. home group, my sponsor, and other good A.A. friends were supportive of my doctor's orders. Others, a minority, were not so understanding. Some of them urged me to throw away the pills and "never mind the physical problems." This negative advice was guilt-producing and emotionally disturbing.

I stayed sober one day at a time and learned how to use A.A. principles in my life. My drug prescription was gradually reduced, and by the time I was sober about a year and a half I no longer required the medication.

In retrospect, knowing the nature of my physical illness and the benefits of the medication in terms of helping rebuild my intestinal tract, I would consider the negative advice I received as ethically irresponsible and dangerous. I had to trust my doctors with my medical problems — not blindly, but with a regular review of my healing program and medical needs.

The time came when there was no need for this prescribed tranquilizer. I stopped taking the medication and have not taken anything since. There was no physical withdrawal, but I did experience a psychological attachment that was uncomfortable. I shared this with my sponsor and used the A.A. program to release myself from that bondage.

Summary

Experience has shown that this problem can be minimized if the following suggestions are carefully heeded:

1. Remember that as a recovering alcoholic your automatic response will be to turn to chemical relief for uncomfortable feelings and to take more than the usual, prescribed amount. Look for nonchemical solutions for the aches and discomforts of everyday living.

2. Remember that the best safeguard against drug-related relapse is an active participation in the A.A. program of recovery.

3. No A.A. Member Plays Doctor.

4. Be completely honest with yourself and your physician regarding use of medication.

5. If in doubt, consult a physician with demonstrated experience in the treatment of alcoholism.

6. Be frank about your alcoholism with any physician or dentist you consult. Such confidence will be respected and is most helpful to the doctor.

7. Inform the physician at once if you experience side effects from prescribed drugs.

8. Consider consulting another doctor if a personal physician refuses or fails to recognize the peculiar susceptibility of alcoholics to sedatives, tranquilizers, and stimulants.

9. Give your doctor copies of this pamphlet.

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 for 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, staffs, 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, staffs, 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.

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YOUR A.A. GENERAL SERVICE OFFICE,
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PERIODICALS

THE A.A. GRAPEVINE (monthly)
LA VIÑA (bimonthly)

I am responsible...when anyone,
anywhere, reaches out for help, I want
the hand of A.A. always to be there.
And for that, I am responsible.