

THE AA. MEMBER— MEDICATIONS & OTHER DRUGS

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

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**

Introduction

Because this subject involves important medical decisions, a group of physicians who are members of A.A. and two physicians who are friends of A.A. were asked to review this pamphlet.

Some A.A. members must take prescribed medication for serious medical problems. However, it is generally accepted that the misuse of prescription medication and other drugs can threaten the achievement and maintenance of sobriety. It may be possible to minimize the threat of relapse if the following suggestions are heeded:

- No A.A. member should “play doctor”; all medical advice and treatment should come from a qualified physician.
- Active participation in the A.A. program of recovery is a major safeguard against alcoholic relapse.
- Be completely honest with your doctor *and* yourself about the way you take your medicine. Let your doctor know if you skip doses or take more medicine than prescribed.
- Explain to your doctor that you no longer drink alcohol and you are trying a new way of life in recovery.
- Let your doctor know at once if you have a desire to take more medicine or if you have side effects that make you feel worse.
- Be sensitive to warnings about changes in your behavior when you start a new medication or when your dose is changed.
- If you feel that your doctor does not understand your problems, consider making an appointment with a physician who has experience in the treatment of alcoholism.
- Give your doctor copies of this pamphlet.

From the earliest days of Alcoholics Anonymous it has been clear that many alcoholics have a tendency to become dependent on drugs other than alcohol. There have been tragic

incidents of alcoholics who have struggled to achieve sobriety only to develop a serious problem with a different drug. Time and time again, A.A. members have described frightening and sobriety-threatening episodes that could be related to the misuse of medication or other drugs.

Experience suggests that while some prescribed medications may be safe for most non-alcoholics when taken according to a doctor's instructions, it is possible that they may affect the alcoholic in a different way. It is often true that these substances create dependence as devastating as dependence on alcohol. It is well known that many sedatives have an action in the body similar to the action of alcohol. When these drugs are used without medical supervision, dependence can readily develop.

Many A.A.s who have taken over-the-counter, nonprescription drugs have discovered the alcoholic's tendency to misuse. Those A.A.s who have used street drugs, ranging from marijuana to heroin, have discovered the alcoholic's tendency to become dependent on other drugs. The list goes on and will lengthen as new drugs are developed.

Always consult your doctor if you think medication may be helpful or needed.

Note to medical professionals

Cooperation with the professional community has been an objective of Alcoholics Anonymous since its beginnings. Professionals who work with alcoholics share a common purpose with Alcoholics Anonymous: to help the alcoholic stop drinking and lead a healthy, productive life.

As noted in the introduction, some A.A. members must take prescribed medications. However, our experience indicates that the misuse of prescription medication can threaten the achievement and maintenance of sobriety. The suggestions provided in our introduction are offered to help A.A. members find the right balance and minimize the risk of relapse.

Some alcoholics require medication.

We 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; bipolar disorder, and other mental and biological illnesses. Also among us are diabetics, 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 members with other conditions, including schizophrenia, bi-polar disorder, epilepsy and others requiring medication, that well-meaning A.A. friends discourage them from taking any prescribed medication. Unfortunately, by following a layperson'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 re-addicted 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 their experience:

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

I came into A.A. not only with an alcohol problem, but also with depression. Originally I 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.”

I vacillated for three years, until one afternoon I just stopped taking all pills. Within 24 hours I went on a trip from which I wasn't sure I would ever return— a trip of hallucinations, paranoia, fear, 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 some A.A. members. 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 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 and, most important, with my Higher Power.

Julie

“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. Above all, 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

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

After several hospitalizations for alcoholism and serious gastrointestinal problems, I came into A.A. on the advice of a psychiatrist at the Veterans Administration 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. During those early years I was physically miserable.

When I came into A.A., I was taking tranquilizing medication under the direction of a physician 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 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 prescrip-

tion 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.

Kathy

“I no longer felt that I was just trying to cope by taking a pill. I had real symptoms.”

I started drinking at age 14, and I smoked pot every day. If I did not use the marijuana, I think I would have drunk 24/7. I could still go to school when I smoked pot, but not when I drank. Later, when I was 18, I started using cocaine along with alcohol to try and stay out of blackouts.

After I graduated high school, I went to business school, and then to a job in accounting. I was still drinking and drugging, though, and spent a lot of time sleeping at work, right at my desk.

I am sober 11 years now. My last drink came on my daughter’s second birthday. We had a party for her, and I cracked open the keg a couple hours before it started. I blacked out, and to this day I don’t remember what happened. Whatever happened, though, it shook up my mother, who called in a crisis team the next day. I felt somewhat relieved because I had been telling myself that I should be put away, that my behavior was insane. I told the team about all the drinking, and all the drugs I was doing, and

they recommended I go into detox.

My husband at the time did not want me to have any part of A.A., did not want me to go there “with all those losers.” I told the crisis team that I couldn’t go to detox because there was no one to take care of my kids. They wished me luck, and I held on for about nine days on my own. Desperate, I called Intergroup and went to a meeting. I started going to meetings and eventually I told my husband that I had joined A.A. We had a big fight, but over time my relationship with him changed. I started getting stronger. Then, when I was two and a half years sober, my husband died in a motorcycle accident. The night it happened I went to a meeting. I knew that when things are bad, I have to be at a meeting.

Some time later I met Gary, an A.A. member, who is now my husband. Up until this point in my recovery, I do not feel that I suffered depression. Then I had my fourth child, a daughter. About a year after her birth I started feeling awful. I went to more meetings, but unlike in the past it wasn’t helping. My emotions were either sad, mad or who cares.

Finally I went to a doctor. I told her about my recovery, and she prescribed an antidepressant. I started getting used to the medication, and it seemed to be working. But after a few months I was feeling angry and sad again. I questioned taking the antidepressant, fearing I just wanted to use a pill to solve my problems. I started going to more meetings again, and I picked up my service work, but I continued to feel worse and worse.

I felt as if I wasn’t working the program, that I wasn’t doing enough, even though I went to meetings every day. I was spiraling downward. There was one day when I was driving to go get the kids, and I wanted to go to the bar. On another occasion I got very angry with my son and ended up smacking him in the head. That was it for me, because I did not hit my children.

I talked to my doctor about my concern that I was using medicine when I should be able to handle life better myself. He gave me a pamphlet to read, which consisted of a bunch of questions. The questions reminded me of our pamphlet, “Is A.A. for You?” Reading the pamphlet made me feel

better. I no longer felt that I was just trying to cope by taking a pill. I had real symptoms. He put me on a different antidepressant, and I felt much better.

Recently, I began having tremendous pain in my hips, and my doctor prescribed medicine for that too. I am very wary of taking anything new, and my doctor starts me off slow. I value my sobriety, so I question everything with my doctor, and I try to be careful.

Richard

“One day, I came upon a billboard that said something like ‘Depression is a chemical imbalance in the brain, not a moral defect.’”

I rode the pink cloud for over a decade in sobriety. I was single and pretty much free to do as I pleased, so I was able to give a lot of time to A.A., and the rewards were great. I felt good almost all the time. My career took off, and I had a great relationship with my girlfriend. Even after we married, and I needed to spend more time being a good husband, I very much enjoyed the benefits of living a spiritual life and being in the Fellowship.

My career peaked when I was offered a vice presidency at a large corporation. I did my best to be humble and stay grounded. While all this great career movement took place, my wife and I started our family. When my daughter turned two, we found out that my son was on his way. We had a nice home and a good income, so everything seemed great.

Trouble loomed around the corner. The business started a very fast decline, to the point where I had to cut the staff by eighty percent. Then I got transferred to a much less prestigious position. My two children both had problems that we did not know about when they were infants. I felt so angry with God. Why, when I did all that I could for A.A., and the program turned my life around, would God give my children these problems? I felt betrayed, infuriated, devastated and I went into a deep depression. I felt tired all the time, angry with everyone, even suicidal. At times, I couldn't bear to be in a meeting where people shared about their happiness or gratitude.

I struggled with this depression for almost two years. I went to a therapist and he tried very hard to help me, and at times I felt better. But the dark mood persisted and in my new job I started to act as I had when I drank, getting resentments, missing work, feeling paranoid.

I knew and accepted that I had clinical depression. I thought that I could beat it though, with therapy and A.A., and I think I sincerely tried. Unfortunately, after trying for two years that combination did not work. My therapist encouraged me to see my doctor and see if I could get help with medicine. At first I was totally against the idea. I had taken many drugs in addition to my drinking and after finding such a better life sober, I did not want to even consider drugs.

One day, I came upon a billboard that said something like “Depression is a chemical imbalance in the brain, not a moral defect.” I think that the use of the word “defect” really struck me because of our Seventh Step. My mind opened that day and I became willing to consider medical help. I prayed about it and talked to my sponsor, my therapist and to others in the Fellowship and finally decided to talk to my medical doctor about my depression.

She started me on an antidepressant. It took a little while, but I started to feel much better. Life stopped being such a daily grind, and I even started to have some gratitude again. I was very pleased that I hardly even noticed that I was taking the medicine, even in the beginning. I feel normal on it, not high or fuzzy in any way.

I now know many others who find that their path to happy destiny includes antidepressant medicine. It is by no means for everyone, but for me these medications are a godsend.

Bob

“Three doctors agree on the bipolar diagnosis. I have come to terms with that, and see that most of my life I have needed some kind of medication.”

I have had mental problems since I was 14, and though they weren't apparent to others, what went on in my head was pretty bad.

With my parents' permission, I put myself into therapy at 15, and was diagnosed as schizophrenic. Soon after that, also in my midteens, I started drinking. I didn't drink to have a good time, and I didn't need the alcohol to talk to people. I needed it to kill the pain in my head.

In my family, drinking was not only permitted, it was encouraged. My first blackout was at a family party. Being drunk felt great, because I didn't feel anything. I spent most of my drinking career trying to recreate that experience, and I drank for 30 years. Most of that time I would drink until I had no money, or until I threw up, or until I passed out.

I married at the age of 19, and we had two children by the time I reached 21. The marriage turned into a violent and insane affair, and it ended in divorce after a few years. Following the divorce I landed in hospitals three times for mental illness. At the same time, some of my heaviest drinking started, and I began using other drugs, such as marijuana and Quaaludes.

I met my second wife while going through all this. The first few years of our marriage were fine: we drank together, did drugs together, played together and had a great time. I began drinking less. I think I knew at some level that alcohol caused me problems, and I started to want to stop. She on the other had begun drinking more and more. She reached her bottom first and she joined A.A. I joined two years later.

I was so crazy when I first came in because I not only stopped drinking; I also took my medicine for schizophrenia and flushed it down the toilet. My first two years sober I went to 14 meetings a week and talked to both a sponsor and a spiritual advisor. I worked the Steps too, but I remained in a great deal of pain. I liked being in A.A. and I liked the fellowship, but I was always in pain.

After about 10 years, I started to get a little more stable. But then I started working more hours. I worked two jobs and went to art school full-time. At 13 years sober, I was ready for the mental hospital again. Back when I came in, I was told that we shouldn't take any kind of medication, so I really didn't want to go to a doctor or hospital. My wife persuaded me, though, to see a psychiatrist, who diagnosed me as bipolar.

He asked me how I felt about going on medicine. I told him I wasn't thrilled about it, but if that's what he thought it would take, then I would do it.

I stayed on the drug for two years, and after that I was put on another medicine, which was a big turning point for me. It didn't remove the anxiety, but it took away the drastic mood swings.

Three doctors agree on the bipolar diagnosis. I have come to terms with that, and see that most of my life I have needed some kind of medication. For many years it was alcohol, and now it is prescription medication. Better I should take this medicine that keeps me stable, than be in so much pain that I risk drinking again.

I felt tremendously conflicted about taking medicine in sobriety. I fought against it, but eventually I had to surrender to the obvious. I took Step One on that too. Just as I had to accept powerlessness over alcohol, I had to accept that I needed medication to survive.

After I'd been on this medication for four years, I talked to an oldtimer. I told him that I felt guilty and inadequate because I took medicine. He opened the Big Book, *Alcoholics Anonymous*, to the Doctor's Opinion and told me to read it. Even when the Big Book was written, the founders recognized that alcoholics with mental illness needed additional help.

I went for 13 years without any medication at all, and I suffered a great deal. Now I take a prescription medication for a mental illness, and I take it as prescribed. My life is much better. I feel it is a blessing to be able to share my story with others. And it is important for newer members to know that A.A. does not offer medical advice.

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

Alcoholics Anonymous is a program for alcoholics who seek freedom from alcohol. It is not a program aimed at drug addiction. However, some A.A. members have misused or abused drugs, often as a substitute for alcohol, in such a manner as to threaten the achievement and maintenance of sobriety. This has caused many A.A. members to be concerned with the misuse of drugs.

The following stories are from A.A.s who have used drugs, ranging from marijuana to painkillers, and discovered the alcoholic's tendency to become dependent on other drugs. Fortunately they were able to find their way to sobriety in A.A., free from mind altering drugs.

Sally

“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 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 began my recovery in Alcoholics Anonymous.

I attended this A.A. meeting on the advice of my psychiatrist. My mental and emotional anguish was severe, and the doctor had prescribed a tranquilizer, which I was taking according to prescription. I never adjusted 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 began to take on 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 rejected in every way. Overwhelmed by self-pity and anxiety, I could not get rid of my resentments. At the end of the day, I found myself in the restaurant 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 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 A.A. meetings, reading the literature, and attempting to follow the A.A. way of life, my use of tranquilizers had prevented a real surrender. I had been 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

“Although I had stopped drinking, I continued to use drugs, 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 during my first eight years in A.A., ending up in a mental hospital. I've been sober in Alcoholics Anonymous and haven't used drugs 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 a variety of drugs, I 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 listened to me long enough for me to begin to learn that I am an alcoholic just like them.

Ann

“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 more or less led to 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 painkillers — some prescribed and some over-the-counter — along with 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 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 restroom 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 painkillers 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.

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.

A.A. PUBLICATIONS Complete order forms available from General Service Office of ALCOHOLICS ANONYMOUS, Box 459, Grand Central Station, New York, NY 10163

BOOKS

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DAILY REFLECTIONS

BOOKLETS

CAME TO BELIEVE
LIVING SOBER
A.A. IN PRISON: INMATE TO INMATE

PAMPHLETS

FREQUENTLY ASKED QUESTIONS ABOUT A.A.
A.A. TRADITION—HOW IT DEVELOPED
MEMBERS OF THE CLERGY ASK ABOUT A.A.
THREE TALKS TO MEDICAL SOCIETIES BY BILL W.
ALCOHOLICS ANONYMOUS AS A RESOURCE FOR
THE HEALTH CARE PROFESSIONAL
A.A. IN YOUR COMMUNITY
IS A.A. FOR YOU?
IS A.A. FOR ME?
THIS IS A.A.
IS THERE AN ALCOHOLIC IN THE WORKPLACE?
DO YOU THINK YOU'RE DIFFERENT?
MANY PATHS TO SPIRITUALITY
A.A. FOR THE BLACK AND AFRICAN AMERICAN ALCOHOLIC
QUESTIONS AND ANSWERS ON SPONSORSHIP
A.A. FOR THE WOMAN
A.A. FOR THE NATIVE NORTH AMERICAN
A.A. AND THE GAY/LESBIAN ALCOHOLIC
A.A. FOR THE OLDER ALCOHOLIC—NEVER TOO LATE
THE JACK ALEXANDER ARTICLE
YOUNG PEOPLE AND A.A.
A.A. AND THE ARMED SERVICES
THE A.A. MEMBER—MEDICATIONS AND OTHER DRUGS
IS THERE AN ALCOHOLIC IN YOUR LIFE?
INSIDE A.A.
THE A.A. GROUP
G.S.R.
MEMO TO AN INMATE
THE TWELVE CONCEPTS ILLUSTRATED
THE TWELVE TRADITIONS ILLUSTRATED
LET'S BE FRIENDLY WITH OUR FRIENDS
HOW A.A. MEMBERS COOPERATE
A.A. IN CORRECTIONAL FACILITIES
A MESSAGE TO CORRECTIONS PROFESSIONALS
A.A. IN TREATMENT SETTINGS
BRIDGING THE GAP
IF YOU ARE A PROFESSIONAL
A.A. MEMBERSHIP SURVEY
A MEMBER'S-EYE VIEW OF ALCOHOLICS ANONYMOUS
PROBLEMS OTHER THAN ALCOHOL
UNDERSTANDING ANONYMITY
THE CO-FOUNDERS OF ALCOHOLICS ANONYMOUS
SPEAKING AT NON-A.A. MEETINGS
A BRIEF GUIDE TO A.A.
A NEWCOMER ASKS
WHAT HAPPENED TO JOE; IT HAPPENED TO ALICE
(*Two full-color, comic-book style pamphlets*)
TOO YOUNG? (*A cartoon pamphlet for teenagers*)
IT SURE BEATS SITTING IN A CELL
(*An illustrated pamphlet for inmates*)

VIDEOS

A.A.—AN INSIDE VIEW
A.A. VIDEOS FOR YOUNG PEOPLE
HOPE: ALCOHOLICS ANONYMOUS
IT SURE BEATS SITTING IN A CELL
CARRYING THE MESSAGE BEHIND THESE WALLS
YOUR A.A. GENERAL SERVICE OFFICE,
THE GRAPEVINE AND THE GENERAL SERVICE STRUCTURE

PERIODICALS

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

A Declaration of Unity

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

I am responsible...

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