SHARING EXPERIENCE ON COPING WITH INFLUX OF NEW MEMBERS

Many letters come to G.S.O. sharing experience, strength, and hope about how A.A. groups are handling the influx of new people referred to A.A. by treatment facilities. This memo attempts to bring together some of these ideas to share with everyone.

In our pamphlet, "How A.A. Members Cooperate With Professionals" (page 9, #6), the following appears:

> *We cannot discriminate against any prospective A.A. member, even if he or she comes to us under pressure from a court, an employer, or any other agency.*
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> "Although the strength of our program lies in the voluntary nature of membership in A.A., many of us *first* attended meetings because we were forced to, either by someone else or by our inner discomfort. But continual exposure to A.A. educated us to the true nature of our illness….Who made the referral to A.A. is *not* what A.A. is interested in. It is the problem drinker who is our concern….we cannot predict who will recover, nor have we the authority to decide how recovery should be sought by any other alcoholic."

At the 1973 Conference, the chairman of the trustees' Committee on Cooperation With the Professional Community (called Committee on Professional Relations at that time) stated:

> "We hate to think where all alcoholics now in A.A. would be if modern professional men and women had not encouraged them to come to A.A. Our 1971 survey showed that a doctor, a minister, a counselor, a hospital, or the boss was chiefly responsible for getting more than one-third of our present membership into A.A. In other words, one out of every three A.A.'s did not voluntarily call A.A. or walk into a meeting or central office on his or her own. The alcoholic was guided to us by some professional person."

At the 1975 General Service Conference, in a talk discussing whether sponsorship is slipping or only changing, the speaker said:

> "Most noticeable has been A.A.'s growth, from an annual rate of about 6% during the 1960's to at least double that rate in recent

> years. This growth has spread thin the sponsorship capacity of some groups….
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> "In some groups, a growing minority or even a majority of these new arrivals have a treatment center experience upon coming to A.A. This is the changing situation which brings up the question of changing sponsorship….
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> "For many of these people, sponsorship needs to begin at a different point in the new member's recovery career. Much, but not all, of the beginning work has been done. The person who arrives at A.A.'s door sober, feeling pretty well physically, having learned something about the illness, having begun to face and talk about the realities of this problem, having had some kind of introduction to A.A., and sometimes a more intensive orientation to A.A., and having had three or four weeks away from home and job to clear the person's mind and start reassessing his or her life—a person with such a start needs a sponsor who can meet the person where he or she is at.
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> "Certainly, the sponsor should not run down the treatment center program….but should help the newcomer make the transition into A.A. —help the newcomer to settle in at the new A.A. home, to get involved in group life, to understand the program, to work the Steps, and to grow in the A.A. way of life."

At the 1974 General Service Conference, one of our trustees said:

> "The prayers of many of us have been answered—even if not always exactly as we planned. At any rate, we now have more alcoholics at our A.A. doors than ever before.
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> "I'm much encouraged by the way A.A. groups are handling these opportunities. One year ago, one group near my home had 20 members and one meeting per week. Now, it has quadrupled its size and has five weekly meetings, because it was responsive to local alcoholism treatment programs. They're having a ball.
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> "A.A. has absolutely nothing to fear from non—A.A. activity. It can only help A.A. reach more alcoholics."

At the first A.A. regional forum (formerly called a mini-conference), in the Southeast Region, this subject was discussed in some detail. Two of the delegates suggested that we "grow out" of such problems when we accept them as challenges.

At the same forum, the following suggestion was made, based on the experience of some areas where these problems have been solved: that when the sponsorship

capacity of a group is being overburdened by large numbers of alcoholics with whom it is not prepared to cope, this situation be discussed in a friendly way with those who have the responsibility for sending alcoholics to A.A. meetings. Suggest that they send fewer people to a single meeting, for instance. In one area, the agencies and facilities are notifying the groups in advance about the number of people who are planning to attend.

At the second regional forum, held in the West Central Region, the following suggestions were made:

> "In some areas, intergroup is handling this through *new* meetings.
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> "Some groups are forming special sections of their meetings, intended for the new people.
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> "All agreed that we should try to make these people feel welcome at A.A. The important thing is to carry the message to the alcoholic regardless of who referred him to A.A.
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> "Some centers try to line up sponsors for people before they leave the center and some will not release a person unless he has a sponsor.
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> "Some centers have an A.A. sponsor list, and a week before the alcoholic is to leave the center, the A.A. member goes to talk to the newcomer, preparing the new person for what he or she will find in A.A."

In the Treatment Facilities Workbook, information on *Approaching a Treatment Facilities Administrator About the Influx of Clients to a Local A.A. Group* (page 10-11) appears as follows:

> "Administrators of treatment facilities cannot be expected to understand the dynamics of A.A. groups—how they function or the Traditions which keep them together over long periods of time. Sometimes, clients from a treatment facility 'descend' on a local A.A. group in large numbers, thereby upsetting the balance of the group by 'weighing' it on the side of too many newcomers for the group to handle. In such an instance, the area treatment facilities committee has the responsibility for approaching the treatment facility administrator to discuss the matter.
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> "As usual, the personal approach is the best—a telephone call or letter to the administrator requesting an appointment. If a working relationship has already been established with the administrator, the problem is usually resolved with little fuss. The A.A. member

explains why sending great numbers of clients to one A.A. group is detrimental to the group. He or she will then offer a plan to have clients attend several A.A. groups in the area with assistance of A.A. members. A.A. literature, such as the pamphlets, 'The A.A. Group' and 'A.A. in Your Community,' might be given to the administrator with encouragement to read it thoroughly.

"Remember, A.A. Traditions and guidelines are the responsibility of A.A. members. Professionals in the field of alcoholism will be receptive to approaches from A.A.'s that are conducted in the spirit of cooperation. They usually welcome information about A.A. when it is offered in this manner."