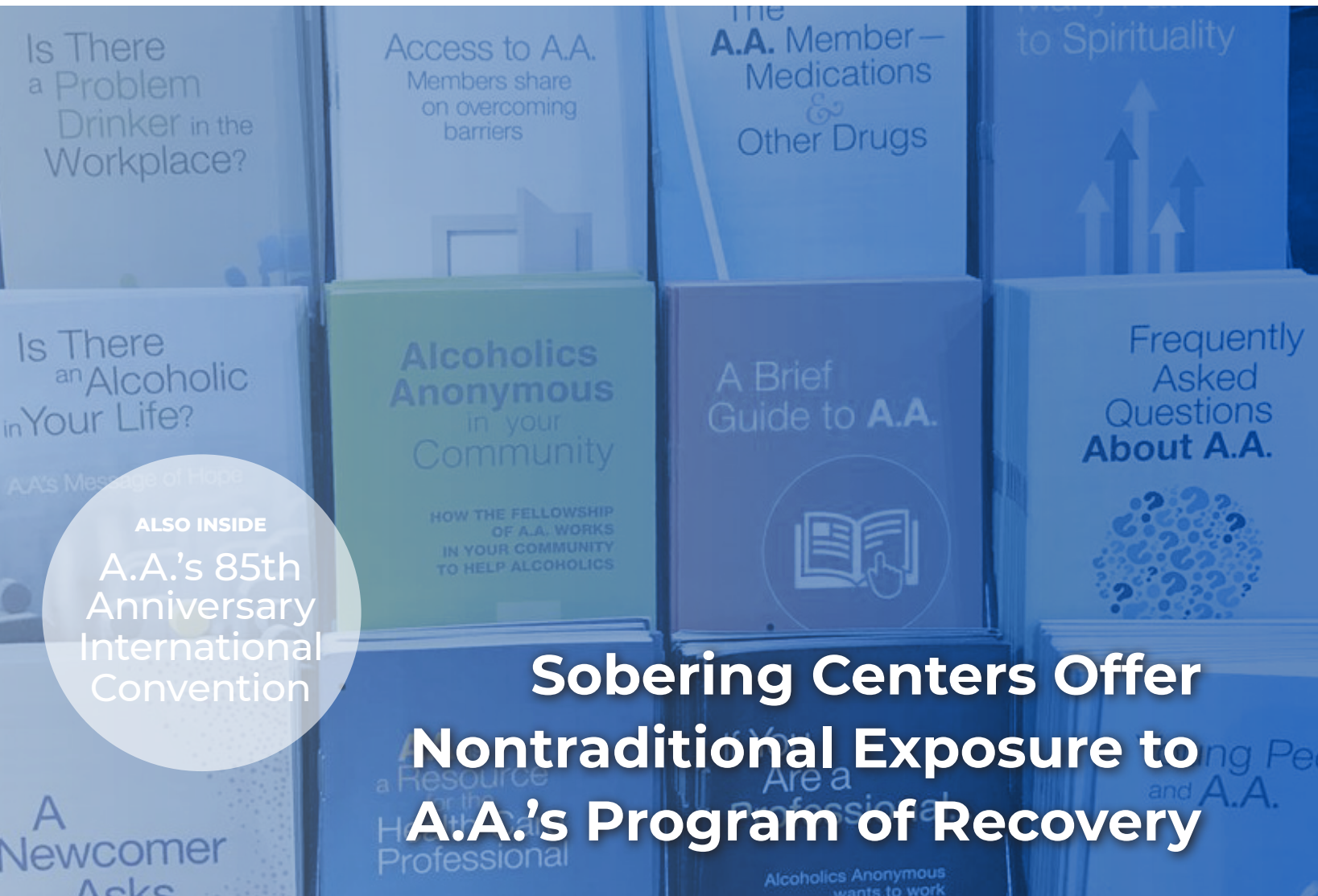


About AA

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Sobering Centers Offer Nontraditional Exposure to A.A.'s Program of Recovery

Around the country, a movement is taking place: Sobering centers are emerging in places like San Francisco, California and Little Rock, Arkansas, as viable short-term alternatives to incarceration for people who are acutely intoxicated in public places. Instead of landing in an emergency room or a jail cell, these individuals are being transported to these centers that offer a safe environment to recover from these drunken episodes. In addition, these individuals receive immediate exposure to recovery and other community resources such as Alcoholics Anonymous through psychiatric pro-

fessionals in addition to peer counselors with firsthand experience of sobriety.

"It's a different way to respond to the issue. Instead of turning to the criminal justice system, as professionals, we are responding to the issues in the community," says Nancy McCarthy, a corrections professional who has worked in the criminal justice system within the greater St. Louis area for the past three-plus decades in addition to working with Florida State University on new models for individuals coming in and out of prisons. Nancy is also a Class A (nonalcoholic) trustee of the Alcoholics

Anonymous General Service Board.

Nancy highlights a recent article titled “Public Intoxication: Sobering Centers as an Alternative to Incarceration, Houston, 2010–2017,” in the *American Journal of Public Health*, in which the authors conclude the following: “misuse of substances has a significant impact on public health, directly contributing to crime, health issues, and lost productivity.” Starting in 2000, several cities in California, Texas and elsewhere established “sobering centers” as a form of public-health intervention. Today, these centers also allow individuals to walk in off the street, often impaired by alcohol or other substances. In addition to providing a safe place for intoxicated homeless people, these centers employ psychiatric professionals to manage these cases while offering access to peer support and other opportunities for recovery, such as admission into a treatment facility.

POSITIVE OUTCOMES RECORDED

The net effect of these centers on their cities and communities is considerable. Since these facilities have opened, the cities have experienced a number of positive outcomes: a decreased use of ambulance transports, a reduction in inappropriate visits to the emergency room, a decrease in alcohol- or substance-related arrests, and a reduced amount of police time and effort expended on the arrests of highly intoxicated individuals.

“As corrections professionals, we need to ask what is the best use of our jails. The criminal justice system needs to look at how they are addressing behavioral health issues,” comments McCarthy. Often these sobering-center stays are short term,

averaging between twelve and sixteen hours. “These centers are less treatment-focused but more supportive as well as a diversion from the criminal justice system.” For example, instead of going through the traditional channels of the criminal justice system, the person will remain at the facility, which provides a healthy environment in addition to information about further treatment. In addition, individuals often receive A.A. literature in such environments as well as gaining exposure to nearby A.A. meetings.

Local A.A. members in Florida have noticed an increase of these centers in their communities and see it as a great way to carry the A.A. message and plant a seed of hope. In sobering centers, it is up to the individuals to take an interest in A.A. and decide for themselves if they are alcoholics. They are not required to sit at an A.A. meeting, nor are they transported out to A.A. meetings. The idea is that local A.A. members come in, introduce the A.A. program and make a connection so that those individuals leaving the sobering center might consider attending A.A. meetings in their communities.

‘MEET PEOPLE WHERE THEY ARE’

On the streets of San Francisco, California, Street Outreach Services (SOS) vans offer mobile medical services to homeless individuals. As a part of these services, the profes-

sionals riding in the van provide information and other resources about substance abuse and mental illness. Further south, in San Diego, the Serial Inebriate Program (SIP) was established in 2000 and also provides similar services for chronic homeless individuals suffering with

problems related to alcoholism and substance abuse. This sobering center also hosts two A.A. meetings a week at its facility located in the Midway District of San Diego. In Houston, there is the Houston Recovery Center, which was established in April 2013,

and about half of the clients accept referrals to other recovery resources, request housing assistance, or enroll in a treatment program upon discharge.

“Corrections professionals are trying to meet people where they are,” concludes McCarthy. For many individuals, these centers provide their first exposure to recovery as well as potential options for treatment. From a public health perspective, the sobering centers address the needs of the community. Even though public intoxication qualifies as a misdemeanor offense, the costs and consequences absorbed by the criminal justice system and the public health services are high. With these new centers, the solution to public intoxication is being redefined, and in the process, at-risk individuals are learning that there is a different way to live.

Local A.A. members across the U.S.

“As corrections professionals, we need to ask what is the best use of our jails.”

and Canada are available to carry the message of the A.A. program of recovery to alcoholics in their communities. A.A. volunteer committees such as the Cooperation with the Professional Community (C.P.C.) Committee work to find simple, effective ways of cooperating without affiliating, in order to establish good communication between A.A. members and professionals. For information about A.A.'s program of recovery as a community resource please contact the C.P.C. Desk at the General Service Office of A.A., cpc@aa.org, (212) 870-3107. You can also visit online at aa.org.

Portable Exhibition Booths Carry A.A.'s Message to Professionals

Cooperation with the professional community has always been an integral part of Alcoholics Anonymous since its beginnings in 1935. A few decades later, in the mid-1950s, A.A. started to carry its message via professional exhibition booths at national conferences throughout North America. (The first booth was introduced at a Western Division meeting of the American Public Health Association in 1956.) Year after year, these resourceful booths have proven to be an effective way to introduce A.A. to professionals who often deal with alcoholics in their work—from medical doctors and psychiatrists to clergy and human resources professionals.

This year, booths are scheduled at 35 professional conferences throughout the U.S. and Canada. These ongoing efforts are largely guided by the central principle of A.A. to help alcoholics who still suffer. "These exhibits

support local A.A. members' efforts to be a resource for professionals in their community, providing personal experience of alcoholism and sobriety in A.A.," says Diana L., C.P.C. Coordinator at the United States and Canada General Service Office of A.A., based in New York.

For national level exhibitions, the General Service Office pays the fees for booth space, as well as providing the necessary displays and A.A. Conference-approved pamphlets and literature. "This happens thanks to the donations from A.A. members across the U.S. and Canada to the General Service Office," says Diana. "The exhibit booths help cooperation, by making A.A. approachable and an attractive community resource to professionals who help alcoholics. We are always seeking to strengthen and expand communication with professionals."

The local A.A. committees arrange for volunteers to work the tables and answer questions and concerns about the fellowship and how the organization works with the professional community. Occasionally, the C.P.C. Coordinator or A.A. trustees from the General Service Board are on hand to help volunteers at the booth.

"At these events, A.A. volunteers interact with professionals and answer questions about the A.A. concept of alcoholism and recovery. Not everyone understands that we consider ourselves to be spiritual not religious, but do cooperate with all faiths. They want to know what guides A.A., what the rules are," Diana continues. "So, we explain that we don't have rules; that we have Twelve Steps, which are the basis of the

A.A. program of recovery. We also have Twelve Traditions, which are important and vital to the ongoing functioning of our organization, similar to an organization's 'best practices' that can be interpreted from different viewpoints."

BREAKING THROUGH MISCONCEPTIONS



This past spring, Diana and one of A.A.'s nonalcoholic trustees, Leslie Backus (above), a health treatment provider and CEO at a rehab facility located in Savannah, Georgia, attended the American Society of Addiction Medicine (ASAM) gathering in Orlando, Florida. Over 2,300 attendees participated in this conference, and over 200 visitors stopped by the booth, asking questions and collecting information about A.A.

"It was a great opportunity to assist

"The only way to educate is to break through some of these myths."

local A.A. committees to meet and communicate with professionals,” says Diana. “Workshops for physicians and clinicians sometimes share A.A. as an example of a ‘mutual support’ resource that they may include in a treatment plan. Exhibits share information about A.A. so if they decide to refer someone to A.A. they can do so without hesitation.”

“There are many misconceptions about A.A.,” adds Backus about her experience of fielding questions at ASAM. “Often people don’t understand A.A.’s concept of singleness of purpose or anonymity and sometimes physicians or treatment centers think that they should be able to contact sponsors directly or they wonder if A.A. is a religious organization.” For example, at the ASAM conference, frequent conversations often revolved around these topics: Can a new member take Suboxone (an opioid that is often used in the detox from opioids) and attend A.A. meetings? Does A.A. dictate what kind of medication that an individual is allowed to take? Is A.A. anti-doctor? More than once those staffing the booth encountered physicians with false ideas about the role of A.A. in a patient’s treatment plan and recovery. As a result, the dissemination of information is critical to strengthening communication within the professional community. “The only way to educate is to break through some of these myths,” says Backus. “At these conferences, we can get more true information and replace the hype and hyperbole that is out there.”

“Besides explaining a bit about the Twelve Traditions,” comments Diana, “we highlight information found in our A.A. pamphlet ‘The A.A. Member — Medications and Other Drugs’ that notes all medical advice should

come from qualified physicians, and that it’s generally accepted that the misuse of prescribed medicines can threaten sobriety.”

**REACHING OUT
THE HAND OF A.A.**

“One of the goals of A.A.’s board of trustees is to work well with the professional community,” says Backus. “To this end, we are reaching out to

friends of A.A. and letting them understand the services that we offer because A.A. is a tremendous service to the community.”

A.A. welcomes your questions, comments, and requests. Please be in touch with the C.P.C. desk if you are interested in having an exhibit or a presentation at your next gathering of professionals. Contact us at cpc@aa.org or call (212) 870-3107.

HIGHLIGHT



**85th Anniversary
International Convention —
Detroit 2020**

Next year over the Fourth of July weekend (July 2–5, 2020), A.A. members from around the world will be converging on Detroit, Michigan to celebrate A.A.’s 85th birthday with a broad spectrum of sobriety-related meetings, panels and workshops at Detroit’s Cobo Center, the domed Ford Field Stadium and other locations throughout this resurgent city in America’s midwest.

Held in different locations every five years, A.A.’s International Conventions have been hosted in U.S. and Canadian cities with cultures and personalities as varied as the alcoholics who travel to them for the celebration, and in Detroit some 50,000 attendees will celebrate not only their own sobriety and newfound lives, but also their great desire to pass on the message of recovery to another alcoholic who may not yet have heard that there is hope.

The theme of the 2020 International Convention will be “Love and Tolerance Is Our Code” — a phrase from A.A.’s basic text, *Alcoholics Anonymous*, recognizing the importance that inclusivity plays throughout the Fellowship. Over the years, many nonalcoholic professionals have addressed the Convention as guest speakers on a wide range of important topics, and hundreds of other meetings will share the diverse experience, strength and hope of A.A. members from around the world.

Professionals who would like to find out more about the Convention may contact the International Convention Desk at the General Service Office of A.A.: (212) 870-2020, or access G.S.O.’s A.A. website at www.aa.org. Members of the media may contact the Public Information Desk at (212) 870-3119.

