



AA

and

Drug Addicts

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As Different as We Choose to Be

CONSIDERING the panic that the question of AA and drug addicts is causing in California, it could be more appropriately described as "alcoholics versus drug addicts" or "us against them."

There are several different opinions being expressed in California on how we should deal with this "problem." Some feel we should just not

let "them" in; better to lose a few dope fiends (who may or may not be alcoholic) than to jeopardize the program that saved our lives. They either decide to be at least partly alcoholic, or they don't stay. They should also be willing to make this decision within their first two or three meetings.

Others I have spoken to feel that

AA has come of age, so to speak, and should open its doors to all chemically dependent people whether they drink or not.

Personally, I don't fit into either category. There seems to be a middle group that feels the job of deciding who is a member belongs to the individual and God. There seems to be a great deal of anger in my area when discussing drug addicts and AA, and where I come from, that kind of anger is usually generated by fear.

I would like to share one dually addicted AA member's experience and — because I can't help it — opinion. Dual addicts are different from "pure" addicts. They are also as different as they choose to be from "pure" alcoholics. I say this because it is my opinion that a dual addict is just an alcoholic who had chemical problems other than alcohol. It happens to be so in my case.

I grew up in the 1960s. Hippies, peace marches, the Beatles, drugs in general, gurus, and finding yourself were in. I was *not*. Being completely inadequate in all areas had become almost a natural state for me. Then, I found alcohol — peppermint schnapps, to be exact — and life became a real possibility. I became an intellectual, glamorous, and witty fourteen-year-old alcoholic. From the first drink (which I never forgot), I knew that I had found the answer to all of life's problems. I just had to figure out how to drink enough to maintain superiority without getting arrested or killed.

When I was fifteen, someone turned me on to pot. I was having trouble staying awake, so someone gave me whites — I could drink all night and still be standing! Someone else asked if I was ready for a spiritual experience, and I tried my first hit of acid (LSD). Heroin was suggested — I was available. I continued to drink and indulge myself in whatever chemical came my way. In my mind, drinking and drugs were inseparable. It was a way of life. The point I am trying to make is that from the time I was fifteen years old, I exhibited all of the classic signs of an alcoholic: blackouts, inability to predict my behavior, inability to have just one drink, etc. But I didn't know that.

It was not cool to be a lush, and God knows we had to be *cool*. Some of my friends died being cool. And unfortunately for you, that's how I came into AA — *too cool!* There is a statement of policy making the rounds in AA groups today that, considering my attitude and inability to accept my alcoholism, might have made it impossible for me to stay in Alcoholics Anonymous had it been used when I was new. It reads in part: "These newcomers are truly welcome here as members of our Fellowship, provided their primary addiction is to alcohol — something they alone can decide. We ask only that when discussing their problems, they confine themselves to those related to their alcoholism."

There is more to the statement, but it is that portion I would like to

address myself to. I have already told you how difficult it was for me to admit my alcohol problem. I also had a serious attitude problem. If I was told to do something, I just couldn't do it; if I was told *not* to do something, it was absolutely essential that I do it. If I had been told when I was new that I couldn't talk about drugs in meetings, I would have had to talk about them all the time. If AA members then would have reacted as hostilely as some do today, I would have said, "Later."

I was incapable of telling you my

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problems in the beginning — primary or otherwise. I didn't trust anyone, and I felt alone and isolated. I will continue to thank God I came into an AA group that was spiritually fit enough that they did not find it necessary to censor my conversation or my actions in order to protect themselves. When I was new, I did talk about drugs, and I used a lot of four-letter words to do it! Somehow, my group managed to allow me the dig-

nity to choose to change these things and the freedom to do it when I *could*, and not when *they* thought I *should*.

I had finally found a place where — weird as I was — I was accepted and encouraged to stay. I was given love and understanding beyond my comprehension, and when I got really wild, one of the old-timers would take me aside after the meetings and explain to me the damage I was doing, or could do, and suggest alternatives. In turn, I came to feel very protective of AA and of my group. I developed a real desire to be a contributing member of AA.

I found that feeling different or having an edge on the other AA members by being an alcoholic-addict was not appealing to me. I do not refer to myself as an alcoholic-addict, for the very reasons I mentioned in the beginning. I truly feel that I am an alcoholic who had problems with other chemicals, and if I participate in our program of recovery by practicing these spiritual principles in my life, it just doesn't occur to me to stick needles in my arm or smoke those funny cigarettes. I have found a great freedom in being one among many.

I do, however, understand the need to identify — that's why I believe AA talks should never be censored. When I am asked to speak at an AA meeting, I share my experience with drugs as part of my story — because it *is* part of my story, just as children, five marriages, prison, and sleeping in

parks are part of someone else's story. I wouldn't think of telling you not to share all of you with me.

There seems to be a real tolerance of people in my home group. "The only requirement for membership is a desire to stop drinking," and we seem to have no trouble sticking to our single purpose, which is to carry the message to still-suffering alcoholics, however damaged and confused they are in the beginning. If we believe what we hear in AA everywhere, miracles happen here. But they take time.

It is very hard for me to believe that a few hundred misplaced druggies could destroy AA. It is very easy for me to believe that the kind of blind anger that fear brings could. I'm talking about the kind of fear that leads us to take sides against each other and require sick minds to make rational decisions, like "Is your primary addiction to alcohol?" — the kind of fear that caused the early members of AA to make lists of membership requirements to protect their groups from "them." There is a fine line between upholding our singleness-of-purpose Tradition and limiting or restricting our membership. The day AA appears to be rejecting people who may be alcoholic, we will begin to die. The bottom line is: We are all we have. What good will it do us if, while defending our "rights," we destroy AA? It has always been said that if AA is ever destroyed, the danger will come from within. Can any of us survive without

the Fellowship of AA?

I have a few ideas to share that might help. Since treatment facilities seem to be sending us so many people who admittedly have no alcohol problem, can we send letters to the

"There is a fine line between upholding our singleness-of-purpose Tradition and limiting or restricting our membership"

administrators explaining what AA is, what we do and do not do, just as we send anonymity letters to newspapers and TV and radio stations? Could we, the members with a little time, remember that this might be such newcomers' only contact with AA, and treat them with tolerance and patience? Can we refer drug addicts to Narcotics Anonymous, quietly, after the meeting? Can some of us with dual addiction start NA meetings, with some healthy recovery going on? Can we alcoholics who have chemical problems other than alcohol relinquish our uniqueness for the unity that puts our common welfare first? Can we remember that *all* people who suffer from alcoholism are welcomed in AA — even if they can't admit their problem? Can we remember that the changes did not

occur overnight in any of us, and give the new ones a chance to *want* to change?

May the power that presides over us all continue to do so.

D.G., Huntington Beach, Calif.

AA and Drug Addicts

Do We Need Protection?

IN VARIOUS forms, the problem of AA and drug addicts has been in existence ever since the gift of sobriety and AA came into being. From time to time, AA groups, areas, regions, and General Service Conferences have wrestled with the problem of protecting this Society.

It is totally repugnant to this member to imagine or believe that somewhere there exists some entity whose avowed purpose is to infiltrate, invade, and destroy the program of Alcoholics Anonymous. Should destruction ever occur, it will be far more subtle. The God-given principles upon which this Fellowship is founded neither incite nor invite attack from outside influences.

However, *we* sometimes fail to make it abundantly clear just what AA is and is not — and well-meaning nonalcoholics, in their efforts to help themselves, enter AA closed meetings. Our duty is clear, contained wholly and concisely in our Twelve

Steps and Twelve Traditions. The responsibility to preserve and protect this way of life for alcoholics presently here and those yet to come is ours and ours alone. If the history of organizations obliterated by their deviation from their avowed purposes is any criterion, then we in AA need only keep faith in our principles and concepts to avoid a like fate for this Fellowship.

In Tennessee, I hear the cry that our groups are being taken over by individuals who have problems other than alcohol. I hear also that the person addicted only to drugs is coming to closed AA meetings and dominating them with drug stories, to the total exclusion of alcoholism. AA is never punitive in its relationships with anyone. We are better served when we treat these unfortunates with love and understanding, directing them to other organizations that can serve *their* needs.

It is my firm conviction that we

must always adhere to our primary purpose. When individuals beset by problems other than alcohol — and more particularly, pure drug addicts — turn to us for aid, our responsibility is to inform them in a loving manner that the program of AA deals only with the problem of alcoholism. At the same time, in the spirit of AA cooperation, let us always remember that the ability of those other societies to assist such people is based upon their uniqueness in *their* field, just as ours is in assisting alcoholics. The exclusivity of AA's purpose was not designed to afford us prestige among

God's creatures, but only to grant us the opportunity to stay sober and help other alcoholics to obtain sobriety.

The sober alcoholic of today will be the trusted servant of tomorrow, and I pray that tomorrow's trusted servant will, through understanding and service in our Fellowship, maintain that which we now have. Let us be ever mindful that AA has but one primary purpose. If we are to remain God's instruments through which his grace flows to alcoholics, may we ever keep this program inviolate!

B. L., Clinton, Tenn.

AA and Drug Addicts

Perspective from the Past

In the 1950s, Bill W. faced many of today's issues

THE ISSUE of drug addicts and AA is certainly not new to our Fellowship, but it does seem to be one that is increasing and causing concern to many members and AA groups all over. That is clearly indicated today by the numbers of letters and phone calls received at the AA General Service Office, and by AA newsletter articles from around the country. We also hear this discussed at AA state conferences and assemblies, and

there is much discussion on this topic at AA Regional Forums.

In the late 1940s and throughout the '50s, our co-founder Bill W. answered many letters that expressed the same dilemma and questions we are faced with today. For example, in 1951, Bill received a letter from a couple who shared:

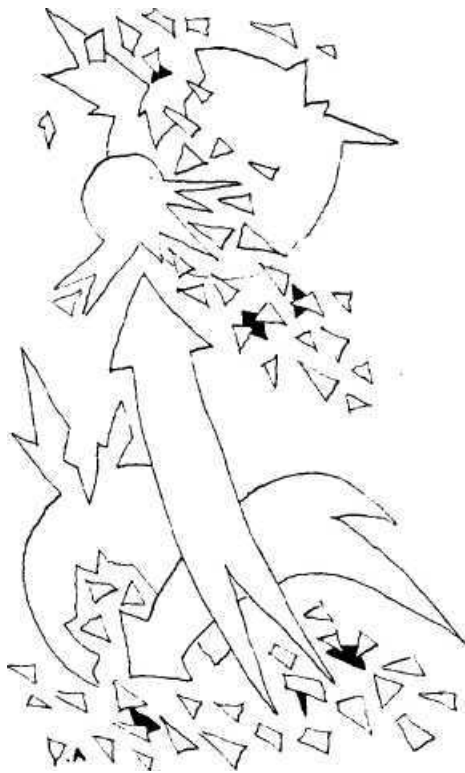
"My wife and I have been addicted to the use of drugs for thirty-four years, and were never able to master a

cure until our last discharge from the Federal Narcotic Farm at Lexington, Kentucky. This has been accomplished only through the teachings of AA, which we received in the hospital while we were incarcerated there. AA was brought in to us twice a week by some wonderful people. We were told when discharged to contact AA immediately, and to attend as many meetings as possible each week, which we have done up to date. We have heard of Narcotics Anonymous, but there is none within a thousand miles from here.

"Here is our question. We want the AA program and need it badly, and to be truthful about it, we are just hungry for it. Because there is no NA in or around our home, should we continue on with our teachings of AA, or should we take the chance of deviating by not attending the AA meetings here?"

Bill responded: "I am delighted to hear of your release from narcotic addiction. It has always been a fond hope that one day many drug users would find the same answers we AAs have. By all means, I would continue to attend AA meetings. I'm sure the group would have no objections so far as the open meetings are concerned, and would be very glad to have you both attend for whatever inspiration you could find there.

"It may be that you could dig up a few other addicts, later forming a narcotic group of your own. If the AAs understood you were coming with such a design in mind, they



would not object at all. But they might, hence I draw your attention to the above facts."

During the mid-1950s, this issue became an emotionally charged one for a few people, not at all like the numbers today. Bill, in replying to some of these letters, wrote: "I feel glad that drug addicts seem free to go to open AA meetings. But I doubt if it be wise to encourage them to think that they can actually become Alcoholics Anonymous members. This would have the effect of pointing the whole AA movement at drug addiction as well as at alcohol.

"True, we often deal with drug addiction in a left-handed way by warning against sedatives and narcotics. We also have many members who, like yourself, were both alcoholics and addicts and therefore qualified for AA membership on the ground of their alcoholism. But when it comes to straight addicts, I'm afraid our experience indicates you may run into a snag if you try to introduce them into AA groups everywhere as AA members.

"In some spots, we've even had violent opposition to drug addicts' attending AA open meetings. Of course, that is nonsense — an open meeting means that anybody can come. At least, it does in most places. But if you try to push it further and claim AA membership for straight addicts, then I'm rather afraid of unnecessary difficulties. The real hope in this situation lies in what you are doing. Those who are alcoholics and addicts both can bridge the gap between the two worlds."

By that, Bill meant (as indicated later on in his letter) that they could start their own groups, which would not be called AA groups.

In 1958, Bill wrote an article for the Grapevine entitled "Problems Other than Alcohol." The principles set forth in this piece are ones that Bill shared in his correspondence previously — principles that are contained within our Twelve Traditions and will insure the survival of our Fellowship. These principles, as they apply to drug addicts and AA, have been reaf-

firmed by numerous General Service Conferences beginning in 1964, and then in 1969, 1970, 1972, and 1973. And in 1974, the Conference Literature Committee recommended this article be prepared in standard pamphlet form. In 1979, the Conference Committee on Cooperation with the Professional Community recommended Conference approval of this pamphlet.

The tone of the letters we are receiving today at the General Service Office is a little different from that of the letters Bill answered — or perhaps the chief difference is that we're receiving so many.

For example, a letter from an AA member who also happens to be a professional working in the alcoholism field stated: "We treat alcohol addicts and addicts to other drugs together in our detox unit. We introduce them to AA meetings, have wonderful AA volunteers talk to them and with them, and urge them to attend AA outside, after discharge or after rehab.

"It is awfully deflating to these people to go compliantly to an AA meeting, as instructed by their counselors and physicians, and be told by an AA 'officer,' or even member, that they do not belong and must leave. There must be some less cruel way to handle this dilemma. Up here, most of the meetings are open anyway; but elsewhere, the opposite is true, and people are made to feel they have to go out and drink long enough to develop a 'problem,' if they are to

get help from AA."

As you can see, there is still confusion and misunderstanding about AA's traditional policy regarding AA membership of nonalcoholic addicts. It seems quite clear that we have our work cut out for us in correcting misinformation on who and what we are and what we can and cannot do.

Bill felt that we should share our recovery program with those who have other problems, but should encourage them to form their own

groups to deal with the problems of their common addiction. As it is stated in our literature, AA cannot be all things to all people. The reason that AA has been so successful in dealing with alcoholics is our singleness of purpose.

One of our past trustees stated: "AA's single-mindedness is the strength of humility, because AA limits what it is demanding of itself and its associates. From this comes its real success in this limited target."

H. T., Manhattan, N.Y.

AA and Drug Addicts

Identification Is the Key

ALCOHOLICS Anonymous is a fellowship of people whose only membership requirement is a desire to stop drinking and whose sole purpose is to stay sober and to carry this message to alcoholics. Nothing is said in our Big Book, our Traditions, our Steps, or any of our literature about taking, smoking, or shooting up. In fact, the book *Twelve Steps and Twelve Traditions* and the pamphlet "Problems Other than Alcohol" stress the fact that AA cannot be all things to all people and survive as a group. If we do not survive as a

group, we cannot survive as individuals. That explicitly tells us who we are and what we can and cannot do as an AA group. What we can (and should) do as individuals is another matter.

Today, we live in a drug-oriented society. Newspapers, television, and radio are filled with advertisements for all kinds of nostrums to do all sorts of things. While many people can and do use these things without serious trouble, others cannot. They become addicted to barbiturates and amphetamines, and some of them

become dependent on the more serious hard narcotics.

Along with the problem drinkers, these addicts are showing up at AA meetings. Maybe they have read an announcement in the paper of an AA meeting, or have been referred to AA by well-meaning but misinformed people. In any case, it is creating a problem that concerns us as a fellowship and as individuals.

There are three types of people who are coming to AA today. First, there is what the Big Book calls the "real alcoholic" (page 21). Second, there is the alcoholic and addict. Third, there is the addict with no problem of alcoholism. All of these types have problems that are real to them, and each comes to us in desperation. What can we do to help? We know how to help the alcoholic — our record of success for almost half a century speaks for itself.

But what about those who are both alcoholics and addicts? They pose a more difficult problem. Barbiturate and amphetamine dependence seems to go hand in hand with alcoholism in many instances. Many of us in AA used these substances to ease the pain of a hangover or to sleep or to stay awake. Most of us found no further use for them once we were able to stay sober. But some sober AAs still identify themselves as both alcoholics and pill addicts (or some other kind).

Then there are those who continue to rely on uppers and downers and consider themselves sober because they are no longer drinking. On the

other hand, many AA members believe that if we are to remain contented and secure in our freedom from alcohol, we should avoid the use of any drug that poses a threat to our sobriety. AAs stay away from the first drink one day at a time, and many of us find it just as important to stay away from the first pill one day at a time. In Georgia, we are handling dual addiction by sponsorship and in closed discussion meetings.

The third type, and possibly the most difficult, is the addict with no history of alcoholism who shows up at a closed AA meeting. These nonalcoholic addicts are referred to us by doctors, city and county treatment centers, freestanding hospitals, correctional agencies, and the courts. Often, they read about AA in the newspaper, or some columnist has advised them to seek help in AA. It is difficult for these well-meaning people to understand that Alcoholics Anonymous has the answer only for alcoholism; that, although we have no desire to be exclusive or selfish, we cannot help all of those who are chemically dependent.

So what should we do? Should we be rude to dual addicts, tell them to get out, that we don't care for them unless they are "pure" alcoholics? I think not. Bill says in the pamphlet "Problems Other than Alcohol" that, while AA is limited in what it can do, the AA member as an individual is practically limitless in what he or she can do.

An AA who has a dual problem

can be very effective in working with these people — the great principle of identification. I remember the case of one young man with whom I was working. He had a bad pill problem as well as his alcoholism, and he got into hard drugs as well. He always identified himself as an alcoholic and pill addict, and vehemently said that one drug was the same as another. He brought drug addicts to closed AA meetings and was quite a problem for the AA groups he attended.

But he stayed around long enough to get sober, and with the help of his home group and a good sponsor, he was able to distinguish between his alcoholism and his drug problem. He is a member of Narcotics Anonymous and does a good job in working with those who have both an alcohol and a drug-abuse history. This is the great principle of identifying with a fellow sufferer.

In Georgia, there are many others

who have dual problems, and having these contacts has been very helpful in working with those who have problems other than alcohol. On several occasions, I have talked with the NA state representative who is the counterpart of our area delegate. On the basis of cooperation but not affiliation, I have found these talks to be very beneficial.

There are 87 NA groups in Atlanta. Other large cities, such as Savannah, Columbus, Macon, and Augusta, have several NA groups, and most of the mid-sized cities, such as Gainesville, Rome, and Albany, have at least one NA group. Besides these groups, there is an NA contact in every section of the state, so that an addict would not have far to go to an NA meeting. I have found that the members of Narcotics Anonymous are very cooperative with AA and do not want to seek affiliation with us. We believe that our procedure of

referring the dually addicted person or the person with only a drug problem to NA works best for all of us.

Another thing we have found helpful is to talk to doctors, counselors, and others interested in alcoholism and drug addiction and share with them what AA can and cannot do. "Dr. Jack" (Dr. John L. Norris, former chairman of AA's board of trustees) advised, "Sponsor your doctor." Our pamphlet "Problems Other than Alcohol" can be very helpful to these health professionals.

Often, an AA member is called on to give a talk at a hospital or a treatment center. Some of these meetings are for staff members only; others are for patients. These calls usually come to central offices and are referred to an AA member. The person asked to do this should be selected with care — one who is knowledgeable about the Steps and Traditions and will give a good im-

pression of AA. The AA with an alcohol and drug problem can be especially helpful in sharing his or her experiences. Also, high schools, colleges, and military bases are having an enormous problem with alcohol and drugs. Often, an AA member will explain to them what AA can and cannot do. I know of many instances where new people have come to Alcoholics Anonymous because of such sharing.

Our Twelfth Step tells us to carry the message to the suffering alcoholic. There is no greater joy than sharing our experience, strength, and hope with those in the throes of alcoholism. But our sincere desire to be helpful may cause us to lead people without a drinking problem to believe that they can be helped by AA. That would be a tragedy. It is much better to show them where they can get the help they so desperately need.

J. L., East Point, Ga.