



March 2023

# Alcoholics Anonymous Australia

## Newsletter for Professionals

### Myths and Misconceptions about AA

The relationship of Alcoholics Anonymous to the professional community is an extremely important and longstanding one. A.A.'s 2022 Membership Survey shows that 21% of A.A. members were introduced to the program via a treatment facility, and fully 52% of members received some kind of counselling (psychological or spiritual) related to their alcoholism before coming into A.A. Given these numbers, perhaps no group of non-alcoholics looms so large in relation to A.A. as those professionals in the fields of health care, addiction medicine, and the law, whose working lives intersect daily with Alcoholics Anonymous.

A.A. publishes a number of resources aimed specifically at this critical relationship (particularly the pamphlets "A.A. as a Resource for the Health Care Professional," "How A.A. Members Cooperate with Professionals," "If You Are a Professional" and "A Newcomer Asks") and periodically asks members of the professional community: "What are some of the myths and misconceptions professionals may have in referring alcoholics to A.A.? And how can professionals help steer people over the barriers that alcoholics themselves may put up when it is suggested that they attend A.A.?"

One long-standing misconception about A.A. is that there is such a thing as an "A.A. professional" — an A.A. member paid to help alcoholics recover. Yet as A.A. members, alcoholics are never paid to carry the message of hope and recovery to another alcoholic. Even A.A. members who also work as professionals in the field of alcoholism, are not "A.A. professionals." It is not their A.A. membership, but rather their professional skill and training which qualifies them as professionals in the field of alcoholism or health care.

Another issue commonly misunderstood by both professionals and sober alcoholics is that of A.A.'s principle of anonymity. Anonymity is important, not just for newcomers who may feel anxious about people finding out about their problem or for professionals worried about their careers. It is also a critical part of our program of recovery that encourages considerable 'ego deflation' — providing protection for our whole movement from the cult of personality centred around individual members."

Another area of misunderstanding can be A.A.'s singleness of purpose. It is important that people who are being referred to A.A. have a drinking problem (that is who A.A. is for), but sometimes they have the false impression that alcoholics who may have a coexisting drug addiction are not welcome. A.A.'s Tradition Three says: "The only requirement for A.A. membership is a desire to stop drinking."

A.A. is not a cure-all for all problems, but A.A.'s focus on alcoholism does not exclude alcoholics with other addictions.

Leslie Backus is a Class A (nonalcoholic) trustee of A.A.'s General Service Board and CEO of a treatment center in Savannah, Georgia.

"Because our business is substance abuse, we have a good understanding of what A.A. is and isn't," she says. "We make a point of talking to our new clinicians, who have gone through masters or doctoral level programs, but who still sometimes feel that treatment is enough — alcoholics are cured, they can move on. To counter this, we make a point of going into schools and talking about how you can help clients understand the concept of 'one day at a time.' I point out that they may have their client for perhaps 26 weeks at most, while A.A. will be there for them for the rest of their lives.

In a recent article from A.A. North America, some Class A (non-alcoholic) trustees gave some examples of other misconceptions about A.A.

"When it comes to the clients we treat, we consider misconceptions about the A.A. program as teaching opportunities. Our clients often have a hard time with the concept of sharing and we explain how sharing helps them as individuals and as part of an A.A. group. They often misunderstand the concept of sponsorship, too. We say: 'Your sponsor is not your therapist. He or she is not just a free ride to A.A. meetings. Your sponsor is there to help guide you through the program of A.A.'"

"Sometimes with clients, one of the sticking points is religion; they think A.A. is too God-oriented. We work with them on the idea that A.A. is not a religious program, but a spiritual one, and your Higher Power can be whatever works for you, in terms of finding a spiritual solution. We also can direct people to meetings that are welcoming toward atheist/agnostic members."

The Honourable Christine Carpenter is a Class A (non-alcoholic) trustee and a Circuit judge in Columbia, Missouri. She is also a member of the National Association of Drug Court Professionals. Even though much case law mitigates against courts mandating alcoholics to A.A., lawyers continue to recommend it to their clients facing DWI charges.

"Some lawyers seem to have the idea that A.A. is a short-term solution, not a support group," Carpenter says. "I make sure these defendants understand that if they feel going to A.A. meetings is the right path for them, they should start attending them. But they have the choice. A.A. is not just a way to get a better deal or a lighter sentence."

Carpenter continues: "One reason I got interested in being a Class A trustee is because I can help bridge the gap between the A.A. community and the court, to help alcoholics in a way that is therapeutic and not strictly punitive. So, I do feel that a more nuanced view of A.A. would be valuable among legal professionals. Announcing in court that you are going to A.A. for the purposes of trying to influence the court doesn't best serve the needs of an alcoholic."

As described in the words of A.A.'s Preamble, a cogent description of what A.A. is and is not, Alcoholics Anonymous is a nonprofit, self-supporting, entirely independent fellowship — "not allied with any sect, denomination, politics, organization or institution."

Dr. John Fromson is a former Class A (non-alcoholic) trustee who is Associate Professor of Psychiatry at Harvard Medical School and Chief of Psychiatry at Brigham and Women's Faulkner Hospital in Boston. Most of the physicians he knows, he says, are not prey to myths about Alcoholics Anonymous. "But their training leads them to a desire for evidence-based treatment, scientific facts, and one of the tough things is that there isn't much research about the efficacy of A.A. If you ask me, having a spiritual awakening or change is the key to recovery in A.A. It would be great to have some kind of tool to measure those to whom this might be more likely to occur, but of course we don't have that. Even so, from a professional point of view, there is no contraindication to A.A. It's not like combining certain medications that are dangerous taken together. So why not try it?"

Dispelling myths and misconceptions about Alcoholics Anonymous is important to A.A.s and professionals alike, as strengthened communication can only serve to help those who share a mission of reaching out to the still-suffering alcoholic.

# How we see ourselves—The AA Survey

## Q3 What Gender do you identify as?

Male	50.25%
Female	48.71%
Other	1.04%

## Do you have a disability that makes it hard to attend meetings? If yes please indicate what that is.

No	93.92%
Yes	6.08%

## Where are you located?

City	29.53%
Metropolitan Area	46.29%
Rural Area	22.22%
Remote Area	1.96%

## Q6 What is your age?

17 or under	0.00%
18 to 20	0.31%
21 to 29	2.03%
30 to 39	11.43%
40 to 49	21.38%
50 to 59	27.03%
60 to 69	22.11%
70 to 79	13.21%
80 plus	2.52%

## Q7 What is your Occupation?

Manager	9.53%
Professional	24.35 %
Technician or Trades Worker	5.78%
Community or Service Worker	8.49%
Sales Worker	3.32%
Machinery Operator or Driver	1.54%
Labourer	1.11%
Retired	26.01%
Unemployed	5.23%
Other	14.64. %

## Q8 Do you identify as an Indigenous Australian and/or Torres Strait Islander?

Yes	2.45%
No	97.55%

## How long have you been sober?

Less than 3 months	6.45%
3 to 6 months	5.16%
12 months	3.44%
1 to less than 2 years	6.27%
2 to less than 5 years	15.24%
5 to less than 10 years	15.12%
10 to less than 20 years	18.25%
20 to less than 30 years	12.66%
30 to less than 40 years	12.05%
40 to less than 50 years	4.86%
More than 50 years	0.49%

## Q12 In a typical week, how many meetings would you attend?

0	2.83%
1	15.72%
2	22.30%

3	28.50%
4	6.63%
6	3.13%
7 or more	6.70%

## Q13 How were you introduced to AA?

Self-motivated	30.53%
Treatment Centre	20.78%
Counselling Service	3.13%
Through an Al-Anon Member	2.02%
Through an AA member	18.64%

Through a family Member	9.14%
Correctional Facility	0.25%
Health Professional	5.58%
Court Order	0.37%
Internet	1.72%
Public Information / Newspaper article	1.23%
Other	6.62%

## Q14 Before coming to AA, did you receive some type of treatment or counselling in relation to your drinking problem?

Yes	51.69%
No	48.31%

## Q15 After coming to AA have you received some type of treatment or counselling in relation to your recovery?

Yes	48.34%
No	51.66%

## Q16 Have you been involved in Service? Select more than one if appropriate.

Local/Group	96.26%
District/ Intergroup Area	3.46%
Area	30.09%
CSO	21.31%
Public Information	23.86%
Treatment or Correctional Facilities	29.47%
General Service Conference	6.85%
Board	2.43%
Convention Committee	15.51%
Other	7.35%

## Q17 Did you attend online (virtual) meetings during the 2020/2021 Pandemic?

Yes	87.62
No	12.38%

## Q18 If yes, in a typical month, how many online (virtual) meetings would you have attended?

1 to 5	39.20%
6 to 10	20.38%
11 to 20	21.06%
21 to 30	12.93%

More than 31	6.43%
--------------	-------

## Q19 What type of Meetings are you attending now in 2022?

Physical Only	42.20%
Virtual Only	7.13%
A mix of Physical & Virtual	47.79%
None	2.89%

## Q20 In a typical month, how many virtual meetings would you attend?

None	5.44%
1 to 10	43.51%
11 to 20	12.04%
21 to 30	6.02%
More than 31	2.98%

## Q21 In a typical month, how many physical meetings would you attend?

None	7.81%
1 to 10	55.62%
11 to 20	27.41%
21 to 30	7.68%
More than 31	1.48%

## Q22 If you are still attending online (virtual) meetings what are the main reasons that you are?

Ease of attendance	0.58%
Disability which makes it hard to attend face to face meeting	4.13%
Time suits better	33.10%
Experiencing an international presence	29.15%
Health reasons	12.12%
Other	31.43%

Would you be interested in having an A.A. presentation at one of your professional gatherings? Or would you like information about recovery from alcoholism in A.A.? If so, please contact

**General Service Office of AA**  
**1/1 Garnet St**  
**Rockdale NSW 2216**  
**Ph: 02 95998866**  
**Email. [gso@aa.org.au](mailto:gso@aa.org.au)**  
**Website: [www.aa.org.au](http://www.aa.org.au)**

If you would like to receive this publication via email twice yearly, please click [here](#)