

Problems other than alcohol

By Bill W.

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Perhaps there is no suffering more horrible than drug addiction, especially that kind which is produced by morphine, heroin, and other narcotics. Such drugs twist the mind, and the awful process of withdrawal racks the sufferer's body. Compared with the addict and his woes, we alcoholics are pikers. Barbiturates, carried to extremes, can be almost as bad. In A.A. we have members who have made great recoveries from both the bottle and the needle. We also have a great many others who were — or still are — victimized by “goofballs” and even by the new tranquilizers.

Consequently, this problem of drug addiction in its several forms lies close to us all. It stirs our deepest interest and sympathy. In the world around us, we see legions of men and women who are trying to cure or escape their problems by this means. Many A.A.s, especially those who have suffered these particular addictions, are now asking, “What can we do about drugs — within our Fellowship, and without?”

Because several projects to help pill and drug takers are already afloat — projects which use A.A.'s Twelve Steps and in which A.A. members are active — there has arisen a whole series of questions as to how these efforts, already meeting with not a little success, can be rightly related to the A.A. groups and to A.A. as a whole.

Specifically, here is a list of questions: (1) Can a *nonalcoholic* pill or drug addict become an A.A. member? (2) Can such a person be brought, as a visitor, to an open A.A. meeting for help and inspiration? (3) Can a pill or drug taker, who also

This pamphlet is derived from an article written by A.A. co-founder Bill W. in 1958. Therefore, some of the language may be dated, but the issues addressed are prevalent today.

has a genuine alcoholic history, become a member of A.A.? (4) Can A.A.s who have suffered both alcoholism and addiction form themselves into special-purpose groups to help other A.A.s who are having drug trouble? (5) Could such a special-purpose group call itself an A.A. group? (6) Could such a group also include *nonalcoholic* drug users? (7) If so, should these *nonalcoholic* pill or drug users be led to believe that they have become A.A. members? (8) Is there any objection if A.A.s who have had the dual problem join outside groups, such as Narcotics Anonymous?

While some of these questions almost answer themselves, others do not. But all of them, I think, can readily be resolved to the satisfaction of everyone if we have a good look at the A.A. Traditions which apply, and another look at our long experience with the special-purpose groups in which A.A.s are active today — both within and without our Society.

Now there are certain things that A.A. cannot do for anybody, regardless of what our several desires or sympathies may be.

Our first duty, as a society, is to insure our own survival. Therefore, we have to avoid distractions and multipurpose activity. An A.A. group, as such, cannot take on *all* the personal problems of its members, let alone the problems of the whole world.

Sobriety — freedom from alcohol — through the teaching and practice of the Twelve Steps is the sole purpose of an A.A. group. Groups have repeatedly tried other activities, and they have always failed. It has also been learned that *there is no possible way to make nonalcoholics into A.A. members*. We have to confine our membership to alcoholics, and we have to confine our A.A. groups to a single purpose. If we don't stick to these principles, we shall almost surely collapse. And if we collapse, we cannot help anyone.

To illustrate, let's review some typical experiences. Years ago, we hoped to give A.A. membership to our families and to certain nonalcoholic friends who had been greatly helpful. They had their problems, too, and we wanted them in our fold. Regretfully, we found that this was impossible. They couldn't make straight A.A. talks; nor,

save a few exceptions, could they identify with new A.A. members. Hence, they couldn't do continuous Twelfth Step work.

Close to us as these good folks were, we had to deny them membership. We could only welcome them at our open meetings.

Therefore, I see no way of making nonalcoholic addicts into A.A. members. Experience says loudly that we can admit no exceptions, even though drug users and alcoholics happen to be first cousins of a sort. If we persist in trying this, I'm afraid it will be hard on the drug user himself, as well as on A.A. We must accept the fact that no nonalcoholic, whatever his affliction, can be converted into an alcoholic A.A. member.

Suppose, though, that we are approached by a drug addict who nevertheless has had a genuine alcoholic history. There was a time when such a person would have been rejected. Many early A.A.s had the almost comical notion that they were pure alcoholics — guzzlers only, no other serious problems at all. When alcoholic ex-cons and drug users first turned up, there was much pious indignation. "What will people think?" chanted the pure alcoholics. Happily, this foolishness has long since evaporated.

One of the best A.A.s I know is a man who had been seven years on the needle before he joined up with us. But prior to that, he had been a terrific alcoholic, and his history proved it. Therefore, he could qualify for A.A., and this he certainly did. Since then, he has helped many A.A.s and some non-A.A.s with their pill and drug troubles. Of course, that is strictly his affair and in no way the business of the A.A. group to which he belongs. In his group, he is a member because, in actual fact, he is an alcoholic.

Such is the sum of what A.A. *cannot* do — for narcotics addicts or for anybody else.

Now, then, what *can* be done? Very effective answers to problems other than freedom from alcohol have always been found through special-purpose groups, some of them operating within A.A. and some on the outside.

Our first special-purpose group was created way back in 1938. A.A. needed a world service office and some literature. It had a service problem

that could not be met by an A.A. group, as such. Therefore, we formed a board of trustees (the Alcoholic Foundation) to look after these matters. Some of the trustees were alcoholics, and some were nonalcoholics. Obviously, this was not an A.A. group. Instead, it was a group of A.A.s and non-A.A.s who devoted themselves to a special task.

Another example: In 1940, the New York A.A.s got lonesome and installed themselves in a club. The club had directors and dues-paying A.A. members. For a long time, the club members and directors thought that *they* were an A.A. group. But after a while, it was found that lots of A.A.s who attended meetings at Old 24th didn't care one hoot for the club, as such. Hence, the management of the club (for its social purpose) had to be completely separated from the management of the A.A. group that came there to hold its meetings. It took years of hassling to prove that you couldn't put an A.A. group into the club business and make it stick. Everywhere today, club managements and their dues-paying members are seen as special-purpose groups, not as A.A. groups.

The same thing has happened with drying-out places and Twelfth Step houses managed by A.A.s. We never think of these activities as A.A. groups. They are clearly seen as the functions of interested individuals who are doing helpful and often very valuable jobs.

Some years ago, a number of us A.A.'s wanted to enter the field of alcohol education. I was one of them. We associated ourselves with some nonalcoholics, likewise interested. The nonalcoholics wanted A.A.s because they needed our experience, philosophy, and general slant. Things were fine until some of us A.A.s publicly disclosed our membership in the educational group. Right away, the public got the idea that this particular brand of alcohol education and Alcoholics Anonymous were one and the same thing. It took years to change this impression. But now that this correction has been made, plenty of A.A. members work in this field, and we are glad that they do.

It was thus proven that, as individuals, we can carry the A.A. experience and ideas into *any outside field whatever*, provided that we guard anonymity and refuse to use the A.A. name for money-raising or publicity purposes.

I'm very sure that these experiences of yesterday can be the basis of resolving today's confusion about the narcotics problem. This problem is new, but the A.A. experience and Traditions which can solve it are already old and time-tested. I think we might sum it up like this:

We cannot give A.A. membership to nonalcoholic narcotics addicts. But, like anyone else, they should be able to attend certain open A.A. meetings, provided, of course, that the groups themselves are willing.

A.A. members who are so inclined should be encouraged to band together in groups to deal with sedative and drug problems. But they ought to refrain from calling themselves A.A. groups.

There seems to be no reason why several A.A.s cannot join, if they wish, with a group of straight addicts to solve the alcohol and the drug problem together. But, obviously, such a dual-purpose group should not insist that it be called an A.A. group, nor should it use the A.A. name in its title. Neither should its straight-addict contingent be led to believe that they have become A.A. members by reason of such an association.

Certainly, there is every good reason for interested A.A.s to join with outside groups working on the narcotics problem, provided the Traditions of anonymity and of no endorsements are respected.

In conclusion, I want to say that throughout A.A.'s history, most of our special-purpose groups have accomplished very wonderful things. There is great reason to hope that those A.A.s who are now working in the grim regions of narcotics addiction will achieve equal success.

In A.A., the group has strict limitations, but the individual has scarcely any. Remembering to observe the Traditions of anonymity and non-endorsement, he can carry A.A.'s message into every troubled area of this very troubled world.

