

**TOPIC #001/2020 – ASSIGNED TO CONFERENCE AGENDA COMMITTEE**

**The General Service Board recommends that the General Service Conference considers changing the Conference Committee system by having three committees instead of the current eleven. The Board makes this recommendation having reviewed the committee system of the Great Britain General Service Conference. Two documents are attached. Document 1 is the proposed new committee system. Document 2 shows how many topics each current Conference Committee has been allocated in the last five years.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

There is an imbalance of topics allocated, with some committees regularly having no or few topics, with others being overloaded.

The current committee system only allows for committees to meet for a maximum of two hours (some 1 hour 50 minutes). During that time they have to review their Composition, Scope & Procedure document, review their Action List and make recommendations on topics allocated to them, and also elect a Chairperson and Alternate for the following year.

**DO YOU HAVE A SUGGESTED SOLUTION?**

Having three committees would spread the workload more evenly, with each of these committees having at least 3.5 hours to complete their business.

It would allow time for committees to thoroughly review their Composition, Scope & Procedure documents, paying particular attention to their Scope.

Each committee would consist of at least 7 Area Delegates, 2 Trustees & 1 staff member. World Service Delegates would both be allocated to the most appropriate committee.

There would be time available on the agenda for any topics allocated directly to the full Conference rather than committees.

There would be time available for committees for any unfinished business.

It would no longer be necessary for combined sessions of more than one committee to be organised.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

The Conference would operate more efficiently.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

No cost.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Discussed at February 2020 General Service Board meeting.

---

**TOPIC #004/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

**\*Note: Raised as floor action at Conference 2020.**

**Advisory Action #034/2020**

Conference resolved that the Conference PI&CPC Committee investigate a Chat Now function on our website and provide a report to be sent as an attachment with topics submitted in 2020 which were deferred to Conference 2021.

**That conference look at developing a “CHAT NOW” feature on the [aa.org.au](http://aa.org.au) website, which would allow a newcomer to “talk” (typing questions in real time to a live person / volunteer AA member, on a national roster)**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. This feature has been successfully developed and is already in use in the UK ([www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)) where it is reported to be getting excellent results
2. A large majority of websites today use such a feature and it is vital that Alcoholic Anonymous remains current in it's use of online technology
3. It will create the potential to reach more sick and suffering alcoholics through one to one live “chat” (typing), and will appeal to young people in particular

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. Employ a website developer to build a function into the existing [aa.org.au](http://aa.org.au) website to allow this feature to operate
2. Create a position for National Chat Now Coordinator to organise a roster system to man the incoming “chats”
3. Liaise with and replicate the same model which is already successfully in use in the UK

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. The still suffering alcoholic who ventures onto the [aa.org.au](http://aa.org.au) website will be able to ask questions of a recovered alcoholic in real time
2. The ‘seed of AA’ can be planted in a way that will particularly appeal to younger generations who are already comfortable communicating online
3. Establishing this feature now will pave the way for future members of alcoholics anonymous who are growing up in the digital age

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Unknown. Conference would need to research.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Area PICPC Committee, with the encouragement of the National PICPC coordinator are in support of this topic

---

**TOPIC #006/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

**Creation of 2 additional radio community service announcements (CSAs) to supplement our existing CSAs. One targeted at Indigenous Australians, another at the LGBTI+ community.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. The use of radio CSAs is perfect for spreading the message of AA across vast areas of Australia. As part of their charters to operate, all radio networks are required to provide a certain number of free time slots to not-for-profit organisations — which AA is.
2. In 2018/2019 Area D. Southern Region managed to get our current CSAs on 26 stations. However, there is a need for diversity in our AA radio CSAs so we can target different areas of the community.

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. Create one CSA aimed at indigenous Australians and another for the LGBTI+ community.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. Radio covers large areas of Australia - especially remote regions, reaching suffering alcoholics who might otherwise fail to hear our message.
2. CSAs are spoken word so alcoholics with literacy issues can hear our details.
3. There are many indigenous radio stations across Australia we could target (<https://firstnationsmedia.org.au/our-industry/radio-services>). During the Area D radio campaign we played on an indigenous station so we know they are open to running them.
4. We currently have 25+ meetings aimed at LGBTI+ members. A CSAs highlighting AA inclusivity, could carry the message to suffering LGBTI+ alcoholics fearful of judgement in our rooms.
5. There are LGBTI+ radio stations such as Joy FM (they ran our CSAs for 13 months, twice a day from Dec 2018) and LGBTI+ radio segments across various networks. We could approach radio networks year round but especially around the time of the Mardi Gras (Sydney), Midsummer (Melbourne).

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Members could voice the CSAs to keep costs down. Total costs — approx. \$1500. A sound studio — approx. \$200 an hour (Melbourne.) Sound mixing/exports to broadcast standard — approx. \$1000. However as we are a not-for-profit we should be able to get discounts on these figures.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

This topic was taken to 7<sup>th</sup> June 2020 Southern Region, Area D Assembly and after minor word changing (which has been included) was endorsed by the Assembly.

**TOPIC 007/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

**To make a series of engaging videos aimed at Professionals within the health, prisons and Armed Forces sectors.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. We currently only have 4 videos on our web site aa.org.au which are very dated and they are American based. We have no Australian video content on the Australian website.
2. People are used to getting content quickly. Video is a powerful way to attract and educate. It can be an easily digestible way to deliver information and more convenient than a wall of text.
3. Generally people can digest information that they see and hear faster than they can if they just read the information.

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. To create a series of videos similar to those on <https://www.alcoholics-anonymous.org.uk/Professionals/Videos-for-Professionals> which can be aimed at Professionals looking to use AA as a resource and including a generic Public Information video. These could be filmed and edited at the same time to minimise the overall costs of the videos and to give them a uniform look.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. Can be accessed from anywhere across Australia making it usable in remote areas.
2. Great for engaging with Professionals (doctors etc) as members can link to and share the content when emailing them. Providing a quick Information portal for time-poor Professionals. Making our information more accessible and more likely to be referred to patients.
3. Versatile media - Can be also be used at presentations such as rotary, schools, nursing colleges etc
4. Can be used across Area, District and Group websites allowing a constant and professional look to our material.
5. Good for people with literacy issues.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Costs will be dependent on the number of videos we wish to commission. However, as we are a not-for-profit organisation we would be given discounts, For a budget of \$5000- \$7000 we should be able to produce 2 to 4 three minute videos. (Costing based on professional knowledge.)

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

This topic was taken to 7<sup>th</sup> June 2020 Southern Region, Area D Assembly and after minor word changing (which has been included) was endorsed by the Assembly.

**TOPIC #008/2020 – ASSIGNED TO CONFERENCE LITERATURE COMMITTEE**

**Amend the Group Handbook to add that all groups, Districts and Areas be transparent with members who donate to their group, District or Area about how funds are distributed at Group, District or Area. This is so members can make an informed choice when making their contribution.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. I have been approached by a number of members who are 'in good faith contributing to the hat' and who believed the contribution was to be distributed according to the 60/30/10 Plan or agreed percentage distribution of that Plan.
2. They are concerned that decisions in applying the 'Power of the Purse' are not in the Spirit of the Fellowship.
3. These members wish to be informed about the use of their contributions so they can make informed decisions regarding their contribution.

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. The Topic, if affirmed by Conference to be added to the Group Handbook.
2. Delegates to carry the affirmed Topic to their Areas, Districts and Groups.
3. Motions which involve Voting on the 'Power of the Purse' to be distributed to all members in the group, District or Area with notice of time and place at which the vote is to take place.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. Alcoholics Anonymous distributes the 'Hat' contributions as suggested therefore being able to carry the message in a more efficient and effective manner.
2. Transparency as requested by many.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

The cost of updating the Group Handbook could be completed in conjunction with other alterations or edits.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Supported by Home Group. Had discussions with Members in Service at District and Area levels who provided feedback. Lack of time to present to District or Area.

---

**TOPIC #010/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

**Taking the advantages and benefits we have seen from the use of online meetings forward, Alcoholics Anonymous in Australia (or Oceania Region) should scope the possibility of developing and using an AA owned and supported Online Video-Conferencing Platform (Our own Version of Zoom etc.).**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. These platforms have successfully supported the Fellowship to continue meeting when F2F meetings could not happen.
2. Meetings and service entities have been using funds to support this
3. Funds could potentially be used to set up our own platform supported by donations removing the need to subscribe to outside providers
4. Service meetings in particular have been facilitated by online meetings, for example Trustees can attend all Area Assemblies in the region without financial outlay

5. Sharing between AA entities has become much more frequent and useful both Nationally and Internationally
6. Removing barriers to participation in all aspects of AA benefits all of us

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. Alcoholics anonymous should consider developing or purchasing an online meeting platform similar to those used successfully during the recent Covid-19 restrictions (Zoom, Skype, GoToMeetings etc.).
2. AA could include/develop our own online security access/functions to prevent intrusions.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. Facilitates regular connecting of members who live remotely with limited access to other members
2. Elderly or unwell or physically challenged members can be easily included in meetings
3. Allows guest speakers to participate more economically and in a time efficient manner
4. Service positions may become more attractive given removal of travel time, particularly for members in rural/remote communities, or those with caring duties for family members
5. Service positions may be required to be created to administer such a platform to support its running in the Fellowship
6. Similarly group or Service entities may need an additional commitment to support this once up and running

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Minimal to the Fellowship in terms of scoping or tendering the development to suitable providers. It should also be considered to find out if any members have the requisite skills in this area to either consider doing the work, or certainly advising on the Tender development to ensure we ask the correct questions.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

This has been discussed by the District including in principle support from Area Delegate and Regional Trustee.

---

**TOPIC #011/2020 – ASSIGNED TO CONFERENCE LITERATURE COMMITTEE**

**That a 4-year AA service position of Editor of *AA Around Australia* be created and advertised on aa.org.au.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. The position of Editor of *AA Around Australia* is contemplated in *The Australian AA Service Manual*.
2. The quarterly production of *AA Around Australia* is a time consuming task which is currently undertaken by staff of the General Service Office who have numerous other tasks.
3. The General Service Office has a high workload and a small staff.
4. General Service Office staff do not necessarily have the skill set required to produce a national newsletter with high production values.
5. AA in Australia needs a national newsletter which is world standard.

**DO YOU HAVE A SUGGESTED SOLUTION?**

That a 4-year AA service position of Editor of *AA Around Australia*, be created and advertised on aa.org.au.

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. The topic if accepted will result in the production of *AA Around Australia* by AA members with relevant skills and plenty of time to devote to the task.
2. The topic if accepted will result in the production of *AA Around Australia* to a high production standard.
3. The topic if accepted will divert a large portion of the workload of the General Service Office to the Editor of *AA Around Australia*.
4. The topic if accepted will provide another AA service opportunity for AA members.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Nil. The position of Editor of *AA Around Australia* would be an AA service position, not a paid position.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

No.

---

**TOPIC #013/2020 – ASSIGNED TO CONFERENCE LITERATURE COMMITTEE**

**This submission proposes AA utilise modern technology to streamline the Australian AA Two Arms of Service Structure to minimise duplication of effort and expense, by establishing a national online literature sales and distribution service. This includes the availability of electronic literature where possible.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. The current two-tiered system of literature distribution involves double handing, is expensive and often requires double postage.
2. There is confusion at group level about where to purchase literature, especially as there are many sources within AA and outside.
3. Major changes in technology (web, phone services, video conferencing) in the last 30 years offer low cost alternatives to the distribution of literature and public information, and the holding of meetings.
4. Online shopping has been embraced by the wider Australian community and is a growing market.

**DO YOU HAVE A SUGGESTED SOLUTION?**

1. Establish one online national service for distributing of AA conference approved literature directly to groups and the public. Groups have a discount code. Individuals pay retail value. Direct sales to groups would remove duplication.
2. This could have a flow-on effect to carrying the message, as financial and other resources currently used for literature sales through 12<sup>th</sup> Step offices (CSOs/Intergroups) could be diverted to carrying the message to local communities through Public Information strategies etc. see attached additional information).

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

Our Australian Service Structure needs to ensure its future by utilising new technologies to maximise beneficial outcomes of members' financial contributions.

1. AA literature would be more accessible to groups and the general public.
2. An increase local public information outreach should reach more problem drinkers and improve their entrance into AA local groups.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

A Joomla E-Shop website set-up with 225 products would be approx. \$4000 with annual costs approx. \$1000 pa.

Overall medium-term costs of a single National Online would be the same or less through:

- increased literature sales
- monies saved from renting facilities diverted to local PI activities or to the GSO.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

This specific topic has not been put to my Group, District or Area. However, our Southern Highlands area has run a "virtual" CSO along with a "district" local public information role since 2008, with local groups' support. This proposal is based that experience, and more recent experiences brought by COVID-19.

---

**TOPIC #015/2020 – ASSIGNED TO CONFERENCE REPORT CHARTER & SERVICE MANUAL COMMITTEE**

**Remove the reference to CSO's from the AA Guidelines and call them local service offices directly responsible to their local groups.**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. Tradition 6 advises we should not have any affiliation with outside enterprises, etc. The closest fellowship to AA is Al Anon and they are not affiliated with our service structure. So why should the CSO's seem to be affiliated with AA by being in our Guidelines?
  2. This confuses the fellowship by the references and the meanings of different words across different countries. E.G in the USA Central means local. In Australia it appears to mean State service offices which has the potential to give us 6 services structures instead of 1.
- We need to reduce the confusion in our fellowship structure as much as possible

**DO YOU HAVE A SUGGESTED SOLUTION?**

That the removal of the CSO guidelines to be replaced by Local Service Offices.



**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

The fellowship benefits by having a clearer understanding our general (national) service structure.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Minimal

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

We have asked the group and it was suggested at a recent district workshop

---

**TOPIC #016/2020 – ASSIGNED TO CONFERENCE REPORT CHARTER & SERVICE MANUAL COMMITTEE**

**That the Guidelines on National Conventions be sent to a working committee to better reflect the single purpose of Alcoholics Anonymous**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

Over the last 10 years, opening meetings and closing meetings seem to have been more about the family disease and not the solution of AA for the alcoholic who still suffers. It should only be the fellowship of AA on display. No other fellowships to be involved. See Guidelines on cooperation with AI Anon. It is either an AA event or an AI Anon event. It cannot be both.

**DO YOU HAVE A SUGGESTED SOLUTION?**

Change the Guidelines to affect and reflect the will of the Conference. i.e. the fellowship

**HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

The alcoholic will benefit by having a single message delivered on how to stay sober and the fellowship will benefit by sticking to its singleness of purpose at all events.

**WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Minimal

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Have discussed this with numerous groups at numerous conventions over the past years.

---

**TOPIC #018/2020 – ASSIGNED TO CONFERENCE REPORT CHARTER & SERVICE MANUAL COMMITTEE**

**That the Service Manual be changed to suggest that the outgoing Area Delegates be given the responsibility to be the AAAA rep for that Area**

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

In the USA the outgoing Area Delegates are the Grapevine representative.

**DO YOU HAVE A SUGGESTED SOLUTION?**

## 2020 CONFERENCE TOPICS DEFERRED TO CONFERENCE 2021

That each area Assembly where the new delegate is elected the past one be offered the AAAA representative position

### **HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

The Fellowship would benefit by continuing to have the experience of the previous delegate within the general service structure. This would also assist the work of the Area Registrar and free the current delegate to communicate more with their DCM's and GSR's. And he would also be available to help in new incoming delegate.

### **WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Minimal

### **HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

They said go ahead.

---

## **TOPIC #021/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

**Request that the webmaster and/or responsible committee, source and implement a live chat function on aa.org.au**

### **WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

1. This was one of few suggestions which came from the 2019 PI&CPC Forum. Most current AA members are familiar with very basic computer skills, are interested in new and innovative ways to carry the message to newcomers and reported numbers of 12-Step calls coming through our 1300 number are very low.
2. This is a feature of [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk) which has reportedly been seeing excellent results.
3. Many young people are comfortable and adept at instant communication and chat. This is a common feature on most contemporary websites where communication is required.

### **DO YOU HAVE A SUGGESTED SOLUTION?**

1. Create an additional Service Position – possibly “Live Chat Coordinator” to implement and maintain a working roster of volunteers.
2. Source and install a Live Chat feature onto the current aa.org.au website.
3. Source those members who installed and operate the UK system and enlist their experience.

### **HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

1. Anyone who enters the website will be offered instant contact with a recovered alcoholic.
2. Young people will be communicating in a format with which they are comfortable.

### **WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

The most highly recommended Live Chat starts at \$19 per month per account/user. Most, if not all, offer free trial periods. A thorough cost analysis would be required.

**HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Yes, Area supports the topic unanimously.

---

**TOPIC #022/2020 – ASSIGNED TO CONFERENCE PI&CPC COMMITTEE**

This topic proposes that AA Australia, together with the National and Area PI Committees, develop a series of videos, similar to the UK <https://www.alcoholics-anonymous.org.uk/Professionals/Videos-for-Professionals>, targeting the professional community including health, employment, correction services and armed forces. These videos should incorporate current evidence supporting the efficacy of AA in helping alcoholics to recover <sup>1</sup> and use recovery language relevant to the respective professions rather than the unique recovery language of AA. Subject matter experts who are friends of AA should be involved in the production of these videos

An audit into AA communications<sup>2</sup> suggested that professionals are keen for information to address alcoholism but that AA resources designed for the Professional Community do not speak in a language relevant to the respective professions; are not delivered across platforms that professionals use; and that those within the Conference structure are not necessarily trained (or armed with tools) to forge cooperative relationships with the Professional Community. This is negatively impacting A.A.'s relevance and its effectiveness in reaching the still-suffering alcoholic

**WHAT IS THE BACKGROUND OR REASON FOR THE TOPIC?**

Anecdotal evidence suggests that AA in Australia has lost its referral base through courts, hospitals, rehabilitation and treatment facilities and human resource departments. In 2016, the Medical Journal of Australia<sup>3</sup> reported that less than half of those seeking treatment for alcohol and other drugs are able to access appropriate treatment and recommend resourcing effective referral and treatment pathways. Yet the recently launched Drug and Alcohol Court in the ACT, does not appear to identify AA as an option for preventing recidivism from alcohol related crime.

CPC Coordinators in Australia have extremely limited resources to facilitate their CPC work. Pi/CPC resources available on the AA Service Website are very limited, difficult to locate, do not represent AA nationally and lack professionalism (Attachments 1-3). The most recent CPC publication for Professionals on aa.org.au is dated 2018. See <http://www.aaservice.org.au/membersonly/category/story-type/service-material/>

AA conference approved PI/CPC publications are generic and representative of the US and UK experiences.

**DO YOU HAVE A SUGGESTED SOLUTION?**

---

## 2020 CONFERENCE TOPICS DEFERRED TO CONFERENCE 2021

1. Develop digital resources that provide information for the professional communities explaining what A.A. is—the How, What, and Why— using language relevant to the target audience; AA's efficacy as a strategy for treatment and harm minimisation; and consistent, easy to access contact information
2. These videos should be available on the General Service Office (GSO) and AA Service websites for use by Area CPC Coordinators and Groups to help carry the message of AA to the still suffering alcoholic through hospitals, treatment facilities, courts and employment services.
3. Post digital resources on the National AA Website under the Health Professionals and Media tab for access by professionals
4. Retitle Health Professionals and Media tab to Information for Media, Health Professionals, Employers, Corrections and Armed Forces

### **HOW WILL THE ALCOHOLIC WHO STILL SUFFERS OR THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS BENEFIT FROM THIS SUGGESTION?**

“Our Twelfth Step — carrying the message — is ... our principal aim and the ... reason for our existence ... A.A. is more than a set of principles; it is a society for alcoholics in action. We must carry the message, else we ourselves can wither and those who haven't been given the truth may die.” (The A.A. Service Manual, “A.A.'s Legacy of Service,” page S1)

“Cooperating with nonalcoholic professionals is an effective way to carry the message to the sick alcoholic. Such people often meet the alcoholic in places where A.A. is not present. Through professionals, alcoholics may be reached who might otherwise never find the program, or they may be reached sooner with the help of informed non-A.A.s.” (Cooperation with the Professional Community WORKBOOK 2018, p.6)

### **WHAT ARE THE ESTIMATED COSTS OF IMPLEMENTING THIS SUGGESTION?**

Video production costs vary according to quality and production requirements. Production costs for 5 minutes range from \$5000-\$10,000. Costs could be reduced should AA members volunteer services to perform aspects of production including filming, lighting. Paid professionals should ideally be engaged for assistance with scripting, storyboard, direction and editing

<https://price.advids.co/how-much-does-a-business-video-production-cost-in-australia/>

### **HAVE YOU ASKED YOUR GROUP, DISTRICT OR AREA TO MAKE A DECISION ABOUT THIS TOPIC AND, IF SO, WHAT WAS THE OUTCOME?**

Topic presented to Area Assembly in May 2020. Topic supported unanimously

<sup>1</sup> <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full>

<sup>2</sup> [http://www.area82aa.org/wp-content/uploads/2018/11/A.A.%20Internal%20External%20Communications%20Audit%20Report\\_ABRIDGED\\_180821.pdf](http://www.area82aa.org/wp-content/uploads/2018/11/A.A.%20Internal%20External%20Communications%20Audit%20Report_ABRIDGED_180821.pdf)

<sup>3</sup> Ritter, A. & Stooove, M. Med J Aust 2016; 204 (4): 138. || doi: 10.5694/mja15.01372. Published online: 7 March 2016