

## **TREATMENT AND CORRECTIONAL FACILITIES COMMITTEES**

### **HOW AA CARRIES THE MESSAGE TO ALCOHOLICS IN TREATMENT AND CORRECTIONAL FACILITIES**

In trying to help the alcoholic who is in a correctional facility (CF) or treatment facility (TF), AAs try to work together as much as possible by following suggestions from those who have already experienced growing pains in carrying the message to the patients in these facilities.

### **PURPOSE**

The purpose of CF and TF committees is to co-ordinate the work of individual AA members and Groups who are interested in carrying our message of recovery to alcoholics in these places, and to set up means of bridging the gap between them and the AA community.

Such a committee may function within the structure of a Local/Central Service Office or an Australian Service Conference (ASC) Committee or Area Committee. Prior to the formation of such committees, this *Twelfth Step* work is usually done by a single Group or member, but as the number of AA Groups in the community grows, these committees make the allocation of resources easier and consequently more effective than individual effort.

### **DIVISION OF RESPONSIBILITIES**

Because of rapid growth (in US/Canada), the 1977 General Service Conference voted to dissolve its Institutions Committee and in its place formed two new committees, one for CFs and one for TFs. This division was created to provide better service to Groups and meetings in both kinds of facilities, so we use the designations Correctional Facilities Committees (CFCs) and Treatment Facilities Committees (TFCs) throughout these Guidelines.

In Australia, with a much smaller population of Members, we combine the two, and call them "Treatment & Correctional Facilities Committees" at Conference level. However for many of the Local/Central Service Office and Area level committees, due to shortage of volunteers, the function is often combined with that of public information and cooperation with the professional community. Thus the activities PI & CPC committees undertake will include all types of information and communication activities in their own right or in association with AA events, as well as servicing Groups or individuals in institutions where there is no other structure.

Local conditions and resources will determine what actually happens.

## HISTORY

Some of the early history of AA's work in hospitals, prisons and rehabilitation centres is outlined in the book "AA Comes of Age". When only a few of the early Groups had been formed, it was soon apparent that many alcoholics needing help were to be found in hospitals or prisons. Naturally, early Members wanted to carry the AA message to alcoholics who were not able to attend meetings on the outside, but prison and hospital regulations did not permit visitors to enter these institutions to contact the alcoholic directly. Consequently, the first efforts were made through the administrative personnel. In 1939 the Superintendent of Rockland State Hospital, a New York mental institution, was approached and agreed to the establishment of one of our first AA Hospital Groups. Similarly, the late Warden Duffy of San Quentin Prison responded favourably and in 1942 permitted the first AA Group in a prison. These examples were the forerunners of thousands of Groups in North American treatment and correctional facilities; many meetings now meet in such facilities throughout the world and many regular AA Groups hold meetings in treatment facilities.

Since many alcoholics in correctional facilities cannot come to regular AA Group meetings, we need to go to them. We can continue to do the same kind of work that the early AAs did in San Quentin and Rockland State. Once Groups are started, they need further help to continue to function - speakers, literature, sponsorship, information about how to conduct their meetings inside etc - and it has been found that wherever a well-organised committee is functioning, T&CF Groups grow and flourish. As well, their members' transition from the facility to the outside is made in the best possible way. Those who have accepted the message in a facility generally continue to be active in AA on the outside.

Occasionally, a committee on Co-operation with the Professional Community (CPC committee) will establish the initial contact with the facility. Where these functions are separate, in these instances the various committees have an opportunity to share their experience with one another, enhancing communication between them.

Alcoholics in TFs are generally more fortunate, able to attend the meetings of any AA Group that uses the treatment centre for its meetings, and often to other meetings in the community. An AA meeting is frequently part of the treatment programme, though this type of meeting is not necessarily open to all AAs; members of T&CFs are usually invited by the centre officials to carry the message into the centre.

In North America it has been found that as the number of Groups increases, each Group and individual member should be given the opportunity of sharing in T&CF *Twelfth Step* work. To do this as effectively as possible it has proved a good idea to select a member of each Group to serve on the T&CF committees. Plans can be worked out so that each CF and TF Group in the area will be assured of AA help. When there is a Local/Central Service Office, its steering committee often includes the chairpersons of the CF and TF committees.

When these committees are not a part of the Local/Central Service Office structure, it has proved helpful to have a member of the Area Committee serve as chairperson for the entire Area. This chairperson works in co-operation with local T&CF committees, relays information to them from meetings of the Conference Committees on CFs and TFs, held during the annual General Service Conference, and shares Conference thinking and experience on the matter. To give you an idea of how a successful committee can function, an example follows. We think you may get some ideas from this material, whether you are a Lone member, a member of a Group, a Central Office committee, a District Committee or an Area Committee, as long as you're eager to co-operate and help to carry the AA message into these facilities.

## **EXAMPLE OF A T&CF COMMITTEE IN ACTION (N.AMERICA)**

A small committee, serving eleven CF and TF Groups, uses the following structure:

1. General Chairperson and two Co-Chairpersons, one for CFs, one for TFs.
2. The General Chairperson, a member of the local Local/Central Service Office steering committee, co-ordinates activity reports to the steering committee. The same structure is applicable to the Area Committee where CF and TF committees are organised on an Area basis.
3. Co-Chairpersons appoint a contact or "outside sponsor" for each Group or meeting.

Contacts then become members of the CF or TF committees. These committees convene every month to make assignments and handle other related business. Occasionally, a dinner, followed by a guest speaker, may be held; all AAs in the Area are invited, as the effectiveness of this work always depends on Group participation. CF and TF administrators and officials and other interested non-AAs are frequently invited.

## **BASIC FUNCTIONS OF A T&CF COMMITTEE**

### **TAKES REGULAR AA MEETINGS IN CFS AND TFS WITHIN ITS AREA.**

1. Encourages Group participation. In some Areas each Group has a Group Institutions Representative (GIR).
2. Provides a liaison between CF and TF Groups and meetings and Groups on the outside.
3. Co-ordinates sponsorship:
  - a) provides individual sponsorship
  - b) provides Group sponsorship.
4. Arranges purchase and distribution of literature for these Groups and meetings. Some Groups collect back issues of the local AA magazine for distribution.

## **RELATIONSHIP WITH CF AND TF AUTHORITIES**

1. Makes information about AA's function and purpose available.
2. Seeks to understand all CF and TF regulations, and explains them to members who will be in direct contact with the Group.
3. Assists in the formation of new Groups in CFs and TFs.

Signing cards validating that a person has attended an AA meeting is at the discretion of individual groups. Doing so does not contravene any Tradition and enhances the principle of co-operation without affiliation.

## MEETINGS & SPEAKERS

In a few Areas, Groups are assigned to provide speakers at specific times in specific facilities. In those Areas where this policy has been implemented, it appears to work well; however, it is not always so - too often commitments are not followed through. The problem is the question of responsibility, which can be allocated:

1. To the contact or Group Sponsor for each facility, who then seeks out individual speakers.
2. To the facility representatives of the outside Groups.
3. To an individual appointed by the chairperson.
4. To the two co-chairpersons of the committee, who arrange for rotation among Groups in the Area. (Note: it is helpful to ask nearby Groups to serve during bad weather (eg snow and ice!), allowing distant Groups to participate when travelling is easier).
5. Committee members assume the total responsibility, rotating the assignments among themselves, while still recruiting other speakers for variety.

NOTE: Experience indicates that while CF and TF Groups and meetings need the support of outside speakers at their meetings, they can and do help themselves by holding closed meetings for which they are responsible. Many committees have found that encouraging this often leads to CF and TF Groups and meetings developing their own AA discussions, which in turn can lead to lessening their dependence on outside Groups. All people responsible for meetings at CFs and TFs concur that the more outside members who participate the better. The patient or inmate then has an opportunity to hear varied AA talks, has a better chance to identify and to hear different interpretations of AA; it is not necessary for the speakers to have been institutionalised or in treatment.

## LITERATURE

Most committees feel that adequate literature supplies are essential in T&CF Groups and meetings. General Service Office has put together a wallet containing a basic set of T&FC materials.

Supplies can be financed in several ways:

1. Donated by local Local/Central Service Office or Group.
2. Donated by individual members of the committee.
3. Special funds, eg: Buck of the Month Club - many members contribute and all funds are used for T&CF literature.
  - a) Special meetings or dinners, at which a collection is taken for T&CF literature.
  - b) Piggy banks or special cans at regular meetings, marked "For T&CF Literature".

## SPONSORSHIP

Experience shows that even though a man or a woman may have been participating in a Group or meeting in a CF or TF, there is anxiety about the transition to a regular Group on the outside. With the constant reminder that AA has only sobriety to offer, many committees do try to provide some additional personal contact, so that this transition period can be made easier.

1. Where there is a local Local/Central Service Office, newly released patients or inmates are encouraged to meet sponsors through its office.
2. Contact with a Group in the area to which the inmate/patient is being discharged is established in advance:
3. Occasionally, in TFs, patients are allowed to attend outside meetings before their release; this makes sponsorship easier. In some instances, this is done instead of having meetings within the treatment centre
4. Pre-parole activity is encouraged in some areas and many committees work closely with parole officers. Sometimes, as with TFs, CF inmates are allowed to attend outside meetings in advance of their parole. Through continual contact with parole officers, the committee can be given vital statistics on all parolees coming into and leaving the area. The parolees are then contacted immediately on arrival and those going elsewhere are given contacts at their destinations through the AA directories.
5. The contact chairperson or Group sponsor meets the patient or inmate on release. (Sponsorship being the personal thing that it is, many Areas have found it helpful to have patients or inmates select their own sponsors once contact with the outside has been made. The initial contacts do not necessarily continue as sponsors, but do serve as a vital link between the institution and the AA Group outside).

## RELATIONSHIP TO AA IN THE AREA OR DISTRICT

As in all AA activity, communication of needs and progress is all important. Such communication can be maintained through:

1. GSRs at Local/Central Service Office or Area meetings
2. The use of Local/Central Service Office/Area bulletins
3. Special institutions bulletins
4. Direct contact at regular meetings by committee members
5. Special dinners with T&CF committees inviting others to attend
6. Regular T&CF workshops under Area service meetings. (In some places inmates are allowed to attend these workshops with their Group advisers);
7. Monthly meetings of the District or other local T&CF committees (rotated within an Area), to which all AAs are invited.

## RELATIONSHIP TO AL-ANON

Many Areas report that it is extremely helpful to work with Al-Anon Family Groups in order that the family of the inmate or patient may gain a better understanding of our Fellowship. For information, contact: Al-Anon Family Groups PO Box 1002H Melbourne VIC 3001.

## RELATIONSHIP TO GENERAL SERVICE OFFICE

As mentioned above, General Service Office has made up small kits of T&CF materials. New materials are produced from time to time, such as a recent equivalent to *"It Sure Beats Sitting in a Cell"* for female inmates entitled *"How Did I End Up Here?"*. Currently available titles include:

*"How AA Members Cooperate with Professionals"*, *"If You are a Professional (who works with alcoholics)"*, *"AA in Treatment Facilities"*, *"AA as a Resource for the Health Care Professional"* and *"Three Talks to Medical Societies by Bill W., Co-founder of AA"*.

*"Memo To An Inmate"*, *"AA In Treatment Centres"*, *"AA In Correctional Facilities"*, *"Carrying the Message Inside The Walls"*, *"Where Do I Go From Here?"* and *"It Sure Beats Sitting In A Cell"*.

Also valuable are: *"AA In Your Community"*, *"AA At A Glance"*, *"The AA Member – Medications and Drugs"*, *"Members of the Clergy Ask About Alcoholics Anonymous"*, .

There are also a number of videos that are suitable for showing in institutions, for example:

*"It Sure Beats Sitting in a Cell"*, *"Rap With Us"*, *"Young People"*, *"Hope"*.

*"AA Around Australia"* has a T&CF News sheet. *Loners Internationalists Meeting (LIM Australia)* offers another type of opportunity for Members confined behind the walls. This is an AA meeting by mail, published six times per year. Call or write to General Service Office for details.

If you are just becoming interested in T&CF work, why not enquire from Local/Central Service Office about a list of the CFs and TFs in your Area, or establish one, and check to see whether any Groups are listed in your local hospitals, prisons or rehab centres? If there aren't any, contact the administrators in the institutions; they may be most understanding and co-operative, or they may initially resist the idea of an AA presence, which could require a period of careful relationship-building and persistence.

Please keep in touch with us and let us know of your experience. Send details so we can add any unlisted CFs and TFs committees or Groups to the General Service Office mailing list, and so that we may share your activities through the T&CF Bulletins, add your experiences to our files and help others who want to work with AA in institutions.