

# Collected Sharing - Cooperation With the Elder Community Committees

This sharing reflects A.A. experience shared at the General Service Office and reflects guidance given through the Twelve Traditions and the General Service Conference (U.S. & Canada).

And if you have any helpful comments or suggestions — please contact the General Service Office (212-870-3476 or [nominating@aa.org](mailto:nominating@aa.org))

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## Introduction

\* I Am Responsible \*

When anyone, anywhere reaches out for help,  
I want the hand of A.A. always to be there.  
And for that: I am responsible.

At this time there are few Cooperation With the Elder Community (C.E.C.) Committees in the U.S. and Canada. The purpose of this collected sharing is to share experience and help A.A. members extend the hand of A.A. to elder sober A.A. members or to elder newcomers who have been touched by alcoholism later in life. We hear in A.A. meetings how alcohol was not a problem for many years for some members but, as they got older, they developed a serious drinking problem. As the A.A. Fellowship is based on the principle of including all who wish to stop drinking, C.E.C. Committees can bridge the gap of age, distrust, shame and hopelessness.

We wish you every success as you work together to insure that A.A.'s program of recovery is available to anyone who has a desire to stop drinking regardless of their age.

### GENERAL SERVICE BOARD HISTORY

#### JULY 1991 – A.A. GENERAL SERVICE BOARD'S PROJECT ON THE AGED

In response to a request from the Chairman of the General Service Board of Alcoholics Anonymous, a Class A Trustee with the help of many trusted A.A. servants prepared the following sharing for consideration by the Board and the Fellowship:

1. How many aged alcoholics are known to social agencies? Those known to social agencies can be reached by Cooperation with the Professional Community (C.P.C.) efforts directed towards the agencies which are interested. I called only three agencies. All three knew of and were interested in helping aged alcoholics. Within two days of these calls, I received requests for help either for a specific alcoholic client or for information about how A.A. could help aging, still suffering, alcoholics. It is apparent that C.P.C. committees, working with the agencies which came into contact with older alcoholics, can reach many who have no contact with us.

2. To reach alcoholics in most retirement communities and convalescent homes would require work by Public Information (P.I.) committees and C.P.C. committees. It was merely a question of A.A. groups and the service structure of

A.A. being made aware of the need for a concerted effort to help the still suffering, aged alcoholic.

3. Several retirement communities in Connecticut already have A.A. groups. This has been true of some convalescent homes also. In some areas, local A.A. members take residents of retirement communities and convalescent homes to meetings regularly. This could become a project of nearby A.A. groups. Those who have been involved report receiving support from staff and that the patients whom they took under their wings were interested in going to meetings.

Experience with those in retirement communities and convalescent homes points up some issues which would have to be dealt with in working with residents.

A. Anonymity. In very large retirement communities, this may or may not be an issue. However, the retirement communities in Connecticut which have A.A. groups seem to have managed this because solid A.A. members became residents of the community and then started their own groups. What the problem would be in getting such groups started by outside members is not known. In smaller communities and in convalescent homes, on-premises meetings make the maintenance on anonymity impossible. This can be handled by local groups taking aged alcoholics to outside meetings.

B. Taking those interested to outside meetings raises problems also. Staff support for such efforts are vital. The reliability and punctuality of those picking up the older people is essential as at this age uncertainty and disappointment are not handled well. Those taking the patients must be prepared to be responsible for their physical movement and well being, no small responsibility as many of the aged will be in poor health. In some situations, insurance and legal liability issues may be involved.

4. C.P.C. committees are already working with physicians, clergy, lawyers, hospitals, etc. Reaching aged alcoholics whom these professionals know of would only involve including information about the availability of A.A. help for the aged through ongoing committee work. It should be noted that the two major hospitals in Connecticut have active programs, with which A.A. cooperates, for helping all alcoholic patients admitted and one (St. Raphael's) has featured the plight of aging alcoholics in their in house publication. In addition to information given to those professionals and institutions about A.A.'s primary purpose and how it can help, there is no reason that the points cannot also be made that active A.A. participation of the aged can, by its very nature, solve many of the other problems those who work with the aged stress – such as loneliness, feelings of worthlessness and purposelessness, loss of community, etc.

5. P.I. committees are already providing spot radio and T.V. announcements, providing speakers to a wide range of community and professional groups. Again, reaching aged alcoholics would only involve adding an emphasis on what A.A. can do for the aged. Suggestions included special spots for the aged; including (even in talks to school children) information about the help which

would be possible for older alcoholics. In addition, P.I. committees could approach organizations of senior citizens, clubs, etc. and offer themselves as speakers.

6. In view of the interest expressed by a range of agencies in helping the aged alcoholics with whom they dealt, C.P.C. committees might well find that one of these agencies or a local alcoholism information center might play an important part.

7. It should be noted that convalescent homes, in particular, are very receptive to C.P.C. efforts which can contribute to their in house education programs. As one of my informants noted, they legally have to provide a certain number of hours of in house education and A.A. provides educational programs which are interesting and can be scheduled at the convenience of the institution and which costs *nothing*.

**SOS - Sober over Sixty** (Note: Since this report was written in most A.A. communities the term SOS has been replaced by **Seniors In Sobriety (SIS)** and usually refers to A.A. meetings or groups.)

If we contact aged, still suffering, alcoholics, or gain access to agencies, etc. through C.P.C. and P.I. activities, we are going to have to meet these obligations with A.A. members, and preferably with A.A. members in a similar age group. This raises a major problem. A goodly proportion of long-term A.A. members, now over sixty years of age, are not active at either the group or district level, or with Intergroups. *This points up the second prong of any initiative dealing with aged, still suffering alcoholics – GETTING OUR OLDER MEMBERS BACK INTO ACTIVE PARTICIPATION IN THE FELLOWSHIP.*

Considerable thought and action on this problem has been going on in Manhattan already. Some A.A. members have coined the term "Sober Over Sixty" ("SOS") and dramatized it with badges (Ask me about SOS; Does your group have an SOS; Sponsor an SOS; I'm an SOS, let's talk.), actively soliciting the activity of newly retired A.A. members on committees, asking them to make contacts and do tasks which require action during hours when most other A.A.'s are at work; have held a workshop on special needs in which the problems of the aged were featured, encouraging groups to have handicapped older members picked up by younger members, to name just a few of their activities:

1. We have to find the older members who are no longer active in A.A.
2. We have to learn why they are no longer active and how to seduce them back into activity. We have some clues about why they are no longer active: Grapevine articles (already gathered) which mostly concern the temptation to drop out and why the writers didn't. Given clues: feel little in common with new generation "pigeons"; feel unvalued by the group they used to go to; are now handicapped and so cannot easily get to meetings; when they have volunteered

for committees, they have now been used; fear of sounding like "bleeding deacons".

3. Some solutions suggested, all of which would make these members feel and be valued by their groups again:

A. Ask them to be available for contact with alcoholics seeking help in their aged group, either for initial contact or to be sponsors.

B. Have C.P.C. and P.I. committees use them to handle all aspects of the work with the agencies who want help with aging, still suffering alcoholics.

C. Especially with able-bodied, newly retired SOS's – ask them to do legwork for local committees when it is best done during working hours of most A.A.s. This is done in Manhattan and benefits both the SOS and the A.A.

D. Make arrangements to transport any aged A.A. member regularly to meetings and send out relatively new members to bring them so that they can benefit from the SOS experience. If the SOS is transported to a meeting, give him a function immediately, e.g. greeter, selling raffle tickets, manning the literature display, etc. (any activity that will keep him/her from retreating into a corner).

E. "Adopt an SOS" – group makes a point of finding and "adopting" one or more SOS from their area.

F. Promote the gathering of oral histories for local archival use. This brings active members into contact with SOS's who have "dropped out" and provides an opportunity to promote their dropping back in. Use such tapes as what it used to be like in A.A. for anniversary meetings.

G. Suggestion for a meeting topic: younger members indicating the roll an aged SOS played in their road to sobriety, i.e. SOS appreciation meeting.

H. For the bedridden or severely handicapped SOS, arrange for him/her to be the sponsor of a handicapped alcoholic seeking help... by phone... by mail. Equivalent of a homer or loner sponsor. It might be possible, occasionally, to take a meeting in to a shut-in new member of A.A.

It was the consensus of those A.A.s I spoke with that if there was an A.A. initiative for the aged, still suffering alcoholics, older A.A. members who have become inactive would enthusiastically become active again.

### **OTHER ISSUES**

1. There may be insurance and legal liability problems to be resolved if handicapped (or perhaps others also) are transported from convalescent facilities.

2. Necessity of having afternoon groups available as many cannot drive at night, and agency means the transportation of the handicapped tends to end about supper time.

3. Necessity of having meetings which allow access for the handicapped. Making certain area meeting schedules have any meetings which provide access clearly marked. Also, non-smoking meetings should be indicated on schedules.
4. Having available at all meetings, large print Big Book, Time to Start Living and other pamphlets. Taking large print pamphlets to and P.I. and C.P.C. work where still suffering, aging alcoholics will be in attendance.
5. Public Information T.V., radio, magazine and newspaper spots aimed specifically at the elderly, still suffering alcoholics. (The recent article in A.A.R.P.'s Bullet on aged alcoholics would allow for a follow-up letter indicating A.A.'s ability to help.)
6. Emphasize the theme that it is never too late---that "There is Life Before Death" (A.A. Grapevine article title). This is important as with aged there is a tendency for family, physicians and the still suffering alcoholic himself to adopt an attitude that no wonder he drinks because he has nothing to look forward to – or that it is too late to change now – etc.
7. Getting initiative for working with the aged alcoholic – inside and outside A.A. – brought before the A.A. General Service Conference in some way to enhance awareness of the problem as well as possible solutions.
8. Consider the possibility of groups composed of single age groups.
9. Consider a roster of A.A. members who have been through crises associated with aging (bereavement, retirement, illness, financial problems, red tape problems, etc.) to help newcomers to identify as well as help SOS members who are faced with these kinds of problems and find them endangering to their continued sobriety. Concrete help with these problems would occur inevitably as those who had been through them would know what community help was available. However, their main purpose would be to allow newcomers and SOS's to discuss with understanding listeners their common problems.
10. Possible newcomers meetings for newly arrived retirees, led by SOS members. (This could serve the SOS who is having trouble with retirement also.)
11. In areas of the country where there are large numbers of retirees, there should be some way of setting up a system whereby newly arrived A.A. members would be welcomed and informed about local A.A.
12. Area Assemblies, Conventions, Round-Ups, etc. – sharing sessions on meeting the needs of SOSs and of still suffering, aged alcoholics??? More Grapevine articles dealing with coming to A.A. at an older age, with how older A.A.s helped younger A.A.s with their achievement of a sober way of life, why SOSs cease to be active in A.A., etc.???

## HISTORY/GROWTH of SERVICE TO THE ELDER COMMUNITY

- **1979** The General Service Conference approved the publication of the pamphlet "Time to Start Living," with the subtitle "Stories of Those Who Came to A.A. in their Later Years," for older alcoholics.
- **1990** A.A. members in Area 49 (Southeast New York) and Area 11 (Connecticut) worked with Class A (nonalcoholic) trustee, Joan Jackson, to complete the 1991 Report found on Page 2.
- **1990-2000** A subdivision of Sober Over Sixty was established in New York under the Special Needs Committee. This group targeted assisted living and nursing homes. The group also taped "oldtimers" for the archives and held "Roots" meetings.
- **July 2000** A workshop entitled "Carrying the Message to the Older Alcoholic" was held at the 65<sup>th</sup> International Convention.
- **2001** The General Service Conference approved the pamphlet "A.A. for the Older Alcoholic-Never Too Late" to replace "Time to Start Living."
- **November 2001** A workshop, "Serenity not Senility," was held at the 40<sup>th</sup> Annual Hawaii Convention.
- **August/September 2002** Box 4-5-9 published an article, "Honolulu A.A.s Help Older Alcoholics Say Aloha to Serenity."
- **July 2005** At the 70<sup>th</sup> International Convention a workshop entitled "Carrying the Message to the Older Adult" was attended by 1,300 people.
- **October/November 2006** Box 4-5-9 included an article, "Seniors in Sobriety Become a Focus."
- **2008** 15 "Seniors" groups are listed at the General Service Office (Arizona, California, Florida, Hawaii, Michigan, Minnesota, New York, Ohio and Texas).
- **March 2004, 2006, 2008** Roundtables were given on "Cooperation with the Elder Community" at the Pacific Region Alcoholics Anonymous Service Assembly (PRAASA).
- **2006 – 2008** Annual A.A. International Seniors in Sobriety Conferences held in Hawaii, Arizona and California.

## HOW TO GET STARTED

### *A Few Suggestions on Getting Started*

- When the need for a Cooperation With the Elder Community (C.E.C.) Committee is apparent, notify local groups through G.S.R.s or other contacts that any interested A.A. member is welcome to participate. Area, district or central office newsletters or meetings can be utilized to do this. Extend a welcome to the D.C.M. or other area officers as well. If practical, invite one or more A.A.s experienced in Cooperation With the Professional Community (C.P.C.), Public Information (P.I.), or Treatment Facilities (T.F.) service in nearby communities to attend early meetings to share how they got started.
- In addition to this workbook, discuss the literature listed below. Have extra copies for those attending the start-up meeting:

Large-Print Recovery Pamphlets: "A.A. for the Older Alcoholic"  
"This is A.A."  
"Is A.A. For Me?"  
"44 Questions"  
"The Twelve Steps Illustrated"

Other Pamphlets: "Is There an Alcoholic in Your Life?"  
"Young People and A.A." (for children or grandchildren)

- At the first meeting after everyone has been introduced, ask experienced A.A. guest(s) to briefly share their suggestions for working together as a committee. Develop a committee membership list from those attending the meeting.
- It is important to have regularly-scheduled dates and times for these meetings. A.A. experience is that regular meetings help committees to keep their services moving forward and provide opportunities to iron out any difficulties. Regular committee meetings allow group conscience decisions to provide thoughtful guidance for committee activities.
- Once the new committee members are comfortable with this Workbook, the committee can decide what activity is a priority for their elder A.A. community.

**NOTE:** Experience indicates that committee members respond enthusiastically to the success of a single project. Your first committee meetings may be devoted to choosing and completing a single project. Once the committee has positive experience with one activity, the committee's group conscience is ready to consider additional service activities. "Keep it Simple" and "Good Orderly Direction" are slogans that are invaluable to service committees.

- It is helpful if local C.E.C. Committees provide G.S.O. with copies of locally developed C.E.C. flyers, pamphlets, etc. G.S.O. is in the process of gathering local experience to be shared as a resource for C.E.C. Committees.

## **PERSONAL SHARING ABOUT STARTING A C.E.C. COMMITTEE**

"My experience is just what I am going to share with you. A few years ago I started attending the seniors' panel at PRAASA. I had lunch with an avid supporter and he suggested that I introduce it to the district where I am a D.C.M. After many e-mails back and forth, sharing our experience, a presentation was given to all the G.S.R.s to take to their home groups and discuss.

"Perhaps we are doing more harm than good when we rush to get an Area C.E.C. Committee. If we establish them in the districts, there will be justification at the area level when several districts seek that next step. Getting started in the districts is more than just finding out where the nursing homes are. When the G.S.R.s in the district took the information back to their home groups, had their discussions and came back to the district three months later, we had an informed group conscience decision to seat a District C.E.C. Standing Committee.

"It is our hope that this group will develop a plan of action that can be accomplished, taking baby steps as different opportunities arise. We are hoping to develop more than just the packets of information that we already have in place. The first thing was to get a structure in place. The next thing is to record just what it is that you want this committee to do. Experience will dictate that the committee will fare better if it cooperates with the Public Information (P.I.) and the Cooperation with the Professional Community (C.P.C.) Committees; although we have to remember that we will be working with the egos of some individuals who do not wish to have a new committee operating in their turf.

"What I found as a D.C.M. was that, although it is in the district committee structure descriptions that certain tasks will be handled by certain committees, not everything that is written is being accomplished. Many things are falling through the cracks. The most important thing was the connection with the seniors. The Treatment Facilities Committee is doing a great job carrying the message to treatment facilities, the Corrections Committee is doing a good job carrying the message to the correctional institutions, the Public Information Committee was doing great with the schools and health fairs, but no one was reaching out to seniors. As a district we have asked the C.P.C. Committee to work with lawyers, judges and police and sheriff officers. The P.I. Committee handles all the schools, libraries, and health fairs, with the exception of those health fairs that deal with senior issues. Our C.E.C. Committee will deal with the clergy, nursing homes, doctors, senior centers, homebound and any health fairs geared towards seniors.

"This seems to work and it is amazing the cooperation that exists between committees. Recently the C.E.C. had to prepare for a Senior Expo and needed help with the orientation of those who would be staffing it. The P.I. Chair graciously conducted an orientation for the C.E.C. committee. One of the items that we placed in the packets for the C.E.C. was a pamphlet geared to the youth. Experience also has taught us that when we are talking to a senior, most of the time they will indicate that they do not have a drinking problem but they are concerned about their grandchild. By placing this information in the packet, we are reaching beyond the senior to anyone who might have a drinking problem and we can supply the same packets to the clergy, doctors, etc."

**Note from your General Service Office:** As has just been shared for "Good Orderly Direction" it is important that, from early on:

- service committees cooperate and work with each other;
- the roles of service committees are clearly defined so that we do not duplicate services and;
- by cooperating with other service committees, we do not fail to respond to the needs of suffering alcoholics in our communities.

## **SUGGESTED ACTIVITIES FOR C.E.C. COMMITTEES**

- Literature distribution at locations where the elder community congregate such as senior citizen centers, AARP, geriatric conventions, health care facilities.
- Post flyers in supermarkets, on community bulletin boards, in bowling alleys, bookstores, movie theaters and drugstores.
- Contact condo managers to place literature in their public areas.
- Contact members of the clergy to place literature in their brochure racks.
- Contact geriatric physicians to place literature in their waiting rooms.
- Presentations to physicians, professionals who work with the elder community, residential facility staff; health care providers.
- Presentations to the A.A. community at roundups, assemblies, conventions.
- Establish A.A. meetings for seniors.
- Work with the Public Information Committee to disseminate information to the media about A.A. as a resource to elderly members of the community.
- Recruit and train "Bridging the Gap" temporary contacts to meet newly recovering seniors at meetings or to help support their early sobriety.

Suggestions for members who are temporary contacts for the Elder Community:

- A.A. contacts may be more effective if they are also seniors. Some seniors may have difficulty relating to our younger members.
- Responsible, reliable A.A. members with comfortable, stable sobriety.
- A.A. members who are clear on A.A.'s dos and don'ts.
- Avoid being a long-term taxi service.
- Do not push A.A., as some seniors may be reluctant.
- Keep general conversation to A.A.-related matters.

Resources:

- Public Information (P.I.) and Cooperation With the Professional Community (C.P.C.) Kits and Workbooks available from the General Service Office
- If you have any questions, please contact the Elder Community coordinator at the General Service Office (212) 870-3476 or [nominating@aa.org](mailto:nominating@aa.org)

## **WORKSHOPS AND PRESENTATIONS**

Many service committees have found that workshops—taking a hard look at local needs, opportunities and attitudes, as well as the Traditions and service structure—are fine tools for exploring ideas and settling on methods for carrying the A.A. message into different communities.

Other kinds of brief presentations on A.A. and the elder community could serve the same purpose. For example, sharing material from this Workbook, from *Box 4-5-9* or from the Grapevine magazine might spark ideas for a question and answer session.

### **For A.A. Members**

A discussion period, in which the entire group breaks up into smaller groups, could focus on the following topics (or topics of your own choosing):

1. Discuss forming a C.E.C. committee.
2. Review ways of reaching professionals who work with elder populations.
3. Share ideas on bridging the gap between elder communities, convalescent homes and local A.A. groups.
4. List ways of attracting members to C.E.C. Twelfth Step service.
5. Discuss appropriate A.A. literature.
6. Discuss the Grapevine as a tool for carrying the A.A. message into local facilities that deal with elder clients.

## **Presentations to Elder Clients or Professionals who work with an elder community**

Presentations by A.A. members generally follow an outline which explains what A.A. is and is not; where you can find A.A. and what to expect. The presentation can emphasize that A.A. welcomes alcoholics of all ages, backgrounds, cultures, religions, etc. It also may be helpful to emphasize that many A.A. members have started sobriety in their later years and that there was no shame or stigma attached to their age.

In addition to a response to a specific request, regularly scheduled presentations may be set up for either clients or staff at a facility, nursing home or community center. A recurring presentation is usually coordinated through a local or area C.E.C. Committee. Such presentations are adapted to meet the needs of the attendees. The goal of a presentation to professionals is to impart knowledge about A.A., as well as to foster a cooperative attitude between the facility administration, staff and A.A. The pamphlet "Speaking at Non-A.A. Meetings" may be a helpful resource. If this type of presentation is new to you, you may wish to consult with your local Cooperation with the Professional Community (C.P.C.) or Public Information (P.I.) Committees.

Some basic guidelines:

1. Familiarize yourself with the A.A. literature that relates to the elder community, especially the Cooperation with the Elder Community Committees Workbook and the pamphlet "A.A. for the Older Alcoholic."
2. Make brief notes on the topics to be covered. Talk about A.A. - not your personal problems and experiences. Never comment on facility policies or practices!
3. Allocate a certain amount of time to each segment of your presentation. Then...trim it down! Allow time for questions and answers. It's better to finish early than to try to convey too much information too quickly in the presentation. You can always come back to a topic or discussion of interest to your listeners. Just as in A.A. meetings, it is helpful to encourage sharing from participants.
4. Work with other members of the C.E.C. Committee or your group in preparing for this presentation. It may be helpful for you to run through or even "rehearse" this presentation a few times.

## **Suggestions from successful presentations to professionals who work with the elder community:**

1. Be on time, well groomed, and courteous.
2. Introduce A.A. and yourself as a resource with a desire to help the alcoholic with special needs, but with no opinion on the facility's policies.
3. Distribute appropriate literature.
4. For further information about A.A. invite them to visit G.S.O.'s A.A. Web site [www.aa.org](http://www.aa.org).

5. Invite the facility staff to attend open A.A. meetings. Your local C.P.C. committee may have a program in place for this purpose.
6. Offer to come back for other presentations/discussions to help meet their goals.
7. Remember that this, too, is basic Twelfth Step work. The professionals you are sharing with may touch the lives of many elder alcoholics. You can help them to inform their patients, clients or friends about the availability of A.A. as a resource.

### **Presentations to Elder Clients**

Some basic guidelines:

1. Remember that this is basic Twelfth Step work. The goal of A.A. is *the recovery of the alcoholic*.
2. Avoid drunkalogues. Keep comments strictly to A.A.-related matters.
3. Familiarize yourself with the appropriate literature before your presentation.
4. Work with members of the C.E.C. or with your group. It may be helpful for you to run through or even rehearse the presentation the first few times.
5. Provide copies of the following large print Conference-approved pamphlets, if appropriate: "A.A. for the Older Alcoholic," "This is A.A.," "Is A.A. for Me?," "44 Questions" and "The Twelve Steps Illustrated," and also the following regular print pamphlets or flyers: "Questions and Answers on Sponsorship," "Where Do I Go from Here?," "A.A. at a Glance," "Do You Think You're Different?" You should also provide copies of a local A.A. meeting list or directory.
6. Always remember that *you* are representing Alcoholics Anonymous. Be on time, courteous, and well-groomed. For many in your audience, this will be their first impression of Alcoholics Anonymous. Make it a good one!

### **A suggested presentation outline:**

1. Introduction: Why you're there. (to carry the message of Alcoholics Anonymous; explain what A.A. is and what it is not.)
2. Read and explain the A.A. Preamble.
3. Mention the local A.A. meeting list.
4. Share about what a newcomer may expect in A.A. – anonymity, the home group, sponsorship, fellowship, and service.
5. Share about relevant A.A. literature: books, pamphlets, videos, tapes, the Grapevine, La Viña, etc., and how they may be obtained.
6. Always try to leave time for a general question and answer session. Stick to A.A. and your own experience. Steer discussion away from legal or any other outside issues.
10. Thank you and close.

You may want to leave the following information on a card or flyer so that attendees can easily contact your committee:

**For additional information on Alcoholics Anonymous and how we can help contact:**

**Your Local or Area Cooperation with the Elder Community Committee or Your Local Intergroup or Central Office at**

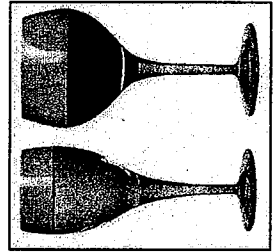
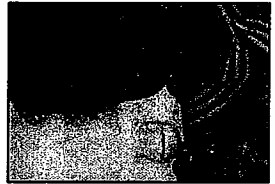
**Or: General Service Office of Alcoholics Anonymous  
Grand Central Station  
P.O. Box 459  
New York, NY 10163  
Phone: (212) 870-3400  
Email: [nominating@aa.org](mailto:nominating@aa.org)  
Fax: 212-870-3003**



Although alcohol abuse is at epidemic proportions among the elderly, it remains for the most part unreported, undiagnosed, or ignored.

The reasons that alcoholism by our elders goes undetected are varied, but most have to do with the fact they are not longer active in the mainstream society and there is simply no one around to notice.

They are less likely to get in trouble with the law, stopped for driving under the influence, have a traffic accident, or cause problems in the community. They have little contact with the police or the criminal justice system.

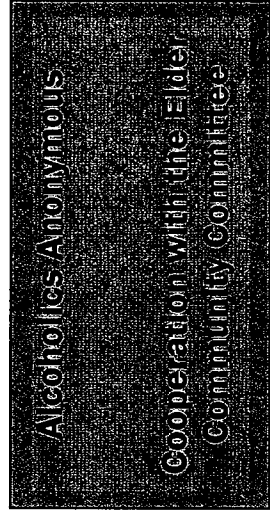
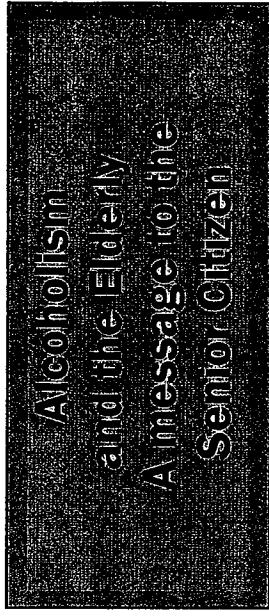


## Sample Copy

Produced by  
Cooperation with the Elder Community  
(CEC) Committee and is solely  
responsible for the content of this  
brochure.  
This is a local approved service  
pamphlet.

FOR LOCAL INFO CALL:

OR

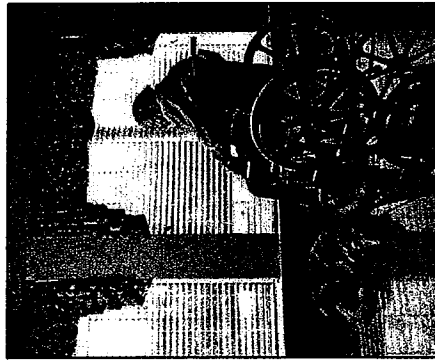


www.

Many elderly persons simply do not know what to do with the extra time they have so they turn to alcohol to occupy this time.

As the elderly become less mobile sometimes due to chronic pain issues, they main turn to alcohol as a means of self-medicating.

Loss of a spouse can increase mental and emotional as well as physical hardships. A person may turn to alcohol to deal with these issues.



If you are an elder and are considered with your drinking, or have a friend or loved one who is drinking too much, perhaps this information on Alcoholics Anonymous can help.

The twelve A.A. questions to see if you may have problems with alcohol\*:

1. Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?
2. Do you wish people would mind their own business about your drinking – stop telling me what to do?
3. Have you ever switched from one kind of drink to another in hope that this would keep you from getting drunk?
4. Have you had to have an eye-opener upon awakening during the past year?
5. Do you envy people who can drink without getting into trouble?
6. Have you had problems connected with drinking during the past year?
7. Has your drinking caused trouble at home?
8. Do you ever try to get "extra" drinks at a party because you do not get enough?
9. Do you tell yourself you can stop drinking any time you want to, even though you keep getting drunk when you don't mean to?
10. Have you missed any family events or social activities because of your drinking?
11. Do you have "blackouts"?
12. Have you ever felt like your life would be better if you did not drink?

Did you answer YES four or more times? If so, you are probably in trouble with alcohol. Why do we say this? Because thousands of people in A.A. have said so for many years. They found out the truth about themselves – the hard way.

But again, only you can decide whether A.A. is for you. Try to keep an open mind on the subject. If the answer is YES, we will be glad to show you how we stopped drinking ourselves.

\*Reprinted and revised with permission from Alcoholics Anonymous World Services.

### What is AA?

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism.

### How does one join AA?

The only requirement for membership is a desire to stop drinking.

### How much does it cost?

There are no dues or fees for A.A. membership. We are self-supporting through our own contributions.

### Is AA a recovery center?

AA is not allied with any sect, denomination, organization or institution; does not want to engage in any controversy, neither endorses nor opposes any causes.

### What other services does AA offer?

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

### How do I get help and information?

Meeting locations and A.A. members to talk with can be located by looking in your local phone book under "Alcoholics Anonymous" or online at [www.aa.org](http://www.aa.org).

Or you may contact the committee responsible for the content of this brochure. Please visit [www.aa.org](http://www.aa.org) or write to:

**Sample guide letter to Nursing Homes, Programs for the Elder Community Staff or Administrators**

Dear \_\_\_\_\_:

You may or may not be familiar with Alcoholics Anonymous, also known as A.A. The enclosed flyer, "A.A. at a Glance," explains briefly what A.A. is and what it does. It is possible you have patients or clients, etc. with a drinking problem who might be interested in learning about A.A. We can arrange for an A.A. contact who would be glad to answer any questions you may have about A.A. or introduce your alcoholic patient, client, etc. to our Fellowship. We are also available to make presentations about A.A. to your staff, patients or clients

Our A.A. committee members are available to provide information about A.A. at your convenience.

If you are interested in receiving a packet of information or being contacted by an A.A. member, please complete the enclosed card and mail it in the self-addressed envelope.

We just want you to know that we are available as a resource to you, your staff or to those whom you serve.

Sincerely,

Jane S., chairperson  
A.A. Cooperation With the Elder Community Committee

Enclosures: "A.A. at a Glance"  
"A.A. For the Older Alcoholic"  
Response Form and self-addressed envelope