

Area 82 Active Committees Meeting

February 28th, 2022

Meeting opened at 6:05 pm NS time

Chaired by Gerry W. Area 82 NS/NL A-GSD

In attendance.

Gerry W. Area 82 Alt-GSD

Paul W (District 6) PI Chair

Darlene H (District 6) Corrections

Clayton (District 1 & 2 PI, CPC and Literature)

John W. (District 3) DCM , Area 82 NS Corrections Co-Chair

Mark Z. (District 3 PI Chair) Area 82 NS PI Co-Chair (Report in absentia)

Boyd B. (District 15 PI) Area 82 NL PI Co-Chair

Kathy S-C. Area 82 NS Archivist (Report in absentia)

Wayne P. (District 14) (observer)

Ashley D. (District 15) (observer)

Lisa C. (District 15) CPC-PI and active with St John Intergroup and District 15 Websites

Gerry opened the meeting with a moment of silence followed by the Serenity Prayer.

Gerry explained that the meeting was being recorded for the purpose of better minutes and asked if anyone had any objections. No-one did.

Gerry referenced the location of the minutes on the Area 82 Website at <https://area82aa.org/area-docs/> but did not review them. (Sense of the room was that the minutes are available and that no corrections were necessary)

Gerry welcomed Ashley D. from District 15 and Wayne P. from District 14 who dropped in to see what the meeting was all about. Both are interested in Service / Committee work in their respective Districts. Gerry then gave a short synopsis of the purpose of the monthly Active Area Committees meeting for their benefit.

- Mark Z. (District 3 PI Chair) Area 82 NS PI Co-Chair and Kathy S-C. Area 82 NS Archivist were unable to attend and asked that the reports they sent be included in the minutes.

- **Mark Z. (District 3 PI Chair) Area 82 NS PI Co-Chair (Report in absentia)**

CPC/PI - February, 2022

There is still not much happening in the way of information distribution. Covid still has us stalled in that area. I am hoping that things are going to head back to normal soon, and with the warmer weather approaching, we can get back on the road.

On February 12th and 13th, I attended (on Zoom) the first ever North American CPC/PI Conference. It was well attended, with participation from 175 members from across all parts of Canada and the U.S.

The conference was set up as a series of short workshops covering a wide variety of CPC/PI topics, followed by a question and answer session. I have included the synopsis of the event in a separate document.

If I was to pass along one message from this weekend event, it would be for each member to talk to your doctor, lawyer, clergy, or any professional you come in contact with about your personal journey and your recovery with the help of AA.

The professional community receives very little training on the alcohol problem, as was shared in separate workshops by a Rev, Judge, and doctor. We are the professionals.

AA is anonymous at the level of press, radio, and films. Speaking to your doctor or clergy one-on-one is not an anonymity break. When they become aware of who we are and what we do, they are more likely to reach out to us in the future with someone who needs our help. (End of District 3 Report)

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- **Boyd B. (District 15 PI and Area 82 PI Co-Chair)**

CPC/PI Report – February 15th, 2022

1. Literature distribution in public places – Ongoing (all). Reminder – whenever we are in public places (e.g. hospital bulletin boards, doctor's offices, pharmacies, supermarkets, etc.) we should all be checking to see what literature (pamphlets, cards, meeting lists, posters, etc.) may be displayed, always keep in mind and update as required. With the easing of co-vid restrictions, we are able to get back into some places, e.g. doctors' offices, etc.

- PSAs , ads, letters to professionals, associations, labour unions, churches, schools, EAP/EFAPs, larger businesses, e.g Bell, that have regular communication with their employees. This generally occurs every 1-2 months. Chair moved that we issue a letter to teachers (taken from the PI workbook). Motion passed unanimously.

- Recruitment for PI Committee Required - Recruitment efforts should be ongoing as more participation is needed. A new member has now joined the committee. We welcome him and look forward to working with him. He will be a great addition to our group! One further AA member is in attendance and we hope he will also consider joining us. Chair intends to contact a few more prospects in the next month.
- Digital advertising (Static Ads) – We have now recommenced an advertising campaign with Metrobus, with four signs on the back of busses and other smaller signs inside a number of busses. Two signs depict females and two depict males.

New Business - Grapevine renewal – Member has now renewed both subscriptions and the magazines are going directly to HMP and the women’s facility in Clarendville.

Social media campaign – Member canvassed a number of companies and then met with one, namely Reflective Advertising, with a view to constructing a social media campaign that would give us a presence on both Instagram (younger demographic) and Facebook (older demographic). Member will set up a basic (static) Facebook page, and the set up and monitoring of the program would be done by Reflective Advertising at an estimated cost of \$800-\$1,000.00. Once up and running, we would then pay a fee of \$1.25 for “click throughs”, i.e. each time a person clicks on the ad, we would pay this fee. When the ad is clicked on, it would provide the user with a link to the Intergroup website. Users can also share the ad with others, which would further spread the AA message. It was moved and the motion was unanimously carried that we would launch a campaign for a trial period of one month and review the report from Reflective Advertising at that time. We would cap the cost of “click throughs” at \$1,000.00 and we would be notified when this limit is reached so we could suspend the campaign at that point if we wish.

PI Conference – Member joined our meeting to provide us with a report on the first North American Conference on CPC/PI which he recently attended. He provided us with a number of links (included as an attachment with this report) he received which provide links to graphics, resources, research, etc. One such link provides information on a study done at Stanford University on the effectiveness of AA. There was also a discussion of “search engine optimization”, i.e. how to modify our websites to allow users to find us more easily. Gerry noted that GSO is selling off the 75th anniversary edition of the Big Book, for \$5 (U.S.) per copy. He also indicated that Area 82 has a monthly meeting with various service committees in attendance which discusses what does and does not work in terms of spreading the AA message.

Reports

Intergroup – The Intergroup office has reopened as of Feb. 1/22. The RCMP are looking to have AA start a meeting in Makovik. Such a meeting would be via Zoom and support might be required through provision of literature.

Treasurer - Current balance of \$4,462.55. Outstanding nvoices for the Grapevine renewals and new print materials (\$253.10 for the print materials) and will be deducted from this amount.

Institutions Report:

Current meeting Coordinators as follows:

- HMP – Mondays – 6-7PM, Meetings have been discontinued since we moved to Alert Level 4 and we are awaiting advice from HMP as to when they can resume
- Recovery Centre – Saturday – 6-7PM
- Recovery Centre – Tuesday, 8-9PM
- Recovery Centre – Wednesday, 8-9PM **Note: Recovery Centre meetings suspended pending end of Alert Level 4; still suspended as of meeting date**
- Eastern Health Drunk Driving Program – Chair to make contact and get update

Volunteers needed for all meetings.

Area 82 Committee – no report

ATSA (Addiction Treatment Services Assoc) – working on an education session for the end of May with details to follow

School presentations

No current activity due to co-vid restrictions, but hope to get back into schools in the near future. Letters to go out to teachers. It is anticipated that there may be requests for some print materials, but likely not for speakers at this time

Meeting ended with the I Am Responsible pledge at 6:53 p.m.

Next Meeting

Tuesday, March 8, 2022, 6PM, via Zoom.

(End of District 15 Report)

- ***Kathy S-C. Area 82 NS Archivist (Report in absentia)***

Good evening Gerry and other members of the active committee meeting.

I , unfortunately, will not be able to attend this meeting as , for the first time in 6 months I am allowing myself the gift of having company. As Gerry mentioned in his invitation to this meeting , it has been an extremely hard time for AA, we thrive on each others company and to not be able to do that over the past 2 years , only on an on again off again situation, it has been hard for us AA'ers.

It has been especially hard for me as your NS Archivist, as with no roundups or AA days to attend the amount of contributions has been down, but rest assured whatever I managed to gather up over this period has found a forever home in your Archives. So I am still accepting anything I can get my hands on. I am still providing stories to the newsletters who are able to print my contributions. The time capsule is now closed and has become a part of the archives until 2045 ,

when it will be opened.

My time as your NS Archivist is drawing ever so close to an end, and at the Spring Assembly in May my term will be up. It will be time to pass the torch to the next willing person to keep this very valuable tool for teaching and learning on. So over the next 3 months I am going to make sure that all the shoelaces are tied and I promise you the transition from the outgoing to the incoming Archivist will be as smooth as we can make it.

Thank you for your time this evening and have a great meeting.

Yours in loving Service

Kathy NS Archivist (End of Area 82 Archivists Report)

- ***John W. (District 3) DCM and Area 82 NS Corrections Co-Chair***

I'm John, I'm an alcoholic. With regard to Corrections, I've not been able to make any contacts in Nova Scotia yet. More effort can go into it. I have reached out to a couple of contacts I was given but no response so far. I plan to coordinate with Darlene from District 6 and on this past weekend I spoke with Dave A, he's Corrections Chair from Area 83. For historical reasons, Area 83 looks after the AA meetings in Spring Hill which is technically in Area 82. Dave has promised me that the next time that they can go in there, he will let me know. I am eager to go there with him on a regular basis. So other than that, nothing to report.

- ***Clayton (District 1 & 2 PI)***

Hi, everyone. Good evening. My name is Clayton and I am chair of the District 1 and 2 PI Committee. The public information committee was quiet over Christmas time.

When it comes to our signage, or anything that we do for AA in the public we simply provide the phone number and the website link.

We also use posters and business cards, containing the website and the phone number. Our last PI meeting was presented as an information session. We included it in the Bluenose bulletin, (our District newsletter) a month in advance. We told everyone that our regular PI meeting would be held at 10:00 am Saturday via zoom. We invited folks to come check it out and mentioned it at meetings. Although only one new person showed up, that person joined our committee. That was definitely a success in my mind. Another new person plans to attend next time.

Going forward, as restrictions are lifted for in-person meetings and as Covid becomes less of an issue, our committee will become more active.

A few group members have been providing pamphlets, posters and business cards to a couple of doctors offices and mental health places in Dartmouth.

One of our committee members is compiling a list of doctors offices, mental health clinics and shelters

My committee members have some suggestions for improving the Area 82 website. They propose adding a section for professionals, and perhaps a separate page for key Committee contacts in different districts.

- **Darlene H (District 6) Corrections**

Hi I'm Darlene and I'm alcoholic. I am looking after meetings at the Nova Institution for Women. We were scheduled to go back into the institution in December of 2021.

I will be reaching out to our contact Tammy to schedule the required volunteer training so that we can return to the facility as soon as Covid 19 restrictions are lifted

- **Lisa C. (District 15) CPC-PI and active with St John Intergroup and District 15 Websites**

I would like to bring up the reference to the word "Eskimo" in the Big Book.. I, and a number of the young ladies I sponsor, find the term offensive.

Gerry W. explained that the mechanism for change within AA is applied by bringing issues forward as a motion for discussion and approval by their respective District and Area. It can also be presented to GSO directly for consideration.

(The following quote is from page 156 of this years GSC Agenda) ITEM C: Consider requests to limit changes to the book Alcoholics Anonymous " While all items are received equally, experience has shown that ideas greatly benefit from the value of a broader group conscience. Consider if and with whom you would like to have a group conscience discussion on the proposed agenda item prior to submitting" .

The Active Area Committees monthly meeting is probably not the appropriate venue for this issue, but it will be included in the minutes as part of the discussion. The appropriate place to address this might be during the discussion segment of the Pre-Conference Workshop on April 2nd

- **Paul W (District 6) Chair; PI**

I spoke with the girl at the administration at the community college They had been quite open to inviting speakers from AA and other 12 Step Groups in to address their students. They stopped doing it during COVID. I wanted to make sure they knew that we were still available to have a speaker role there when they want it. She wasn't sure when they would be ready for us again but they are aware that we are willing to present the AA message.

We also have a small poster, similar to and copied from, the one used by district one and two. It contains our 24 hour number as well as the area 82 website. A person calling the AA number for District 6, reaches an answering service which takes the callers number and then contacts a member who calls them back. I put them on bulletin boards all over the place.

- **Gerry W. Area 82 AIt-GSD**

I attended the first ever North American CPC / PI Conference . The links below are to a number of useful documents and presentations from the very successful weekend. To echo Mark Z.'s sentiments, it inspired me to make sure that any of the professionals in my life (doctors, lawyers, dentists etc..) are aware of AA. The peer reviewed research paper produced by the Cochrane Institute and referenced in AA's Box 4-5-9, Vol. 67, No. 3 / Fall 2021 (Attached at the bottom of these minutes)

- https://drive.google.com/drive/folders/1mRwGuiQ4en8cGCGL5UQIHGFC0SgKag_o
- https://www.youtube.com/watch?v=lgMjTlwh_LA

Trudy D. (GSD) and I have been kept busy with the Area 82 website. One volunteer offered to help out (Thank you Lise, we will organize familiarization as soon as we get the Pre-Conference behind us)

Still working with the RCMP contact in Makkovik. We plan to have a meeting there fairly soon via Zoom. He is sourcing an appropriate location for a Zoom meeting.

I tried to follow up on the new treatment center in Goose Bay, supposedly starting up there in March. No luck will try again.

The assigned Agenda items have been sent out to the Area 82 Districts for discussion and to be presented at the Pre-Conference Workshop on April 2nd Ask your GSR or DCM what Agenda items have been assigned to your District and try to participate. Your group counts, make it's voice heard.

https://area82aa.org/wp-content/uploads/2022/02/Pre-Conference_Flyer_2022-Rev1.pdf

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- The meeting adjourned at 6:40 NS time with the Responsibility Statement
- Next meeting is scheduled for 6:0 pm NS time, 6:30 NL time on March 28th , 2022

<https://us02web.zoom.us/j/88688093457>

Roughly transcribed by

Gerry W.



Research and Alcoholics Anonymous: Cooperation with the Professional Community

From its very inception, A.A. has sought to cooperate — but not affiliate — with the professional community regarding the medical, psychological and spiritual implications of Alcoholics Anonymous and its program of recovery. A.A.'s history shows that cooperation with a wide range of nonalcoholic professionals who often encounter suffering alcoholics in the course of their work has been an integral part of the Fellowship since its beginnings. In fact, A.A. might never have gotten off the ground without the help of caring nonalcoholic professionals who came to recognize early on the effectiveness that A.A. was demonstrating in helping alcoholics to recover.

By design, A.A. is a loosely knit community of people who share their experience, strength and hope with each other. Embracing its nonprofessional status and dedication to the least amount of organization possible, the A.A. Fellowship hews to one purpose only, that of carrying the message of hope and recovery to the alcoholic who still suffers.

Nevertheless, scientific researchers and nonalcoholic professionals interested in the efficacy of A.A.'s approach to recovery have long sought to discover just how — and why — A.A. seems to have such success with alcoholics.

Their resulting conclusions have, as often as not, echoed this one from the prestigious *Journal of the American Medical Association* (JAMA) in its October 14, 1939, review of the book, *Alcoholics Anonymous*, upon its publication in April of 1939: “The one valid thing in the book is the recognition of the seriousness of addiction to alcohol. Other than this [it] has no scientific interest.” Fast-forward 75 years, and there is this, from retired Harvard professor Lance Dodes's 2014 book *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry*: “Alcoholics Anonymous was proclaimed the correct treatment for alcoholism over 75 years ago despite the absence of any scientific evidence of the approach's efficacy and we have been on the wrong path ever since.”

It scarcely needs to be said, of course, that A.A. has never claimed this mantle for itself, with co-founder Bill W. often noting that there are many pathways to recovery. However, the Fellowship hasn't lacked for support from numerous doctors directly connected with treating alcoholics, beginning with Dr. William Silkworth, who treated Bill W. at Towns Hospital in New York and formulated a pioneering theory of alcoholism as a physical allergy combined with a compulsion to drink. Neurologist Dr. Foster Kennedy was another early friend of A.A. in the 1940s, writing, “I think our profession must take appreciative cognizance of this great therapeutic weapon.” At A.A.'s 20th anniversary International Convention in St. Louis in 1955, two physicians — Dr. W. W. Bauer of the American Medical Association and psychiatrist and Class A trustee Dr. Harry M. Tiebout — addressed the gathering. Dr. Bauer told those present, “You are making a bigger impression on the problem of alcohol than has ever been made before.” Dr. Tiebout said that A.A. was “not just a miracle, but a way of life which is filled with eternal value.”

Scientific researchers, however, don't place much emphasis on miracles. Over the years they've conducted dozens of studies into the nuts and bolts of how A.A. really works to keep alcoholics sober — if, in fact, it does. Why does A.A. merit so much attention? [Dr. Keith Humphries](#), the Stanford researcher who is co-author of the 2020 Cochrane Institute study on the efficacy of A.A. says, "A.A. is the most common place people seek help for alcohol problems. The fact that something is popular doesn't mean that it works. Your job as a scientist is to say, 'Okay, it's popular. That makes it of interest. But I'm still going to subject it to tests, because these are vulnerable people and if it didn't work, you'd have an obligation to let people know that.'" A valuable perspective, although past researchers have at times approached A.A. with an ingrained skepticism. As Humphries puts it, "I had worked hard to become trained to help people who are addicted and then here are these untrained people working in the same area. People I looked up to looked down on A.A. That was the attitude I absorbed."

From a skeptical scientist's point of view, this is understandable. How can a successful treatment for a deadly disease have originated with a conversation between a couple of drunks in Akron, Ohio? Eighty-six years and two million members later, A.A. continues to work alcoholic to alcoholic, peer to peer. It doesn't accept contributions from outside sources, nor does it engage in or sponsor research about itself, except for its own internal demographic survey. Speaking to a group of neurologists and psychiatrists in New York in 1944, Bill W. summed it up: "You may inquire, 'Just how does A.A. work?' I cannot fully answer that question.... We can only tell you what we do and what seems, from our point of view, to happen to us."

Some of the difficulty researchers find when studying A.A. may stem from the fact that it is by no means a homogeneous entity. A.A. groups, though guided by the Traditions, are largely autonomous, and there are a diverse array of meetings and of alcoholics attending. In his paper, "Research on Alcoholics Anonymous: The Historical Context," presented at a National Institute on Alcohol Abuse and Alcoholism (NIAAA) conference in 1992, Ernest Kurtz, the empathetic but clear-eyed observer of A.A. and author of the A.A. history *Not God*, wrote:

[T]here is a very real sense in which, increasingly, there is no such thing as Alcoholics Anonymous — rather there have developed Varieties of the Alcoholics Anonymous Experience... Alcoholics Anonymous, decentralized as it is, now presents itself in a vast variety of groups, of formats, of understandings even of such basic-to-A.A. realities as serenity, not to mention spirituality. This can be a difficult point for people like us to accept, people who want to study A.A. Even when we study process, we like our phenomenon to hold still.

Other issues make researching A.A. problematic for even the most objective of scientists. Researchers have at times randomized alcoholics within a particular study to attend either A.A. meetings or psychotherapy for a specific time period, but who's to say that those who stay sober are not highly motivated people who would get sober no matter what their form of treatment? (A criticism of past studies of Alcoholics Anonymous with positive outcomes is that those who are successful are a self-selected sample.) And, of course, the spirituality — or religiosity, as some courts have ruled — of A.A. is what Kurtz refers to as a "delicate, if not difficult, topic for most academicians."

All of this began to change in the early 1990s, according to [Dr. John Kelly](#) of Harvard University, co-author on the Cochrane Institute Study. “What happened was that about 30 years ago the NIAAA called for more research on A.A. and all its mechanisms,” Kelly says. “For the first time, people began bringing serious science to bear on A.A. in order to look at the efficacy of the behavioral change through which A.A. confers benefits.”

This outpouring of research led to Humphries and Kelly’s systematic review and meta-analysis of 27 clinical studies comprising 150 scientists, 67 institutions and almost 11,000 people, which was conducted under the auspices of the Cochrane Library of systematic reviews, the recognized gold standard in scientific rigor for medical research.

The result? The first extensively researched evidence that A.A. works as well or better than other scientific treatments for alcoholism.

In an interview that first appeared in [AA Grapevine](#), Kelly and Humphries describe their findings (all Kelly/ Humphries quotes taken from their GV interview):

Humphries: The bottom line is that people who experience TSF [Twelve Step Facilitation] in A.A. are 20-60% more likely to end up abstinent than they are with other treatments like cognitive behavioral therapy, outpatient treatment delivered by a mental health professional, meditation or certain educational programs. That’s pretty incredible for this peer-oriented, grassroots organization. If you thought about this like cancer treatment, or in any other field of medicine, you would be doing backflips over a success rate like this.

Kelly: We looked at the number of days when patients didn’t drink anything. The farther out you get, the magnitude of difference increases. A.A. was more effective than other treatments at keeping people completely abstinent at every time point over a three-year span. Also, even if people drank again, they didn’t drink as much after having been to A.A., as compared to other therapies. And one more thing: A.A. is what I’ve referred to as “the closest thing we have in health care to a free lunch.” It saves the health care system money, the criminal justice system money. Our review showed that A.A. has the ability to effect much higher remission rates at a lower cost, sometimes much lower, than other therapies.

So, what does their research show about the way A.A. actually works?

Humphries: With A.A., a couple of things are fairly constant — there is good literature on this now. A.A. increases your willingness to get sober. Your motivation goes up. You may wake up and, to get your wife off your back, you decide to go to A.A. — and you hear a story that catches your own experience and you stay sober. Changes in social networks are very important [for recovery]. It’s important to find new people in your life and A.A. is good for that. The other thing I find fascinating is that altruism — the experience of helping others — seems to help. People who set up chairs and do the coffee and do the sponsoring. You can’t do that in individual psychotherapy, and that seems to be healing for people.

Kelly: There is a tendency to forget how bad it might have been when you were drinking, so exposure at meetings to people telling their stories helps keep these memories green. Hearing these narratives can reverberate to your core and help remind you how you got there. The

counterbalance to this is seeing over and over again how people got into recovery, the positive outcomes, the Twelve Promises. You remember the stick, but you see the carrot as well.

The spirituality that confounds scientists when it comes to studying recovery in A.A. does not trouble Humphries and Kelly:

Humphries: Another point in terms of the topic of “how A.A. works” is spirituality. A.A. is a spiritual program, of course, not a religious one. [The psychoanalyst and research psychiatrist] George Vaillant has written that “spirituality is based on our biology, whereas religion is based on our culture.” Spirituality is part of our limbic system — we have the capacity for spiritual emotion. Religion is like the lyrics and spirituality is the music. A.A. doesn’t give you the lyrics. You can borrow some or write your own. A.A. opens the doorway through which people can walk [and discover their spiritual lives]. From a biological perspective, it is really important to have access to all these positive emotions that could be called spirituality. Gratitude is very important, as well as humility. These emotions activate a sense of awe, as Vaillant says. It’s worth remembering with A.A. that Catholics do it and Jews do it. Native Americans, too. It is fast-growing in Iran. And, of course, atheists and agnostics. It is remarkably flexible spiritually.

Interestingly, Humphries’s thoughts closely echo those voiced by Ernest Kurtz in his 1992 NIAAA conference presentation:

A.A. co-founder Bill Wilson, together with medical researchers Abram Hoffer and Humphrey Osmond, discovered early on that some kind of *capacity for the spiritual* seemed to be required if an alcoholic was to get the A.A. program. They understood that capacity not as related to church-going or creedal affirmation or upbringing, but as some kind of process potentially present in every human being, a process that could be prodded.

The fact that researchers at last have empirical data that shows that A.A. works — not perfectly, but quite effectively — may not make much of a difference to A.A. members focused on getting sober and discovering the miracle that A.A. helps bring about in their everyday lives. Still, some may savor a brief moment of acknowledgment. Researchers John Kelly and Keith Humphries certainly do.

Kelly: You can see that for so many people who have been in A.A. and have heard it denigrated and put down, there is vindication in this. This [study] is public access, free to anyone. If someone says, “A.A. is a bunch of crap,” hand it to him. What our research shows is that when you subject A.A. to the same scientific standards as any other type of intervention, it is at least as good and often better and certainly cheaper than anything else. When you’re talking about a disease that kills 3.3 million people around the world, this is something you have to pay attention to.

As Bill W. wrote back in 1958, “Today, the vast majority of us welcome any new light that can be thrown on the alcoholic’s mysterious and baffling malady. We don’t care too much whether new and valuable knowledge issues from a test tube, a psychiatrist’s couch, or from revealing social studies. We are glad of any kind of education that accurately informs the public and changes its

age-old attitude toward the drunk. More and more, we regard all who labor in the total field of alcoholism as our companions on a march from darkness into light. We see that we can accomplish together what we could never accomplish in separation and in rivalry.”