



**Cooperation with the Professional Community
Annual Report 2019**

The cooperation with the professional community (CPC) subcommittee seeks to present accurate information about Alcoholics Anonymous to professionals that frequently encounter alcoholics. By creating these other avenues of communication with the still-suffering alcoholic it is hoped that some will find their way here earlier and spare them years of destructive drinking.

The Area CPC subcommittee exists in part to facilitate the CPC efforts within the districts. This year we have conducted activities mostly within the committee member's districts to try out proposals to see what works so that we might pass it on. Initially, we sought to modernize our displays to be more consistent with professional organizations. While the message should be the key component, it was felt that how we are perceived can also impact how that message is received. Thus, we developed a simple banner stand display to replace our older trifold display. This is more consistent with displays seen at trade shows or health fairs and provides an attractive focus to draw interested parties to our table.

A May, 2001 Grapevine interview of Dr. George Vaillant, former Class A Trustee, noted a study he did that likely more than 50% of patients seen in emergency rooms have blood alcohol levels over .25. Often no referrals are made because the "medical profession feels so helpless, so without hope" regarding the alcoholic. To address this need we initiated a program to try to place A.A. literature in hospitals. This is an ongoing effort as hospital staff have other responsibilities and though initially enthusiastic it is difficult to maintain momentum. However, if the right person can be found it is possible to get that information in front of the alcoholic when at a moment of desperation. One hospital where we were successful was the Chester-Crozer Medical Center. The focus was on basic information pamphlets (P-1, P-3, P-11, P-24, F1, and F6 for reference) along with a list of local meetings within the district. Thus, it is possible to achieve this, but it takes concerted effort by a district to make it happen. The potential reward though we believe is worth the effort.

We have also put together informational packets that each district GSR or any A.A. member can take to their doctor. While many doctors may know about A.A. it may not be sufficient to spark the suggestion to the patient that perhaps they might want to consider going to A.A. for their drinking problem. A small packet of A.A. pamphlets to the doctor from a patient that is in recovery is a testament that this program works. For reference, the pamphlet included in the packet are: P11, P23, P31, P35, P42, P46, P47, P48, F1, F2, and F9. These pamphlets will be included in a packet for those that attend our workshop.

The CPC subcommittee had displays at 15 events through the third quarter Area meeting and fielded six referrals from GSO. The most recent request coming from a facility in Royersford, PA that is seeking information on opening a facility specific to older alcoholics; a perhaps underserved segment. Members of the CPC committee will staff a booth at the American Public Health Association conference in Philadelphia starting immediately after EPGSA.

Special thanks to Steve W. (ADCM 45) for his participation. Thank you to former members: Donna M. (DCM 57), and Gail M. (former DCM 22)