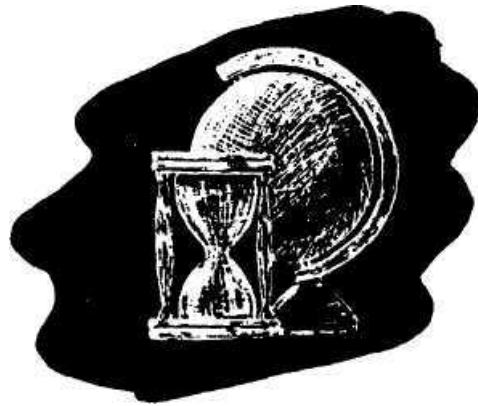


January 1954

**A Grapevine  
Milestone Report**

*1953  
and  
the Alcoholic*



**An inventory of  
a year's AA and  
non-AA programs**

**W**ITHIN Alcoholics Anonymous, the year 1953 closed as the eighteenth year of a successful fellowship of men and women sharing their experience, strength and hope that they might solve their common problem and help others to recover from alcoholism.

1953 for AA was a monumental year of growth in action for the "one primary purpose ... to carry its message to the alcoholic who still suffers." An increased consciousness of the opportunity and the obligation of service

was reflected in the spirit and works of individual groups as well as in the collective spirit of the world-wide fellowship.

Outside AA, there were many new activities by agencies of medicine, church and government that indicated an increased consciousness of the fact that "alcoholism is everybody's problem." An aroused society was fast proclaiming that the sick mind and sick body of the chronic drinker were an important concern of the public health rather than merely a blot on the

public morality. Research and education came into action on many new fronts to make 1953 a year of hope for the 4,000,000 American alcoholics.

**AA Grows New Groups**

That the AA message had been constantly carried in 1953 is best attested by the registration of new groups through the year. As of April, 1953, (issuance date of AA's annual directory) there were 3,938 groups in the United States, exclusive of prison and hospital groups. In the ensuing six months, two new groups a day were added to the roster, to bring the year-end total of registered AA units above the 5,000 mark. Prison groups showed a steady, high rate of growth, 31 being added since April in institutions for a total of 211. Hospital groups increased by 16, for a total of 117.

Outside the United States, there was similar growth, with a total of 821 groups in 62 countries now in the world-wide neighborhood. Canada reported new strength in every province.

But AA's 1953 growth was measurable beyond numerical gains; it was a year of solid progress in maturity and unity.

**Third General Service Conference**

In New York, on April 26th, 1953, the third annual General Service Conference of AA ended after nine busy sessions crowded into four days of meetings. Seventy-four delegates represented forty-six states, every province of Canada and the twenty largest metropolitan centers of AA population.

Here was the forum of AA for debate and discussion of problems and policy, with California comparing notes with Maine and a rural area of Alabama exchanging ideas with urban Detroit.

Questions brought from "back home" concerned anonymity breaks and what to do about the offender; how to get the old-timer back to meetings and how best to utilize his experience; how to deal with the "dry bender."

Actions taken by the Conference included unanimous rejection of a 1952 proposal that Alcoholics Anonymous be incorporated by an Act of Congress. Panel discussions took up problems of intergroup and central office facilities, cooperation with state alcoholism programs, changing the name of the Alcoholic Foundation to some name to include the phrase "Alcoholics Anonymous," and recommendations for new and more useful AA literature.

**Inventory of AA at Work**

For AA's General Service Headquarters—the famous "Post Office Box 459, Grand Central Annex, New York 17, N.Y."—1953 broke all previous records for service and action. An increased flow of mail brought more than 30,000 inquiries to be answered; altogether more than 115,000 letters and bulletins were mailed out.

Works Publishing, Inc., changed its name to Alcoholics Anonymous Publishing, Inc., during the year and handled record orders for the Big Book and for general literature.

The AA Grapevine reported a reduction of its deficit through production economies although its total circulation dropped slightly from the 1952 figure. About one AA in six now receives the magazine, either through individual subscription or through purchase at meeting-places.

1953 gave to Alcoholics Anonymous its most important publication since the Big Book's issuance in 1939 . . . the *Twelve Steps and Twelve Traditions* by Bill. This is the co-founder's full-length interpretation of the programs for personal recovery and group survival. Within the first six months, 24,000 copies of this inspiring commentary had been shipped to AAs here and around the world.

For the first time in AA's history, the new book was simultaneously published for the general public's consumption by the house of Harper and Brothers, which has distributed some 10% of the total thus far.

New pamphlets came off the presses in response to needs reported by the General Service Conference delegates. These included *Sponsorship*, *This Is AA*, *Young People and AA*, and *Your General Service*.

These are pamphlets written from the experience of many AAs and represent information and actual case contacts in every part of the nation.

### AA and the Family

Keeping pace with the growth and maturing of AA, the Al-Anon Family Groups numbered well over 500 by the end of 1953. Not part of AA, but

definitely dedicated to the AA program, the Al-Anon Family Groups are wives, husbands and children of AA members who seek to aid their own alcoholic by better understanding the AA recovery program. Through their mail address (Family Group Clearinghouse, P.O. Box 1475, Grand Central Annex, New York 17, N.Y.) they have received queries during the year that have resulted in nearly 100 new units across the country.

### Action Outside AA

"A public problem is a public responsibility" keynotes 1953's increased activity by state legislature approved programs on alcoholism. By the year's close, 42 states and the District of Columbia had some kind of action under way. Only Nevada, Wyoming, Tennessee, Oklahoma, Missouri and South Dakota were reported by the National States Conference on Alcoholism as having no programs.

Newest programs were reported in West Virginia, Texas, Kansas, Indiana, Maine, Minnesota and Florida. State hospital services for hospitalization of alcoholics are listed in Arkansas, Iowa, Illinois, Mississippi, Montana, Nebraska, Ohio and South Carolina.

At the community level, a gain in outpatient clinics was reported by the National Committee on Alcoholism. By November of 1953, 81 clinics were giving part-time or full-time services to alcoholics as against 42 at the outset of the year. Most of these clinics cooperate with nearby AA groups.

Thirty-two information centers are

now operating in key cities of the United States, mostly connected with the National Committee on Alcoholism, which is also conducting educational programs through local committees in 46 communities.

During the summer of 1953, six special courses on alcohol studies were presented at Yale, the University of Wisconsin, University of Oregon, University of Utah, Southern Methodist University and the University of Buffalo. Professional workers in the fields of health, education and social welfare attended the courses along with many clergymen.

Special sessions on alcoholism were held by the National Conference of Social Work at its Cleveland convention and the annual meeting of the American College of Physicians at Atlantic City. An AA member appeared on the panel before the doctors' meeting.

### Church Programs Under Way

As a result of a resolution passed in the General Convention of the Protestant Episcopal Church in the autumn of 1952, this past year has seen the activation of many programs in local areas in the form of clergy conferences and programs directed to the Episcopal clergy to give them explicit knowledge in pastoral counseling. The Presbyterian and Methodist churches have also taken action on a national scale.

Among the year's output of books concerning alcoholism, one—*A Sober Faith*, by a Presbyterian minister—discusses religion and Alcoholics Anony-

mous, probing the answer to "why has AA succeeded where the organized church has failed?"

### Medicine and Alcoholism

No significant new medical adjuncts for the management of the alcoholic in the acute phase have come forth during the past year, but more and more doctors are becoming aware of the techniques available for initial treatment of the problem drinker.

These medical adjuncts are aimed at the treatment of physical deficiencies, correction of diet and metabolic dysfunction and correction of glandular deviations. Doctors are becoming more and more aware that the alcoholic patient's long-term recovery depends on his personality readjustment and his emotional integration. Patients are frequently referred to psychotherapy, with new emphasis on group rather than individual treatment.

Scarcely any doctor, well-versed in the treatment of even the initial stages of therapy for the alcoholic, exists today who does not know something about the workings of AA and who does not refer a large proportion of cases to AA groups.

State medical journals in their 1953 issues carried an unprecedented number of articles on various phases of understanding and treating the alcoholic. Such diversified technical publications as *Chemical Week*, *Medical Times* and *American Practitioner* brought new information to scientists and doctors.

### AA and 1954

The many new spotlights turned on alcoholism during 1953 indicate that the concept that the alcoholic suffers from a progressive and compulsive disease is finding broader acceptance. Films, radio programs, television, and open discussion of the alcoholic's plight through magazine and newspaper features have brought understanding and hope to many thousands of sufferers who were only a few years ago the legendary "million who don't yet know."

Industry has come to believe that the chronic drinker can be reclaimed rather than fired in dishonor. One company has given official encouragement to AA groups in 24 of its plants. Churches, communities, governments are placing increasing dependence upon AA

groups as partners in meeting rising numbers of "liquor-sick" communicants and citizens.

For AA, then, there is an expectancy of a greater number who will seek help within its fellowship. And there is the greater challenge that it shall not fail these thousands who will newly seek the AA solution. For 1954, the gates must be kept widely open and the very spirit of each Tradition must guide our welcome to the newcomers.

This 1954 may well be AA's year of greatest opportunity for service. And 1954 may thus be, for each individual AA, the richest year of sobriety. For it is in sharing what we have found, in reaching out a helping hand and opening an understanding heart that our personal abstinence becomes a happy way of life ... a victory of joy.

