

January 1953

## A Grapevine Milestone Report

# INVENTORY OF 1952

## a year of advances inside and outside AA

**A**T the stroke of midnight, December 31st, 1952, more than 120,000 members of the fellowship of Alcoholics Anonymous exchanged non-alcoholic toasts in forty-two countries that circle the planet Earth.

In states and provinces and far-flung islands of the sea, AAs ended a year that was important to each individual member for his or her own sobriety and progress toward maturity. Collectively AAs could know that 1952 had brought their society growth in numbers, maturity and unity.

The year, outside AA, brought broad new assaults upon the total alcoholic problem with agencies of

many governments, scientific teams and aroused communities supporting research and education on an unprecedented scale. Alcoholism took official rank as the fourth American disease, placing after heart disease, cancer and tuberculosis, and thirty-eight states answered the challenge with legislation to provide information and weapons against the "sickness out of a bottle."

### AA ON THE MARCH

The annual reporting of AA groups and membership in April, 1952, resulted in directory listing of 114,724 members in 4,205 groups. Registra-

tions of new groups, many of them outgrowths of groups grown "too big to handle," indicate that as of last December 1st, 760 new groups are holding regular meetings. This would make a total of 4,965 groups at the end of 1952.

In the nine months since Spring, 1952, there have been important expansions of both the hospital and the prison programs. Twenty-eight new hospital groups are reported, and inside prison walls there are thirty new inmate groups.

Abroad there has been expansion in numbers, and AA has crossed new frontiers and learned new languages. Greece, the Malay States, Saudi Arabia and Eniwetok, proving ground for U. S. atomic weapons, are among new locations on our map. Of older foreign groups, Finland, Australia and South Africa have all registered gains through 1952. Fifteen members of AA have been heard from during the year from combat areas in Korea.

### 2ND GENERAL SERVICE CONFERENCE

The most important event of AA's year was the four-day meeting in New York of seventy-five delegates from forty-eight states, twenty metropolitan centers, and the provinces of Canada. The April sessions provided the elected representatives of AA with reports of expanded service activities of the international headquarters staff and reports from Works Publishing Inc., and *The AA Grapevine*. The delegates discussed and approved ex-

tensions of AA services, joined in panel discussions of specific problems that seemed to be common to AA groups throughout the world, and registered certain "advisory actions" on key questions of AA policy.

The 1952 conference was the first meeting of the 38 Second Panel delegates with the thirty-seven delegates who served in 1951 and 1952. It was the full voice of AA speaking with broad, complete and reliable meaning from Maine across to far Manitoba; it was the democracy of a town meeting for the common welfare under the Third Legacy of Alcoholics Anonymous.

### NEW TOOLS CARRY MESSAGE

As a result of recommendations heard at the General Service Conference, new and revised pamphlets have been published during the year. Designed to represent AA to the alcoholic who is still drinking, and to represent AA to the general public, the new literature has been designed to attract as well as to inform. New formats, colored covers, and modern typography give the new literature "dress up" as well as usefulness.

First off the press was *A. A. for the Woman*, twenty-eight pages devoted to the alcoholic woman, with seven personal stories related in the first person. Demand for the booklet has far exceeded any expectation, and is indicative of the need realized by groups for authentic literature from the files and experience of AA's own service office.

Other pamphlets prepared and distributed in 1952 are: *The Alcoholic Employee*, information directed to the employer and presenting alcoholism as a management problem, with detailed information on how AA can help the alcoholic worker; *Sedatives and the Alcoholic*, a new and carefully researched discussion of sleeping pills and the problem drinker. "Freedom from alcohol is only partial freedom for the alcoholic who persists in the use of sedatives or turns to them as a substitute for alcohol" states the pamphlet in its main theme.

44 *Questions and Answers About the Program of Recovery from Alcoholism* and *This is AA* are new publications especially designed for the newcomer and the inquiries from those "who are not just sure they need AA!"

#### 1952 WAS "REGIONAL YEAR"

The AA calendar of events was a full one for state conferences, regional conferences, area meetings, jamborees, and inter-county and inter-province get-togethers. A trend toward visiting, exchanging ideas and tribal customs, and just plain socializing on a wide scale seemed to have reached new peaks during the past year.

Many state-wide meetings provided for business sessions with elections of area committeemen and delegates to the 1953-4 General Service Conference in New York. But many of the meetings were entirely devoted to panel sessions on "how to do it" and "making the program work" themes,

with speakers from many sections of the country brought in to supplement local talent.

#### BILL UNDERTAKES NEW TASK

In March, 1952, the co-founder of AA stood before 3,000 doctors assembled in Atlantic City in an annual meeting of general practitioners. Speaking on "Rehabilitation", and listed on the program merely as "Mr. W.G.W.," Bill was one of six speakers in an entire day's program dedicated by the family doctors to "The Problem Drinker."

A month later, Bill announced to the seventy-five delegates to AA's General Service Conference that he was beginning a five-year writing and research project designed to preserve and strengthen the unity of AA and help it to reach out with increasing effectiveness to "the million who still don't know."

Listing the immediate goals of his new task, Bill outlined four new books as confirmed by the Conference. First to be available will be a new analysis of the Twelve Steps with an anecdotal treatment of the Twelve Traditions (now being published serially in the *Grapevine*). A kind of a popular history of AA and its ideas of recovery, tradition and service is another project, along with a book on the application of AA philosophy to the total problem of living. A reference manual stating AA's total experience with the whole idea of service functions is also projected.

In announcing the program, Bill said: "It will mean that I won't be available for a long time to make those treasured visits to all parts of the AA world."

#### ACTIVITIES OUTSIDE AA

While AA devoted the year to its one purpose—to help the sick alcoholic recover if he wishes—the disease of alcoholism was under study and under attack from many quarters. Medicine led the assault with inquiries, experiments, new theories and new therapies. Important work was reported in the medical journals on the role of the glandular system in alcoholism. The pituitary gland was under suspicion. New evidence from research teams indicated that possibly the adrenal gland was a villain, and clinical case histories seemed to show that a craving for candy and other carbohydrates might give a clue that some problem drinkers have an alcohol sensitivity from birth.

#### CHANGING PATTERNS IN DISEASE

Basically, the effect of varying amounts of alcohol in the human system is now rather generally understood by physicians. 1952 research measured reactions of the average system to beverage alcohol in parts of alcohol per 1,000 parts of blood: 1 part per 1,000 is usually productive of euphoria, medical word for "a sense of well-being." Two parts per 1,000 are defined as "careless, talkative; 3

parts per 1,000 show up as "double vision, fumbling"; and 5 parts alcohol to 1,000 parts blood generally forecast severe poisoning and often death.

One doctor who has specialized in the treatment of alcoholism offers new figures on the proportion of male to female alcoholics. The classically accepted figure is five to eight males to one female. Modern research tends, says one investigator, to show that there are as many female alcoholics as males, perhaps more women problem drinkers! Age levels are also shown as changing. One out of fifteen persons now under 31 will become an alcoholic, perhaps one out of ten persons under 21, says a new study.

Twenty per cent of all alcoholics are under 35, according to one 1952 analysis. Ten years ago the problem drinkers under 40 were barely 9% of the national case load.

A special committee of the World Health Organization has been authorized to meet in Buenos Aires in 1953 to bring scientific and medical experts from 53 countries together in a new program of aid for alcoholics.

#### COMMUNITY ACTION UNDERWAY

With the end of 1952, 58 cities have set up citizens' committees for education of the many problems stemming from alcoholism; 36 cities have new information centers serving families, employers and local social agencies. The National Committee On Alcoholism reports 42 clinics are giving out-patient care to alcoholics.

New York City announced, as the year closed, the establishment of a special court for alcoholics, estimating that the city has 200,000. Special judges, psychiatric and social workers will be in attendance.

In Boston, the General Conference of the Protestant Episcopal Church passed a resolution, establishing a committee of two bishops, two priests and two lay members to make an exhaustive study of what the church can do to help the alcoholic. During 1952, the Presbyterian churches of America published a text book for pastors entitled "How to Help an Alcoholic". Earlier in the year a Roman Catholic magazine published in Ireland paid tribute to AA as a successful program of recovery.

#### FOUR TREATMENTS LISTED

Writing in GP, the Journal of General Practitioners, Dr. Marvin A. Block analyzed treatment of alcoholism by the family doctor as four-fold: the *physiologic phase* consists of (1) treatment of physical deficiencies, (2) correction of diet and metabolic dysfunction, and (3) correction of glandular deviations; the *psychiatric treatment* consists of treatment of neuroses and psychoses, including group therapy, where that is possible; *drug treatment* includes the use of conditioned-reflex, drugs like antabuse, and body fluid studies. Final in his listing is *socio-economic treatment* which consists of the study of home conditions, employment and the use of Alcoholics Anonymous.

#### 1953—THE YEAR AHEAD

That the New Year will bring much new knowledge of the disease of alcoholism is a certainty; the very breadth of the studies by science and medicine assures new discoveries. If there shall be found preventive measures against alcoholism, perhaps future generations will not know the yoke of compulsion . . . the tortuous descent to "bottom". If there shall be found new diagnostic methods that will mark the one probable problem drinker, the one can be helped while young and can be spared the long road . . . the years of night.

It is for science, medicine, the church, the community to do much . . . to learn much . . . to accept much.

It is for us within AA to help as we can in the broad understanding of the problem . . . always, of course, within the scope of AA's traditions . . . to do whatsoever will serve those who search with lamps in the darkness.

But it is foremost for us that we enter the new year first of help to ourselves . . . help in the sincere application of our Twelve Steps to our own lives and to the practice of those principles in all our affairs.

It is thus that light from the candle of our own living shall shine for others . . . it is by our example of maintained sobriety and rebirth to useful living that so much work is already underway for so many.

The challenge of 1953 is only the challenge of each day of the year just gone.