

# ALCOHOLICS ANONYMOUS AND MENTAL HEALTH ISSUES

If you are a member of AA with a co-occurring mental health diagnosis, such as:

Autism, Attention Deficit/Hyperactivity Disorder, Bipolar Disorder;  
Borderline Personality Disorder, Clinical Anxiety Disorder, Chronic  
Depression, Post Traumatic Stress Disorder, Schizophrenia,  
or any other severe and persistent disorder,

you may have heard statements in and around the rooms of AA that are destructive to your recovery, including these commonly-heard pronouncements:

- If you're clinically depressed, you're suffering from "untreated alcoholism"
- If you take your medications, you're not sober
- If you would just work your program, you'd "get over" your diagnosis
- Don't share at meetings about your struggles with your diagnosis as it affects your sobriety – it's an "outside issue"
- All the answers are in the Big Book; you don't need any other help

Some members have been "fired" by sponsors after a mental-health crisis, because they weren't "working their program."

*ALL OF THESE STATEMENTS ARE OPPOSED TO AA'S PRINCIPLES.*

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## SUGGESTIONS AND SOLUTIONS

Recognize that mental health issues are real, can be disabling, and can threaten sobriety.

- Find the sponsor who is right for *you*
- If you're on pain meds (surgery, chronic pain, etc.) consider calling your sponsor daily
- Be honest in AA meetings, but use discretion: discuss medication problems with your sponsor, your therapist, your doctor
- Do share at meeting level how the AA program helps keep you on track with sobriety and the how you can't stay "sane" (or healthy) without sobriety
- Sponsors: be alert to sponsees discontinuing or overusing medications

TURN THE PAGE OVER TO SEE THAT OUR LITERATURE TELLS US THAT ALCOHOLICS ANONYMOUS IS FOR ALL WHO SEEK SOBRIETY.

## A.A. PRINCIPLES and A.A. EXPERIENCE

There are those, too, who suffer from grave emotional and mental disorders, but many of them do recover if they have the capacity to be honest.

*Alcoholics Anonymous, Chapter 5, p. 38*

There is the manic-depressive type, who is, perhaps, the least understood by his friends, and about whom a whole chapter could be written.

*Alcoholics Anonymous, "The Doctor's Opinion," p. xxx (4<sup>th</sup> edition)*

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

*Tradition 3*

For A.A. is really saying to every serious drinker: "You are an A.A. member if you say so... No matter who you are, ... no matter how grave your emotional complications...we ... don't want to keep you out. We just want to be sure that you get the same great chance for sobriety that we've had.

*Twelve & Twelve, Tradition Three, p. 139*

Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.

*Tradition 10*

Do I ever give the impression that there really *is* an "AA opinion" on Antabuse? Tranquilizers? Doctors? Psychiatrists? Churches? Hospitals? Can I honestly share my own personal experience concerning any of those without giving the impression I am stating the "AA opinion"?

*Traditions Checklist – Tradition Ten*

What does A.A. NOT do?

4. A.A. is *not* a medical organization, does *not* give out medicines or psychiatric advice.

*A brief guide to Alcoholics Anonymous (pamphlet) – p.10*

One's need for a helping hand is no sign of weakness and no cause for shame. .... In some instances, the conflicting opinions and recommendations of other recovering alcoholics can make it hard for a newcomer seeking good professional help.

*Living Sober, chapter 23 – Seeking professional help (p.59-60)*

Some drugs ... are beneficial when administered by knowledgeable physicians if used solely as directed.... As A.A. members – not physicians – we are certainly not qualified to...advise anyone not to take a prescribed medication.

*Living Sober, chapter 21 - Avoiding dangerous drugs and medications (p.53)*

Some of us have had to cope with depressions that can be suicidal; schizophrenia that sometimes requires hospitalization; manic depression; and other mental and biological illnesses. ... some members have taken the position that no one in A.A. should take any medication. While this position has undoubtedly prevented relapses for some, it has meant disaster for others. ... A.A. members and many physicians have described situations in which depressed patients have been told by A.A.s to throw away the pills, only to have depression return with all its difficulties, sometimes resulting in suicide. ... Unfortunately, by following a layman's advice, the sufferers find that their conditions can return with all their previous intensity. On top of that, they feel guilty because they are convinced that "A.A. is against pills." ,, It becomes clear that just as it is wrong to enable or support any alcoholic to become readdicted to any drug, it's equally wrong to deprive any alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems.

*The AA member – Medications & Other Drugs (pamphlet) – p. 13*

*What does a sponsor do? (p. 15)* – Does not hesitate to help the newcomer obtain professional help (such as medical, legal, vocational) if assistance outside the scope of A.A. is needed ..... *(p. 17)* – Experienced sponsors are careful not to set themselves up as substitutes for doctors in dealing with any phase of alcoholism.

*Questions and Answers on Sponsorship (pamphlet)*