
Q I A A NEWS

24-HOUR HOTLINE:
7 1 8 - 5 2 0 - 5 0 2 1

OFFICE LOCATION:
105-29B METROPOLITAN AVENUE
OFFICE TELEPHONE: 718-520-5024

MAILING ADDRESS :: ALL MAIL TO
P.O. Box 754088
PARKSIDE STATION
FOREST HILLS NEW YORK
11375-9088

ON THE INTERNET:
www.queensaa.org
EMAIL: secretary@queensAA.org
EMAIL: institutions@queensAA.org
APRIL - MAY - JUNE 2009

2009 Meeting Books Are Here! —> New meeting books are now on sale at the Intergroup Office, **OPEN FROM 7 P.M. TO 9 P.M. TUESDAYS AND THURSDAYS.** Five for a dollar - the first one is *FREE* for newcomers!

New 2009 Meeting Books include over forty-five changes: New groups, new meetings, meetings and groups that have been suspended or closed and temporary relocations. Check out the website www.queensaa.org for current and accurate meeting information through-

out the year ahead, or call The Hotline at 718-520-5021, open twenty-four hours per day. Subscribe to **Meeting Book Updates** by clicking the email link at the bottom of the "Updates" webpage, or send an email to Queens Intergroup at: secretary@queensaa.org

GSO's Deadline for Information is MAY 8TH : : : A.A.'s General Service Office of the U.S. & Canada is updating all group and group contact information for publication of the **2010-2011 Eastern United States A.A. Directory.** *Publication of names and telephone numbers as group contacts in the directory is optional, but Group Information Update Forms* need to be collected. These should be handed in at the Queens County General Service Assembly at 7:30 P.M. on Monday, April 27th (at St. Mary Gate of Heaven Church, 103rd Str. & 101st Ave.) For more information, see your group's GSR, or contact Mike M./Queens DCMC (917-599-8913) or Manny A./Alt. Queens DCMC (917-406-4783).

Q.I.A.A. needs a DAYTIME TELEPHONE COORDINATOR to coordinate thirty current volunteers and seven day shift coordinators. Please come to the next meeting of your steering committee on **Tuesday, May 5th, at the Intergroup office at 7:30 P.M.** and sign up to try it out! Two years of sobriety is required, as well as some experience answering the Hotline. A **TWELFTH STEP COORDINATOR** is also needed

to serve on the steering committee. Duties are currently being fulfilled by other steering committee members, but new volunteers are needed for these service positions. The Hotline is administered remotely and can be **conveniently call-forwarded to home or cell telephones** for daytime shifts. Several other positions are also available. If interested, please attend the Steering Committee meeting on May 5th.

YOUR Q.I.A.A. TREASURER'S REPORT, including complete year-to-date results, will be available to Intergroup Representatives at the next Quarterly Meeting **on June 6th.** Please post this announcement for your members ←→

Queens Intergroup

Quarterly Exchange & Intergroup Representatives Meeting

Saturday June 6th 2009

SCHEDULE:

8:00 A.M.	EXCHANGE MEETING
9:00 A.M.	REPRESENTATIVES BREAKFAST
9:15 A.M.	NEW REPS ORIENTATION
9:30 A.M.	INTERGROUP REPRESENTATIVES MEETING

ALL SAINTS LUTHERAN CHURCH
164-02 GOETHALS AVENUE JAMAICA NY
TWO BLOCKS SOUTH OF UNION TURNPIKE ON 164TH STREET

GROUP DONATIONS WELCOME !!

PLEASE COME TO THE MEETING, OR MAIL DONATIONS AND ALL MAIL TO ...

Q.I.A.A. PO Box 754088 PARKSIDE STATION FOREST HILLS NY 11375-9088

ON THE WEB: www.queensaa.org
FOR URGENT MEETING CHANGES & ALL OTHER BUSINESS, EMAIL: secretary@queensaa.org
FOR INFORMATION ABOUT INSTITUTIONS: institutions@queensaa.org

...IT'S **YOUR** INTERGROUP...

...PLEASE **SUPPORT** IT!!

The mystery of slips is not so deep as it may appear. While it does seem odd that an alcoholic, who has restored himself to a dignified place among his fellowmen and continues dry for years, should suddenly throw all his happiness overboard and find himself again in mortal peril of drowning in liquor, often the reason is simple.

People are inclined to say, "there is something peculiar about alcoholics. They seem to be well, yet at any moment they may turn back to their old ways. You can never be sure."

This is largely twaddle. The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well -- that is to say, his disease is arrested. There is nothing unpredictable about him any more than there is anything weird about a person who has arrested diabetes.

Let's get it clear, once and for all, that alcoholics are human beings. Then we can safeguard ourselves intelligently against most slips.

In both professional and lay circles, there is a tendency to label everything that an alcoholic may do as "alcoholic behavior." The truth is, it is simple human nature.

It is very wrong to consider any of the personality traits observed in liquor addicts as peculiar to the alcoholic. Emotional and mental quirks are classified as symptoms of alcoholism merely because alcoholics have them, yet those same quirks can be found among non-alcoholics too. Actually they are symptoms of mankind!

Of course, the alcoholic himself tends to think of himself as different, somebody special, with unique tendencies and reactions. Many psychiatrists, doctors, and therapists carry the same idea to extremes in their analyses and treatment of alcoholics.

Sometimes they make a complicated mystery of a condition which is found in all human beings, whether they drink whiskey or buttermilk.

To be sure, alcoholism, like every other disease, does manifest itself in some unique ways. It does have a number of baffling peculiarities which differ from those of all other diseases.

At the same time, any of the symptoms and much of the behavior of alcoholism are closely paralleled and even duplicated in other diseases.

The slip is a relapse! It is a relapse that occurs after the alcoholic has stopped drinking and started on the A.A. program of recovery. Slips usually occur in the early states of the alcoholic's A.A. indoctrination, before he has had time to learn enough of the A.A. techniques and A.A. philosophy to give him a solid footing. But slips may also occur after an alcoholic has been a member of A.A. for many months or even several years, and it is in this kind, above all, that often finds a marked similarity between the alcoholic's behavior and that of "normal" victims of other diseases.

No one is startled by the fact that relapses are not uncommon among arrested tubercular patients. But here is a startling fact -- the cause is often the same as the cause that leads to slips for the alcoholic.

It happens this way: When a tubercular patient recovers sufficiently to be released from the sanitarium, the doctor gives him careful instructions for the way he is to live when he gets home. He must drink plenty of milk. He must refrain from smoking. He must obey other stringent rules.

For the first several months, perhaps for several

years, the patient follows directions. But as his strength increases and he feels fully recovered, he becomes slack. There may come the night when he decides he can stay up until ten o'clock. When he does this, nothing untoward happens. Soon he is disregarding the directions given him when he left the sanitarium. Eventually he has a relapse.

The same tragedy can be found in cardiac cases.. After the heart attack, the patient is put on a strict rests schedule. Frightened, he naturally follows directions obediently for a long time. He, too, goes to bed early, avoids exercise such as walking upstairs, quits smoking, and leads a Spartan life. Eventually, though there comes a day, after he has been feeling good for months or several years, when he feels he has regained his strength, and has also recovered from his fright. If the elevator is out of repair one day, he walks up the three flights of stairs. Or he decides to go to a party -- or do just a little smoking -- or take a cocktail or two. If no serious aftereffects follow the first departure from the rigorous schedule prescribed, he may try it again, until he suffers a relapse.

In both cardiac and tubercular cases, the acts which led to the relapses were preceded by wrong thinking. The patient in each case rationalized himself out of a sense of his own perilous reality. He deliberately turned away from his knowledge of the fact that he had been the victim of a serious disease. He grew overconfident. He decided he didn't have to follow directions.

Now that is precisely what happens with the alcoholic -- the arrested alcoholic, or the alcoholic in A.A. who has a slip. Obviously, he decides to take a drink again some time before he actually takes it. He starts thinking wrong before he actually embarks on the course that leads to a slip.

There is no reason to charge the slip to alcoholic behavior or a second heart attack to cardiac behavior. The alcoholic slip is not a symptom of a psychotic condition. There's nothing screwy about it at all. The patient simply didn't follow directions.

For the alcoholic, A.A. offers the directions. A vital factor, or ingredient of the preventive, especially for the alcoholic, is sustained emotion. The alcoholic who learns some of the techniques or the mechanics of A.A. but misses the philosophy or the spirit may get tired off following directions -- not because he is alcoholic, but because he is human. Rules and regulations irk almost anyone, because they are restraining, prohibitive, negative. The philosophy of A.A. however, is positive and provides ample sustained emotion -- a sustained desire to follow directions voluntarily.

In any event, the psychology of the alcoholic is not as different as some people try to make it. The disease has certain physical differences, yes, and the alcoholic has problems peculiar to him, perhaps, in that he has been put on the defensive and consequently has developed frustrations. But in many instances, there is no more reason to be talking about "the alcoholic mind" than there is to try to describe something called "the cardiac mind" or the "TB mind."

I think we'll help the alcoholic more if we can first recognize that he is primarily a human being -- afflicted with human nature.