

Cocaine Anonymous
World Service
Conference

**Hospitals and
Institutions
Committee**

Suggested Guidelines and Information

2019 Edition

Reflecting actions from the 2019 World Service Conference



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Introduction

These are *suggested* guidelines for Hospitals and Institutions Committees; they have been divided into six sections. We recommend that you thoroughly read these guidelines. Each district or area may need to revise these guidelines to make them more suitable for their particular district or area.

Part I contains: general information about the purpose of a district and/or area level, Hospitals and Institutions Committee. This information consists of the traditions and some suggestions for contacting facilities.

Part II contains: descriptions of elected positions on the committee.

Part III contains: a suggested H&I Business meeting format, suggested guidelines for H&I meetings, H&I meetings in Correctional Facilities, and the CA Lifeline.

Part IV contains: suggested H&I Meeting formats and readings.

Part V contains: a sample letter for contacting Hospitals and Institutions, a sample format for holding an H&I Forum at C.A. Conventions, and other information from the Cocaine Anonymous World Service Conference H&I Committee.

Part VI (Appendix) contains: service positions for large areas: Assistant Treasurer, Panel Board Chairperson, Assistant Panel Board Chairperson, Chairperson for Informational Speaker Meetings for C.A. Groups, Newsletter Editor, Assistant Newsletter Editor, General Service Representative, Workshop Leader, Policy Council Members, Policy Council Chairperson, Contact Report, Panel Chair Info Sheet and H&I Order Form.

Part I

General Information

Purpose of a Hospitals and Institutions Committee

The sole purpose of a Hospitals and Institutions Committee is to carry the message of Cocaine Anonymous to those in Hospitals and Institutions. Institutions served may include, but are not limited to: correctional facilities, sanitariums, detoxification units, juvenile detention centers, half-way houses, and shelters; either governmental or private. Confinement may be voluntary or involuntary.

The Committee is organized under the Ninth Tradition of Cocaine Anonymous, which states: "C.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve." C.A. H&I meetings are held at the invitation of the Hospital or Institution, ever mindful of the admonition "Cooperation, not Affiliation!"

Working within the Traditions

Just as C.A. has 12 steps of recovery, we also have 12 traditions that help keep our fellowship strong. It is important that these traditions be observed. We understand that some facilities are not familiar with C.A.'s traditions, and may unknowingly break them. It is our duty to help these facilities have a better understanding of our traditions. We suggest providing a copy of the Twelve Traditions of Cocaine Anonymous explaining what C.A. can and cannot do. Also, it is imperative to be knowledgeable of each facility's rules and regulations, and respect these when doing a meeting in their facility.

Tradition One “Our common welfare should come first; personal recovery depends upon C.A. unity.” It is important that each person at an H&I meeting be able to concentrate on what is being shared. The H&I Meeting Chairperson should insure the H&I Meeting be conducted in an orderly and responsible manner.

Tradition Two “For our group purpose, there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.” It is our experience that when a meeting is “higher powered” as opposed to “self-willed” it is much more effective.

Tradition Three “The only requirement for C.A. membership is a desire to stop using cocaine and all other mind-altering substances.” Attendance at H&I Meetings is often regulated by the facilities. Clients may not be attending the meeting voluntarily, but the individual must decide for his/her self if he or she has a desire to stop using.

Tradition Four “Each group should be autonomous except in matters affecting other groups or C.A. as a whole.” It is important to remember that when making decisions on H&I's behalf, such matters may affect C.A. as a whole.

Tradition Five “Each group has but one primary purpose— to carry its message to the addict who still suffers.” Sharing our experience, strength, and hope with others, and carrying *the* message helps us stay sober.

Tradition Six “A C.A. group ought never endorse, finance, or lend the C.A. name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.” As this tradition clearly states, we do not endorse any facilities with the C.A. name; we as guests cooperate with the facility by, following their policies and guidelines.

Tradition Seven “Every C.A. group ought to be fully self-supporting, declining outside contributions.” Most H&I meetings are restricted to patients or inmates; we do not solicit Seventh Tradition donations at H&I meetings.

Tradition Eight “Cocaine Anonymous should remain forever nonprofessional, but our service centers may employ special workers.” H&I orientations done by the H&I Committee should always be voluntary; some of the facilities may *require us* to complete *their* orientation program as well. We are never paid for 12 step work.

Tradition Nine “C.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.” H&I is directly responsible to the District or Area Service Committee and the fellowship it represents.

Tradition Ten “Cocaine Anonymous has no opinion on outside issues; hence the C.A. name ought never be drawn into public controversy.” Being guests, we must respect the facilities’ policies even if we personally disagree with them. Treatment modalities and medications are not subjects to be criticized by us at an H&I Meeting.

Tradition Eleven “Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, television and films.” Remember that this is a program of *attraction*; you may be the *only* example of C.A. that a patient or inmate may ever see.

Tradition Twelve “Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.” In the spirit of anonymity, our members recognize that we do not take credit for any person's recovery; it comes from a Power greater than ourselves.

What are Hospitals and Institutional Meetings?

There is a distinct difference between H&I meetings and regular C.A. Meetings. H&I meetings are often restricted to patients or residents only, and not open to the community as a whole. These meetings are brought into facilities by local C.A. members through the H&I Committee. H&I Meetings are basically beginners meetings; with the chairperson of each meeting providing the speakers. They are not usually listed in the area or world directory; and they do not observe the 7th Tradition. Certain facilities may require H&I participants to be subject to sobriety requirements, dress and conduct codes.

Open H&I Meetings

In some cases a Hospital or Institution may request the H&I meeting be open to the C.A. community as a whole. This type of "Open H&I Meeting" may or may not be listed in the area or district meeting directory, but as with all H&I meetings, the 7th tradition is not observed. In addition, free books and literature are limited to clients of the institution only.

In contrast, a regular C.A. meeting is completely responsible for its own affairs and observes all of the traditions. It is usually listed in the local C.A. meeting schedule as well as the world directory. Also, the group conscience of a regular C.A. Meeting is made up of its members, while the group conscience of an H&I Meeting is the H&I Committee itself.

(See Open H&I Meeting format)

General Information for Contacting Facilities

There are many ways to go about contacting facilities. Here are some suggestions that have proven to be most helpful in starting an H&I meeting in a facility.

- 1) Target local areas.
- 2) Determine contact person at facility.
- 3) Contact facility person via phone or letter. (See sample letter, page 31)
- 4) Determine facility's needs; explain what C.A. is and how C.A. H&I meetings work.
- 5) Make an appointment with the contact person to visit the facility and explain our traditions; what C.A. can or cannot do. Discuss meeting format, literature and directories.
- 6) Establish a date and time for H&I Meeting. If necessary, set date for a test H&I Meeting.
- 7) Please remember that we represent the spirit of recovery. We should always approach a facility we have targeted for an H&I meeting dressed and acting as we would when going to an interview for a job.

Why a Committee?

The Committee guarantees continuity of C.A. meetings. Members come and go, but the Committee continues. Trust in our actions and movements come from years of repetitive action by groups who know and conform to the established guidelines. No one individual can make this possible; only the continuity of a committee structure can. Problems which arise at an institution are resolved within the framework of the committee. H&I Committee members may seek advice and assistance for problems encountered in their particular facility; with the knowledge that the combined committee experience will have faced and solved similar problems in the past.

Many institutions have stringent rules and regulations covering problems ranging from those of a simple custodial nature to the tighter security measures encountered in correctional facilities.

The H&I Committee of each C.A. District or Area is responsible for establishing guidelines and policies using normal voting procedures (the H&I group conscience).

Membership Qualifications

It is suggested that a member of Cocaine Anonymous who wishes to qualify for committee membership be sober a minimum of three months. Longer terms of sobriety may be required by some Hospitals or institutions. It is suggested that only H&I members be permitted to chair or co-chair H&I meetings. Any member of C.A., invited guest, or interested party may attend the monthly H&I business meeting.

Conduct

A member of the H&I Committee may be subject to removal by an H&I Committee via, simple majority vote if any of the following occurs:

1. Upon the loss of the member's sobriety; sobriety requirements will have to be re-established for reinstatement.
2. Refusal to abide by the rules and regulations of the institution being served.
3. Refusal to abide by the H&I Committee guidelines.
4. While attending an H&I meeting, a member solicits, recommends or advises any person at the facility to any other facility or professional treatment.

Any committee member who has been suspended has the right to appeal such suspension at the next regularly scheduled H&I Committee business meeting.

In addition, the chair or co-chairperson of each meeting is required to attend the monthly H&I business meeting at least once every three months. Failure to do so can result in replacement of the chair and/or co-chairperson by the committee. This action does not exclude the member from other committee participation.

The Monthly Business Meeting

Regular H&I business meetings should be held once a month. Special and/or emergency meetings may be called by the Area H&I Chairperson. All regular business meetings will be, presided over by the Area H&I Chairperson; or in the Area H&I Chairperson's absence, by the Area H&I Vice Chairperson. A suggested meeting format is included in these Guidelines.

Voting and Quorum Procedures

A quorum should consist of two-thirds of the active voting membership. The active voting membership is comprised of those H&I members in attendance at the business meeting and those who have notified the H&I Committee Secretary prior to each meeting that they will be absent but wish to remain on the active voting roster.

Election Procedures

Opening nominations for H&I committee positions, should be held annually. Committees may wish to structure the election dates of each office so all positions do not change at the same time; thus, the leadership maintains continuity. Any member of the H & I committee has one (and only one) vote in both nominations and elections. Each position on the committee is described in the sections that follow.

The H&I Can

These are suggested guidelines for Hospital and Institutions Committees. Each district or area may need to revise these guidelines to make them more suitable for their particular district or area. If your district or area does, or wishes to do a separate collection to support the H&I Committee, labels for the “H&I Can” may be obtained free of charge by contacting the C.A. World Service Office. Regular C.A. Meetings which pass a collection for H&I, have found the following a suitable modification of the meeting format. At the point where the 7th Tradition is honored, insert:

“The 7th Tradition reminds us that we are fully self-supporting through our own contributions. The can being passed is to support the Hospitals and Institutions Committee of Cocaine Anonymous, it goes to buy key-chains and literature for addicts confined in Hospitals and institutions. I have asked _____ to read the 12 Traditions for us while we observe the 7th.

Newcomers need not feel obligated to contribute.”

Subsequently, all funds collected for H&I should go to the H&I Committee. H&I Committees would be well advised to allow H&I funds to be deposited in their existing area or district bank account and thus save the additional bank charges. In addition, H&I committees are always a sub-committee of the area or district service committee, and in keeping with the Ninth Tradition are directly responsible to those they serve. More information on starting an H&I collection in your district or area may be obtained from the C.A. World Service Conference H&I Committee Chairperson or the C.A. World Service Office.

PASSING AN H&I CAN - THE HOW AND WHY OF IT

Since this fellowship was founded, it has been a custom at each meeting to drop a dollar in the basket. Unfortunately, while costs have increased in every area, the amount of this donation has remained the same. Many Areas have made up for this growing deficit by becoming increasingly dependent on special fund raising events. Consequently, the number of conventions, camp-ventions, roundups, etc. increases each year. When one of these events flops however, it may spell financial disaster for the District or Area which it was meant to support. From time to time, we ask members to drop an extra dollar in the basket when the fellowship is in need, but after a while, the donations drop off again. When the fellowship is having financial trouble, supplying regular C.A. meetings is not a problem as they buy what they need. Not so for the H&I Committee, having no income, they depend on the donations from open C.A. meetings for all their supplies.

One lasting solution to this problem is passing an H&I Can at meetings. This helps us in two ways: First the H&I Committee becomes self-supporting, and is able to provide: Bookmarks, Key-chains, Big Books, Pamphlets and even C.A. Storybooks. Secondly, as H&I is no longer a drain on the financial resources of the fellowship as a whole, these funds are free to be used elsewhere. In one district having 60 C.A. meetings per week; passing the H&I Can produced an income of \$6,678.93, in 1993. Least we seem overly concerned with money; let's look at what it bought. Funds from the H&I Can were used to purchase: 480 Big Books, 10,000 pamphlets, and 7,736 Key-chains. In 1994, this same committee will begin distributing the C.A. Storybook at H&I meetings as well. Big books are stamped on the inside cover with the C.A. logo and the number of the local Info-line; this insures that we who pay for the books get credit for their distribution. The H&I Can not only helps H&I carry the message; the support it represents is a very important moral booster to those who carry it.

If you desire to start doing this in your area; go to the District or Area Service Committee to solicit their support and approval. Each C.A. group is of course autonomous; the decision on whether or not to pass the H&I Can must be the result of a group conscience by the meeting in question. Then you'll need the cans themselves; we suggest one pound coffee cans paint white. Any C.A. H&I Committee may obtain labels for the H&I Cans free of charge by contacting the C.A. World Service Office. The importance of using labeled or painted H&I Cans cannot be stressed enough; attempts to do this by passing another basket, have proven to be a failure. Another important point concerns the Meeting Format. The H&I Can is usually passed at the same time the 7th Tradition is collected. The format would read something like this: "The 7th Tradition reminds us that we are fully self-supporting through our own contributions. The Can being passed is to support the H&I Committee of C.A., it goes to provide Bookmarks, Keychains, and Literature for addicts confined in Hospitals and Institutions." If the format remains unchanged, what often happens is that the H&I Can ends up gathering dust in the bottom of the box.

One concern which may be voiced is that funds collected actually go to H&I. The simplest way would be for the meeting to send a representative directly to the H&I Committee, a method successfully adapted by at least one area. Unfortunately, it is difficult enough to get one person to show up for the District or Area Service Meeting; trying to find two reliable people each month may prove unrealistic. An alternative arrangement is to have the G.S.R. bring both the H&I Donation and the 7th Tradition to the Area or District Service Meeting, after noting the amount collected in each. The money is then deposited by the treasurer in the Area or District Service Bank Account. The funds remain separated on paper, and dispersed to H&I by the Treasurer. At the end of the year, the amount collected is divided by twelve. This figure becomes the monthly budget for H&I. In order to maintain the integrity of this process, one district amended its by-laws to state that the monthly budget of H&I must always be equal to, or greater than, the average monthly donation from the H&I Can.

Part II - Elected Positions

Area H&I Chairperson

Suggested Sobriety Requirement: 2 Year continuous

Suggested Committee Service Prior to Position: 1 Year continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Coordinate and direct all committee activities.
- B. Attend all business meetings that are related to institutional work.
- C. Keep informed on all matters affecting the committee.
- D. Supply and discuss with new Meeting Chairpersons the: requirements, duties, and responsibilities of the position.
- E. Notify any Meeting Chairperson not in compliance with attendance requirements prior to the next committee business meeting.
- F. Should the need arise, direct the removal of a Meeting Chairperson or Co-Chair. This action requires a simple majority vote of the full committee.
- G. Temporarily fill any open Meeting Chairperson position by appointment. At the next regularly scheduled committee business meeting, the position will be filled in the normal manner.

Area H&I Vice Chairperson

Suggested Sobriety Requirement: 1 Year continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Attend all meetings that are related to Institutional work.
- B. Work closely with the Area H&I Chairperson in any capacity as delegated by the Area H&I Chairperson.
- C. Assume the Area H&I Chairperson's responsibilities in his or her absence.

Secretary

Suggested Sobriety Requirement: 6 Months continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Keep minutes and attendance records of H&I business meetings, and supply them to members.
- B. Handle mailing of literature and announcements.

Treasurer

Suggested Sobriety Requirement: 1 Year continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Account for all monies of the committee.
- B. Maintain a post office box.
- C. Maintain the accounting for monies received and distributed for the purchase of literature, expenses of printing, and other appropriate incidentals.
- D. To be gainfully employed and/or financially stable.

Chips & Literature Person

Suggested Sobriety Requirement: 6 Months continuous

Suggested Committee Service Prior to Position: 3 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Obtain and keep on hand a sufficient inventory of soft literature and key chains from World Services or District Service Committee.
- B. Distribute literature at the monthly committee business meeting.
- C. At his or her discretion, appoint an assistant literature person.

H&I Activities/Events Chairperson

Suggested Sobriety Requirement: 1 Year continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

- A. Plan H&I activities/events, and people-raisers.
- B. Appoint such people necessary to help with these duties.

Institutional Public Information

Suggested Sobriety Requirement: 18 Months continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

Contact institutions to establish new meetings and liaison with present ones. These members should be presently involved in the committee and sufficiently knowledgeable; to impart any information necessary about the committee and its "services."

- A. Set up an appointment and visit the institution to determine needs.
- B. Report all contacts at the monthly committee business meeting.
- C. The individuals should be well versed in C.A. Traditions in order to communicate effectively with the public about C.A.
- D. At his or her discretion, appoint an assistant I.P.I. Chairperson.

Hospitals Public Information

Suggested Sobriety Requirement: 1 Year continuous

Suggested Committee Service Prior to Position: 6 Months continuous

Suggested Term of Commitment: 1 Year

Position filled via: Election

Duties and Responsibilities:

Contact Hospitals & halfway houses to establish new meetings and liaison with present ones. (See: Institutional Public Information for more information)

- A. Set up appointments and visit Hospitals or halfway houses to determine needs.
- B. Other duties are the same as Institutional Public Information.
- C. At his or her discretion, appoint an assistant H.P.I. Chairperson.

H&I Meeting Chairperson (Panel Chairperson)

Suggested Sobriety Requirement: 1 Year continuous (unless otherwise specified by facility)

Suggested Committee Service Prior to Position: 6 Months continuous Familiarity with H&I guidelines is recommended.

Position filled via: Voluntary basis at H&I committee business meeting

Restrictions: A member who is on probation or parole may not chair an H&I Meeting in correctional facility unless official clearance is obtained in advance.

Duties and Responsibilities:

- A. Coordinates the activities of, and attends the scheduled H&I Meeting. If unable to attend, arrangements must be made through the Meeting Co-Chairperson or one of the H&I Committee members for established Chairperson to take the meeting.
- B. Notify the Committee of any problems encountered at the H&I meeting, or any change in the Chair or Co-Chair's address or telephone number.
- C. Provide the H&I meeting with adequate C.A. literature. Literature is obtained at the monthly H&I Committee business meeting.
- D. Attend the regular monthly H&I Committee business meeting a minimum of once every three months.
- E. Obtain speakers for the meeting. Speakers are suggested to have a minimum of three continuous months of sobriety, or meet the minimum sobriety requirement required by the facility - whichever is greater. Clearance for speakers may be required by some correctional facilities.
- F. Review meeting and institutional requirements with speakers prior to the scheduled H&I meeting.
- G. Acts as a liaison between the H&I Committee and their assigned facility.
- H. Assures attendance requirements are met by others assigned to the meeting.

Meeting Co-Chairperson (Panel Leader)

Suggested Sobriety Requirement: 6 Months (unless otherwise specified by facility)

Suggested Continuous Committee Service Prior to Position: None

Position filled via: Voluntary basis at H&I Committee business meeting

Restrictions: A member who is on probation or parole may not chair an H&I Meeting in a correctional facility unless official clearance is obtained in advance.

Duties and Responsibilities:

- A. Attend the scheduled H&I meeting. If unable to attend, arrangements must be made through the Meeting Chairperson for another established committee member to assist with the H&I meeting.
- B. Provide assistance to the Meeting Chairperson on items B through F of the Chairperson position described above.

Part III - Committee Guidelines

Hospitals and Institutions Committee Suggested Business Meeting Format

Welcome to Hospitals and Institutions business meeting of Cocaine Anonymous. My name is _____ and I am an addict. Please help me open this meeting with the Serenity Prayer. Is there anyone here for their first C.A. H & I business meeting? Would you please introduce yourselves? Welcome!

The sole purpose of this committee is to carry the message of Cocaine Anonymous to those in Hospitals or Institutions. This committee is organized under the Ninth Tradition of Cocaine Anonymous and operates under the Twelve Traditions of C.A. in all of our affairs.

(At this point, the Area H&I Chairperson calls for the following reports)

Secretary's Report

Previous meetings minutes (which may have been mailed) are discussed and any additions or corrections are made.

Treasurer's Report

Financial Statement is read and if necessary discussed.

Institutional Public Information Report

Updates on new contacts and meetings are announced and discussed.

Hospitals Public Information Report

Updates on new contacts and meetings are announced and discussed.

H&I Day Sub-Committee Report

Activities of this sub-committee are discussed.

Meeting Chairperson's Reports

Each H&I Meeting Chairperson in attendance gives a run-down on the status of their meeting and reports any problems or difficulties which are pertinent to the committee.

After all reports have been completed, the Area H&I Chairperson calls for the following:

1. Call for and fill any meeting positions
2. Call for old business
3. Call for new business

The Area H&I Chairperson closes the meeting as follows: The next scheduled business meeting is (date & time). Remember that you may be the only example of Cocaine Anonymous that a patient or inmate ever sees; be the best example that you can be.

I would like to close tonight by having _____ lead us in the prayer of their choice.

H&I Meeting Guidelines and Information

General Information

Because we go into so many different types of facilities, there is a lot of red tape, and many rules and regulations involved. Remember that you are a representative of Cocaine Anonymous and dress appropriately. Because we are invited guests in these facilities, it is important that as representatives of Cocaine Anonymous, we follow all the rules, regulations, and policies of the institution we have been invited into:

1. A C.A. H&I meeting conducted under this committee should at all times be under the direct supervision of a member of the H&I Committee.
2. Sobriety requirements of each facility are to be upheld.
3. No member of C.A. on parole or probation may attend an H&I meeting in a correctional facility without advance clearance by the administration of the institution.
4. The meeting chairperson will be responsible for advising speakers in advance regarding policies of the institution and the H&I Committee.
5. C.A. personal stories, principles or general information are to be the main topics of any meeting conducted within any institution. We do not recommend prolonged Drug-a-Logs.
6. Use of profanity is not recommended.
7. No speaker, or H&I Committee member may go to an H&I meeting to visit a relative or friend who is a client or inmate at the facility.
8. No visitors from outside the fellowship of Cocaine Anonymous are permitted to accompany H&I members to H&I meetings at any time, for any reason.

H&I Meetings in Correctional Facilities

Chairpersons of H&I Meetings in Correctional facilities must have a minimum of 9 months continuous sobriety, except where otherwise required by the institution.

They are responsible for the conduct of any speakers taken into the facility, and should instruct these speakers in advance regarding the regulations of the facility and the H&I Committee. In some cases, the chairperson may be required to obtain advance clearance for speakers. Speakers should have a minimum of 3 months of sobriety, except where otherwise required by the Institution.

Many State & Federal Penitentiaries may require that H&I meeting chair and co-chairpersons complete orientation and agree to an FBI background check.

In general, the following guidelines must be observed in *all* prisons:

- a) Never touch anyone on the panel.
- b) Never give anything to, or take anything from anyone that resides at the facility without the approval of the institution, including books, chips, literature, etc.
- c) Never agree to contact anyone on behalf of anyone residing at the facility.
- d) Do not reveal your address or other relevant personal information to an inmate.

- e) No weapons of any kind are allowed on prison grounds. This includes the parking lot. For example, a knife in a car glove box could be a violation of prison rules.

General Guidelines for Cocaine Anonymous Hospitals and Institutions Meetings

1. Avoid prolonged Drug-a-Logs.
2. Do not criticize or make derogatory remarks about the facility, its personnel, or any of its policies and practices. This includes opinions about pills, anti-depressants, tranquilizers, and abuse which are used by many facilities.
3. Never give medical or legal advice or recommend other facilities to patients.
4. Do not talk down to the group.
5. Do not use profanity; you may be stopped by the meeting chairperson if you do.
6. Do not bring visitors: people from outside the fellowship of Cocaine Anonymous, or C.A. members not on the panel.
7. Do not bring anything in or take anything out. This includes written or verbal messages for an inmate or patient.
8. If a facility (treatment centers, hospitals) allows exchange of phone numbers do so at your own discretion.
9. Do not promise anyone that reside at the facility jobs or aid of any kind.
10. Dress appropriately and remember that you are a reflection of C.A.
11. Make sure that you are properly cleared to attend a correctional institution meeting. If you have outstanding warrants, or are on parole or probation, they may keep you.
12. **Show up.** Having a meeting “go dark” is worse than not having a meeting there at all. There is nothing that makes C.A. look as bad as nobody showing up to do a meeting. We have been invited to hold these panel meetings by the facilities - it is a privilege. C.A. as a whole looks bad when no one shows u

C.A. Lifeline Sub-Committee Guidelines

Statement of Purpose

C.A. Lifeline is a service sub-committee of the Hospitals & Institutions Committee. C.A. Lifeline's primary purpose is to help the newcomer addicts' transition from treatment to the rooms of Cocaine Anonymous. We do this by providing a temporary contact in the newcomer's local area.

Members of Cocaine Anonymous, usually acting in pairs, meet the patients after their release from treatment and accompany them to their first C.A. meeting. Participation in the C.A. Lifeline is always voluntary.

The C.A. Lifeline committee's activities include:

1. Provide vital link between treatment and the fellowship of C.A.
2. Meet and correspond with representatives of local treatment centers to ask for permission to work with their patients.
3. Correspond with patients desiring C.A. Lifeline on release.
4. Maintain a list of C.A. volunteers willing to do C.A. Lifeline work.
5. Print and distribute appropriate formats.

Our committee is a subcommittee of the H & I committee. We also send a liaison to the District and/or Area meetings.

Basic Functions of the C.A. Lifeline Sub-committee

Presentation Teams

- 1) Make the initial presentation to the administrators of the facilities.
- 2) Make routine presentations to patients.
- 3) Gather contact requests from patients.

Phone Coordinators

- 1) Call Temporary Contacts from the Temporary Contact Phone List and give them the contact information from the Contact Request card so they may make contact with the newly released patient.
- 2) Ask Temporary contacts to make contact with the Follow-up Coordinator.
- 3) Forward contact requests for other Districts/Areas to the appropriate District /Area Chair.

Temporary Contacts

After the patient is released, Temporary Contacts, preferably in groups of two, will accompany the released patient to an outside C.A. meeting and then contact the Follow-Up Coordinator.

Follow-Up Coordinators

Check on success of contact and provide follow-up report to the C.A. Lifeline Chairperson.

C.A. Lifeline Chair

Report's to the District /Area H & I Committee about work and progress within the Fellowship.

How to start a C.A. Lifeline Committee

Petition your District / Area H & I Committee (where applicable) to become a standing subcommittee.

Electing a C.A. Lifeline Chair

Elect a C.A. Lifeline Chairperson, who is responsible for the C.A. Lifeline activities in the District/Area. It is suggested that the C.A. Lifeline Chair has at least 2 years of continuous sobriety and recent service experience. We suggest that the next step is to elect a C.A. Lifeline Vice-Chair, who would assist with the responsibilities of the Chair. Below is a description of committee members and their responsibilities and suggested requirements for the commitment.

C.A. Lifeline Service Position Descriptions

It is suggested that people with experience in the 12 steps of C.A. fill these positions. As in all other C.A. service positions, rotation is vital to our health. Rotation is suggested to occur at the end of a two-year commitment.

C.A. Lifeline Chair

Suggested: 2 years sobriety (2 year term)

1. Has overall responsibility for C.A. Lifeline activities.
2. Responsible for insuring that C.A. Lifeline remains focused on 12th step work.
3. Conducts a monthly C.A. Lifeline meeting.
4. Responsible for representation at the District / Area H & I committee.
5. We suggest that representation to the District and Area level may be delegated to other C.A. Lifeline committee members. This reduces the workload on the Chairperson; cross trains others, and gives C.A. Lifeline greater exposure.

C.A. Lifeline Vice-Chair

Suggested: 1 year sobriety (1 year term)

1. Assists the Chair in their duties.
2. To mail, email, or give the Temporary contact packets to new Temporary Contacts.
3. Assist Chair by attending District and Area meetings.

Orientation for Coordinators

We believe giving new phone coordinators' an orientation will benefit this important position greatly.

Orientation includes:

1. Position Description
2. Explanation of Temporary Contact List.
3. Any special procedures and ruled from a specific facility.
4. Explain any other information that is pertinent to your committee or your District / Area.
Any other pertinent information

Phone Coordinator

Suggested: 2 years sobriety (1 year term)

This will be a busy position and can be shared by more than one person. This position should be filled by someone who will honor C.A.'s Tradition of Anonymity, as they will be entrusted with personal information about patients and C.A. members.

1. Calls Temporary Contacts from the Temporary Contact List and provides them with information from a patient contact request form.
2. Forward Contact Requests for other Districts / Areas to the appropriate District / Area Chair.

Each Phone Coordinator is responsible for the timely matching of a Contact Request with a Temporary Contact. You will receive completed Contact Request forms from various facilities. Contact Requests may come from other sources, e.g. the C.A. Info line or other Districts/Areas.

Use your Temporary Contact list to find the best match for your patient Contact Request based on the following criteria whenever possible:

1. Geographic location
2. Age

If you cannot find an appropriate match from the, Temporary Contact List, based on this criteria call another C.A. member. If you receive a patient contact request and the person lives outside your district, contact the District / Area in that area to find a suitable match for the patient. It can be effective to have a committee member who only deals with contact requests from outside the District / Area.

Follow-up Coordinator

Suggested: 1 year sobriety (1 year term)

Follow-up work is essential to maintain continuity of the committee's dynamics. The follow-up coordinator illustrates the effectiveness of our committee.

The follow-up coordinator is looking for these basic things.

The Temporary Contact reached the patient contact requesting services and:

1. They arranged to meet at a C.A. meeting and the request was completed. Result: Successful
2. Contacted patient and they have not yet been released from their facility. Result: Delayed
3. Patient has gone to a C.A. meeting with someone else or, by themselves? and no longer wants our help. Result: Refused
4. Patient no longer wants to go to a C.A. meeting. Result: Refused

The Temporary Contact HAS NOT reached the patient contact requesting services because:

1. The patient could not be reached example: their phone is disconnected and they are no longer at the facility. Result: Disconnect
2. The Temporary Contact has not had enough time to make contact with the patient. Result: Contact not made
3. Temporary contact left a message for the patient and has not received a call back yet. Result: Pending call back

When the Phone Coordinator gives a Patient Contact Request to the Temporary Contact, they should ask the Temporary Contact to call the Follow-up Coordinator upon completion of the request. The Phone Coordinator should give the information for a Temporary Contact-Patient match up to the Follow-up Coordinator as soon as possible, with the date of the match up included. It is suggested that if the Temporary Contact has not contacted the Follow-up Coordinator in 4 days then the Follow-up Coordinator calls the Temporary Contact to check the status of the Patient Contact Request.

Suggested Follow-up Coordinator Report

The Follow-up Coordinator should gather the information collected for a month and present a report formatted in this style:

Contact Requests Completed: X

Success: X

Delayed: X

Refused: X

Contact Requests Not Completed: X

Disconnects: X

Contact Not Made: X

Pending Call Back: X

This provides an easy to read report that reflects how well our committee is functioning.

Temporary Contact Coordinator

Suggested: 1 year sobriety (1 year term)

1. Locates new members from the fellowship to become Temporary Contacts.
2. Turns in list of new Temporary Contacts to Phone Coordinator.

The Temporary Contact Coordinator reaches out to the fellowship in your committee's District / Area. It is the Temporary Contact Coordinators' responsibility to ensure there are Temporary Contacts from all areas of your District / Area. If your District or Area is large enough, more than one person can hold this position.

Some ways to get new Temporary Contacts are:

1. Attend your District / Area H & I meeting and announce the need for Temporary Contacts.
2. Announce at your local District / Area meetings.
3. Make announcements at local C.A. meetings.
4. Your committee can also hold C.A. lifeline workshops to gain momentum, interest, and educate the fellowship of your cause.

Temporary Contact Packet

Another tool that can be helpful for new Temporary Contacts is a Temporary Contact Packet.

This packet could include:

1. Thank you letter
2. Guidelines for Temporary Contacts to make contact with patients.
3. C.A. lifeline information pamphlet that briefly explains what C.A. Lifeline is and how it works.

Temporary Contacts

Suggest 6 months sobriety.

1. Contact patients prior to their release from treatment to schedule a meet up time.
2. Accompany released patient to a C.A. meeting on the outside.
3. Update the Follow-up Coordinator with the outcome of the patient request.
Remember that the Temporary Contacts are the backbone of this committee. It is suggested they have a working experience of the 12 steps C.A. Their work with the newly released patients is what will make C.A Lifeline a success.

Presentation Teams

Suggest 1 year sobriety.

1. Make the initial presentation to Facility Staff.
2. Makes presentation to patients
3. During presentations, distributes request cards to patients; who would like to be contacted by the local C.A. Lifeline.
4. During Presentations distributes cards to patients, which briefly describe C.A. Lifeline and how to contact C.A locally.
5. Collects patient request cards at the end of presentations and gives all patient request information to Phone Coordinator.
6. Shred contact cards once the patients' contact information has been given to the Phone Coordinator.

When a C.A. Lifeline committee starts in a new District/Area it is best to start small. Don't take on more facilities than your committee can handle. It's best to deliver quality not quantity. The worst thing we can do is not follow through with our promise to the patients.

When establishing presentations with new facilities it can be helpful to utilize your local H & I committee. Your H & I committee already has contacts in the individual facilities and can help guide you on who to contact and can help arrange an initial presentation.

Presentations

Presentations to a Facility Staff

When presenting the C.A Lifeline presentation to a new facility it is important to remember that we are representatives of Cocaine Anonymous. Be on time and show the facility respect. Explain what C.A. Lifeline is and give a mock presentation of what you would show the patients. Ask the facility if there are any rules or policies that would affect our implementation of the C.A Lifeline. For example: patients are not allowed to release their information. Remember we are a guest in their facility and must always comply with their rules.

Presentations to Patients

We believe it is best to present in groups of two (one male and one female), following the suggested presentation format. Presentations are usually most effective if given once every month.

The purpose of the presentations is to

1. Inform the patients about what Cocaine Anonymous and C.A. Lifeline are.
2. Inform the patients what C.A. has to offer to them as newcomers.
3. Inform the patients how to fill out contact request forms, what information is necessary, and the reason for filling them out.
4. Inform the patients how to contact C.A. or C.A. Lifeline if they do not want to fill out a contact request form.

Other Potential Suggestions

1. Start small in order to stay focused and meet all commitments.
2. Find one or Two Temporary Contact Coordinators to generate a Temporary Contact Phone List.
3. Choose one facility and contact the administration for a presentation about C.A. Lifeline. After approval begin routine presentations to patients.
4. Continue to add more Temporary Contacts to your list.
5. Hold monthly meetings to discuss progress and elect coordinators for facilities.
6. Collaborate with your local info line to assist in 12th step calls by connecting callers to a Temporary Contact from the list.
7. Supply C.A. Lifeline literature at institutions, meetings, your district, and your area.
8. C.A Lifeline Pamphlet: Explanation of what C.A Lifeline does and how it functions.
9. Patient Contact Request cards-cards for patients to fill out during C.A Lifeline presentations to request contact from a Temporary Contact.
10. C.A Lifeline info cards: cards for patients to have during C.A Lifeline presentations that briefly explain our purpose and how to contact us.

Part IV - Meeting Formats and Readings
C.A. Hospitals and Institutions
Suggested Meeting Format

Welcome to the _____ H&I Meeting of Cocaine Anonymous. My name is _____, I am an addict. Are there any other addicts present?

Would you please help me open this meeting with the Serenity Prayer.

Cocaine Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem, and help others to recover from their addiction. The only requirement for membership is a desire to stop using Cocaine and all other mind-altering substances. There are no dues or fees for membership, we are fully self-supporting through our own contributions. We are not allied with any sect, denomination, politics, organization or Institution. We do not wish to engage in any controversy, and we neither endorse nor oppose any causes. Our primary purpose is to stay free from cocaine and all other mind-altering substances, and to help others to achieve the same freedom.

We use the 12 steps of recovery because it has already been proven that the 12-step recovery program works.

It is a custom in Cocaine Anonymous to read a portion of the C.A. Storybook *Hope, Faith & Courage*, entitled "We Can Recover." I have asked _____ to read this for us.

(optional) It is a custom In Cocaine Anonymous to read a portion of the newcomer pamphlet entitled "Who is a Cocaine Addict?" or "Who is a C.A. Member". I have asked _____ to read this for us.

This is an H&I panel speaker meeting of Cocaine Anonymous. We ask that you relate to the feelings being shared so that you can better identify with our stories. This will be followed by a question and answer period.

(Speaker(s) share for 10-20 minutes)

(Question and answer period at this point. If time permits, or no questions are forthcoming, you may distribute the "25 questions.")

(Five minutes before the meeting ends...) Our time is up. If anyone has any questions that went unanswered, please share them with our speakers after the meeting. (if this is an open H&I meeting, remind the people that free literature is available for patients or clients of the facility only.)

I would like to close by having _____ read the Promises, A Vision For You or Reaching Out.

After a moment of silence for the addict who still suffers, _____ would lead us in the prayer of their choice?

Part IV - Meeting Formats and Readings
C.A. Hospitals and Institutions
Suggested Open Meeting Format

Welcome to the _____ H&I Open Meeting of Cocaine Anonymous. My name is _____, I am an addict. Are there any other addicts present?

Would you please help me open this meeting with the Serenity Prayer.

Cocaine Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem, and help others to recover from their addiction. The only requirement for membership is a desire to stop using Cocaine and all other mind-altering substances. There are no dues or fees for membership, we are fully self-supporting through our own contributions. We are not allied with any sect, denomination, politics, organization or institution. We do not wish to engage in any controversy, and we neither endorse nor oppose any causes. Our primary purpose is to stay free from cocaine and all other mind-altering substances, and to help others to achieve the same freedom.

We use the 12 steps of recovery because it has already been proven that the 12-step recovery program works.

It is a custom in Cocaine Anonymous to read a portion of the C.A. Storybook *Hope, Faith & Courage*, entitled "We Can Recover." I have asked _____ to read this for us.

It is also a custom in Cocaine Anonymous to read a portion of the newcomer pamphlet entitled "Who Is a Cocaine Addict?" or "Who is a C.A. Member". I have asked _____ to read this for us.

This is an Open H&I participation meeting of Cocaine Anonymous. We ask that you relate to the feelings being shared so that you can better identify with our stories.

(Open for participation)

(Five minutes before the meeting ends...) Our time is up. If anyone has any questions that went unanswered, please share them with someone after the meeting. There is free books and literature for clients of this institution.

I would like to close by having _____ read the Promises, A Vision For You or Reaching Out.

After a moment of silence for the addict who still suffers, _____ would lead us in the prayer of their choice?

Qualifications of H&I Open Meeting Chairperson

Suggested Sobriety Requirement: 1 Year (unless otherwise specified by facility)

Continuous Committee Service Prior to Position, Familiarity with these guidelines.

Position filled via: Voluntary basis at H&I committee business meeting

Restrictions: A member who is on probation or parole may not chair an H&I Meeting in correctional facility unless official clearance is obtained in advance.

Duties and Responsibilities:

- A. Coordinates the activities of, and attends the scheduled H&I open participation meeting. If unable to attend, arrangements must be made through the H&I Committee members for another established Chairperson to take the meeting.
- B. Notify the Committee of any problems encountered at the H&I open participation meeting, or any change in the Chair or Leader's address or telephone number.
- C. Provide the H&I meeting with adequate C.A. literature. Literature is obtained at the monthly H&I Committee business meeting.
- D. Attend the regular monthly H&I Committee business meeting a minimum of once every three months.
- E. Review meeting and institutional requirements prior to the scheduled H&I open participation meeting.
- F. Acts as a liaison between the H&I Committee and their assigned facility.
- G. Assures attendance requirements are met by others assigned to the meeting.

Qualifications of H&I Open Meeting Leader

Suggested Sobriety Requirement: 6 Months (unless otherwise specified by facility)

Suggested Continuous Committee Service Prior to Position: None

Position filled via: Voluntary basis at Committee business meeting.

Restrictions: A member who is on probation or parole may not chair an H&I Meeting in a correctional facility unless official clearance is obtained in advance.

Duties and Responsibilities:

- A. Attend the scheduled H&I meeting. If unable to attend, arrangements must be made through the Meeting Chairperson for another established committee member to assist with the H&I meeting.
- B. Provide assistance to the Meeting Chairperson on items B through E of the Chairperson position described above.

WE CAN RECOVER

Welcome to Cocaine Anonymous. We are all here for the same reason – our inability to stop using cocaine and all other mind-altering substances. The first step towards solving any problem is admitting that there *is* a problem.

The problem, as we see it, consists of an obsession of the mind and an allergy of the body. The obsession is a continued and irresistible thought of cocaine and the next high. The allergy creates an absolute inability to stop using once we begin.

We wish to assure you that there *is* a solution and that recovery *is* possible. It begins with abstinence and continues with practicing the Twelve Steps of recovery, one day at a time. Our program, the twelve steps of Cocaine Anonymous, is the means by which we move from the problem of drug addiction to the solution of recovery.

1. We admitted that we were powerless over cocaine and all other mind-altering substances-that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all people we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for the knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to addicts and to practice these principles in all our affairs.

Cocaine Anonymous is a spiritual program, not a religious one. In C.A. we believe each individual can choose a Higher Power of his or her own. In short, a God of his or her own understanding.

No one comes to Cocaine Anonymous to find God. We came into these rooms to get rid of a terrifying drug habit. Look around this room. You are surrounded by people who came as a last resort. We came into these rooms emotionally, financially, and spiritually bankrupt. We have experienced all sorts of tragedies as a result of cocaine, drugs, and/or alcohol. We have lived many of the same horrors you have, yet today we are free from the misery, terror, and pain of addiction.

Maybe some of us were worse off than you; maybe some of us didn't hit as low a bottom as you. Still the fact remains that, those of us who are recovering have come to believe that a Higher Power of our own understanding can restore us to sanity.

There is a solution; we can recover from addiction. One day at a time, it is possible to live a life filled with hope, faith and courage.



"We're Here and We're Free"™
C.A. World Service Conference-Approved Literature
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Who is a Cocaine Addict?

Some of us can answer without hesitation, “I am.” Others aren’t so sure. Cocaine Anonymous believes that no one can decide for another whether he or she is addicted. One thing is sure, though: every single one of us has denied being an addict. For months, for years, we who now freely admit that we are cocaine addicts thought that we could control cocaine when in fact it was controlling us.

“I only use on weekends,” or

“It hardly ever interferes with work,” or

“I can quit, it’s only psychologically addicting, right?” or

“I only snort, I don’t base or shoot,” or

“It’s this relationship that’s messing me up.”

Many of us are still perplexed to realize how long we went on, never getting the same high we got at the beginning, yet still insisting, and believing — so distorted was our reality — that we were getting from cocaine what actually always eluded us.

We went to any lengths to get away from being just ourselves. The lines got fatter; the grams went faster — the week’s stash was all used up today. We found ourselves scraping envelopes and baggies with razor blades, scratching the last flakes from the corners of brown bottles, snorting or smoking any white speck from the floor when we ran out. We who prided ourselves on our fine-tuned state of mind! Nothing mattered more to us than the straw, the pipe, the needle. Even if it made us feel miserable we had to have it.

Some of us mixed cocaine with alcohol or pills, and found temporary relief in the change, but in the end it only compounded our problems. We tried quitting by ourselves, finally, and managed to do so for periods of time. After a month we imagined we were in control. We thought our system was cleaned out and we could get the old high again using half as much. This time, we’d be careful not to go overboard. But we only found ourselves back where we were before, and worse.

We never left the house without using first. We didn’t make love without using. We didn’t talk on the phone without coke. We couldn’t fall asleep, sometimes it seemed we couldn’t even breathe without cocaine. We tried changing jobs, apartments, cities, lovers-believing that our lives were being screwed up by circumstances, places, people. Perhaps we saw a cocaine friend die of respiratory arrest, and still we went on using! But eventually we had to face facts. We had to admit that cocaine was a serious problem in our lives, that we were addicts.

Cocaine Anonymous Hospitals and Institutions Committee

“We’re Here and We’re Free”™

C.A. World Service Conference-Approved Literature

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WHO IS A C.A. MEMBER?

While the name “Cocaine Anonymous” may sound drug-specific, we wish to assure you that our program is not. Many of our members did a lot of cocaine; others used only a little, and some never even tried coke. We have members who drank only on occasion, those who casually referred to themselves as drunks, and others who were full-blown alcoholics. Lots of us used a wide variety of mind-altering substances. Whether we focused on a specific substance or used whatever we could get our hands on, we had one thing in common: eventually we all reached a point where we could not stop.

According to C.A.’s Third Tradition, the only requirement for membership is a desire to stop using cocaine and all other mind-altering substances. ***Whatever you may have been using, if it led you to this meeting, you’re probably in the right place.*** Over time, virtually every single one of us has realized that our real problem is not cocaine or any specific drug; it is the disease of addiction.

It can be tempting to focus on our differences rather than our similarities, but this can blind us to potential sources of support in our recovery. As we hear other members’ stories, the most important question to ask ourselves is not, “Would I have partied with these people?” but rather, “Do these people have a solution that can help me stay sober?” We encourage you to stick around and listen with an open mind.

With its all-inclusive Third Tradition and First Step, Cocaine Anonymous welcomes anyone with a drug or alcohol problem and offers a solution. C.A.’s Twelve Steps are not drug-specific, and Cocaine Anonymous is not a drug-specific Fellowship. It doesn’t matter to us if you drank or what type of drugs you used; if you have a desire to stop, you are welcome here!

Cocaine Anonymous Hospitals and Institutions Committee



“We’re Here and We’re Free”™

C.A. World Service Conference-Approved Literature

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The Promises

If we are painstaking about this phase of our development we will be amazed before we are half way through.

We are going to know a new freedom and a new happiness.

We will not regret the past nor wish to shut the door on it.

We will comprehend the word serenity and we will know peace.

No matter how far down the scale we have gone, we will see how our experience can benefit others.

That feeling of uselessness and self-pity will disappear.

We will lose interest in selfish things and gain interest in our fellows.

Self-seeking will slip away.

Our whole attitude and outlook upon life will change.

Fear of people and economic insecurity will leave us.

We will intuitively know how to handle situations which used to baffle us.

We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant Promises? We think not. They are being fulfilled among us - sometimes quickly, sometimes slowly. They will always materialize if we work for them.

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Cocaine Anonymous Hospitals and Institutions Committee



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A Vision for You

Our book is meant to be suggestive only. We realize we know only a little. God will constantly disclose more to you and to us. Ask Him in your morning meditation what you can do each day for the man who is still sick. The answers will come, if your own house is in order. But obviously you cannot transmit something you haven't got. See to it that your relationship with Him is right, and great events will come to pass for you and countless others. This is the Great Fact for us.

Abandon yourself to God as you understand God. Admit your faults to Him and to your fellows. Clear away the wreckage of your past. Give freely of what you find and join us. We shall be with you in the fellowship of the Spirit, and you will surely meet some of us as you trudge the Road of Happy Destiny.

May God bless you and keep you—until then.

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Cocaine Anonymous Hospitals and Institutions Committee



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Reaching Out

I made it into this Program because someone else worked their Twelfth Step on me. Someone passed it on to me. Someone was out there after they got clean and sober, caring about others. I need to never, ever forget that. Had they simply gone on with their lives and forgotten about people like me who were still using and suffering, I wouldn't be here today. My gratitude begins with that fact. It is with gratitude in mind that I reach out to others, especially the newcomers. I need to have them in my life. That is where my spirituality begins.

For me, spirituality comes from caring about others. I have found that the more I focus on improving the quality of the lives of others, the less I am into myself and my will. I feel a freedom and peace from within. The gifts I am beginning to receive in my life are greater than I could have ever imagined.

Something else I have done is that I have forgiven myself. I have forgiven myself for being an addict. I have forgiven myself for all the damage I did to my life, to my physical health, and to my career and finances. But most of all, I have forgiven myself for all of the: horrible, negative and unloving things I have felt about myself. It was not until I offered and accepted my own forgiveness; that I was truly able to grow in my sobriety.

Excerpted from Page 127 of Hope, Faith & Courage, Stories from the Fellowship of Cocaine Anonymous.



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Part V - Miscellaneous Information

Cocaine Anonymous H&I Forum Format

Open with serenity prayer.

My name is _____ and I am an addict.

Welcome to the _____ H&I forum.

The purpose of this H&I forum is to unify the usage of the WSC H&I guidelines, to promote communication, to encourage member participation and the free exchange of ideas between H&I committees at the district, area, regional and world level.

Let's go around the room and introduce ourselves and tell us where you are from.

1. Review WSC H&I committee guidelines
2. Panel sharing their experience strength and hope in H&I (sharing time based on panel size)
3. Question and answers and participation period
4. Close

Policy on Bookmarks

Book markers used in place of key chains are for use in H&I facilities.

Suggested Introduction Letter to Hospitals and Institutions

Cut along line to copy letterhead

Dear

We represent the Hospitals and Institution Committee of Cocaine Anonymous, a 12step program of recovery from addiction to cocaine and all other mind altering substances.

The function of our committee is to carry the message of recovery to those addicted to cocaine and all other mind-altering substances, who are still suffering and may not be able to attend Cocaine Anonymous meetings outside of the institution in which they presently reside. Many of our members have begun their recovery within an institution.

We are contacting you on behalf of the Committee to introduce you to our Committee and to make our services available to you and your institution. We would be happy to talk with you personally and to discuss your present needs and how we may best be of service.

Please feel free to contact us at (____)_____ at your earliest convenience.

Please note that we are a fully self-supporting non-profit organization requiring no fees or dues, that all our members participate voluntarily.

We look forward to hearing from you,

Sincerely,

Chairperson

Hospitals and Institutions Committee





CAWSO

21720 S. Wilmington Ave., Ste. 304

Long Beach, CA 90810-1641

Phone (310) 559-5833/ Fax (310) 559-2554

E-mail: cawso@ca.org

Dear

We represent the Hospitals and Institution International Sub-Committee of Cocaine Anonymous, a Twelve Step program of recovery from addiction to cocaine and all other mind-altering substances.

The function of our committee is to carry the message of recovery to those addicted to cocaine and all other mind-altering substances who are still suffering and may not be able to attend Cocaine Anonymous meetings outside of the institution in which they presently reside. Many of our members have begun their recovery within an institution.

We are contacting you to introduce you to our H & I Committee, and to make our services available. We would be happy to talk to you personally, and to discuss your present needs and how we may best be of service.

Please feel free to contact us at at your earliest convenience. Please note that we are a fully self-supporting non-profit organization requiring no fees or dues, that all of our members participate voluntarily.

We look forward to hearing from you.

Sincerely,

Chairperson Sub-Committee

Hospitals and Institutions International

Suggestions for Contacting Correctional Facilities

A. Targeting Correctional Facilities

1. Local County and City Jails
2. State Correctional Institutions & Release Centers
3. Federal Correctional Institutions & Release Centers
4. Halfway Houses for Ex-Offenders

B. Who to contact at the facility (all titles may be the same person)

1. Psychologist or Program Directors
2. Chaplains
3. Doctors
4. Directors
5. Counselors

C. Who else can help?

1. Other groups with experience in that institution
2. Near-by Areas & Districts of C.A.
3. Inmates
4. Other Institutions where there are already is a C.A. meeting
5. C.A.W.S.C. H&I Committee

D. Contact the facility by letter or telephone

1. Introduction Letter
2. Follow-Up Phone Calls to set up appointment

E. Making an Appointment with the facility

1. Send in the H&I Institutional Public Information Representative
2. Determine Institutional Needs, Regulations, Policies, and Restrictions
3. Determine if C.A. H&I can be of service.
4. Discuss C.A. Traditions, what C.A. can and cannot do. Review the Formats, Literature, and C.A. Meeting Directories

F. Set up a day and time for a meeting. If necessary, set up a “test panel meeting” for the staff to get an idea of what it is we do. Remember that when a meeting goes dark, it is worse than if the facility had never heard of Cocaine Anonymous at all.

25 Commonly Asked Questions

1. What is Cocaine Anonymous?
2. How do I know if I'm an Addict?
3. Can I still drink; smoke dope?
4. How much does it cost?
5. How soon before I'm cured?
6. Who is in charge?
7. Do I have to have religion?
8. Do I have to go to these meetings all the time?
9. What happens at meetings?
10. Do I have to quit hanging out with my partying friends?
11. What are the 12 steps?
12. What is a sponsor?
13. How can reading a book written so long ago help me?
14. How come some people remain clean and others go back out and use?
15. Will C.A. keep me out of jail?
16. How come you people all seem so happy?
17. Can I ever use socially again?
18. What is this powerlessness I keep hearing about?
19. Won't I be cured after I leave here?
20. I thought Cocaine was not addicting?
21. Am I an addict if I just snort it?
22. How will I ever pay back all the money I owe?
23. How will I ever face my family, friends after what I did to them?
24. How can I believe in God after what he did to me?
25. Can't I do it all by myself?

Suggestions for getting started at the Area or District Level

1. Start steering/planning committee
2. Start sign-up sheet for people interested in H&I work; call and remind people to come to the H&I committee meeting
3. Appoint an Area/District H&I representative
4. Each regular C.A. meeting may appoint or elect an H&I representative
5. Circulate H&I flyers announcing committee meeting
6. List monthly H&I business meeting in Area or District directory
7. Plan "H&I activities/events people raiser" (for example: an H & I party, dance, outdoor activities / barbeque, etc.)
8. If a newsletter is available announce H&I committee meetings and/ or special events in the newsletter
9. Start an H&I speaker list which includes their sobriety date - make sure you inform people on list their number will be circulated
10. Purchase literature from W.S.O. per the current policy.
11. Strongly encourage the people you sponsor to get involved in H&I.
12. Approach a Hospitals or institution and start an H&I meeting. You may have to do it yourself for a while, but you've got to start somewhere. Don't get bogged down waiting for others to show up and help. *Just trust God and take action.*

In Closing

We hope the information in this packet has been useful as you establish and maintain an H&I committee in your Area or District. This information has been drawn from the experience of fellow members across the country. We do realize that your area or district may have special needs not considered here. Please contact the H & I Committee of the World Service Conference if you have any pressing issues you need to discuss, or good ideas to pass on.

Our 12th step states; "having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principals in all our affairs." The 12th step is not always easy, but we feel it has added something to our lives that is beyond explanation. May your God be with as you carry the message of recovery.

Part VI - Appendix

The following contains additional Information concerned with H&I Committees in large Areas.

Service Positions for Large Areas

ASSISTANT TREASURER

SOBRIETY: Suggested 9 Months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 3 months

TERM OF COMMITMENT: 2 Years: 1 as assistant Treasurer and 1 as Treasurer

POSITIONS FILLED: Elected RESTRICTIONS/MISC.: N/A

DUTIES AND RESPONSIBILITIES:

- 1) Act as Treasurer in his/her Absence

PANEL BOARD CHAIRPERSON

SOBRIETY: Suggested 2 years Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 18 months

TERM OF COMMITMENT: 2 years: 1 year as Assistant Panel Board Chairperson and 1 year as Panel Board Chairperson

POSITION FILLED: ACCEDED TO RESTRICTIONS/MISC.:

N/A

DUTIES AND RESPONSIBILITIES:

1. Administer the activities of all panels which are part of the Committee;
2. Schedule and conduct meetings each month to review all panels served under the Committee;
3. Prepare and maintain accurate and current reports of all panels;
4. Direct the removal of H&I Chairperson in those cases where removal is warranted and the Area Supervisor fails to take appropriate action;
5. Attend the regular monthly meetings of the Committee;
6. Attend the regular monthly meetings of the Policy Council;
7. Report on Panel Board activities at the request of the Area H&I Chairperson;
8. Appoint, and when necessary, remove Area Supervisors; an Area Supervisor can be removed when not keeping his commitment; and a new Area Supervisor can be appointed; and
9. Contact prospective facilities.

ASSISTANT PANEL BOARD CHAIRPERSON

SOBRIETY: Suggested 18 months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 6 months

TERM OF COMMITMENT: 2 years: 1 year as Assistant Panel Board Chairperson and 1 year as Panel Board Chairperson POSITION FILLED: Elected

RESTRICTIONS/MISC.: N/A

DUTIES AND RESPONSIBILITIES:

1. Perform such duties as may be assigned by the Panel Board Chairperson;
2. Act for the Panel Board Chairperson in his/her absence; and
3. Serve as alternate Workshop Leader.

**CHAIRPERSON FOR INFORMATIONAL SPEAKER
MEETINGS FOR C.A. GROUPS**

SOBRIETY: Suggested 1 year Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 6 months

TERM OF COMMITMENT: 1 year

POSITION FILLED: Elected

RESTRICTIONS/MISC.: 1. Should be presently involved in the Committee and sufficiently knowledgeable to impart any information necessary about the Committee and its services.

DUTIES AND RESPONSIBILITIES:

1. Assign panels to the C.A. meetings throughout the area for the purpose of carrying the H&I message to the C.A. membership;
2. Organize the panels, and selects the participating speakers from the committee members.

NEWSLETTER EDITOR

SOBRIETY: Suggested 1 year Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 6 months

TERM OF COMMITMENT: 1 year minimum

POSITION FILLED: Volunteer

DUTIES AND RESPONSIBILITIES:

1. Publish the Committee Newsletter monthly;
2. Publish H&I financial reports as submitted;
3. Solicit articles pertinent to Hospitals and Institutional service;
4. Assure the Newsletter is not used as a vehicle to serve an individual's gripes or advertisements, and protects the anonymity of ALL members; i.e., phone numbers, last names, etc.
5. Appoint Assistant Newsletter Editor, if needed.
6. Appoint and supervise necessary editorial and executive staff if needed.

ASSISTANT NEWSLETTER EDITOR

SOBRIETY: Suggested 9 months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 3 months

TERM OF COMMITMENT: 6 months minimum POSITION

FILLED: Appointed by Newsletter Editor DUTIES AND

RESPONSIBILITIES:

1. Aids the Newsletter Editor in his/her duties and acts in his/her stead when necessary.

GENERAL SERVICE REPRESENTATIVE (G.S.R.) SOBRIETY:

Suggested 6 months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 3 months

TERM OF COMMITMENT: 1 year

POSITION FILLED: Elected

DUTIES AND RESPONSIBILITIES:

1. Represents the Committee at meetings of the Area/District Service Organization.
2. Attend and report pertinent Committee information to the Area/District Service Organization and share pertinent institutional experience which may be of value to C.A. as a whole;
3. Attend and report any pertinent information and experience shares at the Area/District Service Organization meeting to the Committee Meeting and Officers' Meeting.

WORKSHOP LEADER

SOBRIETY: Suggested 18 months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 1 year

TERM OF COMMITMENT: Open. May hold this position indefinitely POSITION

FILLED: Appointed

DUTIES AND RESPONSIBILITIES:

1. Hold monthly workshops prior to the monthly H&I business meetings in order to educate workshop attendees regarding the nature of H&I, panels, do's and don'ts, etc.
2. Should be adequately informed regarding same.

POLICY COUNCIL MEMBERS

SOBRIETY: Suggested 18 months Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 1 year

TERM OF COMMITMENT: 2 years

POSITION FILLED: 2 members are elected to serve for 2 years. Emergency replacements are appointed by the Area H&I Chairperson in office. The immediate past Area H&I Chairperson automatically becomes Policy Council Chairperson for a period of 1 year; the immediate Area/District Service Organization's Vice Chair becomes a voting Policy Council Member for a period of 1 year, making a total of 5 voting Policy Council members.

RESTRICTIONS/MISC.:

1. Policy Council Chairperson is the former Area H&I Chairperson. All other Policy Council Member positions are filled as outlined above. Policy Council Chairperson serves for 1 year term.

DUTIES AND RESPONSIBILITIES:

1. The Policy Council is to more efficiently coordinate the Purpose and overall program of the Committee and to guard the Traditions from being violated within H&I and to work with the H&I in the formation of any new ideas related to its Purpose.

POLICY COUNCIL CHAIRPERSON

SOBRIETY: Suggested 3 years Continuous

CONTINUOUS COMMITTEE SERVICE PRIOR TO POSITION: 1 year

TERM OF COMMITMENT: 1 year

POSITION FILLED: Accedes from H&I Committee Chairperson or is elected from within Policy Council, as in the case of a term that has not yet expired.

DUTIES AND RESPONSIBILITIES:

1. Keep current master copy of the committee guidelines, and all additions, deletions, corrections and changes passed by the Council;
2. Turn over all documents to the incoming chairperson no later than December 31st of the expiring term of office.

CONTACT REPORT

FACILITY NAME: _____

CONTACT NAME: _____

PHONE: _____ **DATE:** _____

NOTES: _____

REPORT BY: _____

PANEL CHAIR INFO SHEET

PANEL CHAIR: _____ **DATE:** _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

CONTACT NUMBER (S): _____

MEETING DAY: _____ **TIME:** _____

FACILITY REQUIREMENTS:

WHEN WAS THE MEETING STARTED: _____

NOTES: _____

