

Annual Report 2005

This is our fifth annual Congress. We are a small cluster of individuals attacking a huge public health problem. We grapple daily not only with the power of addiction, but also with the inertia of the traditional approach to combating it. We have no angels, princes, or panels of wise men. The political winds blow in our faces. Considering the odds against us, our most important and most amazing achievement is that LifeRing is still alive in 2005. The rest is icing on the cake.

And there is icing. Five years ago we were unknown. Our handful of face-to-face meetings depended for their renewal almost exclusively on people who sought us out via the Internet. Treatment professionals, who are the pipelines that feed recovering people into other support group meetings by the hundreds of thousands, had never heard of us. Then we began knocking on their doors. We began to send speakers to address treatment staff and patients. We created and distributed literature aimed at treatment professionals. We courted open-minded professionals and engaged them in dialogue. We hosted prominent treatment professionals as Congress speakers. We sought and obtained certification as a provider of Continuing Education Units for treatment professionals. And much else.

These efforts, where they have been made, have borne fruit. The San Francisco Bay Area is the place where convenors have conducted the approach to the treatment profession most persistently and energetically. Here LifeRing passed the milestone of "seven in seven" (one meeting for each day of the week) quite some time ago. LifeRing now has more than thirty face-to-face meetings each week in this area. In the San Francisco Bay Area, in British Columbia, and in this year's Congress host city, Guelph Ontario, and in some other areas, wherever LifeRing convenors have made it a priority to approach the professionals, we can see the positive results almost week by week. Our recent survey showed that counselor referrals are now as important a source of new members for LifeRing as the Internet.

As a result of these persistent efforts, conducted over the course of five years, the word about LifeRing is getting out. This year, chemical dependency counselors and program directors will read at least three articles with positive descriptions of LifeRing in their professional journals. Soon, every literate professional in the field anywhere in English-speaking North America will have seen a favorable reference to LifeRing. Name recognition will translate into a growing flow of referrals to meetings.

We are also seeing some flickers of life on the general-circulation media front. We have enjoyed more local newspaper coverage during the past year alone than we have had in the first four years of our existence as a national organization. Members who are interested in fanning these sparks

into a larger flame need to step forward and offer their talents.

Our online communities have both helped and benefited from the increased exposure. Potential referral sources frequently check out LifeRing on the net. The readership of unhooked.com, now in its ninth year of operation, continues to expand. In many cases, newly referred patients/clients join LifeRing meetings online. We have a growing selection of email lists tailored to different preferences. We now have a very credible core group of online participants with long-term sobriety who can point to LifeRing online as their main or sole source of recovery support. The proposition that online support works is no longer controversial in LifeRing. Our organizational structure, which provides parity for online and face-to-face meetings – by contrast to traditional organizations, where online meetings have no organizational standing – is serving us well.

This year we conducted our first-ever membership survey. The results were at once gratifying and challenging. [Details have been published elsewhere.] It was gratifying to see the healthy number of participants, both online and on paper, who filled in the 30-item questionnaire. It was extremely gratifying to read the strongly positive report card that the participants gave LifeRing. But it is challenging to read their number one suggestion for improvement: "more meetings." Our spreading network of referral sources makes the same demand on us: more meetings. How do we build more meetings? For us at this time, the bottleneck to creating more meetings is not rooms, it is not referrals, it is convenors.

We have no lack of participants with six months of clean and sober time. Our membership survey showed that approximately sixty per cent of the sample had at least that much sobriety time. Many of these are potential convenors, but their understanding of the benefit of giving something back and being of service to others remains abstract. We need to find ways to motivate them into action.

We also need to educate our existing convenors about the importance of developing successors. It should never happen that we have to take a meeting off the list because its founding convenor is unable to carry on. A convenor's job in starting a new meeting is not done until they have developed at least one and preferably several other regular members of the meeting who can take over the role.

To motivate more members to become convenors, and to raise the level of those who have already become convenors, we need to treat convenor development in a more systematic fashion. It is not enough to give people a copy of *How Was Your Week* and a pat on the back. We may have to develop something like a "Convenor College" with a curriculum where we can impart the basic attitudes and tools that the LifeRing convenor needs, and where we can share best

practices, role-play common problem situations, and work through our inner concerns relative to the convenor role.

In convenor development, we need to pay special attention to ethnic diversity and youth. Our membership – if the recent survey was a fair sample – is weak on minority representation. Our minority convenor ranks are even slimmer. We recently gave a presentation at a treatment program where one of our three speakers was an Asian and another was an Afro-American woman. That was a good start, fairly representative of our audience of recovering people, but it was still exceptional. We need to work to ensure that this kind of diversity in our convenor ranks becomes the normal thing.

Our age distribution shows a distinct middle-aged bulge. Only two of the 401 people who responded to our membership survey were below the age of 20. After several false starts in the past, we now have what looks like a viable teen LifeRing meeting running at the Union City CA Kaiser Chemical Dependency Recovery Program. Both of the convenors of this group are over 45. LifeRing should be and can be a highly attractive approach for teens in recovery; but in order to make it so, we need to be conscious of the need to draw more younger people into the network and to develop them into the convenor role.

Communication between and among convenors also needs improvement. The monthly Convenors' Workshops at the Service Center in Oakland are valuable, but not sufficient. Practically every LifeRing convenor understands intellectually that they have something to learn from and something to teach other convenors, but the good habit of putting this knowledge into practice by engaging in constant constructive dialogue with other convenors needs to become more widely and deeply rooted. We need to find more and better ways to motivate convenors to convene with each other on a regular basis. One of the several functions of the new Newsletter might be to improve this channel of communication.

A coming concern is the development of LifeRing-educated treatment professionals. We are beginning to reach some chemical dependency students in colleges, and a number of LifeRing participants – like many other recovering people – are considering careers in the treatment profession. A few treatment facilities are already using the *Recovery by Choice* workbook with their patients/clients, and this area is likely to grow and to present interesting opportunities and challenges in the future.

LifeRing Press continues to generate a substantial portion of the revenue that sustains our infrastructure. The *Recovery by Choice* workbook continues to be the leading seller by far. Recently we terminated our marketing relationship with amazon.com because of their cannibalistic pricing practices. Amazon.com only accounted for a small fraction of our book sales, and the termination is not expected to have a

significant impact on our volume. We anticipate that we have sufficient stock of the workbook, of *How Was Your Week*, and of *Keepers* to carry us through the next year. However, our supply of the useful *Presenting LifeRing Secular Recovery* booklets is almost exhausted. We may have a gap of some weeks before a second edition can be prepared.

To sustain our growth, we will need to upgrade our infrastructure. Two years ago we took the big step of renting office space for the LifeRing Service Center. This space is serving us well. Thanks to our nonprofit bulk mailing permit, our upgraded database software, and our new tabbing machine, we are able to be much more active than before in sending out our literature, both for national events and in support of meetings in specific cities. We recently added a toll-free 800 number so that people can call and get referrals and meeting information from anywhere in North America.

The emerging infrastructure bottlenecks now are printer capacity and staff time. We need a faster laser printer to support our increased mailings and the newsletter project. We also need to take the big step this year of providing financial support for an office staff person. We have learned that in order to make the best use of volunteer time and volunteer talent, there has to be a core staff person who can coordinate, train, and assist.

Unlike practically every other nonprofit organization, LifeRing has never yet made a general fundraising appeal to our membership. We have never yet reached out for support to the larger community on a national level. The time has come for us to venture resolutely into these areas. We need to give every participant the opportunity to get the good feeling that comes from digging in their pocket or checkbook and making a meaningful contribution to their recovery support network. We need to make every convenor conscious of the vital role that passing the basket plays in the growth of the organization. We need to be bolder in approaching the larger community – other nonprofits, treatment providers, foundations, businesses, labor unions – and asking for their support.

These past five years have been something like a shakeout period, a trial run to see whether our basic concepts are sound and whether we have staying power. We've had our share of problems and disasters; that's only normal. But the bottom line is that we're alive at five. The recovering communities that make up our support network are viable and self-sustaining. Our basic philosophy of sobriety, secularity, and self-help, along with our positive meeting format, are being understood and accepted in a wider circle of relevant publics. If we maintain our sobriety and our unity as an organization, we have a great future ahead of us.

###