

# SZF, Louisville, KY / Kentuckiana Region, July 30-31, 2016

## Meeting opened at 9:15

### Fellowship Concerns

Bluegrass App. - Scott: Disappointed in vote to not be seated as a Region during WSC., Appreciated everyone there at WSC. Been working with Kentuckiana Region – looking to have a vote across the state to combine 66 US Regions seated and walked away knowing Regions outside the US did not want more Convention in September, BARCNA/Jenny Wiley State Resort Park, contact Keith R. 606-424-9988 or keith.risner@yahoo.com

Kentuckiana – Janeen: Vote on unification, misappropriation of funds is taking precedence over the vote. \$15,000 on a payback schedule to the Region.

Volunteer – Ricardo: New PR person, VRC at the Marriot in Chattanooga, Tennessee over Thanksgiving weekend. Delegate team was unable to give a full report to their Region concerning WSC 2016, due to there not being enough time. Pray for them, they are doing the best they can.

Red River – B.J.: Seeing some growth within Groups and Areas, People showing an interest, NO Spaces, positions filled ☺ Campout in Oklahoma

Lone Star – Stacy: At a tipping point, internal issues at Regional body. No money due to mismanagement of money. More money spent on where we meet instead of towards the still suffering addict. Meeting at the service office for free....some Areas are finally paying attention.

Show-Me – Tom:

Arkansas – Delores: A lot of open positions, some showing an interest. Treasurer resigned, Phonenumber had gotten shut off, RD taking over for now. Regional Convention coming up. Atmosphere of Recovery...feeling as though the few who do service----others see “ they’ll” take care of it.

Kentuckiana –Frank, RSC Chairperson : No Subcommittees at Region, had experience w/ misappropriation- struggles with payment ---do we prosecute? Letters have been going back and forth.

Mike- issue, rural community- troubles with Baby Blues. FIPT – We as a fellowship have a property and trust, seeing disunity because this issue is so controversial.

Kevin- no clear policies to follow, split/looking forward to coming together (Kentuckiana and Bluegrass App.). Asking for us to review and input FIPT letter in place of PR workshop.

Karen- trying to make changes to do business and need to do business to make changes.

Mike P. - trouble getting members to serve (Paducah-west) . Not a clear message happening, a few members have been assisting in carrying a clear message, some members do not like it, starting a new meeting. “Country NA”

Becky- Cumberland Area-Our Literature / belief in standing behind it and the FIPT. Unity Picnic ( Freedom Between The Lakes)

Carl- Literature Chair from Show-Me, Reaching out to other Literature Chairs- IP on Spirituality

Charmain- Volunteer Region/PR Chair- Looking for assistance, Seeing others confusing Service with Celebration, "thru education we grow" How to create a budget?...In process

Jim- RCM Knoxville Area-2 Areas reunified/ Baby Blue

Tim – AD Volunteer Region-Just elected new board , Great RD/AD Team...difficult as an AD taking a lot of time to condense reports ...communicate/listen.

Kristin- Show-Me WSR on hold, updating guidelines and getting committee up and running. New chair recently elected

Greenboro-RD and alternate- Region incorporated –payed dues, etc.. Decided to incorporate convention instead, way too little for too much, too much for too little...  
35yrs, getting on strong footing again

Dallas- Henry GSR- PR ½ format doing Area business / Group Forum, doing workshops, teaching what we need to know

## **Closed Fellowship Discussion**

## **Saturday Workshops – Information attached**

### **1. WSC Recap- Dickie/Kory**

Outline/WSC 2016 Recap

Dickie D Louisiana region  
WSC 2016 CO-Facilitator  
Kory P Louisiana Region-RDA

Assumptions

The actual tally sheets and vote outcomes have been available since the conference and discussion of them at this point is redundant

SCOPE OF PRESENTATION

Focus on  
Experience at the WSC  
Kory  
Dickie

Overall tone, what worked , what didn't, room for improvements

Rules and process  
Dickie  
Kory

What we adopted, how it affected discussion,  
What did we decide going forward, how can we change it if we want to.

Looking forward

Future structure and Representation discussions  
Top discussion ideas were still zonal representation with some interests in a continental model. Of course no change, regional reps still has the majority of support.

FIPT

Attach FIPT STATMENT LETTER AND DISCUSS

Proposal Y Kentuckiana Region

To seat the Bluegrass/Appalachian Region at the WSC.

Intent: To seat the Bluegrass/Appalachian Region

50-65-6-5

## **Motion #11**

### **Western Russia Region / Second: Finland Region**

**To allow a delegate from any currently existing Zonal Forum who requests it to be seated at the WSC 2018 as a non-voting participant for one conference only. The expense of attendance will be the responsibility of the Zonal Forum and not the WSC.**

Intent: To involve zones at the WSC.

**72-29-2-4**

## **2. Mental Illness In Recovery- Ricardo/Rob**

At the 2016 WSC the fellowship voted to produce literature concerning mental health and addiction this is something we put together based on information from the Basic Text, In Times of Illness, NA Groups & Medication, and SAMHSA. The existence of both a mental health and a substance abuse disorder is referred to as co-occurring disorder. Mental and substance abuse disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover.

There is no separate index for mental illness or medication for mental illness in the Basic Text. Mental Illness appears under illness and under mental there are 2 indexes and they are both stories "**A Serene Heart**" on pages 254-260, and "**Becoming Whole**" on pages 361-362.

In other words, mental illness is not indexed at all in any of the chapters of the Basic Text.

In the pamphlet In time of illness it talks about the choice to take prescribed medication is a personal decision between the member, his/her sponsor, physician and your higher power. According to SAMHSA approximately 7.9 million adults had co-occurring disorders in 2014. During that year, those adults surveyed who experienced substance use disorders and mental illness, rates were highest among adults ages 26 to 49 (42.7% People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance abuse disorder. Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment. In times of Illness it states. 'Just as we wouldn't suggest that an insulin dependent diabetic addict stop taking their insulin, we don't tell mentally ill addicts to stop taking their prescribed medication. We leave medical issues up to doctors.'" This is great in theory but how many of our members get clean and all of a sudden they become Doctors telling other addicts to stop taking their Psych meds or telling them if they don't then they aren't clean, as NA members, our primary purpose is to carry the message of recovery to the addicts who still suffers not to give medical advice. A number of our members face these challenges, some of our members say these are outside issues but our literature says anything affecting our recovery is something that can be discussed in meetings, our literature also says medicine, religion, and psychiatry are sometimes necessary to treat mental illness in combination with our program of recovery. It is often said that mental illness is an outside issue in NA. The word most associated mental illness is depression. I was shocked to learn that depression is also not indexed in the basic text. Even though many would tell you it's a large part.

Some places you will find depression in the basic text.

...3<sup>rd</sup> Step-we are no longer fighting fear, anger, guilt, self-pity, or depression

...4<sup>th</sup> Step-We write about our liabilities such as guilt, shame, remorse, self-pity, resentment, anger, depression, etc

...It's also appears in a few stories

Again almost no information in our main text about depression even though many would tell you it's a large part of the disease of addiction.

Addiction is at least in part mental disease, and a disease by definition an illness. Insanity is heavily indexed in the basic text.

Some places you will read about insanity in the basic text

...Who Is an Addict-We justified and rationalized the things we did to keep from being sick or going crazy

...What can I do-We suffer from fear and insanity and feel there is no escape from using

...Recovery and Relapse-it is better to swallow our pride than to die or go permanently insane

...lots of references in the stories

...Step 1-We can find meaning and purpose in life and be rescued from insanity, depravity, and death

...Step 2-This is at least part of the insanity of addiction...The most obvious insanity of addiction of the disease of addiction is the obsession to use drugs

...Step 10-This step can be a defense against the old insanity

Obsession is also one of the words often associated with mental illness, and it would take the rest of the workshop to index all the places it's in the basic text. It is indexed 39 times including in the 1<sup>st</sup> and 2<sup>nd</sup> Step.

*Obsession*-- That fixed idea that takes us back time and times again to our particular drug, or some substitute, to recapture the ease and comfort we once new. Defined in We Do Recover, Obsession is one of the 2 things that make us true addiction.

I have learned through the years that I have to take care of both my mental health issues as well as my addiction or I will relapse and I have the white key tags to prove it, it's my responsibility to get the help I need as well as letting my sponsor and my mental health professional know what's going on, like the book says I'm not responsible for my disease, but I am responsible for my recovery. . In step 9 it says" We recommend turning our turning our legal problems over to lawyers and our financial or medical problems to professionals. Part of learning how to live successful is learning when we need help.

As documented there is very little information at all on Mental Illness in our text and even less on medication, but the symptoms of Mental Illness and addictions are very closely related.

After doing this research we are happy that the fellowship is putting out more information on the subject.

We broke into 3 small groups and discussed the following questions found in the NA Groups & Medications.

1. Some of us are being told that if we take meds we are not clean and should not share at meetings. Does this mean that those of us who suffer from depression should just disregard what our doctors are advising, even if we only take our meds as prescribed? Do I even belong in this fellowship?

(Group 1) No. Yes, you belong.

(Group 2) No. Yes, you are a member when you say you are.

(Group 3) No. Yes, Tradition 3

2. A member in our group is taking medication and sharing during the meeting. We're upset because we're afraid this will disrupt the atmosphere of the meeting. Should the group ask this person to refrain from sharing until they stop taking medication?

(Group 1) No. Everyone can share.

(Group 2) No. If the sharing is inappropriate, then the group will take measures to provide an atmosphere of recovery.

(Group 3) No. Maintain atmosphere of recovery, take member to the side.

3. We have a member who is an addict and who is obviously mentally ill. When he is on his medication he is quite functional but occasionally he stops taking his meds and all hell breaks loose. He thinks being totally abstinent will make him a full-fledged member. What should we tell him when he asks us if he's clean?

(Group 1) Only requirement for membership is the desire to stop using.

(Group 2) You are a member when you say you are.

(Group 3) Be responsible, follow doctor's orders and talk with your sponsor.

You can only imagine the answers that we got to these questions. The purpose of this workshop was to let members know what information that was available on Mental illness, and the lack of information available, while sparking a discussion on mental illness that can be taken back to our regions.

YILS

Rob B & Ricardo J

### **3. FIPT Statement for Review- Kevin- Original Draft is attached with our changes highlighted in red and underlined. ATTACHED. See below for quick summary.**

#### **FIPT Statement Survey**

The discussion that took place while at the Southern Zonal Forum was sent into NAWS on August 14, 2016.

This is what was given to NAWS:

-86% should read "low cost English" Basic Text

-Add current list of approved literature to documents and position on previously approved literature

- Change, "and while there was support" to "and while there was some support, this issue would benefit from MUCH more discussion

***\*thanks to the members who assisted in these workshops\****

#### **Sunday Business Meeting**

Junk Mail coming from szfna.org- clean anything that you want to download for the time being. Been in contact with SZF Webservant (Steve). He is aware of the issue.

Emails will be sent separate from the server for the time being, just until we know the issue has been cleared.

Mississippi Region will be hosting in January. Question was raised as to whether or not we should go. Would it be best to go to a Region/Area that wants the benefits from what a Zonal can bring? What does it mean, "to be a part of?" Rotation has already been set. Mississippi has been present, sometimes on the Delegates own dime. Usually present for the CAR reports. Active participation means- active participation. Ex. Louisiana Region is not able to always donate funds but do believe in having members present and participating at the Forum. Plan to discuss this further in January when all members are present.

Hosting Schedule : SZF Fall will be at Multi-Zonal, SZF Winter 2017 Mississippi, SZF July 2017 Red River, SZF Fall 2017 Tejas-Bluebonnet & SZF Winter 2018 Volunteer.

Topics/Presenters in January 2017 : 1)PR and Unity= Kristin and Scott 2) The Importance, Role and Future of The Zones = Stacy, Janeen & B.J. 3) Atmosphere of Recovery in Service= Mike N. & Henry

Kristin reelected as SZF Secretary

Question came up during Saturday- Zonal Delegation at the Conference= What are we taking back to Our Regions? Zonal Rep at next conference. If we are to head in the way of Zonal Seating we should walk thru a process of what it would look like. Should elect a Zonal Rep for the next conference. If Our Forum was our only representative would our voice really change? Educating Our Regions and Ourselves as to what We plan on doing. We already have a position of a "Zonal Representative". Had a rep for several years, we kept it in Our Operating Guidelines in case the need would arise. We have a great opportunity right now. For Our Regions to make an educated and informed decision. RD's have been asked to be proactive. Some questions need to be asked and answered- are Zonal Reps going to have a voice in WSC 2018 ? Yes, but no vote. Question to World is will Reps be able to participate and have a voice on the floor? Financial impact- SZF will need to budget for travel, hotel and food. Approximately \$2000.00 max . Need to find out the "seating"; will zonal reps be sitting together? Which zones will need translators? Will we have breakout sessions for just the Zonal Reps? 18 Zones....Discuss with Regions and be ready to having a conversation at the MZSS. ZONAL DELEGATES WILL REPRESENT ALL REGIONS WITHIN OUR ZONE. Zonal Rep will not be a RD or AD. We need data not what we think.....

Randie and Kristin looked thru all bank statements, etc.... could not find why we had \$200.00 extra. Kristin feels it may have been from t-shirts sales that occur at Sunday close. Volunteer Region checking to see about a \$200.00 donation that may or may not of been made.

NAWS Donation \$142.46

Dickie has expressed his interest in the SZF bringing his name forward as a World Board Member or Human Resource Panel.