

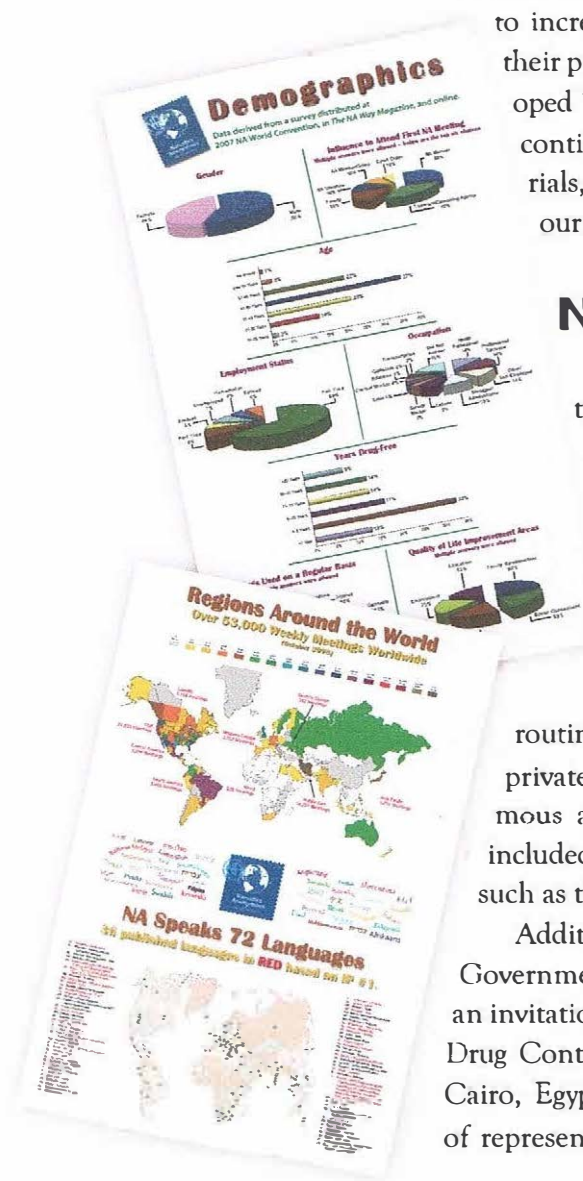
Public Relations

During this fiscal year, NAWS sustained its efforts with public relations. Members repeatedly asked for workshops on the *Public Relations Handbook*, which were geared toward the foundational principles and effectiveness of public relations across all service committees. NAWS participated in several PR workshops in the United States, Canada, Europe, and Latin America. Our goal was to train members in handbook use and broad application to area service committees and spiritual principles. We continue to receive requests for PR workshops, and we recognize that it will take time to increase familiarity with the handbook, the addenda, and their practical applications. To assist in this endeavor, we developed "PR Basics", which is currently in draft form. Our goals continue to be to provide updated and useable service materials, increase practical application of the handbook with our members, and host professional round tables.

NAWS Professional Conferences

Our ability to reach and inform professionals who treat and/or interact with addicts is heightened through our participation at national and international professional conferences. Even though attendance at professional conferences was scaled back during this fiscal year, we continue to cultivate relationships with professionals who work with addicts and can refer them to NA. We attended the American Academy of Family Physicians as a new venture; these professionals routinely work with addicts in their resident programs and private practices. We inquired about adding Narcotics Anonymous and addiction to their conference curriculum. Being included in the educational programs for professional training such as this continues to be a long-sought NAWS goal.

Additionally, NAWS attended the "Beyond 2008" Non-Governmental Organizations Forum in Vienna, Austria. This was an invitation-only event, which was a follow-up to United Nations Drug Control Policy sessions that NAWS previously attended in Cairo, Egypt, and Vancouver, British Columbia. This gathering of representatives of the United Nation's NGOs cemented the





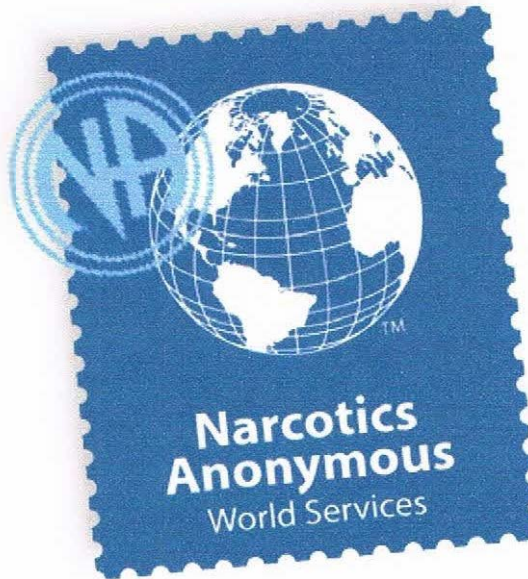
direction of UNDCP drug policy for the next ten years. Participants at the forum discussed the merits and effectiveness of harm reduction and abstinence models with drug control and subsequent policies.

Professional conferences offer NAWS a variety of important public relations opportunities. They give us the chance to provide professionals with knowledge of recovery literature resources that can help their clients. They also allow us to listen to their concerns about issues, particularly those surrounding use of medication and NA members' attitudes toward referred addicts. We are able to dispel misconceptions they may have about NA by giving them firsthand information about who we are and what we do. Finally, we use these opportunities to show professionals how to access our website to find local contact information and search for meetings.

In further support of our efforts to gain universal recognition and respect for NA as a viable program of recovery, NAWS continued its resource position with an inter-governmental United States body, the Recovery Month Planning Partners. Those meetings are held in Washington, DC.

Cooperative Events

NAWS continued to partner with regions and zones for professional conferences held within specific geographic boundaries. Typically, this means NAWS provides literature



or event registration and is available as a coordinating resource for the local trusted servants who are participating in the event. We have found these events to be an excellent opportunity to partner with local trusted servants to ensure a presence at these conferences and afford members an opportunity to cultivate relationships with professionals in their communities. We reinforced the importance

of local planning and budgeting for these conferences, since trusted servants seem to find benefit in them for their local NA communities and NAWS' involvement in these cooperative events has substantially decreased this year.

We were able to participate in 20 cooperative conferences this fiscal year with regions in the United States, Canada, Sweden, Australia, and Greece. Reports and pictures from these events indicate that members are energized from the experience, while they realize we have "miles to go" before NA is a universally recognized program of recovery.

Public Relations and Spain

In the planning efforts for WCNA 33 in Barcelona, Spain, NAWS recognized that the Spanish NA community could benefit from an effective public relations campaign. This was designed to bring attention to Spain's 25th NA anniversary and to open doors with governmental agencies. NA in Spain has experienced some difficulties in its growth, in part



because there is only one twelve-step-oriented treatment facility in Spain. NAWS hired a public relations firm in Barcelona that also has offices in Madrid. The firm initiated an extensive campaign to train members, inform professionals and government officials, and arrange a media luncheon. All efforts were geared to informing these constituencies of NA's availability as a community resource and of the effectiveness and credibility of recovery in NA. We approached this endeavor as an experiment, and efforts were planned to continue through December 2009. We hope to utilize the successful aspects of the strategy in other countries that struggle with similar issues and to offer strategies to members for interaction with governments.

2009 Membership Survey

We are in the process of updating our 2007 Membership Survey pamphlet, which is a valuable tool for us in providing information to professionals. The survey results validate NA as a community resource. With a host of various self-help organizations and evidence-based outcomes, our 2007 survey helped to dispel perceptions that there is no recovery in NA and that NA is solely for heroin addicts.

The 2009 Membership Survey was available to members to complete online through 31 December 2009. We received over 13,000 completed surveys for our 2007 efforts, and we had that survey online for 90 days. We released the 2009 survey online 1 July 2009, and offered a six-month comple-

tion time frame. Additionally, the survey was distributed to members at the WCNA 33 Friday night main meeting in Barcelona. We anticipate that having the survey available longer will allow more members to participate.





Going Places...

NAWS travels for and assists local NA communities with national and international professional conferences. These public relations events are identified below in regular font. The conferences in italics denote cooperative efforts by NAWS with local service bodies.

July 2008

United Nations "Beyond 2008" NGO Forum
Vienna, Austria

*International Addiction Summit
Australia Region*

*Quest House Summer Leadership Conference
Minnesota Region*

August 2008

*Public Relations Learning Days
Edmonton, AB, Canada*

Canadian Assembly NA (CANA)
& Canadian Convention NA 16
Charlottetown, PEI, Canada

American Probation and Parole Association
Las Vegas, Nevada

America Correctional Association
New Orleans, Louisiana

American Psychological Association
Boston, Massachusetts

Southwestern School for
Behavioral Health Studies
Tucson, Arizona

*Iowa State Fair
Iowa Region*

*Northeast Offenders Treatment Network
Mid-America Region*

*New York State Probation Officers Association
ABCD Region*

*Montana Drug Court Association
Montana Region*

*National Association of Alcoholism
& Drug Abuse Counselors
Show-Me Region*

September 2008

American Academy of Family Physicians
San Diego, California

*World Forum Against Drugs
Sweden Region*

*Cape Cod Symposium on Addictive Disorders
New England Region*

*Latino Behavioral Health Institute
Southern California Region*

*European Social Forum
Sweden Region*

October 2008

American Psychiatric Nurses Association
Minneapolis, Minnesota

*California Association of Alcoholism
& Drug Abuse Counselors
Southern California Region*

*Employee Assistance Professional Association
Atlanta, GA*

*International Community
Corrections Association
Show-Me Region*

*National Council on Alcoholism
and Drug Dependence
Show-Me Region*

*Women Working in Corrections
and Juvenile Justice Conference
Iowa Region*

November 2008

International Society of Addiction Medicine
Cape Town, South Africa

*International Council on Alcohol
and Addictions*

European Delegates Meeting/Greece Region



February 2009

World Federation of Therapeutic Communities
Lima, Peru

March 2009

National Conference on Juvenile Justice
Orlando, Florida

April 2009

Federal Probation and Pretrial Officers
Association

Seattle, Washington

*Child and Adolescent Mental Health Conference
Minnesota Region*

May 2009

*Trauma and Recovery Conference
Big Rivers Area (Wisconsin Region)*

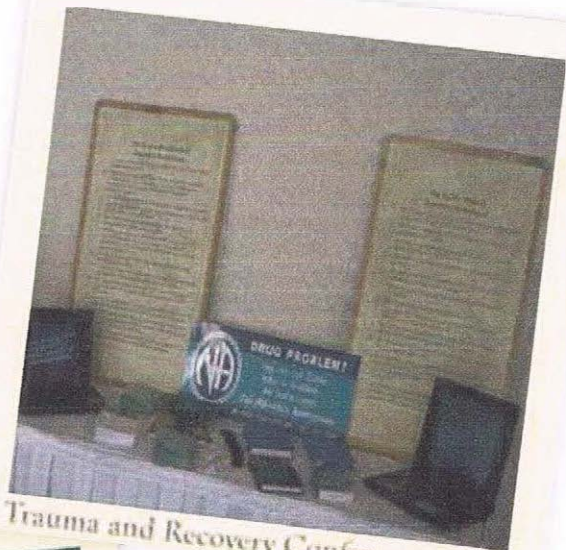
June 2009

National Association
of Drug Court Professionals
Anaheim, California

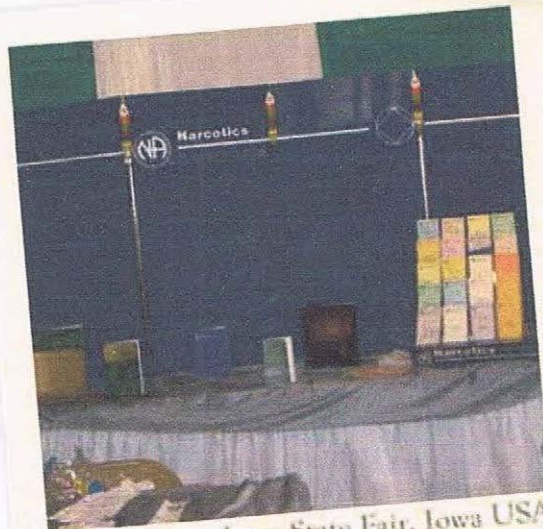
College on Problems of Drug Dependence
Reno, Nevada

*National Rural Institute on Alcohol
and Drug Abuse
Wisconsin Region*

*School on Alcoholism
and Other Drug Dependencies
United Wasatch Area (Utah Region)*



Trauma and Recovery Conference, USA



Iowa State Fair, Iowa USA

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21 -24 January 2009

APPROVED

APR 25 2009

BY: 

Wednesday 21 January

World Board Members: Craig Robertson, Franney Jardine, Jim Buerer, Mark Hersh, Mary Banner, Michael Cox, Mukam Harzenski-Deutsch, Odilson Gomes Braz, Paul Craig, Piet de Boer, Ron Blake, Ron Hofius, Ron Miller, Tom McCall, and Tonia Nikolinakou. Arne Hassel-Gren unable to attend the January board meeting.

Staff: Anthony Edmondson, Becky Meyer and Eileen Perez. Jane Nickels, Chris Corning, Bob Jordan and Travis Koplou will be present for portions of the agenda.

Action Group

The action group was held from 9-10:30am on "what can we do in challenging times."

Jim made announcements regarding workgroup reporting, Thursday sharing session; HRP will meet on Friday with the board, followed by dinner at Maggiano's.

2008-2010 NAWS Projects

In Times of Illness (ITOI) and Self Support

Project material concerns fellowship review and input. Mary B. and Tonia N. (ITOI) and Ron H (Self Support) included in discussions with Q&A.

In Times of Illness general review done section by section. Draft is neither formatted nor proofed; right now, the only concern is with conceptual input. Items that the board may want to pay attention to are noted in the cover memo; revised draft does not resemble the original in the narrative yet all the narrative from the existing booklet is included in the revision; revised booklet is double the size and contains new sections. The cover memo draft to the fellowship will change following board review.

Two World Board members expressed loving tone of piece and felt draft is very compassionate.

Informing Our Health Care Providers

- Understands quotes intended to create breaks in material however headings would better serve purpose.
- There was a concern expressed with removal of my body does not know difference.

The workgroup discussed and decided to remove the quote; the workgroup did not agree with quote believing the body and mind does know the difference.

- Questioned whether workgroup thought about keeping ITOI material language consistent with IP Who's an Addict. Specifically mind changing in IP-reference mind or mood altering in ITOI. Would like the workgroup to discuss if adding changing after word mind... would be relevant.

Workgroup decided to keep language consistent with how members speak and not the IP.

- Page 37, paragraph 2; In the event that we encounter medical professionals who do not understand the disease of addiction. Can workgroup touch on doctor's fear of treating addicts without being offensive? The concern is that medical professional will not provide proper medical treatment.

The workgroup tried to capture how medical professionals sometimes misunderstand how to treat addicts and some medical professionals may misunderstand us, the phrasing in the booklet 'attempt to treat our addiction' is meant to address issue. Workgroup tried to be conscious to not accuse

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doctors of over or under medicating a person.

Opposing thought is that the presented language works, but does agree with exploring and finding the edge as we start receiving fellowship input. A balance between offending a doctor and saving our members lives has to be found.

- Workgroup will look into adding a description possibly by adding a description in each section so members don't have to read through material when looking for specific information.
- Likes way material offers information. Hopes workgroup does not lose both passive and active voice in material when receiving input.

Medication in Recovery

- Page 39; last paragraph, sentence-Basic Text warns us that our disease is cunning and baffling...
 - Baffling is a term not used in NA.
- Discussion focused on sentence "Members who relapse on prescribed medication may be reluctant to return to meetings for fear of being judged", page 40, paragraph 2.
 - There is the experience of a homegroup member being asked to share while taking prescribed medication and wonders if this might discourage individuals from attending meetings while on medication.
 - Sentence, as written, is fine and walks the balance. Most of our members know the difference when an individual should not share and when one should.
 - Lay particular discussion out for the fellowship in review cover memo, this is the exact thing the fellowship struggles with. Further offers a suggestion for workgroup to discuss developing a section concerning "should I share at a meeting while on medication", followed by January World Board discussion bullet points.

Workgroup tried to qualify with use of may and understand this could be a double edged sword. Service Pamphlet, *Medication and the NA Group*, is used in the group's process; so questioning if the board is ready to say if someone can or can not share at a meeting.

- Many lose perspective while on medication; therefore any wording that offers information regarding issue is beneficial. It is just as important to protect the integrity of a meeting as well as to protect an individual.

The board agreed with leaving section as is for now; staff and workgroup will keep a note on this discussion and see how members respond.

- Page 41, second bullet; its helpful to remember the importance of making a conscious decision not to medicate ourselves or treat our own illness. Board discussion regarding one section speaks on reader not to make their own medication decisions; in another section we say the opposite.
 - Suggests using self medication as opposed to medicate ourselves.
 - Not to make our own medication decision or treat our own illness proposed as an alternative sentence.

There was agreement to refrain from changing the language because *self medication* is recognized as treatment language.

- Page 41, last paragraph, board agreed with alternative language proposed for sentence *some members may express an opinion that medication has affected our ability to serve* being much

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stronger.

- Page 42, paragraph 1, strengthen section, want members not to feel ashamed and understand they can attempt again if they are unable to keep current commitment.

Mental Health

- Page 42, bottom page *Addiction is about the compulsive misuse and abuse of drugs, often at the expense of our physical and mental health* sentence is another statement that is not absolutely true in NA and too definitive - this is only an aspect of our addiction.
- Top of page 44, sentence *the disease of addiction does not exclude anyone, so NA does not exclude any addict who has the desire to stop using* will be removed.
- Page 43, last sentence, *Whether we are the newcomer or have years clean in NA, anonymity means that we are all welcome and equal in seeking relief from our addiction.* Anonymity means that we are all welcome and equal; shouldn't it say equal opportunity to seek recovery? Workgroup will change.

Emergency Care Page 44

- Discussion focused on the book not addressing a person running to the hospital due to fear of dealing with pain and getting medication. Additional comments pointed out that life threatening is more than a sprained ankle. Discussion resulted in agreement that this type of 'advice' must be dealt with very cautiously.

Alternative language offered *when we can we reach out to our sponsors...* invert the sentence or change language to *some of us have a tendency to react to small things like a twisted ankle, others have a tendencies to resist going to doctors at all cost and some self aware about where we are is valuable...* Everyone agreed with addressing issue in the preface instead.

Chronic Illness Page 45

- Section does not seem to cover individuals taking medication for the rest of their lives for something like mental illness and being of service.

Decision: No disagreement with issue about the inability to do service due to impairment being to Chronic Illness.

- Paragraph 1; second sentence; insert *often* or *maybe* in sentence referring to chronic illness being life threatening because all chronic illnesses are not life threatening.

Chronic Pain starting on bottom page 46

- Section could be enriched with words like being *worn down*, *depression*, *de-energized*, and *hopelessness*. Sense is that chronic pain is *wearing* and words of that nature are more helpful and descriptive.
- Page 47, paragraph 2; quote on *sharing honestly*...Jane will take a look at sentence structure – it's *we are an addict* part of sentence.

Terminal Illness

- Page 50, paragraph 2, sentence beginning *Often with a terminal illness, members need mind and mood altering medication. We avoid the tendency to judge ourselves harshly, and we seek out the support of addicts who accept us and love us for exactly who we are.* Sentence is meant to address the spirit of an individual being clean although medicated.

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Decision: The board agreed with draft going out to the fellowship with input from the board being incorporated as best as possible. This is only an R&I draft and not a formal sign off by the board. The board has another opportunity to review.

In Times of Illness Cover Memo

Decision: The board agreed with cover memo and addressing the two most controversial issues, (service and sharing in meetings while taking medication), report that the board is treading carefully, ask fellowship their thoughts whether issues are being handled adequately, Yes/No, and if No what can they offer. Believe this may give us ideas about issues presented.

Terminal Illness (discussion continued)

- Emphasize *one day at a time* for the individual as well as for family when having to deal with terminal illness.

Supporting Members with Illness

No changes

Conclusion

- It's important to note *anger* and *powerless* as important feelings when dealing with illness.
 - Believe grief is a part of healing...and crisis is an opportunity for spiritual growth.

Suggestions to follow with Illness and Injury Page 54

The last three bullets were taken from the current booklet

- 11th bullet; some will take this literally-rearrange language so it reads softer so
- 13th bullet add *judgment* or so sentence reads *not our judgment or pity*

In Times of Illness Review and Input questions, page 55

- Question 2 and 4-add language that requests detailed thoughts to be provided.
- Question 5-everyone agreed with removing question because members should not be asked for their thoughts on non-members.
- A couple of sentences will be added that help set up question 6 (now becoming question 5)

Decision: ITOI questions approved as amended for distribution.

Self Support

Piece titled *Keeping It* is shorter and a little different; the idea of sticking to original IP 25 abandoned.

Our gratitude In Action

No changes

Why our contributions matter

Changes concerning basket description pointed out to the board.

- Transition starting line 30, discussion regarding convention failures being true for many and saying that this may occur regardless, which is more reason to contribute. Current language doesn't seem sufficient enough to illustrate 'the failed convention', articulate by including why and draw out the real moral of the story.

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Here We Go. It starts here. This is as far as I am going with this.

Thursday 22 January

Focus and Direction for Service System project with Jim DeLizia and NAWS Staff

Jim DeLizia led the Board and project support staff through the process of defining the 'mega issue' of our service system. In the past we have addressed elements of the situation with discussion topics like leadership or infrastructure, but we are now trying to look at this with a more holistic view. We covered the following stages:

- ◆ A review of the history of the service system from its earliest elements, through the events that led up to the NAWS restructuring of the 1990s, and up to the present day, along with identification of some of the key factors that led to change
- ◆ A look at the elements of organizational design – structure, process, people, and resources – all of which are guided and driven by the NA vision.
- ◆ Highlighting some of the key principles of sound organizational design such as; efficiency, engagement, focus, clarity, transparency, accountability, flexibility, and knowledge based decision making.
- ◆ Discussing three main elements of the issue which are:
 1. The major needs and challenges
 2. The consequences of not addressing the issue
 3. The desired outcomes of addressing the issue
- ◆ A small group session to discuss what questions we need to ask about our service system. What are the sub-issues we need to address?

The small group's input produced one 'Big Question':

"How can we build a system of service within NA that is driven by unity of purpose, and that allows for flexibility in meeting the diverse service needs and goals of our NA communities?"

The sub-issues were identified as:

- ◆ Adoption of a common vision throughout NA
- ◆ Examination of the structure based on a need for certain roles and functions within the system, and the need for flexibility
- ◆ Development of qualified and committed leaders within the system
- ◆ Adequate flow of resources within the organization to support service activity – and member ownership and responsibility for this
- ◆ Governance and decision making – e.g. representation; voice vs. vote, WSC seating etc.
- ◆ Communication and information flow within the structure
- ◆ Shift from a 'structure driven' system to a 'process driven' system

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- ◆ A spiritual foundation to the system – what are the core spiritual principles underlying the service system, and how are they applied practically to the effective delivery of service in NA? We have a commonly accepted foundation of principle – how do we move forward from here?

We looked at who would be affected by the defined issue, and the issues around how to communicate this to them. We identified 'who' as:

- ◆ Effective service bodies
- ◆ Grassroots members
- ◆ Leaders in the system – both current and aspiring
- ◆ The World Board
- ◆ NAWS Staff

We then identified 'how to communicate' as:

- ◆ Ways to feedback a message of 'it's not working'
- ◆ We must stress the benefits of positive outcomes
- ◆ The importance of messaging, packaging, and timing
- ◆ It must be participatory
- ◆ Ensure that we push ahead and lead the process, but don't outstrip the fellowship or overtax our resources
- ◆ Remember the principle that our steps don't cause us to accumulate assets, they allow us to overcome our defects so our assets can come to the forefront

There are also political and ethical considerations to making changes. The political ones were identified as:

- ◆ Many current methods of communication on this type of issue rely on those who are most entrenched in the old system; therefore, the message won't reach those members who have been disenfranchised and alienated by our current system
- ◆ Mobilizing our internal PR process to gather input and allow active participation by all those affected
- ◆ There are factions that feel differently about the current system
- ◆ Implementation at the necessary levels will need to engage those who may be the most resistant
- ◆ Structural change will create an emotional response in many members


The ethical considerations are:

- ◆ The system may disadvantage some groups inadvertently – e.g. not allowing some groups equal access
- ◆ We have to create a service system that can be managed by NA members - one that is feasible and clear

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- ◆ Present concepts at a level that all members can understand, even those outside the system
 - ◆ There has to be full access to service and the process for all members – those with the desire and will to participate are able to because the opportunity is there
 - ◆ Our structure isn't a barrier to any addict having access to NA service – it has to be open to all levels of recovery
 - ◆ Diversity can't be a barrier to access – a system must be appropriate to all cultures

Jim outlined the five steps of our discussion process:

1. Roles and scope of responsibility of World Board and Workgroup
2. Project phases/major stops
3. The need for feedback, reporting, review, and redirection
4. The timeline
5. Resources

We then broke into small groups again to discuss the first two steps. The ideas generated focused on:

- ◆ defining the scope of the project and charge
- ◆ whether we need further evaluation of the service system
- ◆ if we need to produce a summary of what we have learned so far and of the core principles of service
- ◆ developing a picture of the ideal system, and the needs it fulfills, to evaluate ideas against this ideal system
- ◆ refining the vision statement
- ◆ listing the desired outcomes
- ◆ engaging the fellowship – what we do will affect all levels of service within the fellowship

Jim summed up the day by reminding everyone that the process isn't always linear. At the next meeting, we will finish the five step process above, using the input from today's session that Jim will collate and offer some conclusions to us. The next Board meeting is on April 22nd to the 25th, one week before the next service system meeting. We hope to turn something around quickly to minimally provide the board with a rough framework for the direction of our meeting. Although we don't have a conclusion at this point, we are a long way through the process of the Board more clearly defining the parameters and vision for this project.

The following points were made during the day that didn't fit in the record neatly but were worth capturing.

NAWS needs to hear from groups as they are the Trustor of NA's intellectual property. Our structure facilitates this contact. Groups do not have a leadership role but do have a position of authority.

Groups and service bodies tend to follow written guidelines as gospel; even if, they are only offered as suggestions. Levels of consciousness may not currently be up to the change we envision.

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The value of zonal forums is often intangible and lies in peer group communication, which is a common human need. Many zonal forums were started and grew because it felt good to meet, and because other regions were doing it.

Are we seeing intimidation rather than apathy limiting involvement in service? Is our system unattractive or off-putting?

We hope to move towards 'recovery based service' from 'service based recovery'.

Could we have a system where levels of service are determined by experience rather than geography?

The Iranian service model was created by a central group who designed the system with full participation from groups. They had the *Guide to Local Service* translated, but didn't use it as a mandate to create the structures that it outlines.

Friday 23 January

World Board and Human Resource Panel

HRP Members: Valerie Douthit, Margaret Hardman-Muye, Greg Smith and Paul Fitzgerald, along with supporting staff Roberta Tolkan, Keri Kirkpatrick and Steve Rusch.

Interaction between the HRP and the World Board

♦ Icebreaker to get to know each other

Steve R and Keri K facilitated the ice breaker to help everyone get to know each other. HRP member is to gather interesting facts about everyone at their table; this followed by a board member sharing an interesting fact about the HRP member at table.

♦ Review of where we have been in our interactions in the past

Jim B started by recapping the former committee system structure process, and how committees were used for exposure for people to world services. However, once the committee system was disbanded, it became apparent how difficult it is to get to know people.

The RBZ process is a process by which the World Board, regions and zones can forward names to the HRP. The RBZ experiment process developed as a joint recommendation from HRP and WB rather than make any structural change recommendations for that conference cycle.

During WSC 2008, a motion passed that opened up how names could be submitted to the HRP. It is the conference's belief that if zones and regions provided names, individuals would be better known and may have conference confidence, giving the process a bit more credence. A couple of points articulated about why RBZ motion presented:

- There was conference tension concerning the blind CPR process seemingly suited only for those that created impressive resumes and that many resourceful members were being overlooked because they weren't necessary proficient at writing a resume.
- Regions started feeling shut out of a certain process and wanted to impact the process. It also became clear to conference participants that every regional nomination was going to fail and again wanted a way to impact process.

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- ♦ Funding our Primary Purpose suggested as the title instead of Funding NA Service.
 - ♦ Idea to create a one sided table top piece, poster or NA Way pull out proposed.

Decision: As amended the board agreed to place in the CAR. No change to the title.

The body asked to reconsider title, wanting that further consideration be given to changing the title of the IP *Funding our Primary Purpose*.

Additional changing the title discussion

In Favor

The importance of the way we portray our vision emphasized and sometimes the way we describe what we do is less than adequate. Additional input was to instead use title Funding our Vision instead because it may encompass our language much better.

Not in favor

Changing title would involve altering IP language to compliment title, which would then need additional time for board review and approval. The current title is simple and clear there is no time for this type of rewrite with CAR timeline.

Decision: no change, keep as Funding NA Service.

Decision regional division map will be the map in self support graphic piece with Central America being a different color. Parenthetic will state not intended to be an accurate geographic depiction or something to that affect.

In Times of Illness

Mary reported that the final draft provided to the World Board at the last board meeting, with input incorporated.

- Page 179; center paragraph. A couple of concerns expressed regarding take away medication possibly causing confusion since it is uncommon to receive *take away* medication outside United States. Everyone agreed to remove *take away*.
- Page 178; discussion about the sentence which states informing health care providers about being an addict and having the knowledge of many member experiences that once that is done the medical care changes.

Explanation; statement included to provide alternatives, to be partners with doctor in personal care, not to hinder. Everyone agree with keeping as is.

Decision: remove take away. Sentence now reads *my dentist on several occasions offered me pain mediations to take at home which I didn't find necessary*.

Decision ITOI as amended will be included in the CAR for approval.

CAR Outline

This is the detailed outline for what will be included in the CAR to be approved by the World Board and finalized by the Executive Committee.

Introduction will help everyone familiarize themselves with what can be expected.

Service System-the EC talked about emphasizing on what we heard in the past and how we got here as a way to provide background. This will prepare fellowship for what's coming and what's to be discussed over the next 2 years.

2008-2010 NAWS Strategic Plan Objectives & Project Plans

Communication

Objective 1: Identify, frame, and better facilitate a dialog around current issues with members and other components of the service structure, to help them apply NA principles locally.

 **Fellowship Issue Discussions**

Objective 2: Improve the effectiveness and efficiency of world service communication, using techniques and technology that will resonate with diverse audiences.

 **Fellowship Issue Discussions**

Objective 3: Enhance perception of NA as a credible program of recovery through implementation of a PR strategy and strengthening of targeted relationships.

 **Public Relations**

Fellowship Support

Objective 4: Revitalize the service structure by introducing relevant ideas and tools that stimulate change and increase effectiveness.

 **Service System;**  **Service Material**

Objective 5: Help build and sustain all NA communities—emerging and established—recognizing their differing levels of development and need.

 **Business Plan;**  **Workshops;**  **Service Material**

Recovery Literature

Objective 6: Make the NA message available and relevant to a widely diverse membership and potential membership.

 **Targeted Literature;**  **Living Clean**

Objective 7: Meet the targeted and mainstream literature needs of the fellowship, and adjust the literature development process.

 **Living Clean**

Leadership

Objective 8: Build ownership and a sense of collective responsibility for a global NA vision through better understanding and acceptance of the role each individual and each component of the service structure has in realizing it.

 **Business Plan;**  **Service System**

Objective 9: Cultivate, encourage, and nurture development of leadership potential in all members, including those who will take on roles within the service structure.

 **Service System;**  **Leadership Orientation Material**

Objective 10: Continue to improve the effectiveness of the World Board as a strategic leadership body.

Resources

Objective 11: Ensure the long-term financial stability of NAWS, and the reliability of the income stream, in order to carry out priorities and service.

 **Business Plan**

Objective 12: Raise awareness and a sense of responsibility on the part of the fellowship to adequately fund the cost of services, throughout NA, including NAWS.

 **Business Plan**

Objective 13: Build and align the focus and capacity of staff to support identified priorities.

The Consensus-Based Decision Making plan is included along with the others in case the conference does not accept the proposed additions to A Guide to World Services in NA describing CBDM that are offered in the CAT material. We actually hope that there will be no need for this project. In contrast, we anticipate that both the Service System and the Living Clean projects will take more than one conference cycle to complete. Living Clean, by the way, is simply a working title for what would be a book-length piece about living life on life's terms in ongoing recovery.

As we report in the project plans, the first item we plan to approach under the Targeted Literature plan is a revision of *In Times of Illness*. As you know, we asked a question about targeted literature in the 2008 CAR (and the 2006 CAR as well, actually). Issues related to illness were among the most frequent responses when we asked you what you wanted to see next in terms of targeted literature. The workshop sessions on medication that we have held for the past two cycles repeatedly

indicated that the existing material in *In Times of Illness* is fine, but incomplete and dated, when it comes to this issue. Other responses that came up again and again include targeting literature to older people in recovery; long-term members; gay, lesbian, and bisexual members; and professionals. Other members focused on the particular subject matter they would like to see addressed—family, relationships, or service, for instance. While we may not have immediate plans to produce another piece of targeted literature (at least, not during this cycle), we do expect that some of the projects outlined in the CAT material, especially the book-length piece we are proposing, will cover a range of topics and may go a long way toward satisfying some of the needs expressed in the CAR input.

Some of the work outlined in the project plans—for instance, the Fellowship Issue Discussions and the Workshops plans—have

become part of what we call our “essential” or “carry over” work, which points to another dilemma we have with our strategic planning process. Because the plan covers areas in which we are seeking change, the “routine” or “essential” services that comprise the vast majority of our work are not covered by the plan. Each conference cycle, it seems that more and more things fall under this category of “essential” services. Not very long ago, there was no such thing as a Worldwide Workshop, for instance. Now we are planning for up to six such workshops in the upcoming conference cycle, and dozens of fellowship workshops that could easily be called Worldwide Workshops, and such work is considered “essential services.” Similarly, we have done more work every cycle to disseminate the issue discussion topic questions, help facilitate and provide tools for facilitating workshops on the IDTs, and gather input and report it back to the fellowship. Every conference cycle we set the bar a bit higher for our work with the IDTs. This has become an essential service—and at

the same time, we need to take on some of the work that drives change. We don't expect to solve this dilemma at this conference by any means, but we do want to let you know some of the challenges that we are confronting with

the planning process even as we continue to find it a productive way to organize our work and establish our priorities for the conference cycle.

In this session, we will give a brief overview of the strategic plan to provide some context for the project plans being presented. We will explain each of these project plans briefly, give an overview of the budget, then answer as many questions as we can about the material.

WE NEED YOUR HELP:

Please let us know which local members from your communities you think might be valuable workgroup members for particular projects. You can give us your ideas at the conference or email worldboard@na.org. You know your local members better than we can. Share your shining stars with us!