



Canadian Alcohol Use Disorder Society



2020-2021  
Annual Report

## New national organization champions message of hope

The creation of the Canadian AUD Society was inspired by family physician, Dr. Jeff Harries, and his tireless drive to spread a message of hope: AUD is a treatable medical condition and a full recovery is possible.

It's a message that's long overdue and one to continue to champion. Simply put: we need to change how we think about and how we treat Alcohol Use Disorder. After all, safe and known medications can be prescribed temporarily to alleviate cravings and withdrawal symptoms, allowing for the work of counselling and recovery to take place. In this new model of AUD care, patients have the freedom to choose their own goals, whether that's to stop drinking or simply reduce their consumption.

While Dr. Harries' ALS diagnosis has curtailed his ability to communicate, he is surrounded by a passionate and talented team in the Canadian AUD Society. We are committed to carrying on the work he began, inspired both by his balance of gentle humility, persuasion and ferocity of purpose. We are grateful for Jeff's continued guidance relayed to us through his brother, Bruce.

Page three of this report highlights our first year's many accomplishments, which started with local improvement projects and awareness campaigns, building provincial connections and strategizing for a national reach. In fact, our reach has already begun expanding through our website, research publication, storytelling hub, video creation and national press coverage, connecting us to individual clinicians, patients and advocates across the country, and indeed, around the world.

As the gap between knowledge and practice remains wide (see page 2 of this report for details), we're so grateful for our supporters who enable our work to continue. This includes individual clinician champions, healthcare partners such as Interior Health, which is dedicated to systems change to support better AUD treatment and



### Recognition

*Thanks to his outstanding work improving the way alcohol use disorder is perceived and treated in BC and beyond, Dr. Jeff Harries (pictured above left with his brother, Bruce) inspired the creation of a new provincial health care award. In March 2021, he was honoured as the inaugural recipient of the BCCSU's Primary Care and Substance Use Trail Blazer Award.*

care; our partners at Mutant Films for their video series, the BC Centre on Substance Use for fostering our participation in developing leading prescribing guidelines; and the Community Foundation of the South Okanagan Similkameen for incubating and guiding the development of our society.

We extend special thanks to patients and families with lived experience who are helping to reduce stigma through our story hub; and of course, to our funders and supporters without whom our work would not be able to take place.

We are buoyed by the uptake of our message within the healthcare system, and by clinicians, patients and families we have supported. When we hear of renewed hope and of lives being transformed, we are truly inspired to continue our work.



Lori Motluk  
CAUDS Board Chair

## Our Mission

Providing hope through knowledge and compassion

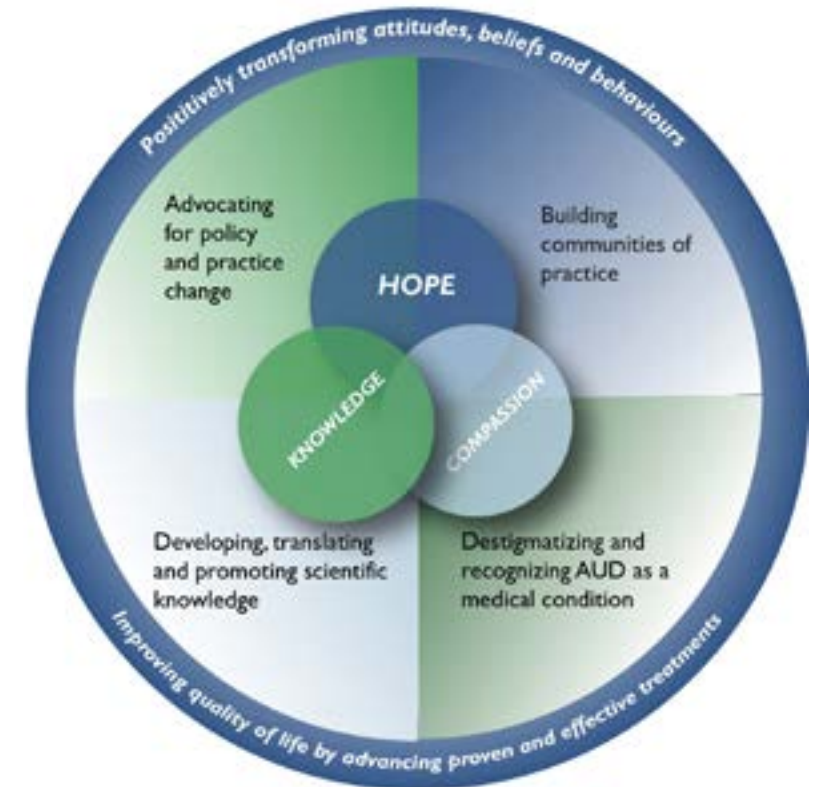
**We need to change the way we think about Alcohol Use Disorder, and the way we treat it.**

After all, alcohol is one of the most harmful and costly drugs in Canada -- contributing to premature deaths, and many of our social issues such as homelessness, poverty, food insecurity, addictions, domestic violence and employee retention<sup>1</sup>.

As many as 18 percent of Canadians, age 15 and older, are affected by Alcohol Use Disorder in their lifetime<sup>2</sup>. Research shows an increase of problematic use during the pandemic<sup>3</sup>.

We need to change. And we can. Unlike many other chronic conditions, we can successfully treat Alcohol Use Disorder:

- Safe medications, used commonly for other chronic illnesses, can be taken for a short period of time to stop cravings and withdrawal symptoms.
- Treatment allows the brain to heal, and allows people to find the freedom to connect with counselling, family and traditional supports.
- By reducing cravings, people are free to decide if they want to stop drinking altogether, or simply reduce the amount they drink.
- Best of all, medications work for just about everyone.



Unfortunately, less than 5% of Canadians receive this treatment when they visit their primary care provider. This gap between knowledge and practice is reason for our existence and our drive to do better.

After all, our vision is to live in a country where patients, families and society as a whole have a compassionate understanding of AUD as a treatable medical condition, and are able to more readily access this care.

Changing how AUD is treated brings hope and transforms lives, but bringing about change is complex, takes time, and most of all needs a dedicated champion.

The establishment of the Canadian AUD Society has meant that AUD finally has a nonprofit championing its cause. Similar to organizations advocating for other chronic conditions such as cancer, diabetes, and MS, we are dedicated and determined to be the voice for those with Alcohol Use Disorder.

References: [1 CIHI](#) [2 CCSA](#) [3 CCSA](#)

### THE TEAM

**Board Chair** Lori Motluk, RN, MBA  
**Board Vice Chair** Bruce Harries, MBA  
**Board Secretary** Maggie de Oliveira  
**Board Treasurer** Bill Motluk

**Board Director** Jeff Harries, MD, MBA  
**Board Director** Patrice Gordon, NP  
**Executive Director** Izabela Szelest, PhD  
**Communications Director** Heather Allen, MACT



**KNOWLEDGE TRANSLATION AND ENGAGEMENT**

Dr. Jeff Harries presented education sessions to care providers, clinicians, Supreme Court judges, crown prosecutors, defense lawyers, probation officers, child protection workers, counsellors, addiction services workers, First Nations communities and many more individuals in BC, Alberta and beyond. Our outreach also included presentations at the BC Quality Forum, and the creation of many educational materials including videos, patient handouts, clinician handouts, printable posters and more.

- 7 Healthcare/clinician presentations
- 13 Community presentations
- 321 Healthcare workers engaged
- 232 Judicial system members engaged
- 18 Communities engaged
- 12 First Nations communities engaged
- 4 Videos
- 4 Posters and resources



**QUALITY IMPROVEMENT AND RESEARCH**

We are pleased to be contributing to systems change in healthcare and to emerging knowledge. Our first academic paper and companion podcast was published in the Healthcare Management Forum, and detailed how education sessions can change prescribing for AUD treatments. We are also providing guidance and expertise on a pilot project to improve AUD treatment in emergency departments, with plans for spread to three more locations in 2022.

- 5 Projects ongoing
- 5 Projects completed
- 10 Projects planned
- 1 Academic publication and podcast



**AWARENESS**

In order for CAUDS to become the go-to, recognized source for AUD care information, we developed our branding, messaging, conducted regular social media campaigns, and two larger press campaigns. Our stories were picked up in numerous local, provincial and national media, as well as being featured in The Medical Post, a national publication for prescribers. Our website features many resources, videos, and opportunities to engage, including a patient success story hub and story share site.

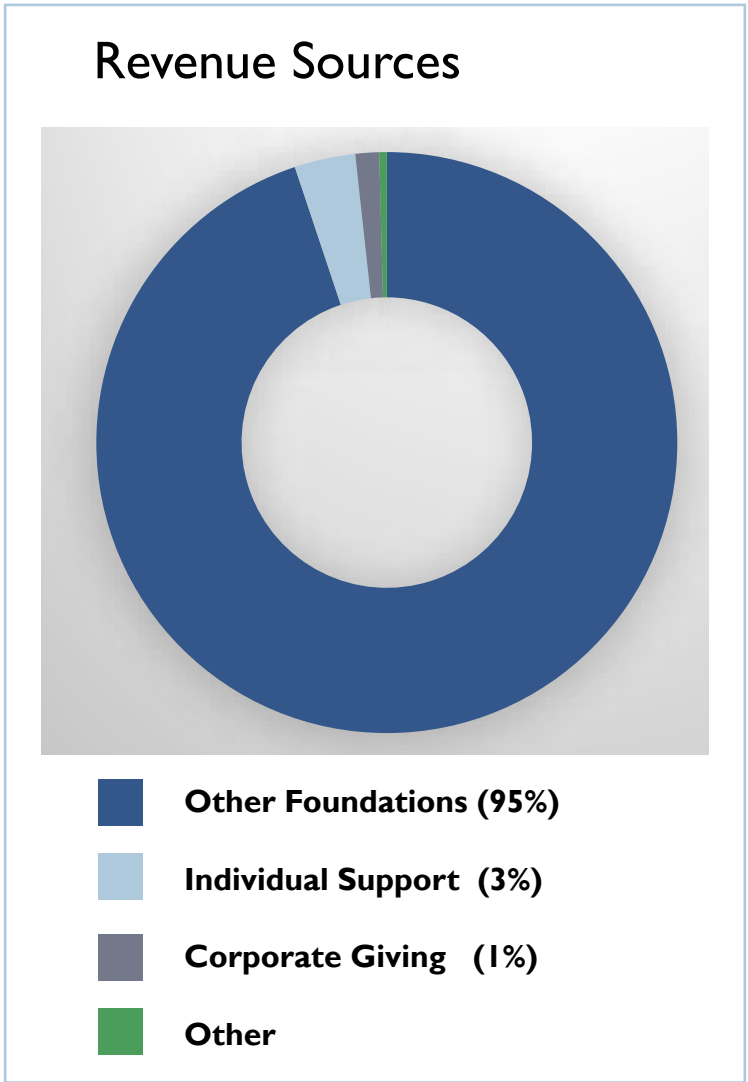
- 13,000+ Website engagements
- 1,500+ Youtube channel views
- 7,000+ Social media engagements
- 12 Stories in local/provincial media
- 3 Stories in national media
- 11 Patient stories shared



**PERFORMANCE**

In the past year, we formed our society, recruited a board of directors and hired a part-time executive director and communications director. In addition, we formed a partnership with the Community Foundation of the South Okanagan Similkameen to facilitate society development and donor outreach, and collaborated with Interior Health and Mutant Films to develop outreach materials and participate in collaborative projects.

- 6 Board directors
- 2 Part-time staff
- 2 Student researchers
- 4 Partner organizations
- 21 Donors



**Income: \$167,048.50**  
**Expenses: \$67,162.80**

**PATIENT SUCCESS**

“Most people write off 2020, but my son says it’s been the best year he’s had in 20 years. He’s loving this new life.”

I’m over the moon. It felt like I was given a lifeline.”

“I’m now where I want to be with my drinking. It’s a life changer for sure.”

**PROVIDER SUCCESS**

“I can honestly say I have not been to a talk that impacted my practice in such a meaningful way.

“This work is so important and dignifying. Thank you!”

“Best and most useful talk I’ve been to for a very long time.”



### Within three years, we plan...

- For the Canadian AUD Society to be known as a reliable, go-to source for AUD information, education and support in most communities across Canada.
- To influence the inclusion of treatment options at a primary care level to ensure better access to care for patients in most provinces in Canada, with others requesting to participate.
- To empower community leaders across Canada with a more hopeful and compassionate perception of AUD, which can be incorporated informally in their conversations with family and friends, and more formally in the development of healthier community initiatives and solutions.
- To empower patients and family with new knowledge and ways of thinking about AUD.
- To be participating in national conferences, forums and workshops and beginning to participate internationally.
- To become more formally connected with a university in order to continue to be a part of the building of new knowledge and scientific approaches to AUD care.
- To embrace opportunities to mentor students.
- To conduct a second research project and healthcare systems improvement project in order to inspire action and transformation of care for patients, family and community.
- To build a sustainable organization, with core staff and an advisory team which includes our Board, committees and task groups, in which healthcare professionals, clinicians, quality improvement specialists, and people with lived experience guide our work at local, provincial and national levels.