Canadian Alcohol Use Disorder Society

Building Alcohol Use Disorder Supportive Communities

COMMUNITY ENGAGEMENT REPORT

AIM: Build communities that understand AUD as a health condition, that support people to access treatment options, and create a healthier drinking culture.

PRINCETON, BC

Over the course of a year, the town of Princeton came together to help spread the word about understanding alcohol use disorder and treatment options, to support more people to feel comfortable accessing care and to shift their town's drinking culture.

The project started with a leaders workshop and community conversation, which generated hope, enthusiasm and plans for community action.

Following the workshop, Princeton community members formed an Action Group to host a wide variety of events including a high school student wellness event, town council presentations, a community-wide mocktail party, and a film screening and panel discussion.

The group plans to continue in 2024 and are supporting a student-led AUD group at Princeton Secondary School.

MAIN ENGAGEMENT ACTIVITIES

Start 09 2022 — *End 11 2023*

PARTNERS & SUPPORTERS

- ✓ Main Community Partners
  - Community Foundation
  - Princeton Community Health Table
  - Support Our Health Care
- ✓ Prescribers
- ✓ Health Authority
- ✓ Local media and local donors

SECTORS ENGAGED

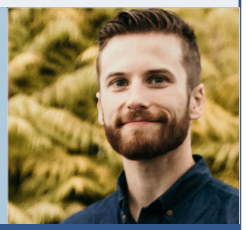
MHSU service providers, social workers
Health care providers, prescribers
Community services and program providers
Fire, first responders & emergency services
Policing/justice
Education and school boards
Town council
Youth and recreation
Industry & employers

EVALUATION AND FEEDBACK

✓ Please review the following pages for a full evaluation of the Princeton project and activities. Learn more about the program here: cauds.org/community-supports.

"I am confident that with ongoing support from community leaders, we will ensure everyone interested in taking steps toward reducing their alcohol consumption can have access to the tools and resources available."

– Dr. Andrew Ashley, Princeton BC



Princeton BC Building Alcohol Use Disorder Supportive Communities: Evaluation & Feedback

Activities / Initiative Evaluations			
Activity	**Measure**	**Baseline**	**Outcome**
School Wellness Conference	1) Increase AUD awareness 2) Create fun and interactive presentation 3) Establish a student-led Alcohol Use Disorder (AUD) group	1) 0 2) 0 3) 0	1) Grade eight students attended the session and actively participated. However, a survey was not conducted to determine the extent of the retention of knowledge 2) Students enjoyed the interactive presentation as well as positive accolades and interactions from elder & teachers were received. 3) School principal was approached to determine support from faculty, which would require a teacher sponsor. Initially, he reported that no-one was interested in taking this on however in November 2023, PAUD met with the Princeton Secondary School (PSS) Student Advisory Council and their teacher sponsor. The students were very keen and excited about the leadership opportunity. A PSS AUD student group was established with representatives from grades 10 -12. The group held their first meeting on December 5. They plan to meet regularly at noon on the first Tuesday of the month
Social Media Interaction	1) Use social media sites to share AUD information with Princeton residents 2) Monitor the number of members on the site 3) Monitor the number of negative comments	1) 0 2) 0	1) Both a public and private Princeton Alcohol Use Disorder (PAUD) Facebook (FB) page were created, AUD information was regularly posted on the public page. The private PAUD FB page was not used and deemed unnecessary. 2) Over the year, membership grew from 6 to 49. In the last quarter, the social media manager also shared articles on Support Our Healthcare Society, Princeton Gay Straight Alliance and six other Princeton FB pages, which expanded the reach of AUD information, being shared with the community 3) In the first quarter one person shared a negative comment. A personal story of successful treatment was shared with that individual which was acknowledged positively by the individual

Alcohol-free Community Event: Thank Goodness it is Free (TGIF)	1) Generate event participation through voting on mocktails 2) Increased AUD awareness 3) Local businesses Invite to be involved 4) Create commitment for the future including making the TGIF party an annual event 5) Increase size and scope of non-alcoholic beverages for sale at local grocery store	1) 0. 2) 0 3) 0 4) 0 5) local grocery store has 4 feet of shelf space for non-alcoholic beverages and increased varieties of non-alcoholic beverages	1) 77 people voted for their favorite mocktail from a selection of six different concoctions. The winner of the voting was announced as Princeton's "official" mocktail. 2) 200 people attended, 23 people attended CAUDS table, 5 people shared stories 3) Princeton coffee shops and restaurants agreed to advertise the TGIF event at the next event 4) Ten businesses agreed to expand their alcohol-free menu, eight carried the official mocktail. Coffee sleeves were successfully used to promote. Follow up with restaurants agreed to be more active involvement in the next event, to showcase a mocktail of their making, and participate in a staff educational workshop 5) Although there have been external influences such as the National Drinking guidelines, three months post event the local grocery store has doubled its shelf space for non-alcoholic beverages to 8 feet and increased the varieties non-alcoholic beverages.
Smashed Film Showing	1) Record the number of attendees 2) Ask attendees complete survey at end of event	1) 0 2) Film was informative (Y/N), 3) Panel discussion was informative (Y/N)	1) 18 2) 50% response rate to survey 8/9 people found the film informative, 3) 100% found the panel discussion informative and one person shared they planned to seek care after the event

Presentation to Town Council	1) Name a member of the Town Council to the Planning Committee 2) Formally acknowledge PAUDS Activities with Council support. 3) Plan follow up meeting to provide update on PAUD work &/or to consider municipal policy toolkit	1) 0 2) 0 3) 0	1) Mayor named to PAUD working group. 2) Town Council provided a letter endorsing PAUD efforts and pledged their support. Note: A member of town council attended the TGIF party and expressed support during the opening of the event. Late fall 2023, another Councilor agreed to join the PAUD working group 3) Date set in the New Year for the follow-up meeting
Community Workshop on AUD	1) Provide AUD Information session with CAUDS, Interior Health (IH) Medical Health Officer (MHO) & Community Health Facilitator (CHF) presentations. physician & Person with Lived Living Experience (PWLLE) 2) Facilitate community conversation by Professors of Communication enabling participants to identify activities aimed at addressing AUD issues in the community 3) Determine levels of commitment of participants 4) Establish a working	1) 0 2) 0 3) 0 4) 0 5) 0	1) Ensured everyone had up-to-date information on AUD from multiple credible sources. The time was dedicated to providing the background from an individual, family, community and system perspective with time to seek clarification. Key was the positivity and hopeful nature of the presentations which differed from past discussions on AUD and fostered participants imagination and creativity. 2) The facilitators were positive and encouraged "blue sky" thinking, leveraging past successful community endeavors and learnings from those events. Creating a highly energetic environment, small groups, participants identified many community activities focused on three main impacts the culture of the drinking, planting the seeds through information sharing &/or AUD treatment uptake by enhancing pathways to care. 3) Volunteer list done 4) Working group created 5) High energy at the workshop with positive evaluations from attendees. 6) Six months post workshop a survey was completed indicating 85.7% of survey respondents reported having conversations about AUD and treatment options

	group 5) During the workshop participants will be engaged 6) Conduct survey 6 months post, re: number of conversations participants had with community / family members 9sent to all workshop participants)		
Technology and Data			
Aimi Software	1) Support teams in quality improvement process and recording	1) Aimi software was effective for the pilot community where both community and CAUDS support was available to document. Five individuals were trained, the leadership was more comfortable with their traditional meeting minutes and documentation. 2) For communities where leaders are volunteering, a simpler form of evaluation and documentation is required.	
Pharmacy data	1) Enumerate graphs trending medication prescriptions filled.	1) Three medications are predominately prescribed for AUD. (other medications are occasionally used however they are also used for other conditions therefore unable to discern for AUD therefore not included in trending (CSUCH, 2023 2) The Canadian Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder recommends: a. Adult patients with moderate to severe AUD should be offered naltrexone or acamprosate as a first-line pharmacotherapy to support achievement of patient-identified treatment goals. i. Naltrexone is recommended for patients who have a treatment goal of either abstinence or a reduction in alcohol consumption. ii. Acamprosate is recommended for patients who have a treatment goal of abstinence. iii. Adult patients with moderate to severe AUD who do not benefit from, have	

		contraindications to, or express a preference for an alternative to first-line medications can be offered topiramate or gabapentin. (CRISM, page 17, 2023) 3) There is variation over the years on the proportion of the medications that are prescribed. Clinicians have observed that individuals earlier in their disease choose the ability to continue to drink alcohol but seek control on the amount they consume. Those patients commonly will be prescribed Naltrexone. Whereas patients later in their disease more commonly choose abstinence and will be prescribed Acamprosate to help with cravings. 4) Princeton local health area has a population of 5,099, whose six family practice physicians care for AUD patients. (IH, 2021) From baseline average of the years 2019 to 2021, an average of 28 new AUD patients were provided care 226 prescriptions for AUD medications given to patients. (a prescription duration can be for 1 to 3 months and a patient may receive pharmaceutical care for one to two years or longer). In 2022, the physician group increased their training in the new guidelines for moderate to high-risk AUD patient care. Follow this training and the Princeton community engagement initiative, the prescribing rates increased to 374 annually and 44 new patients received AUD care, including pharmaceutical therapy. (source- British Columbia pharmaceutical data) a. At a cost savings of approximately $1,000 per patient per year, or a total annual savings of approximately $45,000 for 44 patients. This cost avoidance is cumulative over time. (CSUCH, 2023) see attached Appendix 1
Stakeholder Feedback		
Discussion with Princeton Planning Group	1) Activities and initiatives generated 2) Recommendations for future activities	1) Bi-monthly meetings held (Terms of Reference, Action Plan was valuable) 2) Several activities - 6 - planned and completed. (of varying size and complexity) 3) Several recommendations generated for future activities, including the relaunch of the PAUD Group in February 2024 4) The Community Champion is critical to success, specifically for understanding community culture, rallying participation in activities and recruiting volunteers.

PWLLE	1) Struggling with AUD as a very personal and private experience 2) Use of the term Alcohol Use Disorder. 3) Identification of personal triggers	1) Easier to talk about AUD when individuals have the language and science as support. Being involved with CAUDS / PAUDS is liberating because it allows individual the opportunity to provide their personal story without implying a universal solution. 2) Using the term AUD as a health condition is hopeful, implying recovery or a stable chronic condition. 3) At the CAUDS / PAUDS events professional individuals circulated the audience prepared to support anyone who became triggered by the content being shared. In general, this level of support was not required for the majority of the presentations as the content is positive and hopeful. However, attention and support should be available and offered when PWL&LE share their stories, as the insight to their hardship, suffering and recovery can be triggering for both the individual as well as family and friends.
Clinician Feedback	1) Increased patient demand 2) Increased questioning, screening or conversations regarding their awareness of available medications and care. 3) Improved clinician experience due to impact of community engagement activities, patient interactions and care.	1) Definitely has been an increase in patients requesting care for AUD but hard to quantify. There is an increase in patients that screen positive for at risk alcohol consumption. In addition, there is an increase in patients and families seeking information on AUD and treatment options. These conversations are pre-contemplative. They minimize their disease and will try for a while to self-manage. - Our Clinic team met and established a system for rapid access to a physician for anyone requesting a physician visit for AUD as well as a process to see an unattached patient requesting an AUD appointment to manage a potential in increase demand for service. Initially, we experienced an increase in demand for care, which stabilized. - Primary care (PC) is initiating, managing care and follow-up of AUD clients. One year after the workshop a process was established to ensure patients requesting AUD care were seen timely in clinic). Generally, if the patient is early in their disease, they often choose to continue drinking at some level, therefore, Naltrexone is prescribed. Whereas, those later in the disease process the choice is to quit drinking, therefore, acamprosate is prescribed. - Emergency department reports of the top three presenting conditions in the past few quarterly reports, no alcohol or related diagnosis and early indication is a reduction in youth drinking and a reduction in Emergency Department (ED) visits. 2) AUD screening has become a standard of practice for primary care and community patients. Information on the risks and available treatment is provided. Those of higher risk are offered treatment. In addition, those struggling with more severe disorder, will be offered specialty care. For clients that have frequent visits to ED, hospital staff and clinicians develop complex care plans (commonly addressing both complex health and social challenges) These clients are assessed for AUD and offered community care and supports in Princeton as well as the ability to leave the community for care, this includes community detox or in-house recovery treatment. (CCSA, 2019, page 7) 3) Culture: - Screening was a challenge for clinical staff as it is a drinking community. Now noted less stigma and staff are supportive of this work as there is treatment for clients. They have seen patients succeed or heard stories of success which reinforces the need for screening and offering care. Key is the continuation of sharing stories, providing information on new approaches and care options within the care team. (CCSA,

		2019, page 7) - It is important to meet and prepare clinicians. - It is easier to talk about AUD with clients as they have heard of treatments and often are more informed so dialogue on available treatments and what might be right for them begins at a higher level of understanding. Also, family members and friends often request information about AUD. They will often share a concern of a loved one and share they may benefit from care. As a result, there is a comfort in delivering the information, and assisting to provide in a consumable way that generates discussion. This applies to not only people and families with AUD but the general public. The nature of the information is hopeful and positive allowing community members to share. There is a general increase receptivity to the information. - Continued work is still required as the use of stygmatizing language remains. Where such language is used, it seems more of a habit than intent. Non-stigmatizing language improvement can be enhanced and spread with continued conversation about AUD within the community using non-stigmatized and hopeful language. (CCSA, 2019) - In the last 6 months, people are more comfortable in drinking non-alcohol beverages and experience less pressure from others when they do so.
Population Health - Health Promotion, Prevention & Protection (PHPPP)	1. Understanding partners goals and priorities 2. De-stigmatizing work 3. Harm-reduction model	1) Partnerships benefited from access to resources and knowledge available within different sectors and resources - PHPPP moves from supporting micro and community while identifying lessons learned for a system and macro perspective. Understanding how to support both individual and mutual goals is important to discuss and plan. - CE work has shown great success and promise – keep it alive! - Delegation to town council for consideration for the workshop is important to plant the seeds for future legislation and council decision. There is now potential ground support for the public health AUD toolkit 2) There has been de-stigmatizing work and a demonstrated shift in attitudes and beliefs (CCSA, 2019, page 7) 3) The harm reduction approach and terminology has enabled myth-busting and a shift in the way society talks about AUD.

Lessons learned / Things to Watch out for:

1) The value of many partners. Key is the local leaders championing locally and building activities that have their context in the community environment. Partners such as Community of the South Okanagan Similkameen, Interior Health, University of Alberta, Donors and Canadian Alcohol Use Disorder Society have been key in support and are now sharing the information to their stakeholders and broader community's, actively advocating for this work and approach.
2) Many AUD conversations are required. The nature of sharing information should take many forms. Informal such as planting the seeds conversations or more formal such as presentations and written material. There are deep seated perceptions and beliefs, personal conversations, hearing the key messages multiple times from a credible source is important. Ideally from a close trusted individual or loved one. The conversation process can take a long time for community saturation (1year +).
    a. When speaking about AUD, a communicator must be open to the idea that an individual may have several reasons spoken/unspoken for starting a conversation. We have several examples of individuals that have reported seeking care after a discussion. Therefore, the importance of positive compassionate messaging is critical. Most people have a connection or personal story relating to AUD, which they may or may not be ready to share. They may also not be ready to share the reason that they are interested in AUD and AUD care.
    b. Effective messaging conveys excitement regarding new treatments, hope and success. Hopeful, positive, solutions-based messaging has been seen to be most effective in our community engagement evaluation
    c. Comfort level (reduced stigma) is usually gained by repeated information, and by the warm interpersonal relating of information. For example, people seem to require a human connection as well as information in order to find the info credible. (To feel it is coming from a trusted source).
3) Stigma and entrenched beliefs surrounding AUD also means that we must take extra caution when leveraging social media networks. Hate/misinformation drive algorithms and platform profits. As we gain more of a presence, we need to ensure that we are not negatively subjected to misinformation campaigns and reputation rewriting.
4) Clinicians need to be informed and supportive of community engagement.
5) Clinicians may need to plan for initial increase in patient demand and to be responsive in providing care.
6) Community leaders will need support to understand and be able to share AUD content/research. Empower them to share the information and provide links to website as a resource.
7) Appreciative inquiry is an effective method for the community conversation component at the workshop because it uses positive messaging and generates enthusiasm. In addition, it really sets the stage for community led ideas and actions that fit the community.
8) PAUD formed two committees. One committee was a small planning group and the other a working group with broader membership. Attendance on the working group declined over time and PAUD identified that both committees were not required. Consideration to anchor PAUD as a subcommittee of a larger community table is a potential option.
9) Leadership and successes were greatly enhanced by a term of reference and annual strategy. An overall structure or guidebook would be helpful to the local committee enabling them to focus on the action plan and reduce the time dedicated to building terms of reference and action plan development.
10) Community leaders will need a small budget.
11) Community Leadership needs to consider how and when to distribute the work of the activities and engage their volunteer base. This is important not only for workload, succession planning but for sharing information on AUD widely.
12) CE really benefited by PWLLE and the way stories can reach and impact people.
13) Recognition re the sensitivity and expectations when talking to loved ones about new AUD treatments. The individual may need time to consider care or resistance to seeking care. Family and friends may be keen to share their new knowledge and erode trust in their relationship with love ones.
14) There is great success in helping one person. Touching one person can inspire others.

15) Knowledge of new AUD treatments, positive language and hope changes how AUD is perceived and talked about. Community can see their role in sharing information, supporting processes to connect to care and changing the culture of drinking. This is changing how AUD is viewed and talked about and how individuals with AUD are supported. Observations overtime are required to determine if stigma is reduced.

Recommendations:

1) CAUDS and partners should spread AUD community engagement to other communities
2) Many AUD conversations are required therefore spread initiatives to other communities require opportunities for individuals (people struggling with AUD, family and friends, professionals and community members & leaders) to hear AUD information a number of times from trusted sources to enable a change in attitudes and behaviors. Recommend one year of active work with the potential for ongoing activities. (Jhangiani et. al., n.d.) (Yung et.al., n.d.)
3) The nature of sharing information should take many forms. There are deep seated perceptions and beliefs personal conversations, hearing the key messages multiple times from a credible source is important. Then ideally from a close trusted individual or loved one. The conversation process can take a long time for community saturation (one year or more). (CCSA, 2019)
4) Flipping the narrative is an important element in message creation. Hopeful, positive, solutions-based messaging has been seen to be most effective in our community engagement evaluation. Communicate using non-stigmatizing language. (CCSA, 2019)
5) Host a community workshop with community leaders to introduce new AUD treatments and information. Leverage past community leadership approaches and events to identify opportunities to share information, address culture of drinking and bridge patients and families to care. (CCHL, n.d.) (Dickson, 2010) (Howlett, et. al., 2023) (Kerry, 2023) (Lofters et. al.,2023) (Jhangiani et. al., n.d.) (Osseiran-Moisson, 2011) (Woodall et. al., 2013) (Yung et.al., n.d.)
6) Community leaders will need support to understand and be able to share AUD content/research. Empower them to share the information and provide links to website (CCHL, n.d.) (Dickson, G., 2010) (Howlett, et. al., 2023) (Lofters et. al.,2023) (Kerry, p., 2023) (Osseiran-Moisson, R, 2011) (Robinson, 2018) (Woodall et. al., 2013) (Yung et.al., n.d.)
7) Appreciative inquiry is an effective method for the community conversation component at the workshop because it uses positive messaging and generates enthusiasm. In addition, it sets the stage for community led ideas and actions that fit the community. (Armstrong et. al, 2020) (Kerry et.al,2013)
8) AUD CE committee may benefit from a linkage to a network of community service groups willing to support events and share AUD information through their membership. This would broaden the reach to community citizens.and perhaps a larger volunteer base to distribute the workload associated with events and activities.
9) An overall structure or guideline would be helpful which will allow the local committee be focused on the action plan.
10) Embed PWLLE in the program planning, delivery and evaluation. CE really is benefited by PWLLE and the way stories can reach and impact people. (CCSA, 2021)
11) Build a spread program that includes a program guide and funding. Consider a model that leverages local community service organizations...
12) Continue the approach of community leadership with support. (Grass-roots approach with leaders knowledgeable of the community and able to inspire other leaders and service groups. (CCHL, n.d.) (Howlett, et. al., 2023) (Lofters et. al.,2023) (Osseiran-Moisson, R, 2011) (Robinson, 2018) (Woodall et. al., 2013) (Yung et.al., n.d.)
13) Consider events targeting the sports and recreation culture as alcohol remains central to socializing
14) Create small / simple templates for evaluation that includes visuals. AiMI too complicated.
15) Continue to analyze the pharmaceutical data for AUD community engagement trends and quantitative analysis including cost savings. (CSUCH, 2023)
16) Share the need for sensitivity and expectations when talking to loved ones about new AUD treatments. The individual may need time to consider care or resistance to seeking care. Family and friends may be keen to share their new knowledge and inadvertently erode trust in their relationship with love ones
17) Set clear aims for AUD CE as well as and determine which aims the activities are addressing during the planning stage.

18) Stigma exists but with positive messages of treatment success and hope, there is a shifting of perspective. With AUD CE, an increase in comfort in the idea that AUD is a treatable health condition, willingness to share information and support individuals, family and community. Continue to share information and explore other perspectives also dialogue continues. Observe over time the impact on stigma (CCSA, 2019) (NIAAA, n.d.)
19) Continue with a harm reduction approach. Individuals, families and communities are encouraged by the ability to choose and guide their care from reducing alcohol consumption while still being in control to abstinence. The individual has control of their care journey but also have support. (BCCSU, n.d.)
20) Social Media is effective in sharing information and generating interest in events.
21) Engage a wider number of volunteers and offer a variety of opportunities to participate.
22) Develop a clear delineation of roles for the local AUD leadership committee and CAUDS.
23) Prior to the workshop fellow presenters requested time to clarify focus of individual presentations.
24) CAUDS could follow clinicians that specialize in AUD and seek input on what would be helpful and how it would be helpful to ease and improve practice. CAUDS would benefit from the expertise of a clinical / physician researcher who has strength in how to tailor research for consumption by physicians
    a. Consider augmenting clinical support with PAD (BC Provincial Academic Detail service) clinical pharmacists who provide lunch and learn formats for specific medication topics).
    b. Consider shadowing physicians that specialize (primary care) and to see what would be helpful in process / tools for AUD

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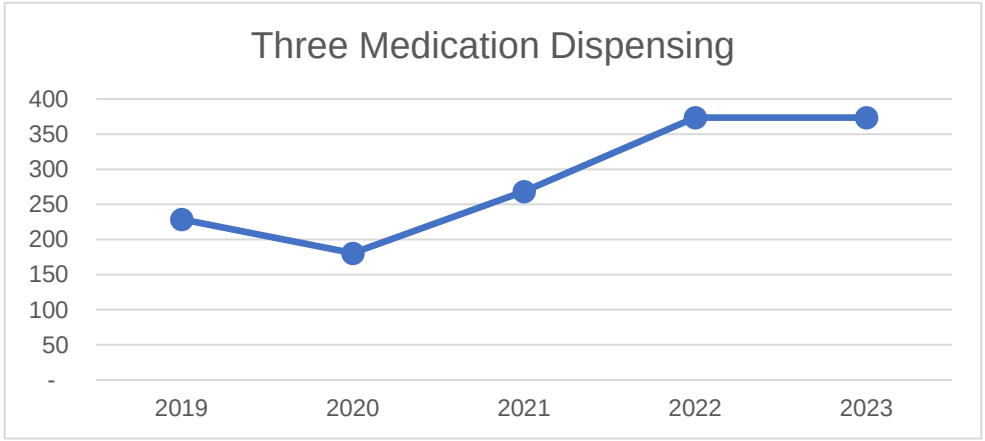
Appendix 1: Graphs (source – British Columbia pharmanet data)

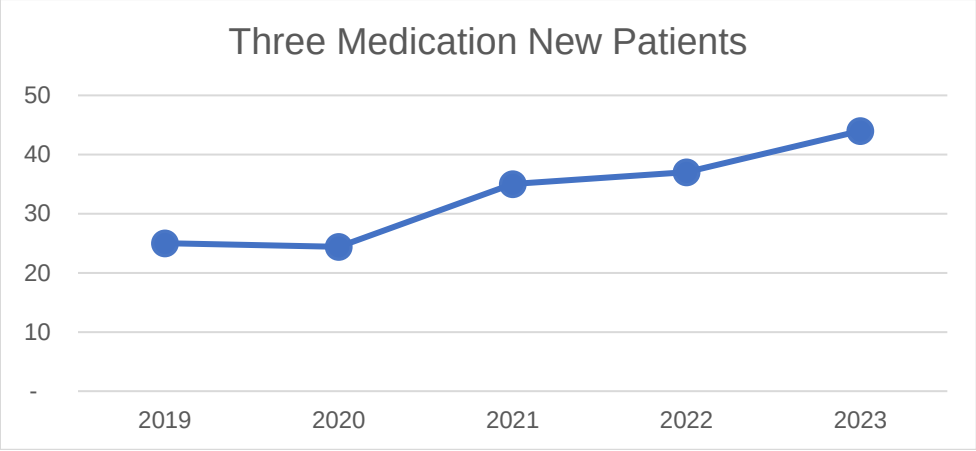
Princeton Graphs: Patient Prescriptions Filled

Dispenses	**2019**	**2020**	**2021**	**2022**	**2023**	Total
Naltrexone	28	42	81	137	119	407
Acamprosate	4	1	12	87	101	205
Topiramate (80%)	197	138	175	150	154	813
Total	229	181	268	374	374	1,425

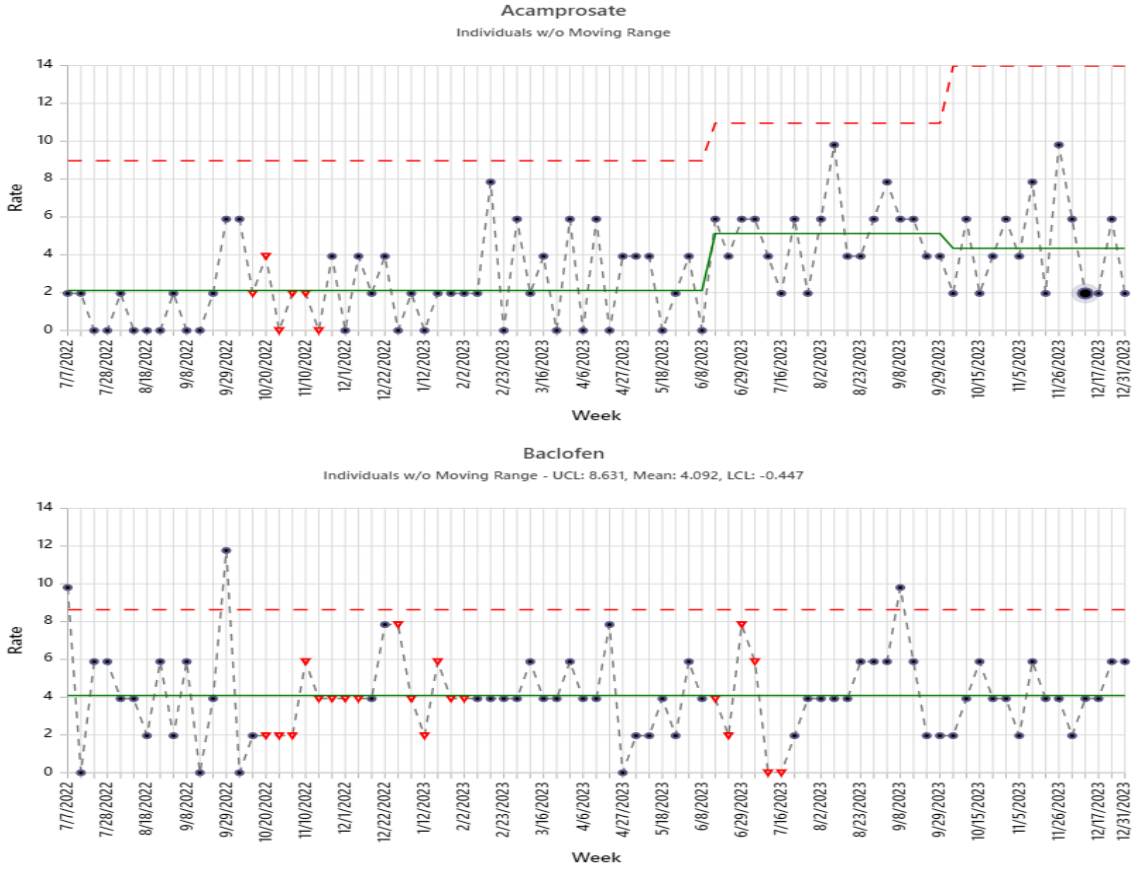


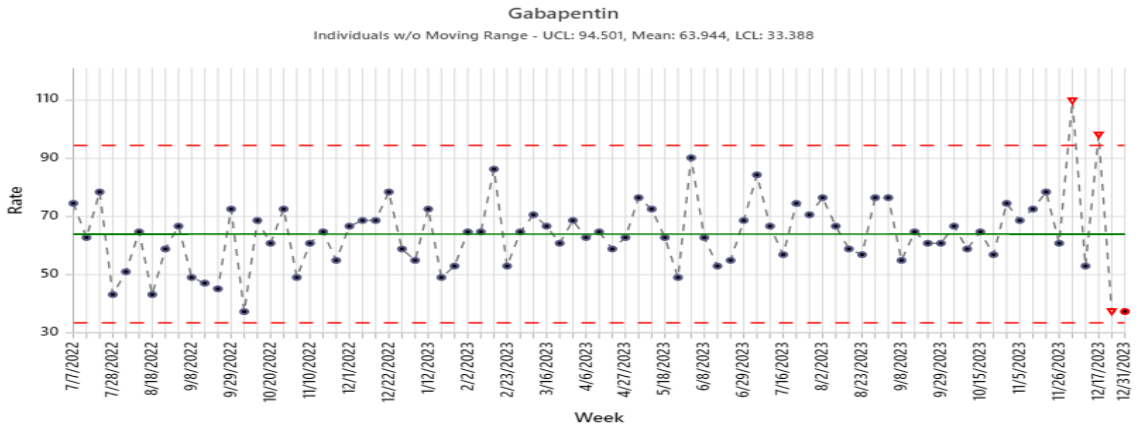
Princeton Graphs 1 & 2: New Patients Receiving Pharmaceutical Care

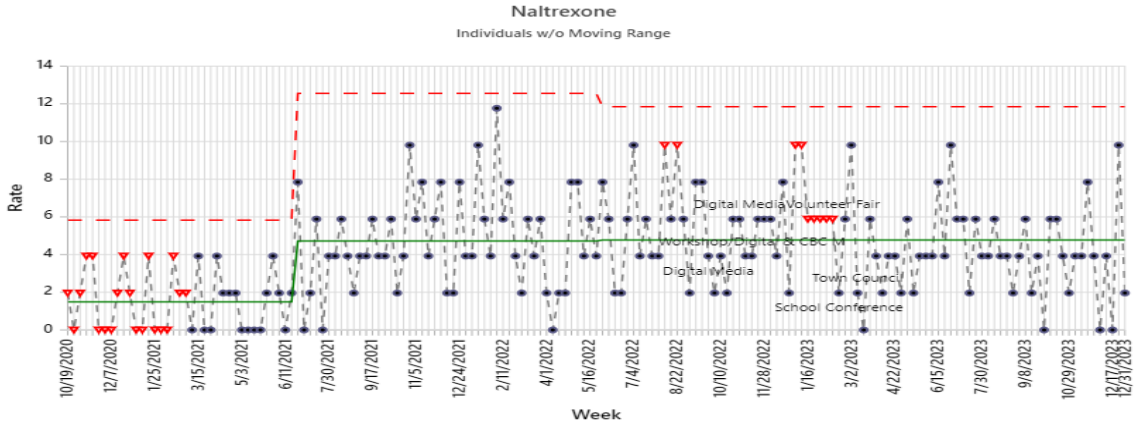
New Patients	2019	2020	2021	2022	2023	Total
Naltrexone	10	13	22	18	28	91
Acamprosate	3	1	5	15	12	36
Topiramate (80%)	12	10	8	4	4	38
Total	25	24	35	37	44	165

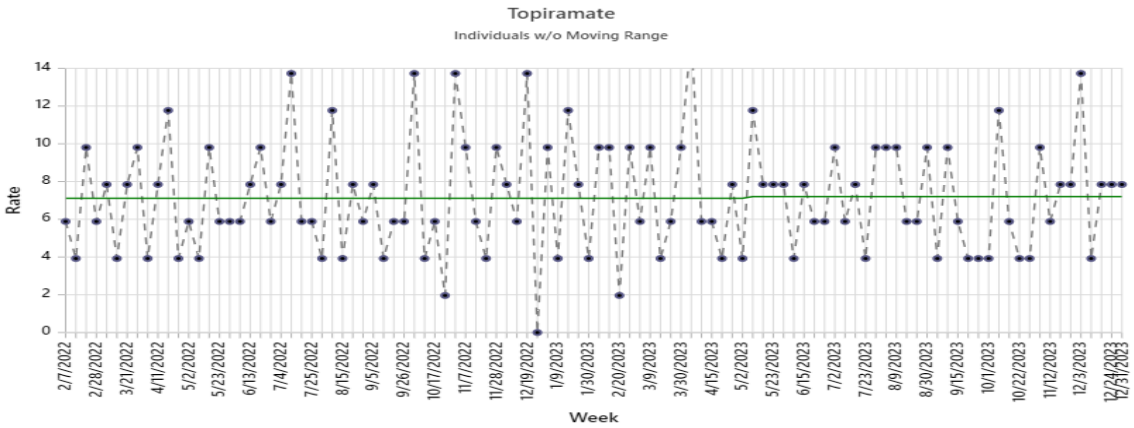


Princeton Graphs 3,4,5,6,7: AUD Medication Prescription Rates (source – British Columbia pharmanet data)




Gabapentin
Individuals w/o Moving Range - UCL: 94.501, Mean: 63.944, LCL: 33.388
Rate
110
90
70
50
30
7/7/2022
7/28/2022
8/18/2022
9/8/2022
9/29/2022
10/20/2022
11/10/2022
12/1/2022
12/22/2022
1/12/2023
2/2/2023
2/23/2023
3/16/2023
4/6/2023
4/27/2023
5/18/2023
6/8/2023
6/29/2023
7/16/2023
8/2/2023
8/23/2023
9/8/2023
9/29/2023
10/15/2023
11/5/2023
11/26/2023
12/17/2023
12/31/2023
Week


Naltrexone
Individuals w/o Moving Range
Rate
14
12
10
8
6
4
2
0
Digital Media
Volunteer Fair
Workshop/Digital & CBC M
Digital Media
Town Council
School Conference
10/19/2020
12/7/2020
1/25/2021
3/15/2021
5/3/2021
6/11/2021
7/30/2021
9/17/2021
11/5/2021
12/24/2021
2/11/2022
4/1/2022
5/16/2022
7/4/2022
8/22/2022
10/10/2022
11/28/2022
1/16/2023
3/2/2023
4/22/2023
6/15/2023
7/30/2023
9/8/2023
10/29/2023
12/17/2023
12/31/2023
Week


Topiramate
Individuals w/o Moving Range
Rate
Week
0
2
4
6
8
10
12
14
2/7/2022
2/28/2022
3/21/2022
4/11/2022
5/2/2022
5/23/2022
6/13/2022
7/4/2022
7/25/2022
8/15/2022
9/5/2022
9/26/2022
10/17/2022
11/7/2022
11/28/2022
12/19/2022
1/9/2023
1/30/2023
2/20/2023
3/9/2023
3/30/2023
4/15/2023
5/2/2023
5/23/2023
6/15/2023
7/2/2023
7/23/2023
8/9/2023
8/30/2023
9/15/2023
10/1/2023
10/22/2023
11/12/2023
12/3/2023
12/24/2023
12/31/2023