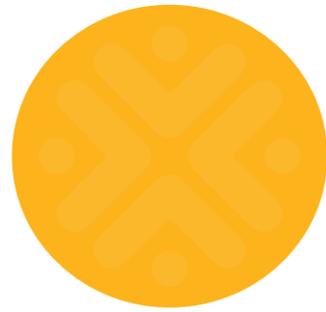


ADDICTION MATTERS



Canadian Centre
on Substance Abuse
Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.



CCSA AT A GLANCE

CCSA is Canada's only national agency charged with reducing the harms of alcohol and other drugs. We provide national leadership and advance solutions that address alcohol- and other drug-related harms, and improve care for those suffering from substance use disorders.

Working with partners, we bring knowledge and people together to address a wide range of issues affecting the health and safety of Canadians, with a threefold aim:

- Influence **policy** by providing objective research on the health harms of substance abuse, the social impacts and the scope of the problem from a broad economic perspective.
- Inform **programs** by sharing evidence-based best practices that contribute to the establishment of national standards for addiction prevention and treatment services, respectful of regional and cultural differences.
- Strengthen the **practice** of substance abuse prevention and treatment by establishing competencies and certifications for those working in the substance abuse field, facilitating accreditation to ensure program service quality and developing practical, evidence-based tools for frontline healthcare providers.



KEY SUBSTANCES OF FOCUS

- Alcohol
- Cannabis
- Prescription drugs

KEY ISSUES WE TAKE ON

- Drug and alcohol impaired driving
- Mental health and substance abuse
- Monitoring drug trends in the field
- Treatment and recovery
- Workforce development for professionals in the addiction field
- Child and youth substance use, and its impacts
- First Nations, Inuit and Métis substance use, and its impacts



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On the Ground, Across the Country	centrefold



MESSAGE FROM THE CHAIR

Substance abuse is an immense, costly and complex problem that affects every community in Canada. Over the past year, CCSA and its partners continued to demonstrate by working together that complexity can be managed, challenges can be overcome and change can be achieved.

The board was regularly impressed, when reviewing this year's regular updates from the senior leadership team, by CCSA's steady, focused, and impactful national leadership in advancing solutions on a number of fronts in the substance abuse field, in collaboration with valued partners and stakeholders.

It would be easy to get caught up in dealing only with the most urgent, short-term challenges. However, as the field of substance abuse evolves, and new matters come to the fore, CCSA has evolved strategies to tackle developing issues of substance abuse, while also keeping "maturing" strategies alive and delivering the intended, positive results. For example, CCSA's work on alcohol, prevention and workforce competencies continues apace even as it pursues additional new areas of focus such as recovery and the prescription

drug crisis. CCSA accomplishes these objectives, with a modest, disciplined and focused budget, through collective action by leveraging the strengths and engagement of its many partners.

The CCSA Board of Directors, through its commitment to excellence in governance, is dedicated to serving this important cause and honouring the value of CCSA as a leader in its field.

On the governance front, this has been a notable year.

For every board of directors, the matter of CEO succession is a top priority. With the departure of CCSA's CEO, Michel Perron, CCSA's succession planning was put to the test. I am pleased to report that the CEO search process is well under way, and CCSA's senior leadership team, under the leadership of interim CEO Rita Notarandrea, rose to the challenge. CCSA has continued to move forward seamlessly with its work. At the time of this writing, the CEO search is approaching its conclusion and we look forward to introducing our CEO in the coming months.

Although the CEO transition and search has been a substantial focus of the board, the board was also active on other governance fronts. To further strengthen our governance practices, the board benefitted from director development activities such as having a governance specialist lead a session on current governance best practices, particularly in the area of the board self-assessment process.

The board also invested time during board meetings to receive presentations from CCSA's senior leadership team. These presentations not only kept the board abreast of CCSA's activities and what is happening in the field generally, it also allowed the board to see the senior leadership team in action.

In addition to active engagement during board meetings, members of CCSA's wholly volunteer board devoted time and promoted CCSA's objectives in many ways: accompanying CCSA management and staff as they met with stakeholders in the Atlantic provinces to conclude CCSA's Cross-Country Dialogues; attending the National Addiction Recovery Summit in Ottawa to define a Canadian vision for recovery; attending the UN Commission on Narcotic Drugs; and participating in other outreach activities.

CCSA benefitted from the expertise of board alumni as well, whose advice and connections in their respective communities continue to allow CCSA to extend its reach without overextending its financial resources.

We saw change at the board level with the retirement of Jean Fournier, whose perspective and commitment have been highly valued over the course of nearly a decade of service.

By the time this annual report is tabled in Parliament, we anticipate that the CEO will have been appointed and the board looks forward to supporting the incoming CEO's transition. As well we anticipate that the two board positions that are currently open will have been filled.

In closing, I wish to extend a sincere thank you to my distinguished and engaged colleagues on the CCSA board for their exceptional service throughout the year. A thank you is also extended to the board alumni for their dedicated service and to Dr. Louise Nadeau for her energetic leadership as chair of the board alumni group.

I would also thank and acknowledge Rita Notarandrea for her excellent leadership and stewardship of CCSA in her capacity as interim CEO, as well as all the management and staff of CCSA for their commitment and excellent performance during this time of leadership transition.

Finally, on behalf of the board I extend heartfelt appreciation to former CEO, Michel Perron, for his passion and years of service at the helm of CCSA. Michel was at the heart of CCSA for nearly 15 years. When he joined, it was an organization with two staff; today, CCSA is a team of more than 50 with a substantial national presence and reach, a respected international reputation, and a strong, continuing record of contribution to the people of Canada.

Leanne Lewis, Chair



MESSAGE FROM THE CEO

Reliance on objective evidence is at the heart of everything we do at CCSA. It is what has made our organization a trusted leader and advisor on substance abuse issues to an increasingly wide range of stakeholders.

In 2014–2015, we applied our evidence-based approach to a broad spectrum of addiction matters, from Canada's first research on substance-related hospital costs to the country's first-ever National Addiction Recovery Summit. We provided members of parliament with scientific information to address key topics like recovery and cannabis, enabling informed debate based on a common ground for discussion.

The Recovery Summit produced a national commitment to recovery from the disease of addiction. It marked a shift in focus — away from dwelling on the problem and towards embracing the attainable, sustainable prospect of recovery.

The Summit validated the collective impact approach we established through the development of Canada's national alcohol and prescription drug strategies. That

collective approach is vital. Substance abuse is too complex an issue to be dealt with by one organization or one approach; impact and change demand the shared commitment of many partners. I am always careful to be clear that CCSA's achievements are collective achievements, and I thank every one of our partners for their time, expertise and commitment.

Last year brought change for us internally at CCSA with the departure of our long-time CEO, Michel Perron. I had the privilege of working alongside Michel for many years. He was one of the most impassioned advocates of a reasoned, objective approach to substance abuse issues that I have ever encountered. It is testament to the strength and maturity of this organization that despite his departure, CCSA was able to continue its work with little disruption.

Looking ahead, we will continue our evidence-driven, "collective impact" work on priority substance-related issues that matter to Canadians — from the prescription drug crisis to youth drug use prevention. We will go on providing the knowledge that is needed by our policymakers — particularly at the provincial level, where



we have forged several strong relationships over the past few years through our Cross-Country Dialogues. Those travels across Canada allowed us to connect with existing partners and reach out to new ones, learning about the issues they face and identifying opportunities for collaboration.

It has been a privilege to serve as CCSA's interim CEO during the final seven months of 2014–2015. I thank our entire staff for their professionalism and dedication in what was another busy year. It is because of their efforts that stakeholders increasingly call on CCSA as a trusted partner and advisor.

Addiction matters. With increasing recognition of its significance by growing numbers of Canadians, the conversation is coming into the foreground and onto the public agenda. We have the ability to change the dialogue about the disease of addiction. This change creates new, stronger opportunities for collective action — and for a real difference to be made in the lives of individuals and their families across Canada.

Rita Notarandrea, CEO (interim)

ADDICTION MATTERS TO CANADIANS

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Addiction matters because it affects us all — at home, at work and in the community. It matters because of the toll it takes: the last time its combined health and economic cost was calculated (in 2002), it exceeded \$39 billion. Effective drug use prevention and treatment programs and a sustained focus on recovery can offset that burden. Both require reliable, evidence-based approaches and committed effort to eradicate the stigma that often keeps people from seeking help and achieving successful long-term recovery.

Informing the public debate over cannabis

Public attitudes toward cannabis have begun to shift in recent years. Jurisdictions outside of Canada have legalized the drug, and its status is expected to factor into the Canada's 2015 federal election. Knowing Canadians need objective evidence to make informed decisions on the matter, CCSA travelled to Colorado with the executive director of the **Canadian Public Health Association** and a former RCMP superintendent to investigate the U.S. state's experience with cannabis retail legalization. The results of this visit will be compiled with other evidence to provide a comprehensive view of the effects of cannabis and its legalization. CCSA will publish a report on the social and health impacts identified through the Colorado trip, and has a follow-on trip to Washington state, where cannabis has also been legalized for recreational purposes, planned for 2015–2016.

Here at home, CCSA actively shared existing evidence on cannabis and its effects by providing research evidence to inform the drug information component of Health Canada's cannabis media campaign, presenting to the House of Commons Standing Committee on Health, and participating in a roundtable on youth harms hosted by the federal Minister of Health. CCSA also spearheaded research on the effects of cannabis use by adolescents for the upcoming 2015 edition of CCSA's *Substance Abuse in Canada* report.

Breaking the stigma barrier

In January 2015 CCSA, alongside individuals and organizations from across Canada, held Canada's first-ever National Addiction Recovery Summit. Fifty delegates from the recovery community and research and addiction fields gathered to draft a *National Commitment to Recovery from the Disease of Addiction*. This made-in-Canada vision acknowledges recovery as a multidimensional journey and collaborative process. It will help improve policies, programs and practices for the millions of Canadians who suffer from substance use disorders, and will help bring greater focus to those who are demonstrating that recovery is possible, attainable and sustainable.

Helping Canadians make informed decisions about alcohol

Thanks to the efforts of dedicated partners, demand for the CCSA-distributed *Low-Risk Drinking Guidelines* (LRDGs) continued to grow in 2014–2015. Ontario's LCBO once again promoted this tool in its *Food & Drink* magazine, and in Quebec **Éduc'alcool** carried out awareness-raising campaigns involving videos, infographics and more. Research shows that promotion works: according to the 2012 Canadian Alcohol and Drug Use Monitoring Survey, public awareness of the LRDGs in Quebec is more than double that in other parts of the country. Awareness is the first step towards behaviour change.

THE CANADIAN PUBLIC
HEALTH ASSOCIATION
www.cpha.ca

ÉDUC'ALCOOL
Hubert Sacy
www.educalcool.qc.ca

8 ADDICTION MATTERS TO CANADA'S HEALTH SYSTEM

Addiction strains Canada's health system — a strain that is largely preventable. Its impact is felt both directly and through contribution to injuries, accidents, violence and chronic diseases such as diabetes and cancer. For effective prevention, policymakers need a clearer picture of the nature and scope of the addiction problem, frontline practitioners need evidence-based tools to bring about change, and Canadians must be able to access a uniform standard of quality care and breadth of addiction services no matter who they are or where they live.

Measuring system strain

To help policymakers and health system stakeholders better understand the burden of substance use disorders, CCSA published a first-of-its-kind report in Canada: *The Impact of Substance Use Disorders on Hospital Use*. Using data from the **Canadian Institute for Health Information**, the report found the cost of hospitalizing people with substance use disorders rose by 22 percent between 2006 and 2011, with more than half of the \$267 million total attributable to alcohol-related disorders. While this research is vitally important, CCSA recognizes it represents just the tip of the iceberg in terms of overall hospital costs: there are many more addictions-related costs to the health system not captured in this analysis, and expanded research in this area is planned for 2015–2016.

Taking action on prescription drug misuse

Having led the development of Canada's *First Do No Harm* national prescription drug strategy in 2013–2014, CCSA worked with partners to advance its implementation on a number of important fronts last year. Activities included defining pain management core competencies for physicians, initiating the development of care pathways for seniors and youth, and defining the components of an effective provincial prescription monitoring program. With funding from **Alberta Health**, CCSA also gathered 1,200 Alberta healthcare professionals' perspectives on prescription drug misuse as the first step toward identifying additional tools to help professionals manage this issue.

Toward a higher standard of care

Defining competencies for professionals working in the substance abuse field helps improve overall quality of care. Last year, CCSA updated its technical competencies for health professionals in the field, developed a complementary set for prevention activities, and released a reference guide to using the competencies for service providers working in First Nations communities. CCSA also worked with the **Canadian Executive Council on Addiction (CECA)** and Canada's six national accrediting bodies to raise awareness of the importance and value of accreditation for publically funded residential treatment facilities — vital, given CECA and CCSA's report that a third of these facilities are not accredited today.

To facilitate better knowledge sharing among professionals working in the prevention and addiction field, CCSA worked with Mentor International to develop and launch Prevention Hub Canada, an online network that allows individuals and organizations working in youth substance use prevention to collaborate and share evidence-informed practices. Since going live on February 11, the Hub has attracted 37 organizations and 90 individual users.

CANADIAN INSTITUTE
FOR HEALTH
INFORMATION
www.cihi.ca

ALBERTA HEALTH
www.health.alberta.ca

CANADIAN EXECUTIVE
COUNCIL ON ADDICTION
www.ceca-cept.ca

ADDICTION MATTERS ACROSS OTHER SECTORS

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The impact of addiction extends beyond the domain of the specialized addiction field from primary care to corrections. Child welfare and advocacy agencies encounter that impact in homes with family violence. University and college administrations face it on their campuses. Mental health agencies deal with it every day among many of the people they serve. To respond effectively, these other sectors need access to reliable, evidence-informed knowledge and tools from the addiction field.

Breaking the cycle in Canadian families

CCSA took part in three national roundtables last year to discuss the role of substance abuse in family violence — and how the cycle can be broken. Through those dialogues, CCSA forged a partnership with Alberta's **Sheldon Kennedy Child Advocacy Centre** to work together developing indicators to determine the nature and extent of substance abuse as a contributor to family violence, as well as an outcome of family violence. These indicators will help pinpoint areas for early intervention initiatives and for child welfare and advocacy centres to focus on when dealing with children and youth. This knowledge will contribute to the creation of targeted interventions and resources for the sector.

No party worth dying for

Following five deaths believed to involve alcohol or drug use at summer music festivals in 2014 — and reports of many people treated onsite or sent to hospital for substance-related health issues — the **Canadian Community Epidemiology Network on Drug Use (CCENDU)** issued a bulletin on drug-related harms at Canadian music festivals and CCSA engaged Canadian festival organizers and other stakeholders to develop recommendations aimed at preventing and responding to drug-related deaths and illnesses at these events.

CCSA worked with Acadia University and the **Association of Universities and Colleges of Canada** to advance collaboration among higher-education institutions to address excessive drinking on campuses. Also on the alcohol front, CCSA recommended alcohol pricing strategies to mitigate harms and profiled provincial approaches to municipal alcohol policies.

Best advice on addictions and mental health collaboration

As addiction and mental health issues often occur together, it is essential for the two fields to collaborate and share knowledge. Working with CECA and the Mental Health Commission of Canada, CCSA produced a best advice document on collaboration between mental health and addictions services. Together with our partners, this report will be promoted through webinars, and other examples of collaboration will be collected in 2015–2016 to share with the field. Recognized as a trusted advisor on issues of addiction and substance use disorder and the links with mental health, CCSA was also invited to become a member of the **Provincial Mental Health and Addictions Advisory Council** of Newfoundland and Labrador last year.

Beyond Canada

Many countries face the same kinds of substance abuse related problems Canada is confronting today, such as drugs and driving. CCSA co-sponsored and co-led the second International Symposium on Drugs and Driving alongside the **New Zealand Drug Foundation**, the **European Monitoring Centre for Drugs and Drug Addiction** and the **U.S. Office of National Drug Control Policy** last year, an event that drew more than 100 participants and concluded with agreement on the core components for an effective drugs and driving program to reduce drug-impaired driving around the world.

SHELDON KENNEDY CHILD ADVOCACY CENTRE
www.sheldonkennedycac.ca

CANADIAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (CCENDU)
ASSOCIATION OF UNIVERSITIES AND COLLEGES OF CANADA

PROVINCIAL MENTAL HEALTH AND ADDICTIONS ADVISORY COUNCIL

NEW ZEALAND DRUG FOUNDATION

EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

U.S. OFFICE OF NATIONAL DRUG CONTROL POLICY



Report of the Independent Auditor on Summary Financial Statements

To the Board of Directors of the Canadian Centre on Substance Abuse

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2015, and the summary statement of operations and changes in net assets, and the summary statement of cash flows for the year then ended, and related notes, are derived from the audited financial statements of the Canadian Centre on Substance Abuse for the year ended March 31, 2015. We expressed an unmodified audit opinion on those financial statements in our report dated June 9, 2015.

The summary financial statements do not contain all the disclosures required by Canadian Accounting Standards for Not-for-Profit Organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Canadian Centre on Substance Abuse.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the note entitled Basis of Presentation included as part of these summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Canadian Centre on Substance Abuse for the year ended March 31, 2015 are a fair summary of those financial statements, in accordance with the note entitled Basis of Presentation included as part of these summary financial statements.

Other Matter

The summary financial statements of the Canadian Centre on Substance Abuse for the year ended March 31, 2014, prior to the reclassification of prior year amounts and financial disclosures, were audited by another auditor who expressed an unmodified opinion on those summary financial statements on June 19, 2014.

Collins Barrow Ottawa LLP

Chartered Professional Accountants, Licensed Public Accountants
June 9, 2015
Ottawa, Ontario

Notes to Summary Financial Statements March 31, 2015

1. Basis of Presentation

These summary financial statements are provided for general information purposes only. They are presented on the same basis as the audited financial statements for the year ended March 31, 2015, except that certain financial statements items have been grouped together and the complete notes to the financial statements have not been included. The items not included herein are however integral parts of financial statements presented in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

In certain instances, 2014 fiscal year corresponding amounts and financial disclosures have been reclassified to conform with the summary financial statement presentation and financial disclosures adopted for the 2015 fiscal year.

2. Grants and Contribution Agreements, and Other Commitments

Revenue

The Centre is a party to grant and contribution agreements with Health Canada for various amounts and for various periods. Agreements in place as at March 31, 2015 expire between March 31, 2016 and March 31, 2018. As is customary with Government of Canada contribution agreements, any payment under the agreements is subject to the appropriation of funds by Parliament for the fiscal year ended March 31st in which the payment is to be made.

Expenses

The Centre has entered into a long-term lease agreement for the rental of its office premises expiring on July 31, 2019, which requires minimum lease payments plus operating costs. In connection with its operations, the Centre regularly enters into agreements for the purchase of various supplies and services, equipment and facilities for its bi-annual conference. Certain of these agreements extend beyond the end of the 2015 fiscal year. In the opinion of management, these agreements are in the normal course of the Centre's operations, are not abnormal in amount or nature and do not include a high degree of speculative risk.

SUMMARY STATEMENT OF FINANCIAL POSITION March 31

	2015	2014
Assets		
Cash and cash equivalents, and investments	\$ 2,265,731	\$ 2,843,701
Other current assets	448,296	353,333
Capital assets - net book value	472,899	134,643
	\$ 3,186,926	\$ 3,331,677
Liabilities and Net Assets		
Liabilities		
Accounts payable, accrued liabilities and deferred revenue	\$ 791,864	\$ 1,002,071
Net Assets		
Internally restricted	2,045,062	1,904,610
Unrestricted	350,000	424,996
	2,395,062	2,329,606
	\$ 3,186,926	\$ 3,331,677

SUMMARY STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS For the year ended March 31

	2015	2014
Revenue (note 2)		
Health Canada grant and contributions	\$ 6,622,158	\$ 6,468,928
Other	99,988	878,485
	6,722,146	7,347,413
Expenses (note 2)		
Salaries, benefits and professional development	4,423,445	4,404,972
Contractors, honoraria and other project costs	844,977	1,115,846
Travel	677,125	954,760
Office and administration	488,411	541,146
Rental of premises and equipment	275,361	247,193
Amortization of capital assets	91,429	164,794
	6,800,748	7,428,711
Excess (deficiency) of revenue over expenses for the year before net investment income	(78,602)	(81,298)
Net investment income	144,058	99,741
Excess of revenue over expenses for the year	65,456	18,443
Net assets, beginning of year	2,329,606	2,311,163
Net assets, end of year	\$ 2,395,062	\$ 2,329,606

SUMMARY STATEMENT OF CASH FLOWS For the year ended March 31

	2015	2014
Cash flows from (used in):		
Operating activities	\$ (284,931)	\$ 180,380
Investing activities	(380,683)	(169,556)
Net increase (decrease) in cash and cash equivalents for the year	(665,614)	10,824
Cash and cash equivalents, beginning of year	817,696	806,872
Cash and cash equivalents, end of year	\$ 152,082	\$ 817,696

These summary financial statements are prepared from the audited financial statements for the year ended March 31, 2015. A copy of the complete financial statements together with the independent auditor's report thereon is available on request to the Canadian Centre on Substance Abuse.

OUR LEADERSHIP

CCSA is governed by a Board of Directors consisting of a Chairperson and 12 directors whose backgrounds and experience assist CCSA in the fulfillment of its purpose. The Chairperson and up to four other directors may be appointed by the Governor in Council on the recommendation of the Minister of Health. Up to eight directors may be appointed by the Board.

PATRON

CCSA enjoys the honorary patronage of His Excellency the Right Honourable **David Johnston** C.C., C.M.M., C.O.M., C.D. *Governor General of Canada*

BOARD of DIRECTORS

GOVERNOR IN COUNCIL APPOINTEES

Leanne Lewis

Chairperson,
Chair of the Executive Committee
Community Volunteer

Renu Kapoor

Mental Health and Addiction Consultant,
Community Volunteer

Audrey McFarlane

Executive Director,
Lakeland Centre for FASD

Sherry H. Stewart

Corporate Secretary; member of the Executive and the Nominations and Governance Committees
Professor, Departments of Psychiatry and Psychology, Dalhousie University

MEMBERS at LARGE

Gary Bass

Retired RCMP Officer

Dr. Jean-François Boivin

Treasurer; Chair of the Finance Committee, member of the Executive and the Nominations and Governance Committees
Professor, Department of Epidemiology, Biostatistics and Occupational Health, McGill University

William King

Member of the Audit Committee
Owner, Sagebrush Communications Inc.

Meredith Porter

Member of the Audit Committee
Lawyer, Porter Law

Michael Prospero

Chair of the Audit Committee and member of the Executive and the Nominations and Governance Committees
Retired Superintendent of Education, Dufferin-Peel Catholic District School Board

Pierre Sangollo

Member of the Finance Committee
National Investigator,
National Board of Investigators and Audits, Correctional Service of Canada

Paula Tyler

Vice Chair; Chair of the Nominations and Governance Committee and member of the Executive Committee

EX-OFFICIO MEMBERS

François Guimont

Deputy Minister,
Public Safety Canada

Simon Kennedy

Deputy Minister, Health Canada

Rita Notarandrea

Chief Executive Officer, (interim)
Canadian Centre on Substance Abuse

ALUMNI MEMBERS

Louise Nadeau, Chair (Quebec)

Dr. André Aubry (Quebec)

Normand (Rusty) Beauchesne (Ontario)

Leonard Blumenthal (Alberta)

Beverley Clarke (Newfoundland)

William Deeks (British Columbia)

Mike DeGagné (Ontario)

Dr. Nady el-Guebaly (Alberta)

Ed Fitzpatrick (New Brunswick)

Jean Fournier (British Columbia)

Pamela Fralick (Ontario)

Karen Gervais (Ontario)

Maggie Hodgson (Alberta)

Heather Hodgson Schleich (Ontario)

Frances Jackson Dover (Alberta)

Dr. Harold Kalant (Ontario)

Barry V. King (Ontario)

Roger D. Landry (Quebec)

Anne M. Lavack (British Columbia)

Jacques LeCavalier (Quebec)

A.J. (Bert) Liston (Ontario)

Dr. Christine Loock (British Columbia)

Barry MacKillop (Ontario)

Mark Maloney (Ontario)

Marnie Marley (British Columbia)

R. (Sandy) Morrison (Ontario)

J. David Nicholson (Prince Edward Island)

Michel Perron (Ontario)

Darryl Plecas (British Columbia)

Rémi Quirion (Quebec)

Dean W. Salsman (Nova Scotia)

Jan Skirrow (British Columbia)

Margaret Thom (Northwest Territories)

OUR TEAM

As of June 1, 2015

EXECUTIVE OFFICE

Rita Notarandrea

Chief Executive Officer (interim)

Rhowena Martin

Deputy Chief Executive Officer (interim)

Elizabeth Last

Executive Assistant to the Deputy CEO

Patricia Robb

Senior Executive Assistant to the CEO and Corporate Secretary

Shannon Smith

Facilities and Executive Office Administrative Assistant

FINANCE

Darwin Ewert

Director, Finance (interim)

Susan Landreville

Accountant

Paul Gino Ulysse

Pay and Benefits Coordinator/
Financial Analyst

Cory Vidal

Accounts Payable Coordinator

HUMAN RESOURCES

Darlene Pinto

Director, Human Resources

Robert Chon

Human Resources Generalist

INFORMATION SYSTEMS AND PERFORMANCE MEASUREMENT

Rebecca Jesseman

Director, Information Systems and Performance Measurement (interim)

Manon Blouin

Database and Metadata Specialist

Heather Coles

Web Manager

Olivera Duka

Project Coordinator

Tanima Majumdar

CRM Database and Electronic Document Management System Coordinator

David O'Grady

Information Technology Manager

Karen Palmer

Records and Information Specialist

Ellen Spencer

Web and Multimedia Specialist

Lili Yan

Web/IT Technician and Analyst

PUBLIC AFFAIRS AND COMMUNICATIONS

Jody Brian

Director, Public Affairs and Communications

Tina Barton

Communications Advisor

Patricia-Anne Croteau

Translator-reviser

Emerita D'Sylva

Administrative Assistant (PAC and ISPM)

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Public Affairs Advisor

Chris Groult

Graphic Designer

John Thurston

Editor-in-Chief and Production Team Leader

Miljana Vacic-Orange*

Bilingual Language Specialist

Theresa Woolridge

Senior Advisor and Communications Team Leader

RESEARCH AND POLICY

Amy Porath-Waller

Director, Research and Policy

Chad Dubeau

Information Specialist

Opal McInnis

Research and Policy Analyst

Anna McKiernan

Research and Policy Analyst

Terri O'Grady

Research and Policy Analyst

Catherine Paradis

Senior Research and Policy Analyst

Tyler Pirie

Research and Policy Analyst

Sarah Wallingford

Research and Policy Analyst

Heather Wilcox

Administrative Assistant

Matthew Young

Senior Research and Policy Analyst

STRATEGIC PARTNERSHIPS AND KNOWLEDGE MOBILIZATION

Robert Eves

Director, Strategic Partnerships and Knowledge Mobilization

Nathalie Amireault

Administrative Assistant

Cheryl Arratoon

Senior Advisor

Rhonda Boudreau

Knowledge Broker

Karine Diedrich

National Priority Advisor

Lisha DiGiacchino

Knowledge Broker

Katie Fleming

Knowledge Broker

Sheena Geregthy

Knowledge Broker

Elva Keip

National Priority Advisor

Zachary Patterson

Knowledge Broker

Paula Robeson

Associate Director,
Knowledge Mobilization

Michael Stephens

Knowledge Broker

Kate Wood

National Priority Advisor

ASSOCIATES

Doug Beirness

Subject Matter Expert:
Impaired Driving

Colleen Dell

Subject Matter Expert:
Inhalants, Gender and FNIM
Research Chair in Substance Abuse
Professor, Department of Sociology and School of Public Health,
University of Saskatchewan

Dave Hedlund

Advisor, Drug Treatment
Funding Program

Franco Vaccarino

Chair, Scientific Advisory Council
President and Vice-Chancellor,
University of Guelph

ON LEAVE

Anne Richer

Director, Finance

* On contract

OUR VISION

All people in Canada live in a healthy society free of alcohol- and other drug-related harm.

OUR MISSION

Provide national leadership and advance solutions to address alcohol- and other drug-related harm.

OUR VALUES

- Respect for others
- Excellence
- Cultivating knowledge and striving for objectivity
- Integrity
- Partnerships
- Innovation and transformation

STRATEGIC DIRECTIONS

Strategic Direction A:

Create and sustain partnerships to mobilize individual and collective efforts.

Strategic Direction B:

Foster a knowledge exchange environment where evidence and research guide policy and practice.

Strategic Direction C:

Develop evidence-informed actions to enhance effectiveness in the field.

Strategic Direction D:

Foster organizational excellence and innovation.

ON THE GROUND, ACROSS THE COUNTRY

In 2014–2015, CCSA concluded two-plus years of national partner engagement through its series of Cross-Country Dialogues and saw the expanded uptake of many tools and resources from coast to coast to coast. These are some highlights of where CCSA had an impact in the past year.



Campus Learning Collaborative on High-Risk Drinking and Alcohol Harms Reduction

- Memorial University (N.L.)
- Acadia University (co-lead) (N.S.)
- Holland College (P.E.I.)
- Université Laval (Que.)
- Bishop's University (Que.)
- Association of Universities and Colleges of Canada (co-lead) (Ottawa)
- University of Manitoba (Man.)
- University of Winnipeg (Man.)
- University of Regina (Sask.)
- University of Calgary (Alta.)
- University of Lethbridge (Alta.)
- Mount Royal University (Alta.)

Collaboration and Trusted Advice

- Invited to join Mental Health and Addictions Advisory Council (N.L.)
- Development of position statement on prescription drugs with Canadian Pain Society (Ont.)
- Provincial alcohol strategy development (Man.)
- Advice to University of British Columbia on technology-based treatment interventions (B.C.)
- Board-led consultations on key issues (B.C.)

Prevention Competencies Consultations

- Halifax
- Montreal
- Ottawa
- Toronto
- Winnipeg
- Calgary
- Vancouver
- NWT (virtual)
- Social Affairs GC

Usage: Low-Risk Drinking Guidelines

- Newfoundland and Labrador
- Nova Scotia
- Nunavut
- Quebec
- Ontario
- Manitoba
- Saskatchewan
- Alberta
- British Columbia

Uptake: Systems Approach Workbook

- St. Francis Xavier University (N.S.)
- Université de Montréal / Faculté de l'éducation permanente (Que.)
- McMaster University (Ont.)
- Alberta Health Services (Alta.)

Cross-Country Dialogue

- St. John's, N.L.
- Halifax, N.S.
- Charlottetown, P.E.I.

Uptake: Competencies for Canada's Substance Abuse Workforce

- Montfort Renaissance Inc. / Ottawa Withdrawal Management Centre (Ont.)
- McMaster University (Ont.)
- Saskatchewan Indian Institute of Technologies (Sask.)
- Saskatchewan Polytechnic (Sask.)
- Alberta Health Services (Alta.)
- Vancouver Island Health Authority (B.C.)
- Thompson Rivers University (B.C.)
- Veterans Affairs Canada (national)
- Department of National Defence (national)