

Addiction Matters Delivering Results for Canadians

ANNUAL REPORT 2015-2016

Evidence. Engagement. Impact.

What's the best way to deliver results on problematic substance use and addiction?



By **gathering evidence** — the objective, scientific facts to inform decisions.

By **sharing that evidence** with partners, policy makers and experts in the field to forge common understanding and drive meaningful action through engagement. By **working together** to achieve real impact on issues that touch Canadians' lives. That's the CCSA way.

Evidence. Engagement. Impact.

CCSA IN BRIEF

CCSA is Canada's only agency with a legislated national mandate to reduce the harms of alcohol and other drugs. Created by an Act of Parliament in 1988, CCSA provides leadership and expert advice, advances knowledge, and prepares information and resources based on the latest evidence to inform policy, practice and programs. Together with our partners, we seek to achieve collective impact on the major health and social issue of problematic substance use, ensuring access to a range of quality services to address alcohol- and other drug-related harms.

Problematic substance use contributes to mental health conditions, family violence and suicide. It is a contributor to more than 60 diseases including cancer, heart disease, diabetes and HIV/AIDS, and is a significant factor in crime. Some 80 percent of federal offenders have a history of problematic substance use. These and other consequences of substance use and addiction cost Canada more than \$40 billion a year.

OUR AIM AT CCSA IS TO:

Influence policy by providing objective advice based on the latest research related to the health harms of problematic substance use, the social impacts and the scope of the problem from a broad perspective. Inform programs by sharing new and emerging, effective, evidenceinformed practices that contribute to the establishment of national standards for prevention and treatment services, respectful of regional and cultural differences. Strengthen the practice of treating and preventing problematic substance use by establishing core competencies for those working in the field; facilitating the accreditation of all treatment facilities to ensure quality and outcome-based programs and services; and developing practical, evidence-informed tools for frontline care providers.

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KEY SUBSTANCES OF FOCUS

Guided by our stakeholders, we focus primarily on the following substances and their related harms:

- Alcohol
- Cannabis
- Psychoactive
 - prescription drugs

KEY ISSUES

- Drug- and alcohol-impaired driving
- Co-occurrence of problematic substance use disorders and mental health issues
- New psychoactive substances and national drug trends
- Recovery from the disease of addiction
- Workforce development for addiction professionals
- Substance use and related harm prevention among children and youth
- Problematic substance use in Indigenous communities



EXECUTIVE MESSAGES

Message from the Chair

It was indeed an honour to be asked to serve as CCSA's interim Chair in February 2016: more than seven years on the Board of Directors have given me privileged insight into the discipline, passion and agility with which this organization delivers its important work.

CCSA's Board of Directors comprises talented, expert volunteers who contribute because they are dedicated to addressing problematic substance use with reason and science. Our past Chair, Leanne Lewis, embodies these qualities. My sincere thank you and appreciation to Ms. Lewis on behalf of the entire Board for her experienced and clear-sighted leadership. We are also thankful to our alumni; we are fortunate to benefit from the ongoing contributions of many committed alumni who continue to lend their expertise.

I would like to take this opportunity to recognize and congratulate the CCSA team for its dedication, and for the successes that are elevating CCSA's key priorities onto Canada's national agenda and the international stage. Our flagship event, the Issues of Substance conference, experienced record attendance because of the calibre of its presenters. It brought together Canada's best and brightest minds in the addiction field and proved to be exemplary of what can be achieved by taking a national view of the issues and fostering collective action to address them.

We were pleased by the results of last year's Named Grant evaluation, which reinforced the validity and value of our work and provided excellent input for future planning. Initiatives like this that engage stakeholders and capture frontline needs ensure CCSA's ability to anticipate and respond to the many emerging issues that characterize problematic substance use and addiction, and take the lead in finding solutions. The evaluation findings are one of many data sources that will inform strategic visioning for CCSA through to 2025 as we continue to be at the forefront of serious issues like fentanyl abuse, and collaborate with our provincial and territorial partners who administer programs on the ground across the country.

CCSA will be delivering on these activities under the respected leadership of Rita Notarandrea. Ms. Notarandrea was confirmed as CEO in 2015 following an extensive selection process. This news was well received by the Board, alumni, partners and staff. Ms. Notarandrea's tenure as Deputy CEO and then interim CEO assures continuity for the organization, strengthened by the tremendous assets defined by her expertise, strategic thinking and insightful leadership.

The Board members are intensely proud of CCSA's national, legislated mandate to reduce the harms of problematic substance use and addiction on the health and safety of Canadians. We value our privileged relationship with the Government of Canada and, specifically, Health Canada. The ex officio Board positions held by deputy ministers with Health Canada and Public Safety Canada ensure the right balance of engagement that enables CCSA to be effective at the senior decision-making levels while preserving our arms-length counsel to objectively inform policy and practice.

As a purveyor of evidence and a trusted advisor to all levels of government — federal, provincial, territorial and municipal — as well as to the addiction field, CCSA together with our partners will continue to steward problematic substance use and addiction onto the national agenda to ensure timely and collective responses.

CCSA's unique role continues to bring national level coordination and expertise to mobilize knowledge and move evidence to action to improve services and supports for Canadians.

Together, our national voice results in clarity of action and collective impact.

Sincerely,

6 Tyler

Paula Tyler, Interim Chair







EXECUTIVE MESSAGES

Message from the CEO

Addiction is a brain disorder, demanding prevention, treatment and support like any other health condition. That fact helps CCSA focus on delivering meaningful results for Canadians, following our three-step "CCSA way": gather the evidence, engage with stakeholders and mobilize knowledge to achieve impact.

We lead with evidence because it's objective, and lets us anticipate emerging needs and learn from others' experiences. As Canada debates cannabis legalization, for example, we've gathered evidence from other jurisdictions that have hands-on experience to help inform the discussion in our country.

Our evidence gathering last year included an environmental scan to identify emerging issues and potential new areas of need. The scan confirmed alcohol, cannabis and psychoactive prescription drugs as continuing priorities. It also underscored the need for further focus on opioids, alcohol use by older adults and young women, and the connections between problem gambling and substance use.

Last year we asked our stakeholders to formally evaluate our activities. We were happy to hear they find us responsive to gaps and emerging needs in the field, and that we add value by presenting evidence of what works, by reconciling conflicting views, and by facilitating broadly accepted, evidence-based solutions.

Engagement is key to achieving those results. We broadened our engagement last year by

establishing an advisory committee with officials from provincial and territorial ministries of health to identify opportunities for collaboration. We scaled up our coverage of national treatment indicators by securing representation from British Columbia and Prince Edward Island on the working group. We served once again on the Canadian delegations to the Commission on Narcotic Drugs and the United Nations General Assembly Special Session on drugs, representing the voice of non-governmental organizations in international drug policy dialogue.

Looking ahead, we have begun consultations to revalidate the 2005 National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances. To date, we've conferred with some 220 partners, and are planning a 2016–2017 summit to set a roadmap for the next five to 10 years.

Our vision is to ensure that those suffering with substance use disorders receive the care they need; to elevate awareness about the science that surrounds these disorders so as to change perception about them; and to keep problematic substance use and addiction on the national agenda. While science and evidence are imperative to achieving this vision, they are not enough on their own. We also need the collective will to bring about change at work, in our communities and in our health system. As trusted advisors, we take pride in bringing people and knowledge together to help make that change happen. As I reflect on the past year and our accomplishments, I feel privileged to be working with such a talented, dedicated team at CCSA and with the support of an equally dedicated and expert volunteer Board of Directors. I was deeply honoured to be appointed CCSA's Chief Executive Officer last year after serving in an interim role. For the coming year, I look forward to continuing to work with our partners to deliver further results for Canadians.

Sincerely,

FC Nekanendara

Rita Notarandrea, M.H.Sc., C.H.E. CEO







EVIDENCE > ENGAGEMENT > IMPACT

Grounding Decisions in Objective Data

The issues around problematic substance use are complex, emotionally charged and often polarizing. Last year, we continued to provide a signal through the noise by gathering objective evidence to help Canadians make informed decisions about substances and addiction.

CLARITY ON CANNABIS

Many jurisdictions around the world have looked at the prospect of legalizing cannabis. The issue sparked national debate last year during Canada's federal election. Developed in anticipation of exactly that kind of discussion, our *Cannabis Regulation: Lessons Learned* report helped provide an important — and unique — perspective. The report summarized the findings of CCSA-led delegations to Colorado and Washington, two U.S. states with recent experience in legalization. Among those findings: any jurisdiction seeking to legalize cannabis should set clear goals at the outset, learn from others' experiences, and take the time to set up the necessary infrastructure and resources.

The *Lessons Learned* report filled a significant knowledge gap and garnered both national and international attention. The 2015 edition of Substance Abuse in Canada also shone a spotlight on cannabis, synthesizing the current scientific

literature on its effects during adolescence. Like legalization, this was a timely and important topic for Canadians, as youth in this country have one of the highest rates of cannabis use in the developed world.

In 2015–2016 we also published a brief comparing various regulatory approaches to cannabis around the world to deepen understanding of potential policy approaches; updated several Clearing the Smoke resources on cannabis health effects; co-produced a myth-busting infographic with the organization Parent Action on Drugs; and collaborated with the World Health Organization on a cannabis and health report.

As Canada takes further steps to legalize retail cannabis, we will continue to compile timely, objective data to inform discussions, anticipate need and help shape smart policies for Canada.



of stakeholders surveyed say they have increased awareness and understanding of problematic substance use because of CCSA.

> Evaluation of the Canadian Centre on Substance Abuse's Named Grant Activities



80

60

15%

6

SHARING BEST PRACTICES ON MENTAL HEALTH AND ADDICTION

In 2014, CCSA co-developed a "best advice" report on enhancing collaboration between addiction and mental health care with the Canadian Executive Council on Addictions and the Mental Health Commission of Canada — a collective effort that continues to have an impact. Last year, the three partners updated the document, adding new resources and more Canadian examples of collaborative practices to keep the field armed with the latest insights. Also last year, CCSA assessed the potential for a repository of effective collaborative practices for mental health and addictions services in Canada. We will develop the repository in 2016–2017 with our partners.

17%

32%

TRACKING CANADIANS' PRIORITIES AND CONCERNS

14%

CCSA's Addiction News Daily service compiles news articles and reports on substance use and addiction from numerous sources, which gives us a window into which stories are dominating headlines in Canada. Topping the list last year were cannabis, prescription drugs and alcohol — confirming that CCSA's priority areas of focus align with those of Canadians at large. This daily service to over 2,700 subscribers increases awareness about alcohol and other drugs and their impacts on Canadian society.

AND A REAL PROPERTY OF THE OWNER AND A DECK

36%

7

17%

HELD TO THE HIGHEST STANDARDS OF EVIDENCE

CCSA researchers had more articles accepted by peer-reviewed journals in 2015–2016 than ever before on topics ranging from the effects of cannabis on the brains of youth to healthcare provider perceptions of prescription drug misuse to the impact of alcohol on suicidal thoughts among problem gamblers.



EVIDENCE > ENGAGEMENT > IMPACT

Converting Knowledge into Action

Engagement is about putting the right information in the right hands to achieve collective results. Last year, we continued to bring together practitioners, stakeholders and policy makers from across Canada to share - and take collective action on - the latest insights into problematic substance use.

RALLYING THE FIELD

One of CCSA's most prominent engagement efforts is the biennial Issues of Substance conference, Canada's only national gathering of researchers, practitioners and policy makers focused on problematic substance use and addiction. Last year's Issues of Substance drew 485 attendees and more than 200 submitted abstracts. Held in Montreal and co-hosted with Mise sur toi and Éduc'alcool, the conference's bilingual three-day program covered everything from psychoactive prescription drugs, prescription drug-related harms, and Indigenous health to youth substance use prevention, problem gambling, and women and alcohol. Alcohol — especially excessive drinking and binge drinking by young women on college and university campuses — was the focus of several engagement initiatives throughout the year. We co-hosted discussions with students on the topic in Antigonish, Fredericton and Lennoxville after screenings of the CBC documentary, *Girls' Night Out*, which takes an unflinching look at binge drinking and its consequences on campus. We also continued to play a key role in the Postsecondary Education Partnership on Alcohol Harms, a consortium of postsecondary education and national public health organizations working to address high-risk and binge drinking at Canada's universities and colleges.



Engagement time contributed by partners and stakeholder to CCSA activities between 2011–2012 and 2014–2015.

> Evaluation of the Canadian Centre on Substance Abuse's Named Grant Activities

TAKING THE SUBSTANCE ABUSE IN CANADA REPORT ON THE ROAD

To share 2015's Substance Abuse in Canada report on how cannabis affects youth, we held expert panel discussions in six major cities thanks to funding from the Canadian Institutes for Health Research. In exit surveys, attendees in Vancouver, Calgary, Toronto, Ottawa, Montreal and Halifax said the information was of high quality and had practical value for their work on youth and cannabis. Many sought to partner with CCSA on developing specific tools and resources in the future. That work is underway.

COLLABORATING WITH THE PROVINCES AND TERRITORIES

In February 2016, CCSA met for the first time with representatives from the country's provincial and territorial ministries of health to discuss their priorities for addressing problematic substance use — and to identify areas where CCSA can be of help. Our direct engagement with the provinces and territories will continue, creating opportunities to share new evidence and emerging best practices, and establishing collaborative projects to achieve results in areas of common concern.

SHARING STORIES OF LIVED EXPERIENCE AND RECOVERY

Working with people who have achieved recovery from addiction has enriched and complemented many CCSA activities related to prevention, harm reduction, treatment and supports. To help Canada's decision leaders understand the science of addiction and the reality of recovery, we joined partners and individuals with lived experience to deliver a presentation on recovery to the Economic Club of Canada. Going forward, we will conduct a national survey on life in recovery to gather information on the experiences and journeys of those who have recovered from addiction. That survey will help health service providers, decision makers and the public better understand the challenges and stigma people with addiction face, as well as appreciate that recovery is real and sustainable with services and supports grounded in evidence.



EVIDENCE > ENGAGEMENT > IMPACT

Making Change Happen

When it comes to addressing problematic substance use, impact takes many forms: more access to effective practices, quality treatment and supports; less burden on the healthcare system; more effective strategies for preventing harms — and sometimes lives directly saved by mobilizing vital knowledge where and when it's needed most.

FIRST SEE THE PATTERN: FENTANYL

By May 2015, the spike in fatal overdoses from the opioid fentanyl was being characterized as a "death epidemic" across Canada. Alberta had seen more than 50 deaths between January and February alone. The CCSA-led Canadian Community Epidemiology Network on Drug Use (CCENDU), together with the First Do No Harm strategy's Opioid Overdose and Overdose Death project team, collected and collated fentanyl data from across Canada to better understand the evolving situation and help authorities respond.

CCENDU's bulletin on fentanyl deaths in August 2015 raised public awareness — generating nearly 700 media stories in the space of a week, prompting high-profile editorials and commentaries in the *Globe and Mail*, eliciting statements from the Canadian Pharmacists Association and the Toronto and Winnipeg Police Services, and prompting a joint statement from Health Canada and the Public Health Agency of Canada.

Together, that most recent bulletin and two earlier ones on fentanyl have been downloaded from the CCSA website more than 30,000 times. CCSA documents were also brought forward as evidence in British Columbia's first fentanyl-related criminal case.

One paramedic wrote in to give a firsthand account of the CCENDU bulletin's impact: "I just [treated] a male [patient] that [overdosed] on what his friend described to us was this pill. Thanks to your bulletin we knew what we were dealing with immediately."



of those who have read CCENDU bulletins say they have put the information in them to use.

> Evaluation of the Canadian Centre on Substance Abuse's Named Grant Activities

GIVING FIRST RESPONDERS A BETTER CHANCE TO SAVE LIVES

As part of our work to help jurisdictions deal with the fentanyl crisis, we shone a spotlight on naloxone — an anti-agonist drug that counters the effects of an opioid overdose and can extend the window for resuscitation. We presented evidence that contributed to making naloxone widely available to first responders and users.

UPDATES AND UPTAKE: CCSA'S WORKFORCE COMPETENCIES IN ACTION

CCSA published a set of *Competencies for the Youth Substance Use Prevention Workforce* last year, detailing the optimal skills, knowledge and orientation for practitioners working to prevent substance use harms among youth. We also revised the existing competencies for Canada's addiction treatment workforce, adding new competencies that address mental health and trauma-informed care to reflect best practices and ensure the highest standard of care for all Canadians seeking treatment for substance use disorders. The Canadian Federation of Mental Health Nurses announced its members' adoption of CCSA's treatment workforce competencies.

WORKING WITH PHYSICIAN ORGANIZATIONS TO PREVENT MISUSE AND OVERDOSES

CCSA's work on prescription drugs — including leading the First Do No Harm strategy — resulted last year in the College of Family Physicians of Canada (CFPC) requesting our help in addressing approaches to prescriber education. As a first step, CCSA, our First Do No Harm partners and CFPC expanded the inventory of educational programs, developed originally by the National Pain Centre, so that we know what is currently being delivered in Canada to health professionals about prescribing practices, pain management and addiction. In so doing, we can more effectively and with the greatest impact address the gaps in prescriber knowledge and education.

On the Ground, Across the Country

Focus groups for youth perceptions of cannabis

- Calgary, Alberta •
- Saskatoon, Saskatchewan .
- Perth. Ontario
- Orleans, Ontario
- Pictou County, Nova Scotia

Members of Canadian Community **Epidemiology Network on Drug Use**

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

Consulted with addictions and mental health systems planners

- Alberta
- Ontario .
- Quebec
- Nova Scotia
- Newfoundland and Labrador •

Tested youth drug use prevention standards e-learning module

- **Richmond Addiction Services** Society, Richmond, British Columbia
- Youth Health Educator, Winnipeg, Manitoba
- Guelph Public Health, Guelph, Ontario
- Catholic District School Board of Eastern Ont., Smiths Falls, Ontario
- Homewood Health, Ottawa, Ontario •

Consulted educators about raising awareness of drug-impaired driving

- Manitoba Public Insurance .
- Government of Alberta .
- Saskatchewan Government . Insurance
- Insurance Corporation of British Columbia
- . Government of Nunavut
- Ontario Ministry of Transportation

Members of Provincial/Territorial **Committee on Problematic** Substance Use

- Yukon
 - Nunavut
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - New Brunswick
 - Nova Scotia

Using competencies for drug prescription, pain management and related outcomes

- Alberta Health Services
- * College of Family Physicians of Canada, National
- Canadian Association of + Schools of Nursing, National
- Institut national de santé • publique du Québec

Expert panels on cannabis and effects on youth

- Vancouver, British Columbia
- Calgary, Alberta
- Toronto, Ontario
- Ottawa, Ontario
- Montreal, Quebec
- Halifax, Nova Scotia .

Provinces working with CCSA to implement social reference pricing for alcohol

- British Columbia
- Alberta
- Manitoba
- Ontario
- Quebec

Requests for permission to reproduce Low-Risk Alcohol **Drinking Guidelines**

- Northwest Territories
- Alberta
- Saskatchewan
- . Manitoba
- Ontario
- Quebec
- New Brunswick
- Prince Edward Island
- Nova Scotia

As a member of CCSA's new Provincial-Territorial Committee on Problematic Substance Use, I appreciate receiving their research and knowledge mobilization products. CCSA's reports are evidence-based, so they provide valuable support for our work here in Alberta. I view CCSA as an important national leader in the field of problematic substance use, a credible source of information and a trusted expert. I am looking forward to further collaboration in the coming year.

Michelle Craig, Acting Executive Director,

Addiction and Mental Health Branch, Alberta Health





On the Ground, Across the Country*

This annual report demonstrates that CCSA is having an impact across the country. This map further highlights how we used the CCSA way to gather evidence, engage with stakeholders and make an impact from coast to coast in 2015–2016.

The Canadian Centre on Substance Abuse has been a champion in supporting the voice of First Nations people in Canada as we continue to establish space for Indigenous knowledge and culture as the evidence base for addressing substance abuse. Most significant is CCSA's support for First Nations communities using culture-based approaches, such as community-based buprenorphine and cultural-land-based programs for addressing opiate addiction.

Carol Hopkins, Executive Director, Thunderbird Partnership Foundation

(NNAPF), Bothwell, Ontario

Éduc'alcool and CCSA have been collaborating for many years to achieve a common goal: to reduce alcohol-related harm by promoting suggested consumption limits. In Quebec, we are on the right track. Indeed, the people of Quebec are most familiar with low-risk drinking levels and adhere to them.

> Hubert Sacy, Directeur général, Éduc'alcool Quebec City, Quebec

The work by CCSA to develop a framework, the logic model and indicators for the Postsecondary Education Partnership on Alcohol Harms would have taken us years to do and it would have been difficult to get approval to do it. I now have an evidence-based tool to take forward to my institution to inform our strategic planning process to address alcohol-related harms on our campus.

> Verity Turpin, Executive Director, Student Wellness and Student Affairs, Dalhousie University, Halifax, Nova Scotia

> > changing landscape regarding cannabis in Canada requires that this issue receive timely attention. I applaud CCSA's efforts to gather perspectives and deliver the best available evidence to guide policy change discussions about reducing negative health, social and justice impacts; as well as promoting public health and equitable application of the law.

The rapidly growing and

Dr. Robert Strang, Chief Medical Officer

of Health, Nova Scotia; member and past chair, Council of Chief Medical Officers of Health

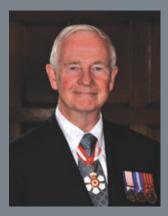
* The map reflects where CCSA was involved with stakeholders across the country, and is not a complete representation of our national activities.

Our Leadership As of June 1, 2016

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 honourary 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 Renu Kapoor (Saskatchewan) Member of Audit Committee Mental Health and Addiction Consultant, Community Volunteer

Audrey McFarlane (Alberta) Member of the Nominations and Governance Committee Executive Director, Lakeland Centre for FASD

Dr. Sherry H. Stewart (Nova Scotia) Corporate Secretary; member of the Nominations and Governance Committee Professor, Departments of Psychiatry and Psychology, Dalhousie University

Members-at-large

Gary Bass (British Columbia) Member of Finance Committee Retired RCMP Officer

Dr. Jean-François Boivin (Quebec) Treasurer; Chair of the Finance Committee

Professor, Department of Epidemiology, Biostatistics and Occupational Health, McGill University

Deborah Dumoulin (Quebec)

Member of the Finance Committee Strategic Adviser, Internal Audit Business Development Bank of Canada

Meredith Porter (Ontario) Chair of the Audit Committee Lawyer, Porter Law Michael Prospero (Ontario) Chair of the Nominations and Governance Committee; Vice Chair of the Executive Committee; member of the Audit Committee Retired Superintendent of Education, Dufferin-Peel Catholic District School Board

Pierre Sangollo (Quebec) Member of the Finance Committee Retired National Investigator.

National Board of Investigators and Audits, Correctional Service of Canada

Paula Tyler (Alberta) Interim Chair; Chair of the Executive Committee Retired Deputy Minister, Alberta Children's Services, Government of Alberta, and Vice-President, Capital and Calgary Health Regions

EX-OFFICIO MEMBERS

Malcolm Brown Deputy Minister, Public Safety Canada

Simon Kennedy Deputy Minister, Health Canada

Rita Notarandrea

Chief Executive Officer, Canadian Centre on Substance Abuse

ALUMNI MEMBERS

Dr. 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 (Nova Scotia) Jean Fournier (Ontario) Pamela Fralick (Ontario) Karen Gervais (Ontario) Dr. 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. A. (Sandy) Morrison (Ontario) J. David Nicholson (Prince Edward Island) Michel Perron (Ontario) **Dr. Darryl Plecas** (British Columbia) Rémi Quirion (Quebec) Jan Skirrow (British Columbia) Margaret Thom (Northwest Territories)

Our Team As of June 1, 2016

EXECUTIVE OFFICE

Rita Notarandrea Chief Executive Officer

Rhowena Martin Deputy Chief Executive Officer

Nathalie Amireault Executive Assistant to the Deputy CEO

Olivera Duka Project and Quality Officer

Liia Lulla-Howe Facilities and Executive Office Administrative Assistant

Tammy Robillard Senior Executive Assistant to the CEO and Corporate Secretary

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

Sheena Dunn Human Resources Generalist

INFORMATION SYSTEMS AND PERFORMANCE MEASUREMENT

Rebecca Jesseman Director, Information Systems and Performance Measurement

Manon Blouin Information Analytics Specialist

Heather Coles Web Manager

Tanima Majumdar CRM Database and Electronic Document Management System Coordinator

Saqibul Mannan Collective Impact and Performance Measurement Analyst

David O'Grady Information Technology Manager

Karen Palmer Records and Information Specialist

Lynn Villeneuve Web and Multimedia Specialist (interim)

Lili Yan Web/IT Technician and Analyst

PUBLIC AFFAIRS AND

Theresa Woolridge Director, Public Affairs and Communications (interim)

Andrea Brasset Communications Advisor Kelly Crowe Communications Advisor

Emerita D'Sylva Administrative Assistant (PAC and ISPM)

Yves Goulet Translator-Revisor (interim)

Chris Groult Graphic Designer

Matthieu Hurtubise Translator-Revisor (interim)

John Thurston Editor-in-Chief and Production 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

Robyn McQuaid Research and Policy Analyst

Catherine Paradis Senior Research and Policy Analyst

Chantal Robillard Senior Research and Policy Analyst

Shannon Smith Administrative Assistar

Sarah Wallingford Research and Policy Analyst

Matthew Young Senior Research and Policy Analyst

STRATEGIC PARTNERSHIPS AND KNOWLEDGE MOBILIZATION Robert Eves

Director, Strategic Partnerships and Knowledge Mobilization

Cheryl Arratoon Senior Advisor

Karine Diedrich Strategic Partnerships Officer

Lisha DiGioacchino Knowledge Broker

Jill Fairbank Knowledge Broker

Katie Fleming Knowledge Broker

Sheena Gereghty Knowledge Broker

Lauren Levett Administrative Assistant

Aqsa Malik Knowledge Broker

Maggie Patterson National Priority Advisor

Zachary Patterson Knowledge Broker

Paula Robeson Associate Director, Knowledge Mobilization

Lis Sondergaard 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

Patricia-Anne Croteau Translator-Reviser

Anne Richer Director, Finance

Ellen Spencer Web and Multimedia Specialist

Heather Wilcox Administrative Assistant

Kate Wood National Priority Advisor



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, 2016, 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, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 28, 2016.

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, 2016, 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.

Colling Barrow OHaver LLP

Chartered Professional Accountants, Licensed Public Accountants June 28, 2016 Ottawa, Ontario

Notes to Summary Financial Statements March 31, 2016

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, 2016, 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.

2. Contribution Agreement and Other Commitments <u>Revenue</u>

The Centre is a party to a contribution agreement with Health Canada which expires March 31, 2018. As is customary with Government of Canada contribution agreements, any payment under the agreement is subject to the appropriation of funds by Parliament for the fiscal year ended March 31st in which the payment is to be made.

<u>Expenses</u>

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 biennial conference. Certain of these agreements extend beyond the end of the 2016 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 | | 2016 | 2015 |
|---|----|--|---|
| Assets Cash and cash equivalents, and investments Other current assets Capital assets - net book value | \$ | 2,694,299 426,655 554,090 | \$ 2,265,731 448,296 472,899 |
| | \$ | 3,675,044 | \$ 3,186,926 |
| Liabilities and Net Assets | | | |
| Accounts payable, accrued liabilities and deferred revenue | \$ | 1,458,915 | \$ 791,864 |
| Net Assets Internally restricted Unrestricted | | 1,966,129 250,000 | 2,045,062 350,000 |
| | | 2,216,129 | 2,395,062 |
| | \$ | 3,675,044 | \$ 3,186,926 |
| Summary Statement of Operations and Changes in Net Assets For the year ended March 31 | | 2016 | 2015 |
| Revenue (note 2) Health Canada contributions Other | \$ | 7,000,000 660,203 | \$ 6,622,158 99,988 |
| | | 7,660,203 | 6,722,146 |
| Expenses (note 2) Salaries, benefits and professional development Contractors, honoraria and other project costs Travel Office and administration Rental of premises and equipment Amortization of capital assets | _ | 4,915,533 936,205 897,232 532,800 438,108 131,547 | 4,423,445 844,977 677,125 488,411 275,361 91,429 |
| | _ | 7,851,425 | 6,800,748 |
| Deficiency of revenue over expenses for the year before net investment income | | (191,222) | (78,602) |
| let investment income | _ | 12,289 | 144,058 |
| Excess (deficiency) of revenue over expenses for the year | | (178,933) | 65,456 |
| Net assets, beginning of year | _ | 2,395,062 | 2,329,606 |
| let assets, end of year | \$ | 2,216,129 | \$ 2,395,062 |
| Summary Statement of Cash Flows For the year ended March 31 | | 2016 | 2015 |
| Cash flows from (used in): Operating activities Investing activities | \$ | 863,592 (259,864) | \$ (284,931) (380,683) |
| Net increase (decrease) in cash and cash equivalents for the year | _ | 603,728 | (665,614) |
| Cash and cash equivalents, beginning of year | _ | 152,082 | 817,696 |
| Cash and cash equivalents, end of year | \$ | 755,810 | \$ 152,082 |



Issues of Substance Conference 2015

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

- Create and sustain partnerships to mobilize individual and collective efforts.
- Foster a knowledge exchange environment where evidence and research guide policy and practice.
- Develop evidence-informed actions to enhance effectiveness in the field.
- Foster organizational excellence and innovation.