

ANNUAL  
REPORT  
2016-2017

REAL NEED  
REAL ACTION



Canadian Centre  
on Substance Use  
and Addiction

Evidence. Engagement. Impact.



Evidence to inform decisions about legalizing cannabis.  
 Mobilization to counter the rising death toll from opioid abuse.  
 Insight to reinforce the need for a recovery-oriented system of care.  
 These were among the country's greatest substance use and addiction needs in 2016–2017. Needs that demanded real action.  
 CCSA and its partners took that action — compiling objective knowledge, drawing stakeholders together and demonstrating that those living with an addiction can achieve their goals and a good quality of life.

*"A thoughtfully planned, strictly regulated, and carefully implemented regime [for cannabis] is critical to mitigate the risks of harm to Canadians."*

THE HONOURABLE JANE PHILPOTT,  
FORMER FEDERAL MINISTER OF HEALTH



[Click for full story](#)

*"I want my son to live a happy, loving, productive life; to win the battle and not to be killed by the drugs that now control him."*

A CANADIAN MOTHER



[Click for full story](#)

*"Without sobriety, I [had] zero quality of life. I became a liability to society. I now love myself and have compassion for others. ... I am a professional and love what I do for a living. ... I trust myself."*

LIFE IN RECOVERY SURVEY PARTICIPANT



[Click for full story](#)



## MESSAGE FROM THE INTERIM CHAIR

It has been an honour to serve as CCSA's interim Chair over the past year. I and my fellow Board members continue to be impressed by the rigour and commitment of the organization's executive and staff as they carry out their vitally important work in advancing Canadians' understanding of — and responses to — the complex issues of substance use and addiction.

Last year, we completed development of CCSA's [Strategic Framework](#), which clarifies the organization's goals for and approaches to its work, synthesizing research, compiling evidence and driving collaboration. The Board also authorized extensive consultations with government, partners and stakeholders in 2016–2017 to guide an update to the [National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada](#), which will help ensure that stakeholders across the country continue to concentrate on Canada's areas of greatest need.

Cannabis legislation was one of those areas of need in 2016–2017. CCSA served as a trusted advisor to Canada's Task Force on Cannabis Legalization and Regulation, providing objective evidence ahead of proposed legalization. We helped assemble experts to problem-solve the crisis of opioid use and led the country's first-ever survey on life in recovery — providing a foundation for future decision making on what is needed in our system.

As a direct result of CCSA's relevance and action, Health Canada showed ongoing confidence in the organization with increased funding from its Substance Use and Addictions Program last year, which supported the coordination and preparations for the Opioid Summit and will allow CCSA to meet its commitments coming out of that event. We all are grateful for that show of faith.



I must thank the members of the Board for their dedication throughout the year. It is a privilege to work with such impassioned volunteers. Two new members joined our body in 2016–2017: Lesley Carberry, who hails from the Yukon and brings more than four decades of consultant and government experience to the team; and Ontario's Linda Dabros, who has more than 25 years of public-sector experience in a range of areas, including strategic planning, human rights and multi-sectoral consultations with federal, provincial and territorial committees.

Lesley and Linda replace outgoing members Sherry Stewart and Meredith Porter, both valuable contributors over their terms and genuine pleasures to work with.

Finally, I want to thank Rita and her team for their continued support of the Board — and congratulate them on their extraordinary achievements in 2016–2017. I am eager to see what positive changes we can bring to the area of substance use and addiction in the coming year as CCSA continues to inform policy making and program development in prevention and treatment with objective evidence, ensuring those affected by substance use and addiction get the quality of care they need and which, just as importantly, is their right.

Sincerely,

Paula Tyler, Interim Chair



## MESSAGE FROM THE CEO

There continued to be a powerful need for action on substance use and addiction in 2016–2017. The government looked for clear evidence to guide its decisions around cannabis legalization. The opioid crisis intensified. And it became even clearer that to better serve our society we must take a longer-term view that includes a focus on recovery as an important approach and part of the system of care and supports.

I am proud to say that in each case, we at CCSA, working closely with our partners, responded decisively and took real action to effect change. I emphasize our partners — from our advisory group of provincial and territorial representatives to Health Canada and the country's federal health research institutes to physician organizations, first responders and frontline addictions service providers — because complex problems like these continue to require collective action, and only together will we achieve real and lasting results.

It was gratifying to find CCSA so much in demand last year, and I congratulate our entire team for stepping up to the challenge with resolve, participating in more than 70 speaking engagements and earning more than 1,200 media mentions.

Organizationally, 2016–2017 was a year of intensive consultation for CCSA. We met with representatives of government, other stakeholders and numerous partners to understand their priorities and needs as part of the process of developing our internal [Strategic Framework](#), which defines our role in addressing problematic substance use and addiction and will guide our approach going forward.

To establish national consensus on how the full field of stakeholders should be working together to address substance-related harms, we collaborated with representatives from government, enforcement agencies, Aboriginal service providers, NGOs, academics, the health community and Health Canada to update Canada's [National Framework for Action to Reduce the Harms Associated with Alcohol and Other](#)



*Drugs and Substances in Canada*. In all, we consulted more in 2016 than in any other single year of our operation to ensure our approach remains effective and our priorities aligned with the areas of greatest need.

Every year we see advances in the understanding of the science surrounding substance use disorders as the chronic health conditions they truly are. We all were proud to contribute to the work of the World Health Organization and the UN Office of Drugs and Crime's [International Standards for the Treatment of Drug Use Disorders](#), which will help decision makers and clinicians internationally provide effective and ethical treatment grounded in evidence.

Reflecting our commitment to help change the way substance use and addiction is viewed and discussed, we changed our name. We have replaced the term “substance abuse,” which suggests those with substance use disorders are acting intentionally or purposefully, with “substance use and addiction.” Our new name will remove stigmatizing language from important conversations.

Once more, I must thank our volunteer Board of Directors for its expert guidance and unwavering commitment to our organization. The Board continues to be a heavily leveraged and indispensable resource of knowledge and expertise for CCSA.

Looking ahead, we will continue to pursue our efforts related to the critical issues highlighted in this report, such as cannabis, opioids and alcohol, even as we respond to other key areas of need. Those areas include substance use at postsecondary institutions, the intersection of addiction and the workplace, the social costs of addiction and the benefits of recovery, the relationship between mental health and addiction, and more. I look forward to continued collaboration with our partners in 2017–2018 to meet Canada's ongoing real needs with real action.

Sincerely,

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

## REAL NEED

### A new regulatory framework for the non-medical use of cannabis is imminent in Canada.

What are the potential health and social consequences? What kinds of provisions should new policies include to protect against possible risks and negative outcomes? And once the new legislation is in place, what should be monitored to determine its impacts? The need for clear, objective information on cannabis has never been more vital.

“*... legalizing, strictly regulating and restricting access to cannabis ... is a complex policy issue, with important public health and safety considerations. A thoughtfully planned, strictly regulated, and carefully implemented regime is critical to mitigate the risks of harm to Canadians.*”



**THE HONOURABLE  
JANE PHILPOTT,**  
FORMER FEDERAL  
MINISTER OF HEALTH



## REAL ACTION CANNABIS RESEARCH

### Our Partners on Cannabis

- [Canadian Academy of Health Sciences](#)
- [Canadian Institutes of Health Research](#)
- [Canadian Public Health Association](#)
- [CCSA Expert Advisory Group on Cannabis](#)
- [Drug Free Kids Canada](#)
- [Health Canada](#)
- [National Institute on Drug Abuse, International Program \(U.S.\)](#)
- [Parent Action on Drugs](#)
- [Public Safety Canada](#)
- [Task Force on Cannabis Legalization and Regulation](#)



Get a cross-country view of  
CCSA activities last year.

# REAL ACTION BRINGING CLARITY TO CANNABIS

The Government of Canada recognized the need for sound evidence to make good policy decisions about legalizing, regulating and restricting access to cannabis. We supported policy makers with that evidence, serving as a trusted advisor to the federal government's Task Force on Cannabis Legalization and Regulation.

Our previous work on cannabis — including leading delegations to Washington and Colorado in 2015 to learn from those jurisdictions' experiences — positioned us to take on this role. Through two presentations and submissions of neutral, objective information, last year we helped inform the [final report and recommendations](#) of the Task Force on Cannabis Legalization and Regulation.

Furthering our research on cannabis legalization in 2016–2017, we brought together more than 50 experts and stakeholders from government, public health, law enforcement and other sectors to develop a [national research agenda on the health impacts of non-medical cannabis use](#). The resulting document lays out current knowledge and identifies gaps and priorities for future study.

We also collaborated with the Canadian Institutes of Health Research and Health Canada on a Best Brains Exchange at which policy makers and researchers considered the data needed to establish baselines for measuring the impacts of cannabis in a legalized environment. This work will help Health Canada and provincial and territorial governments develop data collection tools to ensure any relevant effects can be identified.

### Mining youth perceptions

Given the prevalence of cannabis use among them, youth are likely to be a key segment of the population affected by cannabis legislation. We conducted qualitative research in 2016 to better understand how young people view the drug, identifying misconceptions that must be countered and culminating in the [Canadian Youth Perceptions on Cannabis](#).

Among the findings of that study was a common attitude that using cannabis and driving is safer than drinking and driving. This prompted development of a [Drug-Impaired Driving Toolkit](#) to help educators better inform new and young drivers. The toolkit includes descriptions of the effects of cannabis and several types of psychoactive drugs on the body and driving. That content is also covered in detail in our [The Effects of Psychoactive Prescription Drugs on Driving](#) report.

### Addressing substance use in the workplace

Substance use in the workplace is problematic, and employers are often unsure how to address the issue in a way that respects the rights of their employees. With cannabis on its way to legalization, workplaces must be familiar with the evidence on its effects. Last year, the Canadian Nuclear Safety Commission requested information and evidence on substance use to increase internal awareness and approach the topic with sensitivity — while upholding the Commission's public safety mandate.

*As human performance is a key contributor to safety, we wanted to improve our understanding of the impact of substance use and addiction on the workplace. We had heard CCSA were experts on this, and they came through, giving us the insight we needed to advise our approach.*

**Greg Lamarre**  
Director General,  
Directorate of Safety Management  
Canadian Nuclear Safety Commission

## REAL NEED

### **Problematic opioid use is taking lives and devastating families and communities across the country.**

With deaths in the thousands, the scale of the issue has reached crisis levels. Addressing this nation-wide emergency calls for the concerted effort of federal and provincial governmental actors and agencies, non-governmental organizations, healthcare providers and researchers to take concrete steps toward solutions.

““ *I am the mother of a young man whose life has been destroyed by opioid addiction. It all started with a back injury resulting in a prescription from the doctor for Percocet. ... The need is so powerful. His life is all about getting the next fix. ... I want my son to live a happy, loving, productive life; to win the battle and not to be killed by the drugs that now control him.* ””



A CANADIAN MOTHER



## REAL ACTION WORKING TOGETHER TO SOLVE CANADA'S OPIOID CRISIS

Mounting deaths and overdoses drove the conversation about opioids onto the national stage. Last year, we helped organize a conference and summit drawing together experts, government representatives and other stakeholders to confront opioid use in Canada.

Acting as convener and connector on behalf of the federal Minister of Health, we helped Health Canada mount an Opioid Conference and Summit in 2016. We identified subject-matter experts within our network of partners and in less than a week secured 35 speakers for the two days, many of whom had worked with us on *First Do No Harm: Responding to Canada's Prescription Drug Crisis* and its guidelines for safely prescribing opioids and other pharmaceuticals.

### Committed to collaborative action

The Opioid Summit culminated in a *Joint Statement of Action to Address the Opioid Crisis*, a public declaration of intent signed by 41 organizations including CCSA. Our commitments under that statement include working with Health Canada to engage stakeholders in this effort and investigating possible changes to clinical pathways to improve treatment for those affected by opioids and other psychoactive prescription drugs. We are also in regular contact with the signatories to monitor action toward the commitments, encouraging collaborative efforts and further action. We began issuing regular public reports on this in the spring.

These measures will build on earlier work toward better prescribing practices for opioids and clinical management of both pain and addiction, which we contributed to as part of a group of eight organizations including the College of Family Physicians of Canada, the Canadian Medical Association, the Canadian Medical Protective Association, the Federation of Medical Regulatory Authorities of Canada, and the Royal College of Physicians and Surgeons.

The opioid crisis touches every part of the country — from urban centres to remote communities. Last year, we partnered with the Sagkeeng Mino Pimatziiwin Family Treatment Centre to deliver community workshops on opioid agonist treatment programs to Sagkeeng First Nation leadership, treatment providers and community members.

### Addressing alcohol use at universities and colleges

While opioid use captured headlines last year, binge drinking on university and college campuses remained a longstanding problem demanding attention. Through the *Postsecondary Education Partnership – Alcohol Harms*, we worked with more than 30 postsecondary educational institutions across Canada to reduce binge drinking and other alcohol-related harms among postsecondary students — encouraging open dialogue through “rethink the drink” events, disseminating strategies, best practices and research on underlying issues and directly supporting the development of tools and policies to address student binge drinking on campuses.

Off campus, our social reference pricing for alcohol tool was picked up by Manitoba Liquor & Lotteries with the aim of reducing the availability of low-cost, high-alcohol content products. Social reference pricing for alcohol was a recommendation included in the Government of Manitoba's *Strategy to Reduce Alcohol-Related Harms*, which we also informed.



*Alcohol harm reduction is a strategic priority within our Student Wellness five-year plan. ... Your leadership and significant contribution ... has accelerated our ability in Student Affairs to move this very important work forward — thank you!*



**Verity Turpin**  
Assistant Vice-Provost,  
Student Affairs, Dalhousie University

## REAL ACTION OPIOIDS AND FENTANYL

### Our Partners on Opioids

- Canadian Institute for Health Information
- Canadian Medical Association
- Canadian Medical Protective Association
- College of Family Physicians of Canada
- Federation of Medical Regulatory Authorities of Canada
- First Do No Harm Executive Council
- Health Canada
- MDcme, Memorial University
- Michael G. DeGroote National Pain Centre, McMaster University
- Ontario Ministry of Health and Long-Term Care
- Royal College of Physicians and Surgeons of Canada

### Our Partners on Alcohol

- National Alcohol Strategy Advisory Committee
- Postsecondary Education Partnership — Alcohol Harms



Get a cross-country view of  
CCSA activities last year.

## REAL NEED

**When any one person lives with an addiction to a substance and experiences its harms, we all are affected: family and friends, employers and colleagues, neighbours and society as a whole.**

So what does it take to overcome those harms? Consistent and timely access to a system of treatment and supports grounded in evidence. A culture that does not stigmatize people living with this health issue. And a health system that supports — and respects individual journeys toward — recovery.



Click to read our report,  
*Life in Recovery from  
Addiction in Canada*

“ Without sobriety, I [had] zero quality of life. I became a liability to society. I now love myself and have compassion for others. ... I am a professional and love what I do for a living. ... I trust myself. ”



LIFE IN RECOVERY  
SURVEY PARTICIPANT



## REAL ACTION FIRST-OF-ITS-KIND SURVEY SHOWS RECOVERY WORKS

What does society gain when people recover from addiction? Last year we partnered with the National Recovery Advisory Committee to answer that question by carrying out Canada's first nationwide recovery survey.

With double the number of responses expected, the *Life in Recovery* survey gathered evidence on the experiences of 855 Canadians recovering from addiction to alcohol and other drugs. Through self-reported data and personal reflections, the survey identified key success factors as well as barriers to recovery that must be addressed if more people are going to have the opportunity to regain their lives.

The final report, due for release in spring 2017, reinforces that recovery is not just possible but also sustainable when people get the help they need — underscoring the vital importance of access to the right services at the right time. It will be accompanied by a toolkit for service providers and decision makers to apply the concept of recovery in their professional practices and cultures.

### Getting to the right care

The road to recovery demands access to a continuum of care and supports. We developed two clinical pathways last year as tools for health professionals to more efficiently and effectively help those in need enter the health system and access the supports they require. The two pathways looked at the unique needs of both [youth](#) and [older adults](#) experiencing harms from psychoactive prescription drugs and requiring help from a system that is not fully equipped to deal with the issues surrounding pain management and addiction. We also developed a document laying out the [considerations for developing and implementing care pathways](#) to serve as a companion to the high-level pathways for those groups.

### High-quality care for all

When people do access treatment and the supports they need, they should be effective, evidence-informed and of consistent quality regardless of where it is offered or by whom. We continued throughout the year to promote accreditation of publicly funded residential treatment facilities and began to look at the possibilities available for private facilities, which are currently unregulated.

### Co-delivering a workshop in a First Nation community

Prevention is another core support in the fight against problematic substance use. Last year, we partnered with health services professionals serving the Southeast Resource Development Council Corp. and Berens River First Nation to co-deliver workshops for students in Berens River First Nation and students attending the Southeast Collegiate in Winnipeg. The workshops focused on understanding substance use, and the evidence on specific drugs and the harms related to their use.

## REAL ACTION SUPPORT FOR RECOVERY

### Our Partners for Recovery

- [National Recovery Advisory Committee](#)
- [Recovery Expert Advisory Group](#)
- [Recovery Day Ottawa](#)
- [Recovery Day Vancouver](#)



Get a cross-country view of  
CCSA activities last year.



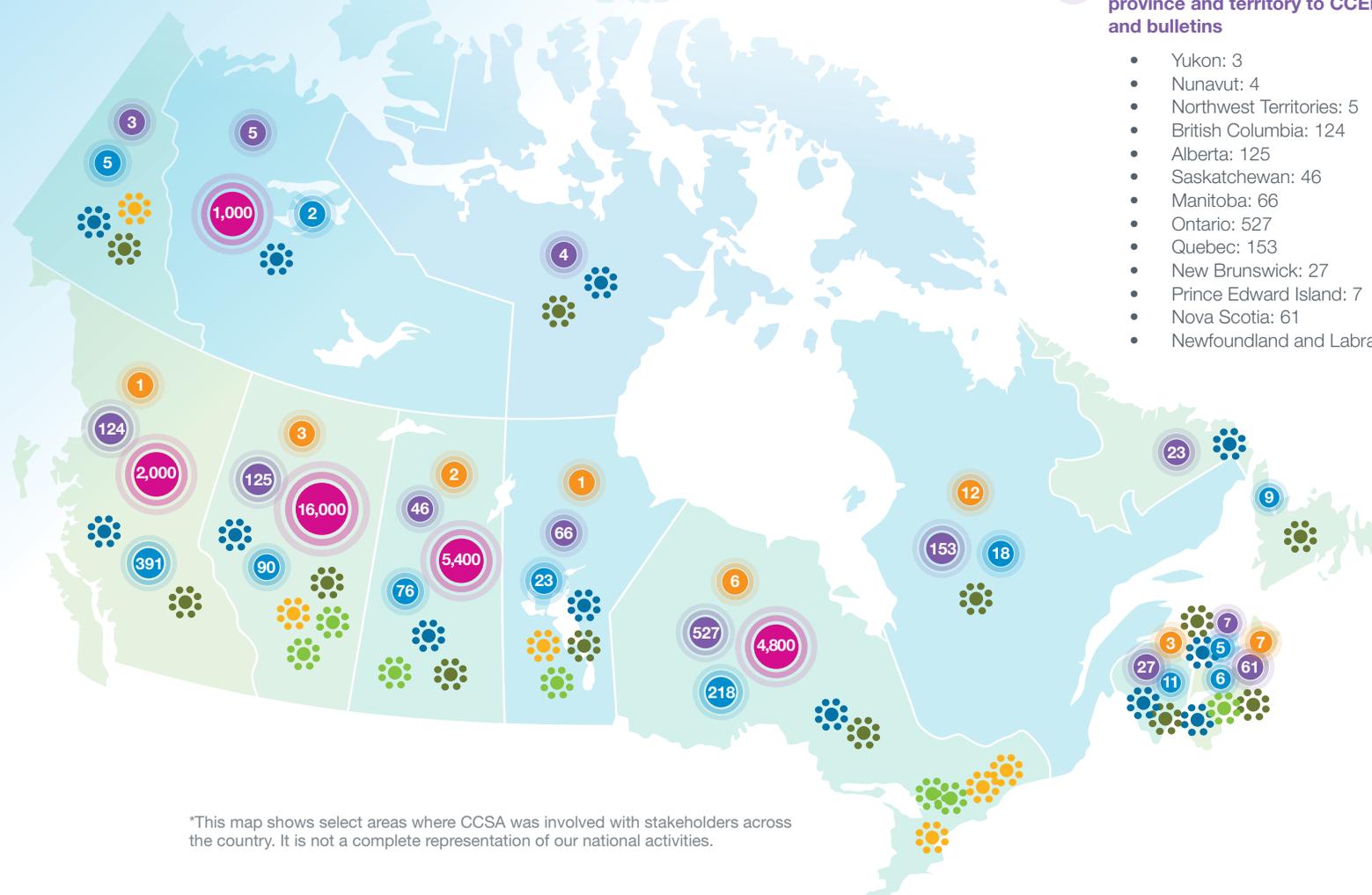
*Let's work together in  
helping one another fight  
this bad medicine.*



**Roderick Ross**  
Building Healthy Communities program,  
Berens River First Nation

# Responding to Real Need Across The Country\*

An at-a-glance look at where CCSA and its partners had an impact this last year.



\*This map shows select areas where CCSA was involved with stakeholders across the country. It is not a complete representation of our national activities.

## Number of institutions by province that are members of the Postsecondary Education Partnership — Alcohol Harms

- British Columbia: 1
- Alberta: 3
- Saskatchewan: 2
- Manitoba: 1
- Ontario: 6
- Quebec: 12
- New Brunswick: 3
- Nova Scotia: 7

## Approximate number of subscribers by province and territory to CCENDU alerts and bulletins

- Yukon: 3
- Nunavut: 4
- Northwest Territories: 5
- British Columbia: 124
- Alberta: 125
- Saskatchewan: 46
- Manitoba: 66
- Ontario: 527
- Quebec: 153
- New Brunswick: 27
- Prince Edward Island: 7
- Nova Scotia: 61
- Newfoundland and Labrador: 23

## Approximate number of requests by province and territory for permission to reproduce Low-Risk Alcohol Drinking Guidelines

- Northwest Territories: 1,000
- British Columbia: 2,000
- Alberta: 16,000
- Saskatchewan: 5,400
- Ontario: 4,800

## Number of participants by province and territory in the Life in Recovery survey

- Yukon: 5
- Northwest Territories: 2
- British Columbia: 391
- Alberta: 90
- Saskatchewan: 76
- Manitoba: 23
- Ontario: 218
- Quebec: 18
- New Brunswick: 11
- Prince Edward Island: 5
- Nova Scotia: 6
- Newfoundland and Labrador: 9

## Focus groups for Canadian Youth Perceptions on Cannabis

- Calgary, Alberta
- Wainwright, Alberta
- Saskatoon, Saskatchewan
- Winnipeg, Manitoba
- Perth, Ontario
- Ottawa, Ontario
- Pictou County, Nova Scotia

## Organizations using Drug-Impaired Driving Toolkit

- York Region District School Board
- Manitoba Public Insurance
- Students Against Drunk Driving, Alberta Chapter
- Parachute Canada, Toronto
- Carleton University, Ottawa
- Department of Highways and Public Works, Government of Yukon, Whitehorse

## Provincial and territorial ministries of health consulted for CCSA's Strategic Framework

- Yukon
- Nunavut
- Northwest Territories
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- New Brunswick
- Prince Edward Island
- Nova Scotia
- Newfoundland and Labrador

## Provincial or territorial home of organizations consulted for the refresh of the National Framework

- Yukon
- Nunavut
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Prince Edward Island
- Nova Scotia
- Newfoundland and Labrador



# CCSA Strategic Framework

## Vision

A healthier Canadian society where evidence transforms approaches to substance use.

## Mission

To address issues of substance use in Canada by providing national leadership and harnessing the power of evidence to generate coordinated action.

## Value Proposition

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

## Strategic Goals



**Synthesizing research to advance knowledge**

**OBJECTIVE:** To help decision makers address substance use in Canada by synthesizing research and data into a coherent, objective body of evidence, and providing national guidance to inform policy and practice.

**OUTCOMES:**

- **Increased awareness and understanding of substance use** to inspire effective prevention and treatment responses.
- **More policies and practices informed by evidence** that respond to critical issues in the field.



**Bridging the gap between what we know and what we do**

**OBJECTIVE:** To establish a compendium of evidence and a one-stop access point for knowledge pertaining to substance use, drawing on the best and emerging practices.

**OUTCOMES:**

- **Increased access** to evidence-informed approaches and programs.
- **Increased use of evidence** to accelerate action.



**Strengthening collaborative efforts driven by national leadership**

**OBJECTIVE:** To align efforts to address substance use through the national coordination of information and of diverse perspectives.

**OUTCOMES:**

- **Increased clarity of focus** for collective action.
- **Accelerated collective responses** to new and emerging substance use issues.

## Strategic Core Functions



**Providing National Leadership**

Create a common focus and purpose to achieve collective impact



**Building Strategic Partnerships**

Bring people and knowledge together to develop collective responses and coordinated action



**Advancing Research**

Synthesize and generate timely evidence to inform practice and policies



**Mobilizing Knowledge**

Expand the reach and adoption of new and emerging practices

## Our Commitment

**Knowledge cultivation:** Committed to continuous learning, to sharing information, viewpoints, ideas and practices, and to using evidence objectively, including indigenous knowledge, to inform policy and practice, and to guide action.

**Collaboration:** Dedicated to creating and nurturing partnerships to mobilize efforts, define common ground and achieve collective impact. Sustained, effective change is created by changing the collective culture.

**Inclusivity:** Committed to creating an atmosphere in which all stakeholders, including those with personal experience and from diverse cultures, feel valued, respected and engaged in our efforts.

**Integrity:** Committed to maintaining the trust of partners and stakeholders by being accountable and transparent, delivering on our commitments and advancing results.

**Responsiveness:** Proactive with stakeholders and partners by identifying their needs and demonstrating flexibility and nimbleness in providing timely, evidence-informed responses.

**Innovation:** Explore creative, strategic, evidence-informed ideas to generate and share knowledge, and to meet the current and future needs of our stakeholders.



# Report of the Independent Auditor on Summary Financial Statements

## To the Board of Directors of the Canadian Centre on Substance Use and Addiction

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2017, 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 Use and Addiction for the year ended March 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 27, 2017.

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 Use and Addiction.

### **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 Use and Addiction for the year ended March 31, 2017 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.

*Collins Barrow Ottawa LLP*

Chartered Professional Accountants, Licensed Public Accountants  
June 27, 2017  
Ottawa, Ontario

## Notes to Summary Financial Statements March 31, 2017

### 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, 2017, 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

#### Revenue

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 31<sup>st</sup> 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 2017 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**

	2017	2016
<b>Assets</b>		
Cash and cash equivalents, and investments	\$ 2,865,051	\$ 2,694,299
Other current assets	530,040	426,655
Capital assets - net book value	489,278	554,090
	<b>\$ 3,884,369</b>	<b>\$ 3,675,044</b>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable, accrued liabilities and deferred revenue	\$ 1,555,707	\$ 1,458,915
<b>Net Assets</b>		
Internally restricted	2,178,662	1,966,129
Unrestricted	150,000	250,000
	<b>2,328,662</b>	<b>2,216,129</b>
	<b>\$ 3,884,369</b>	<b>\$ 3,675,044</b>

**Summary Statement of Operations and Changes in Net Assets  
For the year ended March 31**

	2017	2016
<b>Revenue</b> (note 2)		
Health Canada contributions	\$ 7,776,905	\$ 7,000,000
Other	459,162	660,203
	<b>8,236,067</b>	<b>7,660,203</b>
<b>Expenses</b> (note 2)		
Salaries, benefits and professional development	5,348,223	4,915,533
Contractors, honoraria and other project costs	1,124,565	936,205
Travel	758,659	897,232
Office and administration	490,408	532,800
Rental of premises and equipment	393,129	438,108
Amortization of capital assets	193,129	131,547
	<b>8,308,113</b>	<b>7,851,425</b>
<b>Deficiency of revenue over expenses for the year before net investment income</b>	<b>(72,046)</b>	<b>(191,222)</b>
<b>Net investment income</b>	<b>184,579</b>	<b>12,289</b>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>112,533</b>	<b>(178,933)</b>
<b>Net assets, beginning of year</b>	<b>2,216,129</b>	<b>2,395,062</b>
<b>Net assets, end of year</b>	<b>\$ 2,328,662</b>	<b>\$ 2,216,129</b>

**Summary Statement of Cash Flows  
For the year ended March 31**

	2017	2016
<b>Cash flows from (used in):</b>		
Operating activities	\$ 188,753	\$ 863,592
Investing activities	(187,830)	(259,864)
<b>Net increase in cash and cash equivalents for the year</b>	<b>923</b>	<b>603,728</b>
<b>Cash and cash equivalents, beginning of year</b>	<b>755,810</b>	<b>152,082</b>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 756,733</b>	<b>\$ 755,810</b>



These summary financial statements are prepared from the audited financial statements for the year ended March 31, 2017. 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 Use and Addiction.

# Our Leadership

*As of June 1, 2017*

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 are appointed by the Governor in Council on the recommendation of the Minister of Health. Other directors, known as Members-at-Large, are recruited from a number of sectors, including the business community, labour groups, and professional and voluntary organizations.

## 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

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

### 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 Emeritus, Department of Epidemiology, Biostatistics and Occupational Health, McGill University

**Lesley Carberry** (Yukon)  
Member of Audit Committee  
Secretary-Treasurer,  
Teegatha'Oh Zheh Society  
Parent member,  
FASD 10-Year Strategic Planning Group

**Linda Dabros** (Ontario)  
Member of Nominations and Governance Committee, and Audit Committee  
Former Director General,  
Canadian Human Rights Commission

**Deborah Dumoulin** (Quebec)  
Member of the Finance Committee  
Financial management consultant

**Michael Prospero** (Ontario)  
Chair of the Audit Committee  
Member of Nominations and Governance Committee;  
Vice Chair of the Executive Committee  
Retired Superintendent of Education,  
Dufferin-Peel Catholic District School Board

**Pierre Sangollo** (Quebec)  
Member of the Finance Committee  
Retired National Investigator,  
Incident Investigations Branch,  
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 Use and Addiction

## 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)  
**Leanne Lewis** (Ontario)  
**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)  
**Dr. Sherry H. Stewart** (Nova Scotia)  
**Margaret Thom** (Northwest Territories)

# Our Team

*As of June 1, 2017*

## 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

## FINANCE

### Anne Richer

Director, Finance

### Paul Gino Ulysse

Pay and Benefits Coordinator/  
Financial Analyst

### Cory Vidal

Accounts Payable Coordinator

## HUMAN RESOURCES

### Darlene Pinto

Director, Human Resources

### Vina Alexopoulos

Human Resources Assistant  
(term)

### Sheena Dunn

Human Resources Generalist

## INFORMATION SYSTEMS AND WEB SERVICES

### Rebecca Jesseman

Senior Policy Advisor, and  
Director, Information Systems  
and Web Services

### Christopher Austin

Web and Multimedia Specialist

### Manon Blouin

Information Analytics Specialist

### Heather Coles

Web Manager

### Tanima Majumdar

CRM Database and Electronic  
Document Management  
System Coordinator

### David O'Grady

Information Technology  
Manager

### Karen Palmer

Records and Information  
Specialist

### Lili Yan

Web/IT Technician  
and Analyst

## PUBLIC AFFAIRS AND COMMUNICATIONS

### Andrea Brassat

Communications Advisor

### Jennifer Brigden

Communications Advisor (term)

### Patricia-Anne Croteau

Translator-Reviser

### Kelly Crowe

Communications Advisor

### Emerita D'Sylva

Administrative Assistant

### Yves Goulet

Translator-Revisor (interim)

### Chris Groult

Graphic Designer

### John Thurston

Editor in Chief and  
Production Team Leader

## RESEARCH AND POLICY

### Amy Porath

Director, Research and Policy

### Chad Dubeau

Information Specialist

### Marie-Claire Flores-Pajot

Research and Policy Analyst  
(term)

### Bridget Hall

Research and Policy Analyst  
(term)

### Pamela Kent

Associate Director,  
Research and Policy

### Anna McKiernan

Research and Policy Analyst

### Robyn McQuaid

Research and Policy Analyst

### Shawna Meister

Research and Policy Analyst  
(term)

### Catherine Paradis

Senior Research and  
Policy Analyst

### 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

### Savanah Ashton

National Priority Advisor (term)

### Bryce Barker

Knowledge Broker (term)

### Karine Diedrich

Strategic Partnerships Officer

### Lisha DiGiacchino

Knowledge Broker

### Jill Fairbank

Knowledge Broker

### Katie Fleming

Knowledge Broker

### Wendy Lee

Knowledge Broker (interim)

### Lauren Levett

Administrative Assistant

### Kate Moussouni

National Priority Advisor

### Maggie Patterson

National Priority Advisor

### Zachary Patterson

Knowledge Broker

### Paula Robeson

Associate Director,  
Knowledge Mobilization

### Lis Sondergaard

National Priority Advisor (term)

## 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

### Sheena Geregthy

Knowledge Broker

### Aqsa Malik

Knowledge Broker

### Theresa Woolridge

Director, Public Affairs and  
Communications



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