

Trusted Insight. Transformative Action.

2024–2025 ANNUAL REPORT





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Trusted Insight. Transformative Action.

Productive dialogue on substance use health depends on trust: the belief that each person's lived experience will be respected, that any insights shared are unbiased and rooted in science. This makes trust foundational to tailored, co-created solutions that have the power to transform Canada's substance use health landscape for the better.

Throughout 2024–2025, the Canadian Centre on Substance Use and Addiction (CCSA) was recognized as a trustworthy expert — an honest broker in polarized times — and called upon to inform substance use health conversations across Canada and around the world. To each engagement, we brought reliable, non-partisan insights and a collective approach to help communities and organizations find the right solutions for their unique contexts — and take action to effect change where it's needed most.



Chair's Message

When CCSA was created in 1988, it was positioned at the intersection of government, not-for-profit organizations, public health and industry. This was intentional: it gave CCSA the ideal vantage point to provide national, unbiased leadership on issues of substance use health and to serve as a forum for critical conversations.

Today, that role is more important than ever. Substance use health is one of the most ideologically charged areas of the healthcare system, and people come to those important conversations with strong — and often diametrically opposed — beliefs and opinions. Our proven record gives us the credibility to facilitate those conversations, with parties on all sides trusting the information we provide and feeling safe to share their perspectives in the spaces we create. In doing so, we help parties with seemingly opposing perspectives recognize their common ground and shared goals as a strong starting point for moving forward.

In the face of today's political and economic realities, we continue to seek new voices and perspectives that enrich our understanding of complex substance use health issues. In turn, this helps us extend our support to new areas and drive action that promotes health for people all over the country.

It is with this perspective that we begin the development of our next strategic plan. A plan that will continue to deliver on our mandate in a way that serves the needs of as many people as possible. With increasing financial pressure, it is vital we plan carefully and focus our efforts to maximize the impact of each initiative. Given the strength and dedication I've witnessed in my tenure on this Board, I'm confident CCSA can rise to this challenge.

In 2024, we bade farewell to Deborah Dumoulin of Quebec, a Board member who contributed much throughout her tenure. We thank her for her time and insights. We also welcomed two additions to the Board in 2024 and 2025: Scott Elliott of British Columbia, who brings more than 30 years of leadership in the non-profit sector, and Lakhder Malki of Alberta, who brings 25 years of experience in global finance.

On behalf of the Board, I extend our thanks to Health Canada and Public Safety Canada for their continued support, to CCSA's leadership team and staff for their unflagging commitment to improving substance use health in this country, and to our partners and supporters for their perspectives and contributions.

On a personal note, as I come to the end of my own tenure as Board Chair, I'd like to thank Alexander Caudarella for all he has brought to his role as CCSA's CEO, and my fellow Board members, who have proven themselves time and again to be an insightful, supportive group dedicated to delivering results for people in Canada. During my time with this organization, I've been privy to many respectful, rewarding conversations. I've witnessed CCSA continue to gain prominence as a trusted expert in this field, whose insights are sought after both within Canada and beyond. I've seen the work make a real impact for people with lived and living experience of substance use. I am honoured and grateful to have had the opportunity to be part of it.

Vaughan Dowie

Chair, CCSA Board of Directors

CEO's Message

I meet people of all backgrounds every day, from big cities to small towns. They experience the complex issues in their communities, and I am touched by how many want to be part of the solutions. I'm also pleased so many are eager to get involved, because the most effective solutions will be those developed with input from communities where the issues are present and from the people most affected.

That's where CCSA comes in. Not to dictate how issues will be solved, but to create the spaces in which we can co-develop solutions that work for the community. To provide the reliable science that grounds these conversations. To offer guidance and support for effective implementation.

It's what our organization has been doing since its founding. Today, we're a trusted partner working actively to build solutions with communities, called on by everyone from small, local organizations to the federal government to support substance use health initiatives with evidence and advice on moving forward.

As a result, we've seen real transformation in the substance use health landscape. One example is the Substance Use Health Competencies for All Prescribers, which are enhancing health care across the country by giving providers the tools to appropriately address substance use health needs. Additionally, our work with the Canadian Community Epidemiology Network on Drug Use to produce a regular newsletter, *Substance Use Trends in Canada*, is providing timely information on emerging substance use issues and trends. We're also actively working with other industries, like trucking and tourism, to help solve the substance use health challenges unique to these fields.

And it's not only in Canada that our trusted insight is being sought. In the past year, we collaborated with partners from Europe, the United States, and around the world to share information and work creatively in support of people who use or are affected by substances. These mutually beneficial relationships

enable us to learn from each other's expertise and successes. As they grow stronger, we'll be able to work more closely with more communities to improve health and lives.

I want to thank our funders for their support — in particular, Health Canada — and CCSA's staff for the passion and care they bring to work each day. Thanks as well to our Board members for their time and expertise. CCSA is lucky to have such a committed and caring Board, one that offers guidance and insight that make us a better, more effective organization. I also want to thank our partners and the communities we work with for placing trust and hope in our collaborations. Substance use health can be a difficult subject, but your honest participation helps transform our organization into one better equipped to deliver real solutions that reduce harm.

Finally, I want to thank Vaughan for guiding CCSA as Board Chair since 2018. Vaughan's experience and insights have been critical to stewarding CCSA toward greater impact and relevance. Personally, I have greatly appreciated his mentorship and have learned much from his experiences. I can say with certainty he will be missed.

Dr. Alexander Caudarella,
MDCM CCFP AM ABAM(d)
Chief Executive Officer



Sharing Insights and Inspiring Action Across Canada



Events

- Roundtable on Canada's Guidance on Alcohol and Health and Ontario's alcohol policy: Engaged with 121 participants to identify actionable steps to combat alcohol harms in Ontario (**Toronto, Ont.**, May 2024)
- Second annual First Nations, Métis and Inuit National Partnership Building Roundtable: Provided an update on how CCSA has implemented the 16 recommendations from the previous roundtable and generated new action plans for workforce and community capacity building (**Toronto, Ont.**, September 2024)
- **Timmins Summit**: Engaged around 90 participants from small cities and towns across Canada to foster dialogue and exchange best practices for addressing substance use health in small municipalities (**Timmins, Ont.**, September 2024)

- Roundtable: British Columbia and Canada's Guidance on Alcohol and Health: Engaged 110 participants to explore strategies to address alcohol-related harms across the province and advance evidence-based public health measures (**Richmond, B.C.**, November 2024)
- National Research Agenda on the Health Impacts of Non-Medical Cannabis Use meeting: Engaged 50 participants to assess the current state of cannabis research, identify remaining gaps and develop recommendations to fill those gaps (**Ottawa, Ont.**, February 2025)



Presentations, Workshops and Webinars

- Canadian Public Health Association Conference: Presented to 80 participants on our knowledge mobilization efforts (**Halifax, N.S.**, April 2024)
- Annual convention of the Canadian Psychological Association: Delivered two presentations on virtual care and implementing measurement-based care for concurrent substance use and mental health disorders (**St. John's, N.L.**, June 2024)
- Canadian Association of Road Safety Professionals Conference: Presented to 80 road safety and health education professionals on the costs of impaired driving (**Ottawa, Ont.**, June 2024)
- International Society for the Study of Drug Policy Conference: Presented to 50 drug policy researchers on our work in drug-checking services (**Montreal, Que.**, June 2024)
- Seminar on Greenland's National Alcohol Strategy: Presented to 70 ministers, policy makers and public health officials on the Canadian Substance Use Costs and Harms study (**Greenland**, September 2024)
- World Cancer Congress: Presented *A Call to Action: Using Canada's Guidance on Alcohol and Health to Address Cancers Caused by Alcohol* to 80 participants (**Geneva, Switzerland**, September 2024)
- National Youth Policing Network: Presented on substance use among young people in Canada to 50 law enforcement personnel (**Virtual**, October 2024)
- Pathways to Prosperity 2024 Conference: Presented on our work convening and engaging communities to 1,300 community leaders (**Vancouver, B.C.**, November 2024)
- Meeting of the House of Commons Standing Committee on Health: Presented on our ongoing collaborations to address the opioid epidemic and toxic drug crisis in Canada (**Ottawa, Ont.**, December 2024)
- CanFASD Network: Presented to 80 participants on knowledge mobilization efforts and effectiveness related to *Canada's Guidance on Alcohol and Health* (**Virtual**, February 2025)



CCENDU Sites

- Vancouver, B.C.
- Edmonton, Alta.
- Calgary, Alta.
- Winnipeg, Man.
- Thunder Bay, Ont.
- Toronto, Ont.
- Quebec City, Que.
- Halifax, N.S.
- Newfoundland and Labrador
- Northwest Territories
- Ottawa, Ont.



Workforce Competencies

- Toronto, Ont.
- Edmonton, Alta.
- Burnaby, B.C.
- New Brunswick
- Nunavut
- Canadian Armed Forces Health Services (Ottawa, Ont.)



Drug Checking Sites

- Yukon
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- Prince Edward Island



Community Urinalysis and Self-Report Project

- British Columbia
- Edmonton, Alta.
- Regina, Sask.
- Peel, Ont.
- Ottawa, Ont.
- Quebec
- Nova Scotia



Drink Less, Live More Campaign

- St. Thomas, Ont.
- London, Ont.
- Newmarket, Ont.
- Cloyne, Ont.
- Edmonton, Alta.
- Inukjuak, Que.
- Prince Albert, Sask.
- Whitby, Ont.
- Antigonish, N.S.

Refer to the [appendix](#) for more CCSA activities.



For over 30 years, CCSA has played a pivotal role in shaping national strategies, policies and research that guide our country's response to substance use and addiction."

—Hon. Sharon Burey
Senate of Canada

Guiding Change with Trusted Insight on Substance Use Health

Supporting substance use health requires tailored solutions informed by empirical research, Traditional Knowledge, lessons learned from peers, community engagement, and perspectives from people with lived and living experience of substance use. To advance solutions that improve health outcomes, we shared our substance use health expertise and gained new perspectives by collaborating with a wide range of partners in 2024–2025, both within Canada and internationally.

The toxic drug crisis continues to affect communities across Canada, and governments at all levels are seeking guidance to help minimize harms. Twice last year, the federal government invited CCSA to present an expert, non-partisan perspective on Canada's opioid epidemic and toxic drug crisis before the House of Commons Standing Committee on Health (HESA). Our CEO also testified before the Standing Senate Committee on Legal and Constitutional Affairs about the value of supervised consumption sites, informing the committee's review of proposed changes to the *Controlled Drugs and Substances Act*. We also addressed the Newfoundland and Labrador legislature on the challenges facing the substance

use health landscape in Canada, as well as government bodies in the United States.

Following these engagements, our insights have been reflected in decisions and policies made at the highest levels of government. We've developed more direct relationships with HESA members across the political spectrum and seen them change approaches to substance use health in their jurisdictions. Outcomes like these reflect the desire of legislatures to act on substance use health issues from a place of understanding — and the value of an organization like CCSA that can guide them there with unbiased insights.

We were also involved in discussions of critical cross-border issues such as the fentanyl crisis. This included informing the federal response with relevant, up-to-date and trustworthy information, and serving as a bridge between justice and health at a meeting in Washington with law enforcement and healthcare professionals.

In 2024, we had the pleasure of co-hosting the National Concurrent Disorders Think Tank with CCSA. CCSA's national leadership and expertise strengthened the initiative at every stage, from shaping priorities to fostering collaboration. We look forward to building on this partnership."

—Dr. Sidney Kennedy

*Executive Director,
Homewood Research Institute*

CCSA Informs Substance Use Action Around the World

Recognition of CCSA as a trusted source of substance use health expertise isn't confined to Canada. Last year, we met with representatives from international agencies to exchange experiences, perspectives and lessons learned that can strengthen our respective approaches to addressing substance use health issues.

In September 2024, we hosted a delegation from the Community Anti-Drug Coalitions of America (CADCA), which wanted to learn more about CCSA's work and build relationships with organizations in Canada's substance use health field. The visit followed a CCSA presentation at CADCA's July 2024 Mid-Year Training Institute conference, and reinforced our mutual commitment to partnership, drawing on diverse voices to help address shared substance use health challenges.

Between June and October 2024, we **submitted 14 grant applications as principal applicant or co-applicant**, working with more than 55 research and academic partner organizations. These projects could support care optimization, improved overdose response, workforce health, better outcomes for people with complex needs and conditions, and more.

In December 2024, we co-hosted a think tank with **Homewood Research Institute on concurrent mental health and substance use health disorders**. More than 50 experts from across Canada came together to identify best practices, gaps and research priorities related to concurrent disorders. The event promoted cross-sector partnerships and laid the foundation for collaborative research.



The presentation, which included detailed information from the Canadian Substance Use Costs and Harms project, was well fit for purpose and increased knowledge about alcohol's harms and costs among the key health officials in Greenland. Adam's English slides were translated into Danish, and his presentation was even simultaneously translated into Greenlandic! Thanks to CCSA for leading the comprehensive CSUCH project and to Adam for his presentation in support of this important process for Greenland's future alcohol strategy."

—Dr. Catherine Paradis

*Technical Officer for WHO Europe's Alcohol,
Illicit Drugs and Prison Health Unit*

Later in September, we hosted representatives from the European Union Drug Agency (EUDA), who wanted to learn about substance use health in Canada and share their own initiatives. During the visit, CCSA and EUDA attended a meeting of the Canadian Senate as guests of Senator Sharon Burey. The senator highlighted CCSA's long-term role in contributing to one of the most pressing health issues of our time and introduced EUDA to the assembly. She advocated for continued focus on policies that prioritize mental and substance use health, harm reduction, and individual dignity and well-being. Outside the Senate meeting, we discussed development of a bilateral agreement with EUDA to establish a framework for future collaboration.

In December, another European partner, the Netherlands' Ministry of Health, Welfare and Sport, visited our offices to learn more about *Canada's Guidance on Alcohol and Health*. We also hosted a delegation from Singapore to share information about digital health innovations, and co-hosted a group from the Trimbos-Instituut (our counterpart organization in the Netherlands) with the Mental Health Commission of Canada.



In September 2024, we presented the Canadian Substance Use Costs and Harms (CSUCH) project at a **World Health Organization seminar in Greenland** to support the country's development of a national alcohol strategy. CSUCH was also cited by the **New Zealand Ministry of Health** as "robust and world leading."

As a trusted source of information, **CSUCH is frequently referenced by partner organizations and the media, and in peer-reviewed journals**. In 2024–2025, this included articles in *Health Promotion and Chronic Disease Prevention in Canada*, *The Lancet Public Health* and the *Journal of Addiction Medicine*.

Supporting Indigenous-Led Solutions

In September 2024, we partnered with the Centre for Addiction and Mental Health (CAMH) Shkaabe Makwa to co-host our second annual First Nations, Métis and Inuit National Partnership Building Roundtable. At the roundtable, we provided updates on the 16 recommendations that arose from the 2023 roundtable, and co-developed new distinctions-based action plans for workforce and community capacity building, as well as for supporting Indigenous research on substance use health.

Part of the Indigenous Partnerships Strategic Framework launched in 2023, the annual roundtables are helping transform how we work with First Nations, Inuit and Métis communities. A distinctions-based approach honours each community's unique context and needs. And rather than present our own proposals, we listen to the first-hand perspectives, concerns and priorities participants share so we can better understand how we can support their solutions. Through this approach, we've developed deeper, more trusting and productive relationships with our First Nations, Inuit and Métis partners.

In partnership with Ottawa Public Health and Ottawa Inuit service providers, we co-hosted the Inuit Health Synergy Sessions to support Inuit health service providers in Ottawa in addressing urban homelessness and the impact of the toxic drug crisis on the Inuit community. For this work, we provide a safe space for important conversations, with the proposed processes and solutions all Inuit-led and grounded in Inuit Qaujimajatuqangit principles. At the request of the Inuit participants, our work in 2024–2025 included providing a space to examine increased mortality in Inuit communities. Ottawa Public Health collected and presented data to Inuit Elders and the community. In accordance with Indigenous data sovereignty, the community will lead the way on deciding next steps, which we are prepared to support in whatever way they choose.



Last year also saw us enter a new agreement with Nunavut Tunngavik Incorporated to provide information on the impacts of and responses to fentanyl and other substances in Inuit communities. This includes partnering with community representatives to develop a pair of drug fact sheets on cocaine and other substance use aimed at Elders and youth. The fact sheets will share information on risks and protective factors to raise awareness of substance use health and cocaine-related harms. We will also help build capacity in communities to prevent and respond to substance use harms, including through drug-checking services and naloxone availability.

Alongside these activities, we continued enhancing our internal understanding of reconciliation to enable us to build more meaningful partnerships under our Indigenous Partnerships Strategic Framework. Activities included a May 2024 distinctions-based reconciliation event for staff at Mādahòki Farm in Ottawa and Inuit cultural competency training in September 2024. Published in April 2024, CCSA's Reconciliation Path with First Nations, Métis and Inuit Communities and Organizations details our 2023–2024 reconciliation activities.

Guiding the Conversation on Alcohol and Cannabis

Alcohol and cannabis are legal in Canada, but not risk free. That's why it's critical that people in Canada have the best information to guide their decisions about whether and how they consume these substances.

Canada's Guidance on Alcohol and Health started a national conversation that changed how people perceive alcohol consumption and how it fits into their lives. We kept the momentum going in 2024–2025, bringing more organizations and regions across the country into the fold to help educate and empower people to make informed choices about their alcohol use.

Launched in the summer of 2024, our *Drink Less, Live More* campaign aimed to contrast alcohol consumption with other, more fulfilling activities. Our campaign was amplified or adapted by public health units, Alberta Health Services, the Nunalituqait Ikajuqatigiittut Inuit Association, BC Cancer, Live Well PEI, multiple alcohol and substance use working groups, and others.

We held two provincial roundtables to build partnerships, promote evidence-based policies to address alcohol-related harms, identify regional challenges and opportunities, and determine next steps for knowledge mobilization and public education related to the updated guidance.

Co-hosted with the Ontario Public Health Association's Alcohol Workgroup, the May 2024 Ontario roundtable focused on integrating alcohol education into health care, schools and community discussions.

The B.C. roundtable, held in November 2024 in collaboration with the B.C. government's Legal Substances and Mental Wellbeing Working Group, emphasized the de-normalization of alcohol, particularly among older adults, and drew on the growing interest among youth in no-alcohol or low-alcohol drink options.

Following the roundtable, our colleagues at the Canadian Institute for Substance Use Research started work on an alcohol-related campaign and knowledge mobilization tool to calculate the potential benefits of drinking less, as well as [a website](#) inviting visitors to consider how reducing their alcohol use could improve their lives.

Our expertise on alcohol and health was also sought to inform specialized projects, such as development of an app by Alberta Health Services to promote reduced alcohol consumption among cancer survivors. In addition, CCSA experts were invited to contribute to alcohol reduction initiatives in Ireland and France.

We have taken the information learned at the roundtable and new guidelines and are using them to update our policy. We are combining two policies into one and have done a major overhaul. This is as a direct result of the information shared at the roundtable.”

—Participant at the Ontario roundtable on alcohol

CCSA’s *Drink Less, Live More* campaign has received

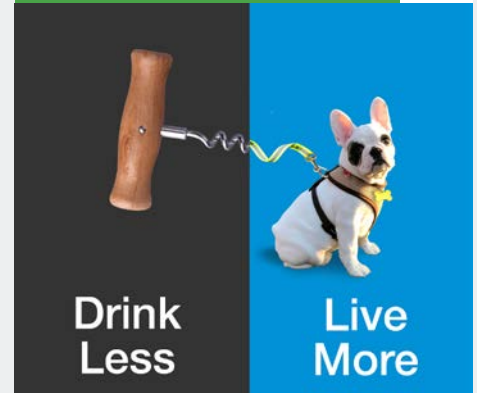
30M
impressions

29,000
website clicks

Partner campaigns have generated an additional

1.5M
impressions

Drink Less, Live More ads



Canadian Centre
on Substance Use
and Addiction

Any reduction in alcohol use has benefits.
Visit DrinkLessLiveMore.ca



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The diversity of perspectives and quality of the presentations, and the rich discussions from the expert panels and presenters, were very informative and will help inform our current and future work in the cannabis space. We look forward to continuing to work alongside CCSA to address substance use harms in Canada.”

—Rosamund Dunkley

*Director, Division of Mental Health Promotion and Wellbeing,
Public Health Agency of Canada*

A Path Forward to Fill Cannabis Research Gaps

In February 2025, we hosted a meeting to identify national research priorities for cannabis in partnership with Health Canada; the Canadian Institutes of Health Research Institute of Neurosciences, Mental Health and Addiction; and the Public Health Agency of Canada. The event was undertaken in response to needs identified in the legislative review of the *Cannabis Act*, whose final report was published in early 2024, and built on our work to develop a National Research Agenda on the Health Impacts of Non-Medical Cannabis.

The meeting brought together representatives from governmental and non-governmental organizations; cannabis research and policy experts; First Nations, Inuit and Métis communities; people with lived and living experience; provincial partners; and healthcare professionals. Together, participants assessed the current state of cannabis research to identify remaining evidence gaps, determined cannabis research priorities, identified barriers and facilitators to addressing these priorities, and developed recommendations for next steps.

A CCSA report published in the next year will outline the results and recommendations. We have already advanced some of the identified priorities, including through work related to pregnancy and chest-feeding, policy evaluation, prevention among youth, and development of a standard unit of tetrahydrocannabinol (THC) for research and education.

Resources to Support Decision-Making on Cannabis

Throughout 2024–2025, we published resources to help people in Canada make more informed choices about their cannabis use. This included an update to our 2019 report on the medical use of cannabis and cannabinoids, which is part of our *Clearing the Smoke on Cannabis* series. The update reflects the latest available evidence and is intended to equip healthcare providers to discuss cannabis with patients. In support of this work, we also produced a series of posters summarizing key points. Each of these resources has been downloaded hundreds of times since publication.

In June 2024, we published a report summarizing results from a meeting in March to discuss the implementation of a standard THC unit for Canada. *A Standard THC Unit in Canada: Recommendations for Implementation* outlines the rationale for implementing a standard THC unit, presents key considerations and makes recommendations for action, including an implementation roadmap. Adopting a standard THC unit will allow for more accurate data collection on the use and effects of cannabis products, promoting more informed policy-making to better support public health in Canada.

Tools to Support Decision-Making on Alcohol

Alongside our *Drink Less, Live More* campaign, we developed resources to help people in Canada make more informed choices about their drinking. We created a poster on the alcohol deficit in Canada (the difference between what the government earns in tax revenue from the sale of alcohol and what it spends on harms related to alcohol) and several articles on health websites and in peer-reviewed journals. We also delivered presentations to conferences and events across Canada and internationally, including at the World Cancer Congress in Geneva, where participants learned how *Canada's Guidance on Alcohol and Health* can help address alcohol-related cancers.

Several practical resources developed with partners will help healthcare professionals and others recognize, understand and address the harms related to alcohol. These include *Alcohol Use and Suicide: A Guide to Awareness and Prevention*, a report co-produced with the Mental Health Commission of Canada to address suicide risks, as well as a video developed with BC Cancer that underscores the link between alcohol use and cancer. We also worked with the Association of Faculties of Medicine of Canada to develop a tool, to be released in 2025–2026, to help physicians take an alcohol history and calculate standard drinks — information patients can use to assess their relationship with alcohol and consider ways to improve it.



Promoting Substance Use Health in the Workforce

Substance use health is part of every facet of life — including the workplace. Key CCSA initiatives in 2024–2025 aimed to help healthcare workers better support people with substance use health concerns and improve substance use health among workers in other fields.

In 2024, we published *Substance Use Health Competencies for All Prescribers* to support healthcare providers who do not specialize in substance use health (such as family physicians and non-specialized nurse practitioners) but can play a key role in connecting people to substance use health care. Over time, the competencies will increase the volume of healthcare providers who are knowledgeable about and able to address substance use health concerns, leading to better outcomes for patients across Canada.

Since the release of the competencies as a publicly available specification, we've engaged with more than a dozen system partners to discuss the value of this work in their contexts, and presented the competencies at two national conferences as well as the Lisbon Addictions 2024 conference in Portugal. The competencies are also cited in the World Health Organization's competency-based tools and resources for health workforce development.

Users downloaded resources almost

2,400
times

from the Workforce Competencies website in 2024–2025, helping them put the right people in the right roles to improve substance use health.

The competencies were commissioned by the Standards Council of Canada, building on our previous work on the Workforce Competencies. Development followed two literature reviews and consultations with clinicians as well as individuals with lived or living experience. These steps enabled us to identify the foundational clinical skills and essential behaviours required to deliver competent, non-stigmatizing substance use health care in any setting. Today, our competency framework is used in six provinces and territories, as well as by national organizations like the Canadian Armed Forces Health Services. It has informed curricula at multiple post-secondary institutions, and we have worked with First Nations and Inuit communities to adapt the competencies to support land-based healing services.

There are huge differences from province to province around how people respond to substance use issues. A key unconscious benefit of the competencies is that it articulates a clear kind of policy response to how we do this work and what's important — being trauma informed, working from a case management perspective around bringing other people in the room who are also working with individuals who are struggling. I wouldn't underestimate the importance of the competencies as creating a baseline for how we do this work in this country."

—Dorothy Henneveld

Clinical Supervisor with Alouette Addiction Services, British Columbia

In response to feedback from partners, we released two resources in 2024–2025 to support the Workforce Competencies:

- **Introduction to Competencies: Factsheet for Leaders** overviews the technical and behavioural competencies in the context of substance use health and how they can enhance and support the recruitment, retention and development of the workforce.
- **Workforce Competencies Implementation Quick-Start Guide** reduces barriers to implementation through a step-by-step approach to integrating the competencies into organizations, supported by examples of best practices from organizations already using them.

Illuminating Substance Use Health in Commercial Long-Haul Trucking

In January 2025, we held focus groups with commercial long-haul truck drivers who have lived or living experience of substance use to gain a better understanding of the risks and protective factors to substance use health in this field. Findings from these focus groups will ultimately inform tailored, evidence-based resources and guidance for the commercial long-haul trucking industry, helping employers manage risks and strengthen protective factors in their workforces. This is part of our ongoing efforts to better understand and respond to the unique substance use risks in specific fields, particularly safety-sensitive industries (those where the work may pose risks to employees, co-workers, the public or the environment).

More Collaboration with More Sectors

To better understand and support the full extent of substance use health needs in the workplace, we continue to seek opportunities to collaborate with audiences that are new to CCSA. In 2024–2025, this included:

- Work with Tourism Canada to begin developing guidance and resources tailored to the tourism and hospitality industry;
- A partnership with CAPSA and the Atlas Institute for Veterans and Families to identify and address workplace risks unique to active-duty personnel and veterans; and
- Research to support development of a series of infographics on substance use and the workplace (published in summer 2025), specifically focused on natural resource-based industries, construction, safety-sensitive environments and non-safety-sensitive positions. The infographics include information on use and perceptions, workplace culture, stigma, and policies and training.

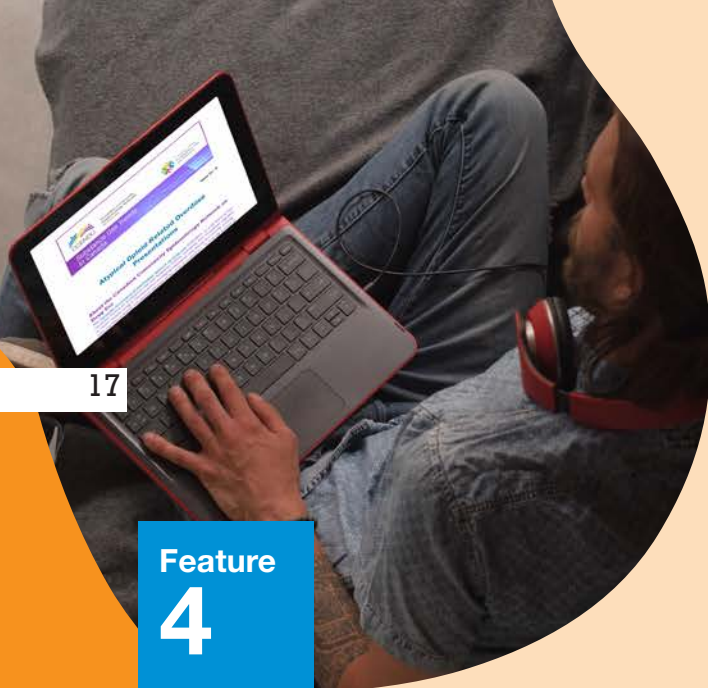
In July 2024, we published *Summit on Family Medicine's Role in Improving Health Outcomes for People Who Use Substances: Meeting Report*. The summit was held in collaboration with the University of Toronto in March 2023, and the report summarizes the discussions and presents the 30 calls to action and priorities identified.

Having these competencies come out of a national level is so critical because when it comes to addiction and mental health, [there is no] professional body governing us to say, “these are the standards, and this is what you need to be meeting.”

—Heather Elliott

Director of Quality Improvement and Professional Practice at Canadian Mental Health Association
Thames Valley Addiction and Mental Health Services





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Feature 4

Supporting Public Health and Safety with Timely, Trusted Information

Credible, non-partisan information

strengthens public health and safety. That's why we collect, analyze and publish such information on substance use health, delivering trustworthy insights that improve understanding of drug use in our communities and supporting community-based solutions.

Our partners in the Canadian Community Epidemiology Network on Drug Use (CCENDU) rely on up-to-date information about substance use health trends to minimize the harms of the toxic drug crisis. To meet this need, we launched the *Substance Use Trends in Canada* newsletter last year.

The first issue, which focused on counterfeit pharmaceuticals, was released in July 2024. We've published an additional four issues since then, with the goal of eventually publishing monthly. Each issue focuses on a specific topic relevant to substance use in Canada. The content draws on data, experiences and insights from CCENDU, the drug-checking community and even international partners when relevant, offering clear, impactful insights to drive responses that protect people from harm.

We've worked with CCENDU since 2012, producing alerts and bulletins to inform people in Canada about critical substance use trends. In that time, our bulletins sounded the first public alarm about issues such as counterfeit oxycodone tablets containing fentanyl in 2013 and fentanyl-related deaths in 2015.

The first five issues of *Substance Use Trends in Canada* covered:

- Counterfeit pharmaceuticals
- Medetomidine
- Non-medical benzodiazepines
- Fentanyl analogues
- Atypical opioid-related overdose presentations

Our inaugural issue was emailed to

3,843
subscribers

and achieved
an open rate of
68.9%

Earlier Warnings of Substance Use Health Risks, Powered by AI

Building on CCENDU's history, we're working with partners at York University and the University of Toronto to develop an AI-based early-warning system for substance-related risks and harms. The Public Health Agency of Canada's Enhanced Surveillance for Chronic Disease Program supported that work in 2024–2025 with a three-year funding commitment.

This funding will help develop a tool that monitors public media channels (including social and traditional media) to present a national, real-time picture of emerging risks and harms related to substance use. Partners can use this information to tailor prevention and harm-reduction strategies to specific regions and communities, and deploy those strategies much faster than when relying on traditional data sources.

So far, we've formed agreements with our project partners, created a cross-sectoral pan-Canadian working group and held virtual sessions to establish use cases and AI algorithm training tools. We are also engaging with priority groups to ensure the tool is representative of and sensitive to the needs of various communities, including First Nations, Inuit and Métis; Francophones; and people with lived and living experience of substance use.

Sharing Solutions for Small Municipalities

Larger cities are often the focus of attention when it comes to the drug toxicity crisis. But the crisis is present in smaller municipalities, which often lack the same resources that larger cities have to respond.

To address this discrepancy, we're working with municipalities across Canada to build resilience and forge connections that will support development of region-specific solutions and a pan-Canadian playbook to guide municipalities in addressing the substance use crisis. This will include evidence-based policies, services and support options tailored to the needs of smaller communities. The initiative started in September 2024 with a two-day summit in Timmins, Ont., which brought together elected leaders, public health officials, drug policy experts, local service providers, resource industry leaders, and people with lived and living experience of substance use. This included significant representation from several First Nations, Inuit and Métis communities on panels and in group discussions.

Based on what we heard, we're developing a suite of interventions in areas including health promotion, justice and recovery. These options were presented at the Municipal Leaders Table in Lethbridge, Alta., in April 2025. Further feedback from participants will inform development of the first municipally led, integrated standards for substance use health treatment, harm reduction, recovery, prevention, enforcement, services, policies and strategies. The standards will provide municipal leaders with a consolidated range of evidence-based options from which they can choose, based on their regional realities. They will help unlock vital government support, as well as reduce the growing polarization concerning this crisis.



I am honoured to be invited to join this national conversation on substance use, alongside colleagues from across the country. I believe that by working together, we can ensure the developed solutions and policies can be scaled to the needs of communities like ours.”

*—Kathleen Thorne Rochon
Mayor, West Nipissing*

A Better Understanding of the Drug Supply

Illicit drugs frequently contain other substances — often without the knowledge of the person using the drugs. The Drug Checking Working Group (DCWG) is the only national source of consolidated drug checking data, providing critical information about the contents of the drugs people are using.

To raise awareness of the danger, DCWG began hosting virtual office hours in 2024–2025: open drop-in sessions where people can come to ask questions of drug-checking experts, improving access to knowledge and resources across the country. The four sessions held so far were attended by individuals all over Canada.

In December 2024, we published an environmental scan, providing a clear picture of Canada’s drug-checking capacity and gaps to inform decision-making and direct resources to where they’re most needed.

A February 2025 symposium in Montreal brought together more than 140 people from across the country who attended virtually or in person. Over two days, participants shared knowledge and built relationships to facilitate DCWG’s transformation into a community of practice that will improve the group’s ability to provide this vital service. The symposium generated clear priorities, practical next steps and a shared commitment to moving forward.

To identify what messaging and tools resonate with young people when it comes to preventing and reducing substance use harms, we engaged with several youth advisory councils and committees in 2024–2025. We also joined a national working group developing **science-based guidance to support substance use health in pediatric hospital settings**, with plans to publish findings by the end of 2025.



Throughout the year, we also published a series of short reports aimed at researchers and policy analysts, as well as an infographic aimed at the general public, presenting data from the Community Urinalysis Self-Report Project (CUSP). Launched in 2022, CUSP sought to determine what substances people actually consumed by comparing answers to a survey filled out by individuals accessing harm-reduction services to the results of urine drug testing. This led to an invitation from the Canadian AIDS Treatment Information Exchange (CATIE) to co-develop a webinar to be held in 2025–2026. The webinar, which will include a CUSP site lead as a panellist, will use the CUSP reports as evidence for a discussion about the dangers and unpredictability of Canada's unregulated drug supply.

In parallel, we supported work commissioned by Public Safety Canada focused on the structure and dynamics of Canada's illicit drug markets, as well as the impacts and costs of law enforcement activities.

To support effective solutions for people who use substances, we developed evidence and policy briefs on topics including:

- Administrative sanctions for impaired driving
- The medical use of cannabis and cannabinoids
- Drug-checking services
- Opioid agonist therapy
- Supervised consumption sites

In response to recent policy changes that have led to significantly increased opportunities to gamble online, we published *Gambling Availability and Advertising in Canada: A Call to Action*. Developed in partnership with Georo Evidence Insights, the report recommends developing a pan-Canadian strategy to address gambling-related harms among people in Canada, especially vulnerable populations.

We have worked with CCSA on several initiatives over the past two decades, most recently on *Gambling Availability and Advertising in Canada: A Call to Action*. We deeply valued this collaborative and impactful partnership with CCSA. Their involvement was instrumental to the success of this project, and we are proud to have partnered with an organization that brings both expertise and heart to the work of reducing harm and promoting well-being across Canada."

—Corrine Leon

*Communications and Production Lead,
Georo Evidence Insights*

Summary Annual Financial Statements

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Report of the Independent Auditor on the Summary Financial Statements

To the Directors of Canadian Centre on Substance Use and Addiction

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2025, the summary statements of operations, changes in net assets and cash flows for the year then ended, are derived from the audited financial statements of the Canadian Centre on Substance Use and Addiction for the year ended March 31, 2025.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the Canadian accounting standards for not-for-profit organizations.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by the Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statement and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated July 2, 2025.

Responsibilities of management and those charged with governance for the summary financial statements

Management is responsible for the preparation of the summary financial statements in accordance with the Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Audited Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Raymond Chabot Grant Thornton LLP

Chartered Professional Accountants,
Licensed Public Accountants

Ottawa, Canada
July 2, 2025

Summary Statement of Financial Position

As at March 31, 2025

	2025 \$	2024 \$
Assets		
Cash	703,946	1,853,385
Trade and other receivables	613,965	900,001
Prepaid expenses	135,597	92,857
Investments	3,221,195	2,940,277
Capital assets	211,216	214,632
	4,885,919	6,001,152
Liabilities		
Trade and other payables	1,205,633	1,783,897
Deferred revenues from contributions, external contracts and conference	143,424	606,656
	1,349,057	2,390,553
Net Assets		
Invested in capital assets	211,216	214,632
Internally restricted for contingencies	1,586,446	1,583,242
Internally restricted for future projects	1,467,546	1,612,720
Unrestricted for program funds	87,996	–
Unrestricted	183,658	200,005
	3,536,862	3,610,599
	4,885,919	6,001,152

Summary Statement of Operations and Changes in Net Assets

Year ended March 31, 2025

	2025 \$	2024 \$
Revenues		
Health Canada primary funding contributions	11,572,666	11,456,555
Other contributions	417,203	–
External contracts	622,355	724,744
Conference	110,500	1,049,816
Net investment income	294,525	285,171
Other income	9,973	33,530
	13,027,222	13,549,816
Expenses		
Salaries and employee benefits	8,970,302	7,990,182
Contractor fees	1,761,062	1,879,160
Equipment maintenance and repairs	18,945	20,534
Honorariums	35,203	18,688
Rent	383,999	380,116
Equipment rental	14,694	126,235
Insurance	30,213	27,753
Travel, meetings and accommodations	987,470	1,214,458
Research expense	29,078	22,072
Printing	12,040	17,557
Advertising	64,942	162,869
Office supplies and expenses	339,907	320,224
Telecommunications	189,903	248,467
Membership fees	27,040	29,288
Professional fees	88,372	160,587
Recruitment	35,741	38,604
Amortization of tangible capital assets	112,048	101,138
	13,100,959	12,757,932
Excess (deficiency) of revenues over expenses	(73,737)	791,884
Net assets, beginning of year	3,610,599	2,818,715
Net assets, end of year	3,536,862	3,610,599

Summary Statement of Cash Flows

Year ended March 31, 2025

	2025 \$	2024 \$
Cash flows provided by (used in)		
Operating activities	(985,271)	(590,133)
Investing activities	(164,168)	(194,683)
Net decrease in cash	(1,149,439)	(784,816)
Cash, beginning of year	1,853,385	2,638,201
Cash, end of year	703,946	1,853,385

Our Leadership

As of March 31, 2025

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Leadership Team

- **Alexander Caudarella, MDCM CCFP AM ABAM(d)**
Chief Executive Officer
- **Kim Corace, PhD, C.Psych.**
Vice President, Innovation and Senior Scientist
- **Karen Cumberland**
Vice President, Strategic Initiatives and Community Outreach
- **Zeenat Christi, CPA, CGA, MBA**
Director, Finance
- **François Gagnon, PhD**
Senior Scientist and Special Policy Advisor
- **David Haswell**
Director, Information Systems and Web Services
- **Del Jacko, MA**
Director, Indigenous Partnerships and Strategies
- **Pam Kent, PhD**
Director, Research and Emerging Trends
- **Susan Landry, CHRL**
Director, Human Resources
- **Rhowena Martin**
Chief Impact Officer
- **Shawna Meister, MA**
Associate Director, Innovation and Evidence in Practice
- **Isabelle Robillard**
Director (interim), Health Promotion Strategies and Communications
- **Adam Sherk, PhD**
Senior Scientist and Special Policy Advisor
- **Sheena Taha, PhD**
Associate Director, Quality and Accountability

Board of Directors

CCSA is governed by a Board of Directors consisting of a chair and 12 directors whose backgrounds and experience assist CCSA in the fulfillment of its purpose. The chair 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. These organizations also have a particular interest in alcohol and drug use that the Board considers appropriate. CCSA attempts to achieve national representation through its Board of Directors.

Board of Directors

Governor-in-Council Appointees

- **Vaughan Dowie** (Ontario), Chair; Member of the Executive Committee and the Performance Management Committee
CEO, Pine River Institute
- **Curtis Clarke, PhD** (British Columbia), Treasurer; Member of the Executive Committee and the Performance Management Committee; Chair, Finance and Human Resource Committee
Retired Deputy Minister
- **Christopher Cull** (Ontario), Member of the Nominations and Governance Committee
Director, Producer, Founder of Inspire by Example
- **Scott Elliott** (British Columbia), CEO, Dr. Peter Centre, Member of the Audit and Risk Management Committee
- **Anne Elizabeth Lapointe, BA** (Quebec), Member of the Finance and Human Resource Committee Director, Addiction Prevention Centre and la Maison Jean Lapointe

Members-at-Large

- **Lesley Carberry, MSW** (Yukon), Member of the Executive Committee; Chair, Audit and Risk Management Committee
Secretary-Treasurer, Teegatha'Oh Zheh Society; Parent Member, FASD 10-Year Strategic Planning Group
- **Linda Dabros, BA (Psychology)** (Ontario), Vice Chair; Member of the Executive Committee and the Performance Management Committee; Chair, Nominations and Governance Committee
Former Director General, Canadian Human Rights Commission
- **Daniel Hogan, BPHE** (Ontario), Member of the Finance and Human Resource Committee and Member of the Audit and Risk Management Committee
Substance Abuse Violence Prevention Coordinator, Safe Schools Department of Durham District School Board
- **Lakhder Malki, CPA, MBA** (Alberta), Member of the Finance and Human Resource Committee
- **Julie Menten, MSc, JD** (British Columbia), Board Secretary; Member of the Executive Committee, the Nominations and Governance Committee, and the Performance Management Committee
Partner, Roper Greyell LLP

- **Donald Nicholls, BCL, JD** (Quebec and Cree Nation), Member of the Finance and Human Resource Committee
Director of Justice and Correctional Services, Cree Nation Government
- **Sandy Pitzel, BPA-HS, CSW** (Saskatchewan), Member of the Audit and Risk Management Committee
Mental Health Therapist, First Nations and Inuit Health, Health Canada, Indigenous Services
- **John Weber, PhD** (Newfoundland and Labrador), Member of the Nominations and Governance Committee and the Performance Management Committee
Professor, School of Pharmacy, Memorial University

Ex-Officio Members

- **Alexander Caudarella, MDCM CCFP AM ABAM(d)**
- **Greg Orencsak**
Deputy Minister, Health Canada
- **Tricia Geddes**
Deputy Minister, Public Safety Canada

Alumni Members

- **Beverley Clarke, Chair** (Newfoundland and Labrador)
- **Gary Bass** (British Columbia)
- **Normand (Rusty) Beauchesne** (Ontario)
- **Leonard Blumenthal** (Alberta)
- **Jean-François Boivin** (Quebec)

- **Deborah Dumoulin** (Quebec)
- **Mike DeGagné** (Ontario)
- **Nady el-Guebaly** (Alberta)
- **Jean Fournier** (Ontario)
- **Pamela Fralick** (Ontario)
- **Frances Jackson Dover** (Alberta)
- **Renu Kapoor** (Saskatchewan)
- **Barry V. King** (Ontario)
- **Anne M. Lavack** (British Columbia)
- **Jacques LeCavalier** (Quebec)
- **Leanne Lewis** (Ontario)
- **A. J. (Bert) Liston** (Ontario)
- **Christine Loock** (British Columbia)
- **Barry MacKillop** (Ontario)
- **Mark Maloney** (Ontario)
- **Marnie Marley** (British Columbia)
- **Audrey McFarlane** (Alberta)
- **Louise Nadeau** (Quebec)
- **Rita Notarandrea** (Ontario)
- **Michel Perron** (Ontario)
- **Darryl Plecas** (British Columbia)
- **Meredith Porter** (Ontario)
- **Michael Prospero** (Ontario)
- **Rémi Quirion** (Quebec)
- **Pierre Sangollo** (Quebec)
- **Jan Skirrow** (British Columbia)
- **Sherry H. Stewart** (Nova Scotia)
- **Margaret Thom** (Northwest Territories)
- **Paula Tyler** (Alberta)

Appendix:

How We Supported Substance Use Health in 2024–2025

The following is a selection of the events and presentations we participated in or hosted during 2024–2025, as well as the sites of key CCSA activities or initiatives.

Events

- Roundtable on Canada's Guidance on Alcohol and Health and Ontario's alcohol policy: Engaged 121 participants to identify actionable steps to combat alcohol harms in Ontario (**Toronto, Ont.**, May 2024)
- Second annual First Nations, Métis and Inuit National Partnership Building Roundtable: Provided an update on how CCSA has implemented the 16 recommendations from the previous roundtable and generated new action plans for workforce and community capacity building (**Toronto, Ont.**, September 2024)
- Timmins Summit: Engaged around 90 participants from small cities and towns across Canada to foster dialogue and exchange best practices for addressing substance use health in small municipalities (**Timmins, Ont.**, September 2024)
- Roundtable: British Columbia and Canada's Guidance on Alcohol and Health: Engaged 110 participants to explore strategies to address alcohol-related harms across the province and advance evidence-based public health measures (**Richmond, B.C.**, November 2024)
- National Research Agenda on the Health Impacts of Non-Medical Cannabis Use meeting: Engaged 50 participants to assess the current state of cannabis research, identify remaining gaps and develop recommendations to fill those gaps (**Ottawa, Ont.**, February 2025)

Presentations, Workshops and Webinars

- Canadian Public Health Association Conference: Presented to 80 participants on our knowledge mobilization efforts (**Halifax, N.S.**, April 2024)
- National Congress on Pain: Presented on integrating care to address pain, mental health and substance use health to 300 participants (**Ottawa, Ont.**, April 2024)
- Canadian Association of Cognitive Behavioural Therapies annual conference: Presented on innovations in substance use health care to 300 participants (**Toronto, Ont.**, May 2024)
- Durham District School Board workshop: Engaged nine educators on understanding Canadian substance use costs and harms using data visualization (**Whitby, Ont.**, May 2024)
- Annual convention of the Canadian Psychological Association: Delivered two presentations on virtual care and implementing measurement-based care for concurrent substance use and mental health disorders (**St. John's, N.L.**, June 2024)
- Canadian Association of Road Safety Professionals Conference: Presented to 80 road safety and health education professionals on the costs of impaired driving (**Ottawa, Ont.**, June 2024)
- Canadian Collaborative Mental Health Care Conference: Presented on an evaluation of equity-deserving service users' experiences in integrated care to 20 mental healthcare personnel (**Ottawa, Ont.**, June 2024)

- International Society for the Study of Drug Policy Conference: Presented to 50 drug policy researchers on our work in drug-checking services (**Montreal, Que.**, June 2024)
- U.S. State Department Roundtable on Drug Crises: Presented on fentanyl production, trafficking, use and treatment in Canada (**Washington DC, United States**, June 2024)
- Virtual seminar on Greenland's National Alcohol Strategy: Presented to 70 ministers, policy makers and public health officials on the Canadian Substance Use Costs and Harms (CSUCH) study (**Greenland**, September 2024)
- World Cancer Congress: Presented *A Call to Action: Using Canada's Guidance on Alcohol and Health to Address Cancers Caused by Alcohol* to 80 participants (**Geneva, Switzerland**, September 2024)
- Canada's Alcohol Policy Evaluation 4.0: Engaged 10 public health officials on knowledge mobilization related to *Canada's Guidance on Alcohol and Health* (**Chatham-Kent, Ont.**, October 2024)
- National Youth Policing Network: Presented on substance use among young people in Canada to 50 law enforcement personnel (**Virtual**, October 2024)
- Pathways to Prosperity 2024 Conference: Presented on our work convening and engaging communities to 1,300 community leaders (**Vancouver, B.C.**, November 2024)
- Department of National Defence: Presented on substance use stigma in the workplace to public servants (**Ottawa, Ont.**, December 2024)
- Meeting of the House of Commons Standing Committee on Health: Presented on our ongoing collaborations to address the opioid epidemic and toxic drug crisis in Canada (**Ottawa, Ont.**, December 2024)
- Side event to the Commission on Narcotic Drugs: Presented on harnessing the power of communities to tackle drug crises (**Vienna, Austria**, March 2025)

- CanFASD Network: Presented to 80 participants on knowledge mobilization efforts and effectiveness related to *Canada's Guidance on Alcohol and Health* (**Virtual**, February 2025)

CCENDU Sites

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a nationwide network of community partners that informs people in Canada about emerging drug use trends and associated issues. CCENDU has sites in the following locations:

- BC Centre for Disease Control (**Vancouver, B.C.**)
- University of Alberta/University of Calgary (**Edmonton and Calgary, Alta.**)
- Alberta RCMP (**Edmonton, Alta.**)
- Shared Health (**Winnipeg, Man.**)
- Thunder Bay Drug Strategy (**Thunder Bay, Ont.**)
- Toronto Public Health (**Toronto, Ont.**)
- Ontario Drug Policy Research Network (**Toronto, Ont.**)
- Public Health Ontario (**Toronto, Ont.**)
- Nova Scotia Health Authority (**Halifax, N.S.**)



Organizations and Jurisdictions Using the Workforce Competencies

The following organizations and jurisdictions use our Workforce Competencies to support their staff recruitment and training initiatives:

- Alberta Health Services (**Edmonton, Alta.**)
- BC Mental Health and Substance Use Services (**Burnaby, B.C.**)
- Canadian Armed Forces Health Services (**Ottawa, Ont.**)
- Centre for Addiction and Mental Health (**Toronto, Ont.**)
- Mental health and substance use health workforce in New Brunswick (**New Brunswick**)

Drug-Checking Sites

The National Drug Checking Working Group has sites in the following provinces and territories:

- Yukon
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- Prince Edward Island

Community Urinalysis and Self-Report Project Sites

The Community Urinalysis and Self-Report Project used a self-reported survey, in combination with urinalysis, to determine what substances people believed they were taking versus what was actually in the substances they were consuming. The project had sites in the following locations:

- British Columbia
- Edmonton, Alta.
- Regina, Sask.
- Ottawa, Ont.
- Peel, Ont.
- Quebec
- Nova Scotia

Partners that Amplified the *Drink Less, Live More* Campaign

The following organizations amplified the messages of the *Drink Less, Live More* campaign, which shares the key message of *Canada's Guidance on Alcohol and Health*:

- Alberta Health Services (**Edmonton, Alta.**)
- Community Alcohol Strategy Steering Committee (**Prince Albert, Sask.**)
- Durham Region Public Health (**Whitby, Ont.**)
- Kingston, Frontenac, Lennox and Addington Public Health (**Cloyne, Ont.**)
- Middlesex-London Health Unit (**London, Ont.**)
- Nunalituqait Ikajuqatigiittut Inuit Association (**Inukjuak, Que.**)
- Public Health Branch of York Region (**Newmarket, Ont.**)
- Southwestern Public Health Unit (**St. Thomas, Ont.**)



Canadian Centre
**on Substance Use
and Addiction**



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