

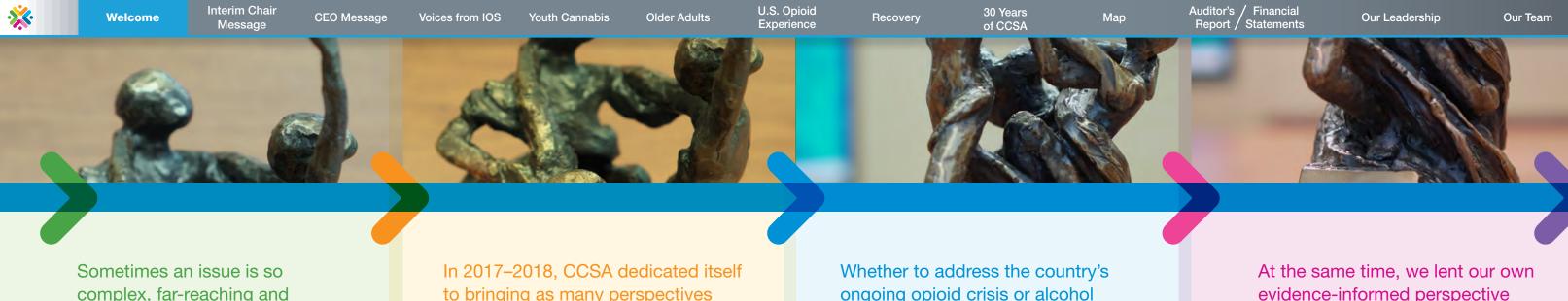


Evidence. Engagement. Impact.



Informing Canadian policy on alcohol and other drugs for 30 years





Sometimes an issue is so complex, far-reaching and consequential it takes a vast range of perspectives to bring it fully into view.

In 2017–2018, CCSA dedicated itself to bringing as many perspectives as possible into the national dialogue about substance use — the perspectives of the young and the aging, of researchers and of people who have firsthand experience with addiction and its consequences.

Whether to address the country's ongoing opioid crisis or alcohol harms among post-secondary students, to help policymakers prepare for cannabis legalization or to raise awareness about recovery, we gathered input to see the issues from all sides, proving how and why perspective counts.

evidence-informed perspective to help inform responses to these pressing issues in Canada, as we have done for the past 30 years.







PAULA TYLER



PloTylor



Message from the Interim Chair

The need for research and action on issues of substance use and addiction in Canada is greater than ever. From my nine years as a member of CCSA's Board of Directors, the last two as interim chair, it is clear CCSA is the right organization to meet this growing need. Its research on alcohol and other drugs has informed policy and decision making and helped reduce harm. Its efforts to understand recovery and what supports it have brought hope that addiction can be overcome. With a great many other partners, CCSA has been part of a shift in perspective so that today substance use is seen less as a problem of individual willpower and more accurately as a matter of health.

Crucial to this work has been CCSA's objective, empirical multi-stakeholder approach, including the involvement of people with lived and living experience. Because of CCSA's third-party, non-partisan voice, CCSA is in a unique position in Canada to gather and share the full breadth of perspectives and knowledge on substance use to inform policy and strengthen practice with understanding of the big picture: where substance use and addiction have an impact on Canadians' lives, from health and well-being to crime and employment.

The Board was proud to support CCSA's efforts last year to bring these perspectives to bear. The much-lauded 2017 Issues of Substance conference featured a panel of researchers and people with lived experience — perspectives that are both vitally important in addressing Canada's continuing opioid crisis. Another standout was the publication of the Life in Recovery survey, the first of its kind in Canada. We were also pleased with CCSA's continued partnership with First Nations communities in identifying approaches to addressing substance use that combine the best and latest research with culturally appropriate practices.

Thank you to Rita Notarandrea and all of the CCSA staff for their hard work throughout the year, and to my fellow Board members. I'd also like to extend thanks to those who had the courage and openness to share their personal experiences of substance use and its impacts over the year.

As I conclude my term as interim chair and as a director of CCSA, I must say it has been an honour to serve such a necessary and influential organization. Congratulations to the entire organization on the occasion of its 30th anniversary. I am confident CCSA will continue to contribute to thinking and progress in the field of substance use and addiction well into the future.



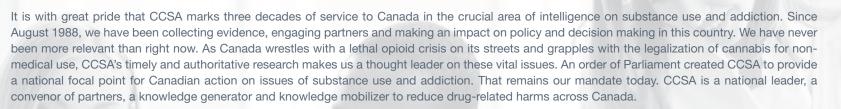
RITA NOTARANDREA





Message from the CEO





Our knowledge makes it clear that substance use is complex and multifaceted in its causes, its costs and its tolls on individuals, families and communities. To understand all of the dimensions of substance use and find solutions that work, it is vital to draw on the full array of perspectives: those of researchers and policy makers, law enforcers, clinicians, and people with lived and living experience.

Perspective counts. In 2017, CCSA reached out to young people to hear their honest conversations about cannabis. We collected firsthand insight into the impacts of substance use in later life. At our 2017 Issues of Substance conference, we learned what it means to live with problematic opioid use and the challenges faced every day. These perspectives are invaluable to the work we do. They enable us to identify areas of need and to address them.

CCSA is not just a creator and curator of a wealth of information on substance use. We are also an experienced and effective knowledge broker. We share timely evidence with partners, employers, service providers, legislators and law enforcement agencies. As an independent and trusted third party, our presentations on cannabis helped inform parliamentarians and senators about the complex issues they face.

None of what we achieved would have been possible without the confidence of our partners and funders over the last 30 years. Their support confirms the unique value that CCSA brings and has brought to Canadians since its inception. Federal Budget 2018 allocated \$10 million in funding over five years to support cannabis use research. An independent donor donated \$950 thousand over three years to undertake work with vulnerable populations and opioid use.

I thank the CCSA staff for their consummate professionalism, hard work and tremendous dedication in carrying out an ambitious and important agenda over the course of 2017–2018. I thank our Board of Directors for their expert guidance and support. A special thank you to our outgoing interim chair Paula Tyler. Paula has served as a director for nine years and as interim chair for two of those. We will miss her passion, leadership and great expertise.

Going forward, we are already implementing our next three-year business plan. We will focus even more sharply on reducing stigma around substance use disorders, which for too many remains a barrier to getting the services and support they need.

Over the last three decades, CCSA has done ground-breaking research. We have brought people and knowledge together to reduce the harms of substance use. There is always more to do, always more to learn. Perspective leads to understanding, understanding leads to compassion, and compassion leads to action and results that endure and help the people we serve in Canada.



Recovery

GATHERING PERSPECTIVE

Voices of Experience Speak Out at IOS

The knowledge that comes from experience is often hard won. It demands to be heard and deserves respect. At CCSA's biennual Issues of Substance (IOS) conference last year, people with direct experience of problematic opioid use shared invaluable, personal stories and insights to help solve the country's opioid crisis.

IOS is one of Canada's key events for sharing evidence and best practices related to substance use. In November 2017, representatives from the Canadian Association of People Who Use Drugs joined researchers in a unique panel discussion at IOS of Why the Answer to Ending the Overdose Epidemic Lies with the Empowerment of People Who Use Drugs. Participants shared their views of how lived and living experience can further collective understanding of — and help find solutions to — the opioid epidemic.



34 late-breaking submissions

were received to make IOS 2017 the most current edition yet.

"THE BEST IOS EVER"

The groundbreaking panel was part of a massive, three-day agenda. Nearly 500 addiction professionals, researchers, healthcare workers, people with lived and living experience, policy makers and knowledge brokers from across the country gathered in Calgary, including federal Minister of Health Ginette Petitpas Taylor and Alberta's Associate Minister of Health Brandy Payne.

Feedback was resoundingly positive, with multiple stakeholders calling this the best IOS yet, due partly to a call for late-round submissions that ensured maximum timeliness of the research presented. Inviting late-stage submissions is a practice CCSA intends to carry forward to future IOS events so that the latest evidence can inform research that aims to help those who need it most.

SHARING PERSPECTIVE

LESSONS LEARNED IN PREVENTION AND ENFORCEMENT In March 2018, representatives from the RCMP, Canadian Border Services Agency, provincial and municipal police services, First Nations police, people with lived experience, national organizations, academia and government shared lessons learned and best practices for prevention and enforcement at a roundtable to address the opioid crisis hosted by CCSA with support from Public Safety Canada. Public Safety Minister Ralph Goodale and Scarborough Southwest Liberal MP Bill Blair were among those in attendance.

REAL PROGRESS ON OPIOIDS

Since the Joint Statement of Action to Address the Opioid Crisis was signed in 2016, organizations across the country have advanced work on multiple fronts to curb the opioid epidemic and overdoses. Last year, CCSA and Health Canada captured those efforts — which range from safe-prescribing initiatives to prescription monitoring and patient education tools to reduce the risk and harms of opioid misuse — in an inaugural progress report as part of CCSA's ongoing mandate to track the enactment of Joint Statement commitments.

LIVED AND LIVING EXPERIENCE INFORMS UN DRUG POLICY DISCUSSIONS

The United Nations Commission on Narcotic Drugs convenes every year to discuss world drug policies. In March 2018, CCSA, a longstanding member of the Canadian delegation to these meetings, sponsored two individuals with lived experience to attend the Commission's 61st meeting in Vienna and share their perspectives at a session sponsored by Health Canada. The session was held in support of a joint resolution by Canadian and Uruguayan delegates to address stigma, which limits access to services and care for people who need them.





















GATHERING PERSPECTIVE

What Youth Want from Conversations about Cannabis

Youth may be Canada's heaviest users of cannabis, but research shows they don't always understand its effects. How can parents, teachers, coaches, healthcare providers and other "youth allies" get the right information across — without the conversation going sideways? The best people to answer that question are young Canadians themselves. So we hosted a series of workshops to ask them.

With funding from the Canadian Institutes of Health Research and in collaboration with Health Canada, CCSA hosted workshops with youth to determine their likes and dislikes, and what they value in conversations with adults. Through discovery sessions, personal development and journey mapping, a clear picture emerged: youth value credible, honest, open-minded, non-judgmental and respectful dialogue with the adults in their lives.

Those findings were brought into workshops with youth allies, who discussed the kinds of tools they need to reach youth in effective, age-appropriate, non-stigmatizing ways. Based on the perspectives gathered, a cannabis communication guide for youth allies will be published in the summer of 2018.

BRINGING CLARITY TO CANNABIS AND DRIVING

Reaching youth with accurate information is important, but they're not the only ones who can be confused about cannabis. Many adults have misconceptions, too, especially about cannabis-impaired driving. To explore their attitudes and lay the foundation for future public education efforts, CCSA held focus groups in St. John's, Edmonton, Toronto and Ottawa with funding from Desjardins Insurance.

Adults' erroneous perceptions included the notion that cannabis "affects every driver differently" and is not as impairing as alcohol. They were unaware of law enforcers' capabilities to detect cannabis impairment, and felt Canada is unprepared for legalization in that regard. These insights will be submitted to a peer-reviewed journal and shared with Public Safety Canada, the RCMP and other key prevention and enforcement partners.

To understand what promotes productive dialogue with youth about cannabis and its harms, one perspective is key—that of youth themselves.



Youth and youth allies took part in focus groups on how to have conversations about cannabis.

SHARING PERSPECTIVE

ADVISING PARLIAMENTARIANS ON CANNABIS

In anticipation of cannabis legalization under bills C-45 and C-46, CCSA spoke as a trusted advisor to the parliamentary Standing Committee on Health and to the Canadian Senate, presenting research on minimizing cannabis harms, promoting a public health approach and reinforcing the lessons learned from Colorado and Washington's experiences of legalizing recreational cannabis (as captured in CCSA's report on the subject). Topics discussed included establishing a minimum legal age for consumption, justice and public safety considerations, and the pricing, labelling, packaging and marketing of cannabis products.

PREPARING FOR LEGALIZATION

CCSA lent expert perspective to several jurisdictions across the country as preparations continued for the legalization of non-medical cannabis. That included participating in an August 2017 roundtable convened by the Government of Ontario's Legalization of Cannabis Secretariat to explore regulatory options for cannabis distribution, marketing and more, and reviewing the Government of Nunavut's draft cannabis education and prevention materials. At the municipal level, CCSA presented at a workshop of public health stakeholders during the May 2017 Halifax Municipal Cannabis Symposium to promote alignment of municipal and provincial regulations with public health objectives.

WHAT CANNABIS AND DRIVING COSTS CANADIANS

The CCSA-led Estimating the Harms and Costs of Cannabis-Attributable Collisions in the Canadian Provinces is the first-ever study of what cannabis and driving costs Canadians. In collaboration with the Centre for Addiction and Mental Health, the study used 2012 data to estimate the toll of cannabis and driving at between \$1.09 billion and \$1.28 billion in deaths, injuries and property damage. The study, which was made possible through a donation from State Farm Canada, also suggests high rates of harm associated with cannabis and driving among youth and young adults between the ages of 16 and 34 — information that will help in targeting public education and prevention efforts.







Older Adults Weigh In on Substance Use and Aging

Older adults' struggles with substance use and addiction have long been overlooked. But with people 55 and over making up the largest subgroup of Canada's aging population, their risk factors and experiences need to be considered. At a series of focus groups last year, older Canadians got to tell their stories, shedding valuable light on substance use and the aging process.

Those older adults included people who had been diagnosed with substance use disorders and participated in geriatric addiction support programs for problematic alcohol or prescription medication use. Their candid accounts revealed a number of areas where research is still needed. They also shared valuable perspective on what healthy aging means to them, the factors that contribute to it and the barriers that exist. It was clear from the sessions that factors including the loss of friends and family, isolation and loss of independence that tend to accompany aging can contribute to problematic substance use in older age.



Older Canadians may use substances less frequently than younger Canadians, but patterns of daily use are more common.

THE STARTING POINT FOR FURTHER RESEARCH

The focus groups were followed by an integrated knowledge mobilization process, which is an approach that brings together stakeholders who can use the gathered insights to improve service delivery and inform research. Results from the focus groups were presented and opened up for discussion about what resonated as well as what service delivery and research should consider — informing the structure of the Substance Use in Canada 2018 edition, Improving Quality of Life: Substance Use and Aging.

SHARING PERSPECTIVE

ACTION ON PROBLEMATIC ALCOHOL USE BY YOUTH

CCSA continued to work with partners to address binge drinking on college and university campuses through the <u>Postsecondary</u> Education Partnership – Alcohol Harms (PEP-AH) collaboration. A key initiative last year was a case study in Sherbrooke, Quebec, that brought together PEP-AH representatives, CCSA, and community and municipal government members to look closely at acute alcohol intoxications of students seen by emergency rooms in their community to inform next steps, including community-level interventions. CCSA will continue working with PEP-AH partners to replicate this study in other communities in 2018–2019.

UPDATED DRUG AND ALCOHOL TESTING GUIDELINES FOR CORONERS

CCSA updated the 2011 drug and alcohol testing guidelines for coroners last year with funding from Public Safety Canada. The updated guidelines reflect current research on sample collection and testing and make practice recommendations for today's Canadian substance use landscape, most notably around the opioid crisis and the legalization and regulation of non-medicinal cannabis use. These guidelines will continue to play an important part in determining the extent to which alcohol and other drugs contribute to mortalities in Canada.

SETTING STANDARDS FOR ORAL FLUID DRUG SCREENING DEVICES

CCSA co-developed national standards for oral fluid drug screening devices with the Canadian Society of Forensic Science Drugs and Driving Committee in advance of the legalization of non-medical cannabis use. These standards will help ensure devices used to enforce laws against cannabis use and driving test for the right compounds, reliably identify target drugs, and are portable and rugged enough for roadside use, among other performance requirements.



Recovery

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Learning from the U.S. Opioid Experience

Canada is not alone in confronting the toll of opioid addiction. Problematic use has devastated individuals, families and communities across the United States as well. Learning how authorities there have responded to the crisis can help Canada take an eyes-wide-open, evidence-informed approach in communities here at home. To gather that knowledge, CCSA co-hosted an expert forum with the United States Embassy in Ottawa.

Pillars of Change: Priorities for Addressing the Opioid Crisis brought together Canadian and U.S. experts in prevention, harm reduction, treatment and enforcement to discuss current initiatives, lessons learned and opportunities for joint action. The March 2018 event offered Canadian stakeholders an opportunity to learn about what has and has not been effective in addressing the opioid crisis and the significant overdoses across the border, and to identify opportunities to build on initiatives underway.



Opioids are estimated to have caused more than 4,000 deaths in Canada in 2017 — and more than 66,000 in the United States for that same year.

AN ONGOING DIALOGUE

Canada-U.S. experience sharing on opioids began at the 2017 Issues of Substance conference with a best practices workshop supported by the U.S. Embassy. That and the expert forum have spurred a larger program that will include a six-city cross-Canada speaker series in 2018, bringing expert international perspectives on the opioid crisis to Vancouver, Edmonton, Winnipeg and other cities. Insights and lessons learned gleaned from these sessions will appear in a report CCSA will publish after the series concludes.

SHARING PERSPECTIVE

INTERNATIONAL BEST PRACTICE SHARING At the U.S. National Institute on Drug Abuse International Program's 22nd Annual International Forum in Montreal last June, CCSA presented on how it developed a national research agenda to inform policy decisions on cannabis legalization in Canada. The three-day event, which CCSA co-sponsored, drew more than 200 participants from 46 countries.

CANADIAN PERSPECTIVE ON DRUG-IMPAIRED DRIVING

FROM RESEARCH TO POLICY:

Evolving cannabis policies around the world have posed challenges for jurisdictions related to drug-impaired driving. The third international symposium on drug-impaired driving took a clear-eyed look at the issue last October in Lisbon. The symposium was a joint effort between CCSA and international partners. CCSA presented research on drugimpaired driving enforcement approaches, including advances in drug testing, screening and detection. The knowledge shared and the evidence-informed approaches identified will inform responses to this issue going forward.



SHARING PERSPECTIVE



Seeing Recovery Through the Eyes of Those Living It

More than 850 people living in recovery from drug and alcohol addiction took part in Canada's first-ever national recovery survey. Their responses delivered a message of hope: recovery is achievable and sustainable, and those who experience it are more engaged with their families, friends, co-workers and communities.

People in recovery not only responded to the Life in Recovery survey but were also involved in developing and executing it through participation in an expert advisory group that included researchers from the field. The final report, *Life in Recovery from Addiction in Canada*, was published in spring 2017 and makes a compelling case for the promise of recovery. It gives insight into the many ways it can be achieved and sustained, including through professional services, informal supports and formal support groups. It also sheds light on the challenges many face along the recovery journey, including access to services, stigma and financial barriers.

TOOLKITS FOR TALKING AND SUPPORTING RECOVERY

CCSA continued to draw on the perspective of people in recovery to develop a communications toolkit guiding partners and stakeholders in how to share the survey findings and stimulate public discussion about recovery. CCSA also developed a complementary toolkit to help treatment service providers and decision makers to build a recovery-oriented system of care in Canada using the principles of recovery in practice and policies.



The full *Life in Recovery* report has been **downloaded more than 10,000 times** and been **presented at 10 events** across the country.

Canada's **first-ever national recovery survey** captures the perspective of
Canadians with lived experience and
will serve as a source of inspiration that **recovery works and can be sustained**.







Responding to the need for information and action on substance-related issues is a collective effort. CCSA thanks all of the individuals and organizations we have partnered with since 1988 to advance substance use and addiction practice and policy in Canada. We have successfully collaborated across all levels of government, the research and academic communities, and the non-governmental and frontline sectors, working with our partners to reduce the harms of substance use throughout Canadian society. The reports highlighted below are the products of some of our especially significant partnerships.



The statue pictured here was introduced in 1992 as the centrepiece of CCSA's National Award of Distinction program. Designed by Ottawa artist Rand MacIvor and sculptor Bruce Garner, the statue symbolizes the triumph of the individual over adversity with the help of family, friends and their community.

Photos of the statue taken from different angles appear throughout this report, illustrating the important message that perspective counts when it comes to getting a clear view of a complex issue like substance use and addiction. Recognizing the importance of perspective, CCSA seeks to bring together a range of views on substance use from partners and collaborators.



Some of CCSA's milestone work in sharing perspectives:

2006

The Costs of Substance Abuse in Canada 2002

The first study of the impact of substance use on the economy through health care, law enforcement and lost productivity costs — a collaboration between Dr. Jürgen Rehm with the Centre for Addiction and Mental Health and CCSA



2011

Canada's Low-Risk Alcohol Drinking Guidelines

Guidelines to help Canadians moderate their alcohol consumption that were developed on behalf of the National Alcohol Strategy Advisory Committee



2013

First Do No Harm: Responding to Canada's Prescription Drug Crisis

Major collaborative report produced by the National Advisory Council on Prescription Drug Misuse to help address the harms associated with psychoactive drugs



2015

The Effects of Cannabis Use during Adolescence

Written by well-known and respected experts in the field of cannabis research under the leadership of the Scientific Advisory Council, this timely report overviews the latest research on cannabis and youth



2017

Life in Recovery from Addiction in Canada

This report on the first survey of Canadians in recovery from addiction, which was conducted by CCSA and the National Recovery Advisory Committee, also examines treatment services and supports



2017

Finding Quality Addiction Care in Canada: Drug and Alcohol Treatment Guide

This guide was developed in partnership by the Canadian Executive Council on Addiction, the Government of Alberta and CCSA to help members of the public make informed decisions about substance use treatment





GATHERING AND SHARING PERSPECTIVE ACROSS THE COUNTRY

An at-a-glance look at where CCSA gathered input and lent its expertise last year.





CANNABIS KNOWLEDGE SHARING

Recovery

Municipal Cannabis Symposium Halifax

Roundtable by Government of Ontario's Legalization of **Cannabis Secretariat** Toronto

Senate Standing Committee on Canadian Cannabis Act Ottawa

MOU with Government of



EVENTS

U.S. National Institute on **Drug Abuse, International Forum** Montreal

Issues of Substance Calgary

Signature Speaker Series

Pillars of Change: Priorities for **Addressing the Opioid Crisis** Ottawa

Law Enforcement Roundtable on the Opioid Crisis Ottawa



LIFE IN RECOVERY **PRESENTATIONS**

Vancouver Calgary Niagara Falls **Toronto** Ottawa Montreal St. John's

Victoria



FOCUS GROUPS

Cannabis Communications Guide. **Youth Workshop**

Calgary

Cannabis Communications Guide, Youth Allies Workshop

Calgary Ottawa

Cannabis and Driving Focus Group

Edmonton **Toronto** Ottawa

St. John's

Older Adults Focus Group on Substance Use and Aging Southern Ontario



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, 2018, 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, 2018. We expressed an unmodified audit opinion on those financial statements in our report dated June 25, 2018.

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, 2018, 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 OHawa LLP

Chartered Professional Accountants, Licensed Public Accountants June 25, 2018 Ottawa, Ontario

Notes to Summary Financial Statements March 31, 2018

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, 2018, 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 that expires March 31, 2021. 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 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. Certain agreements extend beyond the end of the 2018 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		2018		2017
Assets Cash and cash equivalents, and investments Other current assets Capital assets - net book value	\$	3,248,176 722,168 375,213	\$	2,865,051 530,040 489,278
	\$	4,345,557	\$	3,884,369
Liabilities and Net Assets				
Liabilities	•	0.007.500	Φ.	4 555 707
Accounts payable, accrued liabilities and deferred revenue Net Assets	\$_	2,027,532	\$	1,555,707
Internally restricted Unrestricted	_	2,064,597 253,428		2,178,662 150,000
		2,318,025		2,328,662
	\$	4,345,557	\$	3,884,369
Summary Statement of Operations and Changes in Net Assets For the year ended March 31		2018		2017
Revenue (note 2) Health Canada primary funding contributions Other	\$	8,279,564 1,061,377	\$	7,776,905 459,162
		9,340,941		8,236,067
Expenses (note 2) Salaries, benefits and professional development Contractors, honoraria and other project costs Travel Office and administration Rental of premises and equipment Amortization of capital assets	-	5,227,014 1,794,901 965,908 821,157 403,651 215,916		5,348,223 1,124,565 758,659 490,408 393,129 193,129
	_	9,428,547		8,308,113
Deficiency of revenue over expenses for the year before net investment income		(87,606)		(72,046)
Net investment income	_	76,969		184,579
Excess (deficiency) of revenue over expenses for the year		(10,637)		112,533
Net assets, beginning of year	_	2,328,662		2,216,129
Net assets, end of year	\$	2,318,025	\$	2,328,662
Summary Statement of Cash Flows For the year ended March 31		2018		2017
Cash flows from (used in): Operating activities Investing activities	\$	466,243 303,867	\$	169,043 (168,120)
Net increase in cash and cash equivalents for the year		770,110		923
Cash and cash equivalents, beginning of year		756,733		755,810
Cash and cash equivalents, end of year	\$	1,526,843	\$	756,733



OUR LEADERSHIP As of June 1, 2018

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.

BOARD of DIRECTORS

Governor in Council Appointees Curtis Clarke (Alberta)

Deputy Minister of Education, Government of Alberta

Christopher Cull (Ontario)

Director, Producer, Founder of Inspire by Example

Vaughan Dowie (Ontario) Chair; Member of the Executive Committee CEO. Pine River Institute

Renu Kapoor (Saskatchewan) Social Work Consultant and Community Leader

Members-at-Large

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

Dr. Jean-François Boivin (Quebec) Treasurer,

Chair of the Finance Committee. Member of the Executive 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)

Chair of Nominations and Governance Committee, Member of the Audit Committee and Vice-Chair of the Executive Committee

Former Director General. Canadian Human Rights Commission

Deborah Dumoulin (Quebec) Member of the Finance

Committee Financial management consultant

Audrey McFarlane (Alberta) Board Secretary, Member of the Nominations and Governance Committee and **Executive Committee** Executive Director,

Michael Prospero (Ontario) Chair of the Audit Committee. Member of Nominations and Governance Committee, Member of the Executive

Lakeland Centre for FASD

Committee Retired Superintendent of Education,

Dufferin-Peel Catholic District School Board

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

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)

Dr. 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)

Meredith Porter (Ontario)

Rémi Quirion (Quebec) Pierre Sangollo (Quebec)

Jan Skirrow (British Columbia) Dr. Sherry H. Stewart (Nova Scotia)

Margaret Thom (Northwest Territories)

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



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OUR TEAM As of June 1, 2018

EXECUTIVE OFFICE

Rita Notarandrea

Chief Executive Officer

Rhowena Martin

Vice-President, Operations and Strategies

Glenn Brimacombe

Vice-President, Strategic Partnerships and Priorities

Nathalie Amireault

Executive Assistant to the VP, Operations and Strategies

Irene Brady

Executive Assistant to the CEO

Vacant

Facilities and Executive Office Administrative Assistant

FINANCE

Anne Richer

Director, Finance

Shelley Ma

Senior Financial Analyst

Paul Gino Ulysse

Pay and Benefits Coordinator/ Financial Analyst

Hoda Saad

Accounts Payable Coordinator

HUMAN RESOURCES

Darlene Pinto

Director, Human Resources

Sheena Dunn

Human Resources Generalist

Sarah Cole

Human Resources Assistant

INFORMATION SYSTEMS AND WEB SERVICES

Christine Boisvert

Director, Information Systems and Web Services

Christopher Austin

Web and Multimedia Specialist

Manon Blouin

Information Analytics Specialist

Heather Coles

Web Manager

Tanima Maiumdar

CRM Database and Electronic Document Management System Coordinator

David O'Grady

Information Technology Manager

Karen Palmer

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