



Putting the pieces together

Creating impact

Annual Report 2020–2021



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

During the COVID-19 pandemic, the need for information and solutions to address the harms of problematic substance use was greater than ever.






At CCSA, we responded — continuing our work to advance solutions based on trusted, evidence-based research and guidance.

We did not do it alone. We joined with partners in every corner of Canada, supporting, leveraging and contributing to their efforts. We brought together evidence, tools, experience and perspective for creating real impact and meaningful change for all people in Canada.

This report shows how we assembled the “puzzle pieces” throughout the pandemic year to help people in Canada lead healthier, safer and more productive lives.

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ISSN 1705-1177

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CEO's message



COVID-19 made life harder and more complicated for many people in Canada last year — and had a direct impact on substance use. Our role as a convenor, advisor and supporter of efforts to reduce harms, improve health and wellness, and increase community safety took on new urgency. It became more important than ever to make sure the right pieces were in the right places at the right times, and to shine a spotlight on the good work taking place nationally and internationally.

As a highly collaborative organization, we are used to working closely with our networks, partners and stakeholders. Physical distancing and travel restrictions meant we had to find new ways to keep that collective work moving and get critical information out quickly. We teamed up with pollsters to gauge how people in Canada were faring. We launched our first-ever webinar series to reach a broad audience with timely information, leveraging the outstanding work of our partners. We developed new partnerships and strengthened existing ones. We worked more closely than ever with the Mental Health Commission of Canada and the Canadian Institutes of Health Research, and joined forces with Healthcare Excellence Canada to support some of Canada's most vulnerable people in community settings.

Even as we pivoted to address new needs, we strengthened our work tackling Canada's opioid overdose crisis and the devastating impact of stigma. We also received funding to update the country's Low-Risk Drinking Guidelines, which took on new significance given the rise in alcohol consumption seen throughout the year.

These many efforts called not just for new ways of working but also for an approach rooted in compassion — driven by those closest to the issues. We checked in regularly with stakeholders, partners, people with lived and living experience of substance use and their families and friends to ensure we reflected their needs to the best of our abilities. We shared our learnings with those in our sector so they too could respond effectively. We recognized that our own team faced challenges. Each of us had something to deal with in the pandemic reality. I am proud to say everyone in our organization stepped up and continued to serve and create real impact, no matter what the year threw at them. I sincerely thank them all for their tireless commitment to our important work while they juggled personal demands.

2021–2022 will no doubt present its own challenges. I know we will meet them, guided by our new strategic plan and supported by our renewed five-year contribution agreement with Health Canada. We will continue to grow our work in anti-racism, diversity and inclusion, educating ourselves and listening to affected communities, with a particular focus on healing and nurturing our relationships with Indigenous peoples. We will continue to implement our new strategic and business plans and work much more closely with our pan-Canadian health organization partners to create better health outcomes for people who use substances from coast to coast to coast. We will continue to listen, to learn and to serve.

A handwritten signature in black ink, reading "Rita Notarandrea".

Rita Notarandrea, M.H.Sc., C.H.E., ICD.D
Chief Executive Officer

Focused on the future

CCSA strategic plan: 2021–2026

In June 2020, we finalized and released a new [five-year strategic framework](#) to guide our actions to 2026. Developed in collaboration with a wide range of stakeholders, we are confident the new plan reflects our sector's most important priorities.

We listened to those stakeholders and learned from them and over the next five years we will put the plan into action, taking meaningful steps to:

Advance knowledge by synthesizing research	Drive collaboration efforts across Canada	Bridge the gap between what we know and what we do
<ul style="list-style-type: none">• Make evidence-informed research easily accessible to key audiences• Promote increased knowledge, understanding and awareness of substance use and addiction• Monitor emerging trends and alert stakeholders	<ul style="list-style-type: none">• Mobilize collective efforts by connecting and convening stakeholders toward a common goal• Shine a spotlight on initiatives in the provinces, territories and communities	<ul style="list-style-type: none">• Equip the substance use field with the knowledge to respond effectively• Serve as an amplifier for news and research related to substance use and addiction• Inform policy makers on new research, leading practice and emerging issues

Through the coming years, we will continue to value and incorporate the voices of people with lived and living experience of substance use and their families and friends in everything we do. We will prioritize equity and inclusivity in our work. Together, we will achieve our North Star outcomes:

An accessible, inclusive continuum of quality services and supports

Evidence-informed responses that reduce substance use harms

Chair's message



The word of the year for 2020–2021 no doubt was “pivot,” given the ways organizations had to lean on agility, refocus priorities and shift business models to adapt to the new reality. But for many — especially in the substance use field, including CCSA — there was a further dimension to the challenge, taking on new work and priorities while not losing sight of all the work that was already underway.

I am proud to say that even with a heavier load and increased urgency, CCSA delivered last year. Despite the pandemic, we brought together governments, organizations and people with diverse voices to help people in Canada lead healthier, more productive lives. CCSA came forward as a credible voice and a champion of innovative work being done by others right across Canada, shining a light on the work and progress being made in every corner of the country. The organization generated an enormous volume of much-needed knowledge and communication products, getting this information out as quickly as possible to address the needs of people who use drugs and alcohol at a time of significant change in public health measures and overall service delivery.

We at the board level had to adapt our ways of working, adjusting our meeting schedule and getting very familiar with the quirks of video conferencing. I thank my fellow directors for their flexibility and ongoing dedication through a demanding time.

Looking ahead, we will continue to support CCSA's ongoing work with key stakeholders including other pan-Canadian health organizations and people with lived and living experience of substance use and their families and friends — in particular through the highly successful LLEAFF (Lived and Living Experience and Family and Friends) advisory groups — on the full range of crucial issues related to substances and the people who use them.

A key area of focus in the coming year will be to shepherd even greater collaboration with partners in the mental health sector as we look to implement effective post-pandemic actions that address the significant and emerging needs in the field. Into 2021–2022, we will continue to guide and oversee CCSA's implementation of its strategic plan and support CCSA's crucial mission to the best of our ability.

I thank Health Canada and the Government of Canada for their renewed support of CCSA's mission last year. And I extend my sincerest thanks to our CEO, Rita Notarandrea, her leadership team and the entire staff at CCSA for their tremendous work and incredible dedication throughout the year.

A handwritten signature in black ink, reading "Vaughan Dowie". The signature is fluid and cursive, with the first name being more prominent.

Vaughan Dowie
Chair, CCSA Board of Directors



COVID-19

Pulling together experts and evidence to fill information gaps during a pandemic

The COVID-19 crisis was in full swing by the start of the fiscal year, and we were already hard at work developing and curating resources for our [COVID-19 resource hub](#) — making expert perspective and innovative ideas from around the world available to decision makers, care providers and the Canadian public. Over the course of 2020–2021, we built up the hub to include more than 150 resources from every corner of Canada and around the globe, helping inform a way forward for many of our partners as they pivoted to the new reality.

We also took steps to support our partners by gathering disparate facts and pushing urgently needed information out to key audiences. We launched our first-ever [webinar series](#) on a wide range of pandemic-related issues — from supports for youth to alcohol and substance use trends, treatment access, withdrawal management and more. Canada's Chief Public Health Officer, Dr. Theresa Tam, was among the notable guest speakers to participate. Evaluation results clearly told us we were on the right track. We distilled the findings of our outreach to people with lived and living experience, service providers and others into policy briefs for decision makers to inform a way forward. And we worked with multiple partners on a study to better understand the benefits and risks of virtual care.

As long-term care facilities struggled to deliver services in the pandemic while providing quality care, we partnered with Healthcare Excellence Canada to expand their innovative Long-Term Care+ initiative. We extended its proven model to homeless shelters and residential substance use treatment facilities. By the end of the year, we had funded 175 beds in British Columbia, Ontario and Saskatchewan, and the work carried on and expanded through the new fiscal year.

9 webinars

delivered to

2,970
viewers

(live and on-demand)

with a

satisfaction rate of

96%

2 policy briefs

to inform decision makers on

COVID-19 impacts

for people who use substances

19%

year-over-year increase in
information products

and an over
200% increase
in communication products
developed and published
by **CCSA**

More than

150
resources

on

**COVID-19 and
substance use**

available through the

CCSA
resource hub

5 substance use
facilities and shelters

in B.C., Ontario and Saskatchewan
funded in partnership with

Healthcare Excellence Canada
to address

COVID-19 service disruptions



Gambling

Gathering insight from international partners and Canadian stakeholders about the harms of gambling

While problematic gambling does not necessarily involve substances, it often intersects with problematic substance use and can create significant harms. In 2020–2021, we worked with provincial gambling authorities in Canada and agencies around the world to gather data on the nature of the harms of gambling, as well as on when and how gambling behaviours typically become problematic.

Based on that research, we have developed the world's first Lower-Risk Gambling Guidelines. Due to be published in fall 2021, the guidelines offer practical advice for individuals on how to set reasonable limits, recognize concerning trends, and understand how mixing substance use and gambling increases the risks of crossing the problematic threshold.

14

presentations

delivered to

**Canadian and
international
partners**

Ongoing
consultation
with

more than

20

stakeholders

Input

from more than

10,000 people

in Canada

and more than a dozen

international partners

on the

Lower-Risk Gambling Guidelines



Data and insights

Bringing partners together to inform public policy with data

From the very start of the fiscal year, we worked with polling companies to survey people in Canada and understand their use of alcohol, cannabis and other substances, as well as their access to treatment services during the pandemic. As the months went on, we also partnered with the Mental Health Commission of Canada to incorporate a mental health perspective.

We produced a report on the changes to alcohol and cannabis retail regulations taking place in each province and territory during the pandemic and we have committed to tracking these changes going forward. Combined with data from our surveys and other sources, this information will shed light on the relationship between alcohol and cannabis regulations, pricing, access and consumption, ultimately enabling us to show policy makers how pricing and access affect consumption of substances and related harms.

The more usable data is, the more powerful it becomes. With that in mind, we continued our partnership with the Canadian Institute for Substance Use Research at the University of Victoria last year, adding the most recent available information (2017) to the [Canadian Substance Use Costs and Harms project](#) and its [online data visualization tool](#). Individuals can use the tool to view and sort data based on specific needs, while also creating and downloading customized charts, maps and tables to assist in their work. We enhanced the data collection infrastructure so future updates can be done faster and stakeholders will always have access to the most current data.

Key data trends released in 2020–2021

Alcohol policy
amended to
expand

online pick-up
and delivery in

8 provinces

41
external surveys
administered

The total cost
of substance use
in Canada in 2017
was

\$46 billion

Since fall 2020, around
30%
of people
who use alcohol
and

35%
of people
who use
cannabis

report increased use
during the pandemic



Opioids

Collecting crucial perspective from those closest to the opioid crisis

COVID-19 amplified the harms of opioid use. There were almost 25,000 emergency department visits and 11,000 hospitalizations related to opioids between March and September 2020, increases of 8% and 7%, respectively, compared to the same timeframe in 2019. 5,148 apparent opioid toxicity deaths occurred during the first nine months of the pandemic (April to December 2020), representing an 89% increase from the 2,722 deaths during the same period in 2019. Together with the Canadian Community Epidemiology Network on Drug Use (CCENDU), early in the pandemic we produced two bulletins on opioid-related risks, including drug adulteration, withdrawal and solitary use. When we realized the toll the pandemic might take on harm reduction workers, we redid an already finished survey to gain insight into the new pressures and challenges these professional workers face. We incorporated additional input from our LLEAFF (Lived and Living Experience and Family and Friends) groups to ensure their perspectives were considered.

As the pandemic continued, we worked with multiple partners on a range of initiatives. We launched a collaboration with The Royal Ottawa Mental Health Centre and the Women's College Hospital in Toronto to better understand patient and provider perspectives on how Ontario's COVID-19 guidance on opioid agonist treatment affected access to this treatment and whether changes should be maintained beyond the pandemic. The Improving Treatment Together project entered its second phase of collaboration with youth and their families, piloting co-designed opioid treatment prototypes in Alberta and British Columbia that reflect what youth say they need. We built on work started in 2019 to develop the Ottawa Community Action Plan to address mental health and substance use with a focus on opioids. In November 2020, we, along with Ottawa Public Health, The Royal, the Community Addictions Peer Support Association and the Canadian Public Health Association, hosted a virtual summit to advance the work on combating stigma, reducing harm and centralizing access to services. A CCSA team participated in two ministerial round tables hosted by Minister of Health Patty Hajdu and Minister of Labour Filomena Tassi and focused on opioid overdose in physically demanding workplaces such as the trades and construction. We will be working with Health Canada to develop a toolkit for employers to enhance workplace health and safety practices in the upcoming year and reduce the risks and harms of substance use in physically demanding workplaces.

62%

of opioid-containing samples
also contain

fentanyl –

one of several findings from

2 CCENDU bulletins

on the drug supply in Canada and the
effects of COVID-19 issued in April and May 2020

7 opioid treatment
approach prototypes

co-designed by

Improving Treatment Together participants

in Alberta and B.C.

A decorative graphic at the top of the page consists of several interlocking pink puzzle pieces of various shapes and sizes, arranged in a cluster that tapers towards the right.

Strengthening the workforce

Enhancing treatment and services with science and lived experience to meet evolving needs

Finding the right, best-qualified people to fill roles is an ongoing challenge for organizations that address the harms of substance use — one made even more daunting as COVID-19 accelerated the evolution of service delivery models and client needs.

Last year we fully updated our [Behavioural and Technical Competencies for Canada's Substance Use Workforce](#), which contribute to the quality of services and supports with information on the skills, knowledge and actions needed by the workforce, as well as [guidance on using a competency-based framework](#) to staff regulated and unregulated roles. The update drew on extensive input from stakeholders, including our LLEAFF groups, which offered invaluable reflections from the perspective of lived experience. The *Competencies* now better bridge the gap between what we know and what we do, covering new topics such as anti-oppression strategies and virtual care, and helping us achieve our North Star outcomes. We have made the updated version available in an interactive, searchable online format.

With CCSA support, the [Brain Builders Lab](#) used an innovative model to provide training supports to service providers, educators and others on how adverse childhood experiences shape brain development and can affect substance use behaviours later in life. Professionals can use this knowledge to change their practices.

We translated the Brain Story Certification Course into French and attracted more than 1,400 new training registrations through promotional efforts. Exit surveys found that all 25 projects completed through the Brain Builders Lab in 2020–2021 increased stakeholder knowledge and awareness and in several cases helped reduce stigma. The projects, by teams across the country, also had a real impact on service delivery, with 76% inspiring practice changes and almost half leading to policy changes — including many organizations now requiring or encouraging staff to take Brain Story training as part of their professional development.

2 behavioural
competencies
and

2 technical
competencies

**fully
updated**
and revised

based on
LLEAFF feedback

3
tutorial videos
developed to
help users
apply the
Competencies

25
Brain Builder projects,

including
230

communication products,

93%
satisfaction rate

for the

**Brain Builders Lab
initiative**

reached
34,550
stakeholders



Stigma

Weaving lived and living experience of substance use into what we do to change conversations

Through our LLEAFF groups and other initiatives, we integrated the perspectives of people with lived and living experience of substance use into nearly everything we did in 2020–2021. We made sure their voices were heard, their concerns were acknowledged and their needs were better met.

Throughout the year, we connected students, educators, service providers and the public in a range of anti-stigma efforts. The theme of this year's National Addiction Awareness Week, "Change Begins with Me," highlighted how individual actions can make a difference. A collaboration with Carleton University, Algonquin College and the University of Ottawa led to the development of "Stigma 101" courses to reduce stigma among faculty, staff and students. Uptake was positive and other post-secondary institutions are looking at integrating the courses into their own online platforms.

We also began producing our own online learning modules to help the general public and service providers reduce stigma and promote access to the care people need. We started with [The Pain of Stigma](#), launched in fall 2020, and will release two additional modules in the coming year.

More than

2,400 views

of

***The Pain
of Stigma***

learning
module

(2,038 English, 369 French)

827

downloads

of the

***Language
of Addiction:
Words Matter***

fact sheet

1,945 posts

during National Addictions Awareness Week

and **2,375 engagements**

using #NAAW

12,381,742

accounts reached

Report of the Independent Auditor on the Summary Financial Statements

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

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2021, 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, 2021.

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 June 22, 2021.

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 S.E. N.C. R. L.

Chartered Professional Accountants,
Licensed Public Accountants
Ottawa, Canada
June 22, 2021

Salary Disclosure

As of March 31, 2021, CCSA had 71 full-time employees. See the auditor's report for their salary and benefits. The directors on CCSA's board are volunteers and do not receive any remuneration.

Salary Ranges	Minimum \$	Maximum \$
Level 1 (Governor in Council, Level 6)	Available on Privy Council website	
Level 2 Executive	109,360	165,308
Management	93,440	150,370
Professionals	67,680	128,480
Specialists and Technicians	50,320	79,200
Administrative Support	44,320	60,940

Summary Annual Financial Statements

Summary Statement of Financial Position

As of March 31, 2021

Assets	2021 \$	2020 \$
Cash	3,048,184	2,978,356
Trade and other receivables	357,405	473,222
Contributions receivable	35,801	–
Prepaid expenses	155,008	81,462
Investments	2,583,084	2,271,599
Capital assets	150,959	205,775
	6,330,441	6,010,414
Liabilities		
Trade payables and other payables	1,153,022	1,215,023
Deferred revenues from contributions and external contracts	2,541,795	2,536,820
	3,694,817	3,751,843
Net Assets		
Invested in capital assets	150,959	205,775
Internally restricted for contingencies	901,165	901,165
Internally restricted for future projects	788,219	788,219
Unrestricted	795,281	363,412
	2,635,624	2,258,571
	6,330,441	6,010,414

Summary Statement of Operations and Changes in Net Assets

Year ended March 31, 2021

Revenues	2021 \$	2020 \$
Health Canada primary funding contributions	9,357,530	9,276,612
External contracts	560,131	902,772
Other contributions	2,351,582	1,434,197
Conference	–	574,438
Other income	16,128	21,731
Net investment income	314,271	(11,757)
	12,599,642	12,197,993
Expenses		
Salaries and employee benefits	7,064,311	6,705,559
Contractor fees	3,897,865	2,693,027
Equipment maintenance and repairs	11,803	27,934
Honorariums	45,387	103,035
Rent	300,674	361,797
Equipment rental	22,541	24,109
Insurance	19,310	16,142
Travel	78,058	1,426,822
Research expenses	10,858	20,851
Printing	23,355	104,989
Advertising	67,321	78,630
Office supplies and expenses	242,052	264,914
Telecommunications	164,284	151,692
Membership fees	23,644	26,657
Professional fees	55,674	34,779
Recruitment	72,473	87,675
Amortization of tangible capital assets	118,322	146,310
Amortization of intangible capital assets	4,657	23,166
Gain on disposal of tangible capital asset	–	(11)
	12,222,589	12,298,077
Excess (deficiency) of revenues over expenses	377,053	(100,084)
Net assets, beginning balance	2,258,571	2,358,655
Net assets, end of year	2,635,624	2,258,571

Summary Statement of Cash Flows

Year ended March 31, 2021

Cash flows provided by (used in)	2021 \$	2020 \$
Operating activities	162,928	1,725,692
Investing activities	(93,100)	(157,333)
Net increase in cash	69,828	1,568,359
Cash and cash equivalents, beginning of year	2,978,356	1,409,997
Cash and cash equivalents, end of year	3,048,184	2,978,356

Our Leadership

as of March 31, 2021

Senior Leadership Team

Rita Notarandrea
Chief Executive Officer

Rhowena Martin
Vice-President, Operations and Strategies

Ryan McCarthy
Director, Knowledge Mobilization

Amy Porath
Director, Research

Rebecca Jesseman
Director, Policy

Cathy Frame
Director, Finance

Darlene Pinto
Director, Human Resources

Scott Hannant
Director, Public Affairs
and Communications

Ahmer Gulzar
Director, Information Systems
and Web Services

Pam Kent
Associate Director, Research

Board of Directors

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. 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 (Alberta)
Member of the Audit & Risk Management Committee, and the Performance Management Committee
Deputy Minister, Alberta Ministry of Advanced Education, Government of Alberta

Christopher Cull (Ontario)
Member of the Nominations and Governance Committee
Director, Producer, Founder of Inspire by Example

Renu Kapoor (Saskatchewan)
Member of the Nominations and Governance Committee
Social Work Consultant and Community Leader

Anne Elizabeth Lapointe (Quebec)
Member of the Audit & Risk Management Committee
Executive Director, Addiction Prevention Centre and la Maison Jean Lapointe

Members-at-Large

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

Lesley Carberry (Yukon)
Member of the Executive Committee, and Chair, Audit & Risk Management Committee
Secretary-Treasurer, Teegatha'Oh Zheh Society, Parent Member, FASD 10-Year Strategic Planning Group

Linda Dabros (Ontario)
Vice Chair; Member of the Executive Committee and the Performance Management Committee, and Chair, Nominations and Governance Committee
Former Director General, Canadian Human Rights Commission

Deborah Dumoulin (Quebec)
Treasurer; Member of the Executive Committee and Chair, Finance Committee
Chief Financial Officer, mdf commerce

Daniel Hogan (Ontario)
Member of the Audit & Risk Management Committee
Substance Abuse Violence Prevention Coordinator, Safe Schools Department of Durham District School Board

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

Julie Menten (British Columbia)
Member of the Finance Committee
Senior Associate, Roper Greyell LLP

Donald Nicholls
(Quebec and Cree Nation)
Member of the Finance Committee
Director of Justice and Correctional Services, Cree Nation Government

Ex-Officio Members

Rob Stewart
Deputy Minister, Public Safety Canada

Dr. Stephen Lucas
Deputy Minister, Health Canada

Rita Notarandrea
Chief Executive Officer,
Canadian Centre on Substance Use and Addiction

Alumni Members

Beverley Clarke, Chair (Newfoundland and Labrador)

Normand (Rusty) Beauchesne (Ontario)

Leonard Blumenthal (Alberta)

Dr. Jean-François Boivin (Quebec)

William Deeks (Ontario)

Mike DeGagné (Ontario)

Dr. Nady el-Guebaly (Alberta)

Jean Fournier (Ontario)

Pamela Fralick (Ontario)

Heather Hodgson Schleich (Ontario)

Frances Jackson Dover (Alberta)

Dr. Harold Kalant (Ontario)

Barry V. King (Ontario)

Dr. 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)

Dr. Louise Nadeau (Quebec)

Michel Perron (Ontario)

Dr. Darryl Plecas (British Columbia)

Meredith Porter (Ontario)

Michael Prospero (Ontario)

Rémi Quirion (Quebec)

Pierre Sangollo (Quebec)

Jan Skirrow (British Columbia)

Dr. Sherry H. Stewart (Nova Scotia)

Margaret Thom (Northwest Territories)

Paula Tyler (Alberta)

