

Annual Report 2021–2022

Into **New** Territory

Adapting to a Changing Landscape



Canadian Centre
on **Substance Use**
and **Addiction**

Evidence. Engagement. Impact.

**THE CANADIAN CENTRE ON
SUBSTANCE USE AND ADDICTION**

Celebrating 35 years as the go-to
source for substance use insights
in Canada




Into New Territory Adapting to a Changing Landscape

Many factors drove the evolution of the substance use landscape in 2021–2022 — from COVID-19 and the drug toxicity crisis to intensified service demand and greater awareness of how substance use health intersects with mental and physical health, education, public safety and the economy.

We at the Canadian Centre on Substance Use and Addiction (CCSA) responded with speed and agility. We adopted novel ways of working, formed fresh partnerships, and deployed knowledge and tools in communities, workplaces, schools, healthcare settings and more — seeking to meet the needs of those we serve respectfully and inclusively.

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ISSN 1705-1177

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Chair's Message



Amid last year's ongoing pandemic-related challenges, I am proud of the way CCSA rose to the occasion, finding new ways to mobilize information, support service providers and deliver its own programs. It was truly gratifying to watch the organization adapt to ensure the greatest number of people were being helped.

The appointment of Canada's first-ever Minister of Mental Health and Addictions was an important sign, signalling recognition at the federal level that substance use issues are a priority. That same recognition is happening at the provincial level: six provinces have ministries responsible for mental health and addictions. I hope others will follow suit.

While it is critical to acknowledge substance use as an issue unto itself, it is equally important to appreciate the many ways it intersects with other concerns: mental health, public safety, finance, justice, transportation and more. That intersectionality makes collaboration with partners in a wide range of sectors essential to CCSA's work. Together with the Mental Health Commission of Canada (MHCC), for example, CCSA continued to examine the relationship between mental health and substance use health in the pandemic — pooling collective strengths and expertise to advocate for better systems coordination and integration. This partnership has been tremendously valuable, and I look forward to expanding it and developing others to improve the lives of people across Canada facing substance use health and other challenges.

Late 2021 brought the announcement that CCSA's long-time CEO, Rita Notarandrea, would be retiring. Rita's dedicated leadership and passionate advocacy for substance use health will be deeply missed and difficult to replace. In her tenure, the organization doubled in size and budget, and earned a place at many international, federal and provincial health tables.

Rita's commitment to the principle of "nothing about us without us" will be among her most important legacies. The perspectives of people with lived and living experience of substance use are woven throughout CCSA's culture and influence every project we undertake. On behalf of the Board, the senior leadership team and the entire organization, I thank Rita for her years of dedication to CCSA, to those we serve and to the field of substance use in Canada over the past almost 16 years.

One of the key priorities for the CCSA Board of Directors in 2022–2023 will be finalizing the recruitment of a successor to help take the organization to new territory while solidifying what we do best.

I would also like to thank Health Canada and the Government of Canada for their continued support of CCSA's mission; our other partners, big and small, across the country for the opportunity to collaborate; and the members of the Board, the senior leadership team and CCSA staff for their tireless work, dedication and agility throughout the year. Our business is a human business, and everything we do is possible only through the power of people.

A handwritten signature in black ink, reading "Vaughan Dowie". The signature is fluid and cursive, with a large initial "V" and "D".

Vaughan Dowie
Chair, CCSA Board of Directors

CEO's Message



COVID-19 continued to place a heavy burden on substance use service providers across the country in 2021–2022. They worked relentlessly to keep staff and clients safe while adopting innovative

models of care, such as virtual offerings, to meet the ever-growing demand for care and support. The one question we kept asking ourselves at CCSA was “How do we get in there and help?” And do so quickly.

That drove us into new territory — working not just with our established partners and networks but also more directly with service-providing organizations, with more people with lived and living experience to ensure we continued to respect the principle of nothing about us without us, and with the public to address their thirst for reliable information.

We continued the important effort of building bridges to reconciliation through dialogue with Indigenous leaders and Knowledge Keepers. This ongoing work will make our organization stronger and better able to serve all people in Canada.

Last year, we found ways to empower emergency shelters, employers and others by putting resources directly into their hands. As a national body, we have not been involved in implementation to such a degree or in such ways before, but we knew we had to move faster and differently amid the urgent dual public health emergencies of COVID-19 and the ongoing drug toxicity crisis. We also surveyed substance use health service providers and their clients to understand how the pandemic was affecting them, how well virtual services were meeting their needs, and how we could best support them moving forward, so those we served could receive care in a safe and timely way.

We ourselves had to adopt new modes of delivery and communication, too. Our 2021 Issues of Substance conference was the first to be delivered in a fully virtual format. Thanks to the immense effort of our planning committee, it was also among the most successful conference ever. Registration was the second highest in the event's history. Participants were able to take in more of the proceedings because they could go back and watch recordings of sessions they missed live.

I am extremely proud of the work CCSA has done in the past year. And as I reflect on my entire time as CEO, with this chapter of my career drawing to a close, I know our efforts have helped change the national conversation about substance use and people who use drugs. There is greater recognition of substance use as a health issue — equal and related to mental and physical health — and more understanding of the humanity of people who use substances, including those looking to reduce the harms of substance use and substance use disorders.

Of course, there is still work to be done. Stigma and misperceptions continue to present real barriers to recovery. Substance use health services are fragmented and concentrated on the most severe needs only, leaving those with moderate challenges few options until their conditions get worse. No health provider would tell someone with an early cancer diagnosis to come back when they reach stage 4, yet too many people with substance use health concerns can only access publicly funded support once they “hit bottom.”

To promote true substance use health, we need a more integrated healthcare system that recognizes physical, mental and substance use health are all connected. We need more substance use and addiction specialization and competencies on core health teams, and we need primary care professionals to understand the full range of substance use health services available — and how to navigate them, just as they do for other health conditions.

The issues facing our field are not new, but the attention on them today offers an opportunity for change. I know that CCSA will continue the learning journey it has been on since being founded almost 35 years ago, will evolve to respond to new and emerging issues, and will persist in helping galvanize the collective efforts of stakeholders across the country. There will always be new territory to venture into as we seek to meet the needs of those we serve.

As I look ahead to my retirement, which will take effect once a new CEO is in place, I am incredibly grateful to have been part of CCSA's journey. I am confident I am leaving the organization well prepared for whatever comes next, and I look forward to seeing the good work I know it will continue to do. I give my deepest thanks to our Board, CCSA's senior leadership team and our entire staff for their incredible passion and *raison d'être*. It has been a privilege to work with each of you, and I thank all the wonderful colleagues and partners with whom I have had the absolute pleasure of working.



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

Putting Knowledge to Work in New Ways



In a year when substance use service providers faced record demand amid ongoing COVID-related constraints, CCSA directly empowered organizations with resources and knowledge to do the most good.

CCSA partnered with Healthcare Excellence Canada on the [Learning Together: Emergency Shelters and Substance Use Centres](#) project to provide nearly \$700,000 in funding for 31 emergency shelters and substance use treatment centres. Their already limited budgets were stretched thin by additional requirements for personal protective equipment, enhanced infection controls and other pandemic measures. That novel direct support helped the facilities maintain capacity to deliver vital services to some of the most vulnerable populations, and was supported by webinars, workshops, knowledge summaries and more.

A First-of-its-Kind Toolkit for Employers and Employees in the Trades

To help employers whose workers are experiencing the significant harms of the illegal and toxic drug supply, we teamed up with Health Canada, the Canadian Centre for Occupational Health and Safety, labour unions, and provincial and territorial governments on [Substance Use and the Workplace: Supporting Employers and Employees in the Trades](#).

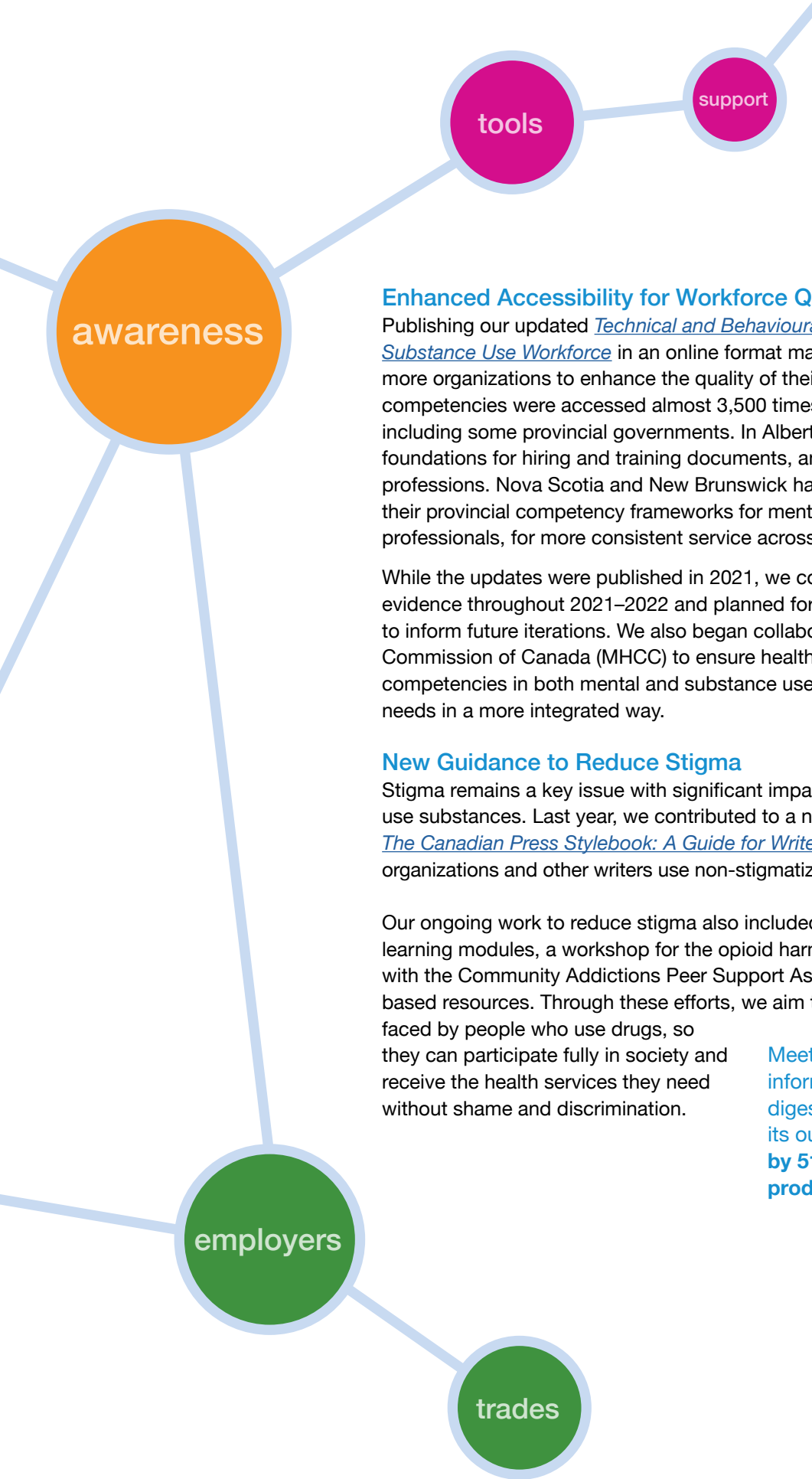
Launched in August 2021, the toolkit addresses the higher risk of opioid use and opioid-related death among workers in physically demanding trades due to higher rates of injury and physical pain, a “work hard, party hard” culture, and the expectation of toughness that stigmatizes seeking help. The toolkit offers a collection

of resources to raise awareness of opioid substance use; stigma; the connections between physical, mental and substance use health; and how to seek help.

OPIOIDS

The employer toolkit we developed on opioids and the trades was **downloaded more than 1,000 times in its first three months** — one of CCSA’s most-accessed resources ever.





tools

support

awareness

employers

trades

Enhanced Accessibility for Workforce Quality

Publishing our updated [Technical and Behavioural Competencies for Canada's Substance Use Workforce](#) in an online format made them accessible to more organizations to enhance the quality of their workforces. Last year, the competencies were accessed almost 3,500 times by a range of organizations, including some provincial governments. In Alberta, the competencies are used as foundations for hiring and training documents, and as practice standards for some professions. Nova Scotia and New Brunswick have also incorporated them into their provincial competency frameworks for mental health and substance use health professionals, for more consistent service across their respective health systems.

While the updates were published in 2021, we continued to collect and analyze evidence throughout 2021–2022 and planned for more robust usage tracking to inform future iterations. We also began collaborating with the Mental Health Commission of Canada (MHCC) to ensure health professionals in the field have competencies in both mental and substance use health and can meet people's needs in a more integrated way.

New Guidance to Reduce Stigma

Stigma remains a key issue with significant impacts on the lives of people who use substances. Last year, we contributed to a new entry in the 19th edition of [The Canadian Press Stylebook: A Guide for Writers and Editors](#) to help journalists, organizations and other writers use non-stigmatizing language about substance use.

Our ongoing work to reduce stigma also included the development of online learning modules, a workshop for the opioid harm reduction community, a webinar with the Community Addictions Peer Support Association and other evidence-based resources. Through these efforts, we aim to measurably reduce the stigma faced by people who use drugs, so they can participate fully in society and receive the health services they need without shame and discrimination.

Meeting the need for more information faster and in more easily digestible formats, CCSA increased its output of **knowledge products by 51%** and **communications products by 74%** in 2021–2022.

Adopting New Delivery Models

When pandemic restrictions limited in-person substance use services and many providers transitioned to virtual models almost overnight, CCSA took on research to understand how well those models were working for those we serve.

We partnered with Canada Health Infoway, The Royal Mental Health Centre and the Canadian Psychological Association to learn more about the [effectiveness, accessibility and sustainability of virtual service and support delivery](#). We surveyed substance use health service providers and their clients about their experiences. The findings showed that virtual care made services more accessible for some people, though others were uncomfortable with technology, lacked connectivity or had concerns about privacy or security. Overall, there is demand for virtual services beyond the pandemic — though not as a replacement for in-person care. Findings from this report will provide valuable insights for policy makers and health system planners as they work to shape the future of the healthcare system in a postpandemic world.

A Virtual Conference With Real-World Impact

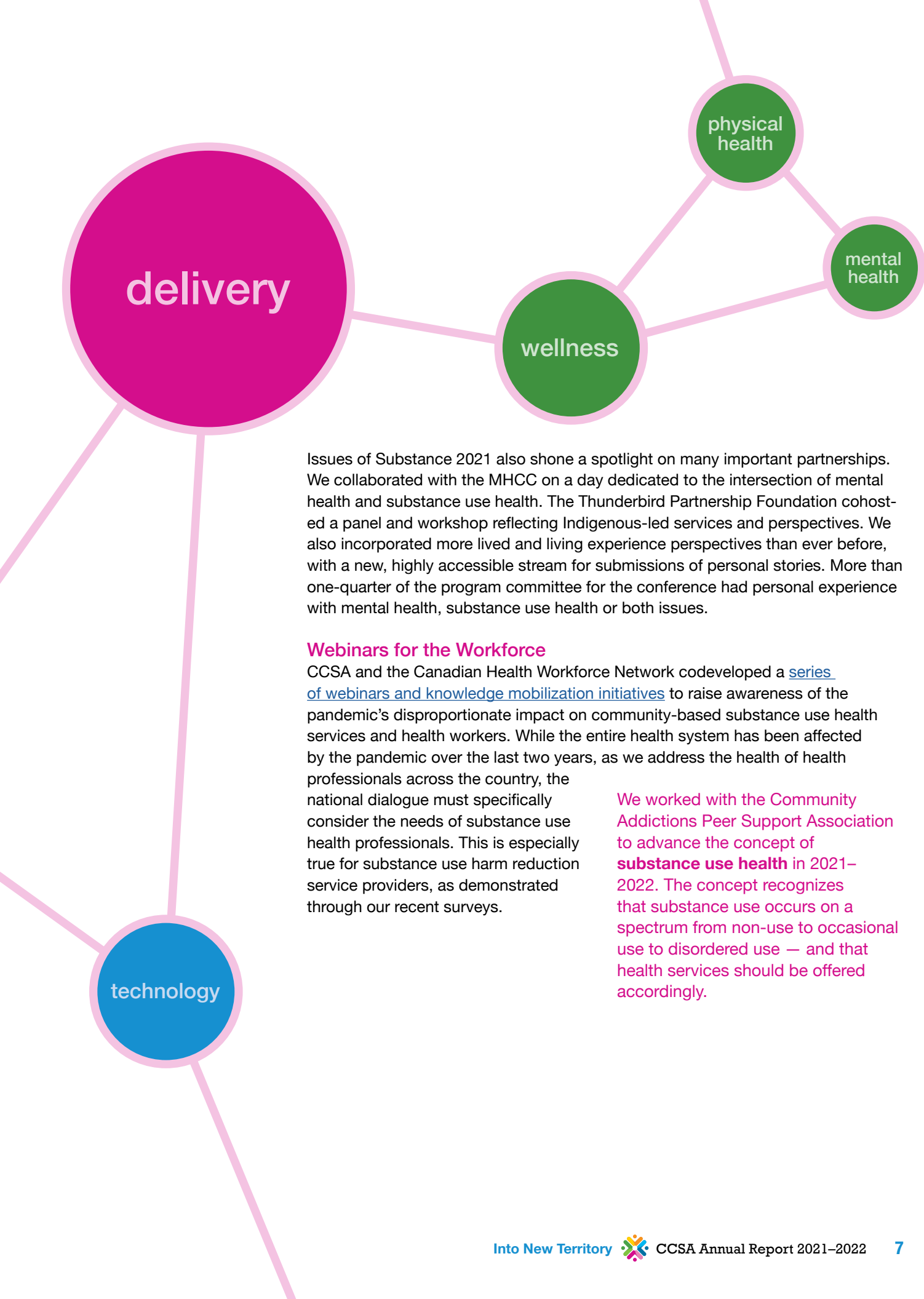
[CCSA's Issues of Substance](#) conference also went online last year, held as a fully virtual event for the first time in November 2021. Working with virtual platform partner Encore Canada, we hosted more than 100 presentations over three days on topics from the illegal and toxic drug supply crisis to the impacts of COVID-19. Registration was the second highest ever, with 758 participants — many first-time attendees who may not have been able to attend an in-person event. Our evaluations showed attendees were impressed by the user-friendliness of the virtual platform and appreciated the replay options that, for the first time, meant

they did not have to choose between sessions. Feedback on this edition of Issues of Substance has been so positive, that we are now considering holding the 2023 edition virtually as well.

ALCOHOL

71% of participants in one international survey said they support a new model for standardized alcohol product packaging that would include caloric information, according to our [2021 literature review of studies on alcohol labelling](#).





delivery

wellness

physical health

mental health

technology

Issues of Substance 2021 also shone a spotlight on many important partnerships. We collaborated with the MHCC on a day dedicated to the intersection of mental health and substance use health. The Thunderbird Partnership Foundation cohosted a panel and workshop reflecting Indigenous-led services and perspectives. We also incorporated more lived and living experience perspectives than ever before, with a new, highly accessible stream for submissions of personal stories. More than one-quarter of the program committee for the conference had personal experience with mental health, substance use health or both issues.

Webinars for the Workforce

CCSA and the Canadian Health Workforce Network codeveloped a [series of webinars and knowledge mobilization initiatives](#) to raise awareness of the pandemic's disproportionate impact on community-based substance use health services and health workers. While the entire health system has been affected by the pandemic over the last two years, as we address the health of health professionals across the country, the national dialogue must specifically consider the needs of substance use health professionals. This is especially true for substance use harm reduction service providers, as demonstrated through our recent surveys.

We worked with the Community Addictions Peer Support Association to advance the concept of **substance use health** in 2021–2022. The concept recognizes that substance use occurs on a spectrum from non-use to occasional use to disordered use — and that health services should be offered accordingly.

Bringing New Approaches to Collaboration

Navigating uncharted territory is often a collective effort. In 2021–2022, we initiated partnerships, strengthened existing ties and continued to engage actively with the people we serve.

Since Canada legalized nonmedical cannabis, support has been growing for the decriminalization of other substances. Last year we shared evidence and insights with interested municipal and law enforcement partners on decriminalization. In December, we published [Evidence-Based Decriminalization](#) for policy makers, outlining key considerations, such as balancing consistency with flexibility, ensuring equity, enhancing substance use health services, and including the voices of diverse people with lived and living experience of substance use.

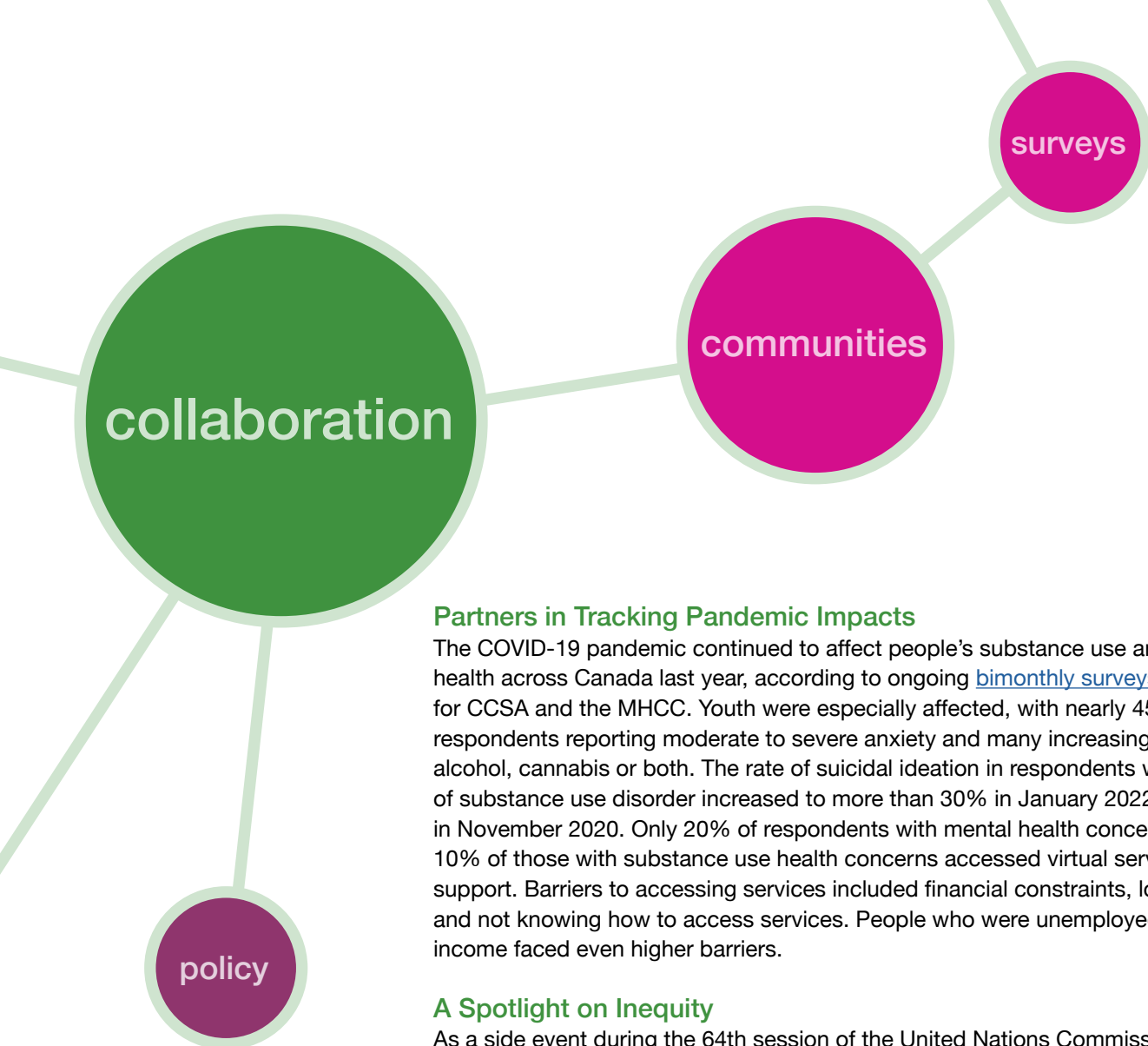
By Parents, for Parents

We also embarked on the second phase of our [Improving Treatment Together](#) project in 2021–2022, working with Foundry Victoria and 12 local parents to develop [Parents Like Us. The Unofficial Survival Guide to Parenting a Young Person with a Substance Use Disorder](#). This support resource for parents is based on the collected experiences and stories of its creators. As different communities have different experiences and needs, we at CCSA are now creating a step-by-step guide to help others develop similar guides for themselves. Other Improving Treatment Together codesigned prototype projects underway last year included a young person’s guide to opioid agonist treatment and an inclusion tool for youth-serving organizations.

GAMBLING

More than a dozen international partners joined CCSA in celebrating the launch of the world’s first [Lower-Risk Gambling Guidelines](#) in September 2021. Since then, the guidelines have been **accessed more than 1,300 times and downloaded more than 350 times**. CCSA has received almost 50 copyright requests to use the guidelines, including 17 from international partners.





collaboration

communities

surveys

policy

Partners in Tracking Pandemic Impacts

The COVID-19 pandemic continued to affect people’s substance use and mental health across Canada last year, according to ongoing [bimonthly surveys](#) conducted for CCSA and the MHCC. Youth were especially affected, with nearly 45% of youth respondents reporting moderate to severe anxiety and many increasing their use of alcohol, cannabis or both. The rate of suicidal ideation in respondents with histories of substance use disorder increased to more than 30% in January 2022 from 13% in November 2020. Only 20% of respondents with mental health concerns and 10% of those with substance use health concerns accessed virtual services for support. Barriers to accessing services included financial constraints, long waitlists and not knowing how to access services. People who were unemployed or had low income faced even higher barriers.

A Spotlight on Inequity

As a side event during the 64th session of the United Nations Commission on Narcotic Drugs, CCSA, in partnership with the Thunderbird Partnership Foundation, the Community Addictions Peer Support Association, the Black Coalition for AIDS Prevention and the Canadian Association of People Who Use Drugs, presented a webinar on how COVID-19 affected substance use health equity. The webinar featured a panel discussion on ways the pandemic worsened existing inequities for marginalized populations and highlighted actions to an international audience that could lessen these effects in the future.

Together with the Durham District School Board, CCSA developed learning modules for educators on substance use, stigma, cannabis and vaping, impaired driving, and alcohol to improve students’ understanding of substance use. The modules have been very well received by schools, and we are scaling up this resource, so other school boards can make effective use of these modules.

We developed a [guide for working and engaging with people who have lived and living experience](#), sharing best practices for developing sustainable and successful relationships. This resource will help organizations better meet the needs of those they serve in an inclusive and respectful way.

Generating New Insights

To ensure emerging questions are answered with sound evidence and the voice of those with lived and living experience, CCSA continued to engage with numerous partners throughout 2021–2022 on vitally important and inclusive research.

In 2022, Canada’s *Cannabis Act* will undergo its first legislative review since coming into effect in 2018 — informed by research carried out last year with CCSA’s support. The research fills some key knowledge gaps identified by Health Canada and includes studies on cannabis poisoning, children exposed to cannabis use at home and trends in the rates of cannabis use among youth. It also looks at correlations between cannabis use and admission to psychiatric care, examining the intersection of substance use and mental health.

To deepen Canada’s understanding of the effects of cannabis on driving, we supported research on the prevalence of cannabis among drivers deemed culpable for collisions and developed a psychophysical test that can be used roadside to assess cannabis impairment.

Real-World Perspective on Harm Reduction Work

CCSA’s upcoming *Substance Use in Canada* report sheds light on the day-to-day realities of substance use harm reduction work. Researchers surveyed harm reduction workers in the field — once pre-COVID with a focus on the drug toxicity crisis and once during the pandemic to factor in its impacts. Harm reduction care providers helped shape the study’s themes, language and data interpretations. The survey found generally high job satisfaction but also rates of burnout and secondary traumatic stress beyond even those of hospital healthcare workers during the pandemic. The report’s recommendations will be mobilized in the

coming year to enhance recognition of and support for workers in this critical and growing sector.

CANNABIS

Cannabis possession charges have **decreased by 97%** since nonmedical cannabis was legalized, reducing burden on individuals and the criminal justice system.

mobilization

support

insights

evidence

research



Early Warning of a Rising Threat

Our December 2021 [bulletin with the Canadian Community Epidemiology Network on Drug Use](#) (CCENDU) highlighted the growing occurrence of nonmedical benzodiazepines in adulterated opioids. This can produce complications that make treatment responses more difficult and may be contributing to the rise in drug toxicity harms and opioid-related deaths. This aligns with the findings of [a study with the Community Urinalysis and Self-Report Project](#), which found unexpected benzodiazepine in 30% to 77% of samples across seven regions. The CCENDU Bulletin also identified specific resources to enable first responders to immediately and effectively provide the care needed in cases of overdose or toxicity-related adverse events.

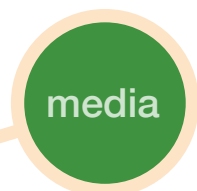
Key Lessons From a Critical Initiative

In March 2022, we published a report on successes and learnings from the joint CCSA–Alberta Family Wellness Initiative [Brain Builders Lab](#). Since 2018, the lab has shared the Brain Story science with 34,550 stakeholders in the healthcare, education, policy and other sectors, as well as people with lived and living experience of mental health and substance use health challenges. All 25 completed Brain Builders projects have increased stakeholder knowledge and awareness. About 76% have led to practice changes. Among the projects that measured attitude changes, more than half reported a decrease in stigma. The results prove the value of generating and sharing critical knowledge that can inform both practice and policy change, and support better outcomes for people who use drugs.

A Major Contributor to Substance-Related Emergency Department Visits

Last year, we completed a multiyear study on emergency department (ED) visits involving alcohol, cannabis or opioids among people ages 12 to 24 years. Data from hospitals in Sherbrooke, Saskatoon and Halifax demonstrate that, although alcohol was consistently the largest contributor to ED visits, some trends differed between communities, highlighting the importance of community-level analyses. The report, which will be released later in 2022, outlines how other communities may be able to reduce the number of substance-related ED visits among youth, provided they tailor measures to specific local substance use trends and other contextual factors.

Our work related to alcohol also included final consultations and evidence reviews to inform the next edition of the Low-Risk Alcohol Drinking Guidelines, to be published later this year.



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, 2022, 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, 2022.

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 16, 2022.

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 Brant Thornton S.E. N.C. R. L.

Chartered Professional Accountants,
Licensed Public Accountants
Ottawa, Canada
June 16, 2022

Summary Annual Financial Statements

Summary Statement of Financial Position

As of March 31, 2022

	2022 \$	2021 \$
Assets		
Cash	3,663,131	3,048,184
Trade and other receivables	336,438	357,405
Contributions receivable	–	35,801
Prepaid expenses	171,591	155,008
Investments	2,702,723	2,583,084
Capital assets	114,816	150,959
	6,988,699	6,330,441
Liabilities		
Trade payables and other payables	1,280,418	1,153,022
Deferred revenues from contributions, external contracts and conference	2,889,047	2,541,795
	4,169,465	3,694,817
Net Assets		
Invested in capital assets	114,816	150,960
Internally restricted for contingencies	1,414,373	901,165
Internally restricted for future projects	1,090,042	788,219
Unrestricted	200,003	795,280
	2,819,234	2,635,624
	6,988,699	6,330,441

Summary Statement of Operations and Changes in Net Assets

Year ended March 31, 2022

	2022 \$	2021 \$
Revenues		
Health Canada primary funding contributions	10,120,081	9,357,530
External contracts	553,176	560,131
Other contributions	2,816,285	2,351,582
Conference	324,937	–
Other income	12,620	16,128
Net investment income	122,548	314,271
	13,949,647	12,599,642
Expenses		
Salaries and employee benefits	7,498,939	7,064,311
Contractor fees	4,515,428	3,897,865
Equipment maintenance and repairs	10,153	11,803
Honorariums	159,357	45,387
Rent	311,285	300,674
Equipment rental	20,343	22,541
Insurance	21,359	19,310
Travel, meetings and accommodations	211,663	78,058
Research expense	131,373	10,858
Printing	1,825	23,355
Advertising	194,344	67,321
Office supplies and expenses	272,611	242,052
Telecommunications	157,364	164,284
Membership fees	19,303	23,644
Professional fees	83,487	55,674
Recruitment	74,096	72,473
Amortization of tangible capital assets	81,282	118,322
Amortization of intangible capital assets	1,825	4,657
	13,766,037	12,222,589
Excess of revenues over expenses	183,610	377,053
Net, assets, beginning balance	2,635,624	2,258,571
Net assets, end of year	2,819,234	2,635,624

Summary Annual Financial Statements *continued*

Summary Statement of Cash Flows

Year ended March 31, 2022

	2022 \$	2021 \$
Cash flows provided by (used in)		
Operating activities	692,318	162,928
Investing activities	(77,371)	(93,100)
Net increase in cash	614,947	69,828
Cash and cash equivalents, beginning of year	3,048,184	2,978,356
Cash and cash equivalents, end of year	3,663,131	3,048,184

Salary Disclosure

As of March 31, 2022, CCSA had 73 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

Our Leadership

as of March 31, 2022

Senior Leadership Team

Rita Notarandrea
Chief Executive Officer

Rhowena Martin
Vice-President, Operations and Strategies

Ryan McCarthy
Director, Knowledge Mobilization

Amy Porath
Director, Research

Vacant
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 (British Columbia)
Member of the Audit & Risk Management Committee and the Performance Management Committee
Retired Deputy Minister

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 and Nominations and Governance Committee
Partner, 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)

Frances Jackson Dover (Alberta)

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)

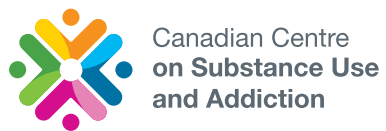
Pierre Sangollo (Quebec)

Jan Skirrow (British Columbia)

Dr. Sherry H. Stewart (Nova Scotia)

Margaret Thom (Northwest Territories)

Paula Tyler (Alberta)



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