



Canadian Centre
on Substance Use
and Addiction

Empowering Community Solutions

Canadian Centre on
Substance Use and Addiction
2025–2026 Annual Report



Empowering Community Solutions

Community can take many forms, but at its heart, it's about something shared. Whether it's a postal code, a hobby, a culture or values, any group of people who share something that matters to them is a community. These communities become central to their members' sense of belonging and well-being – and that makes them a key element of substance use health.

In 2025–2026, supporting communities was at the heart of everything the Canadian Centre on Substance Use and Addiction (CCSA) did. We engaged with communities of all types and sizes, including geographic, healthcare, workplace, school and youth communities. We brought together people and groups who had never worked with each other before to create new communities. In every case, we listened. We wanted to learn what these communities needed and then help them meet those needs with substance use health solutions created by their members, for their members.

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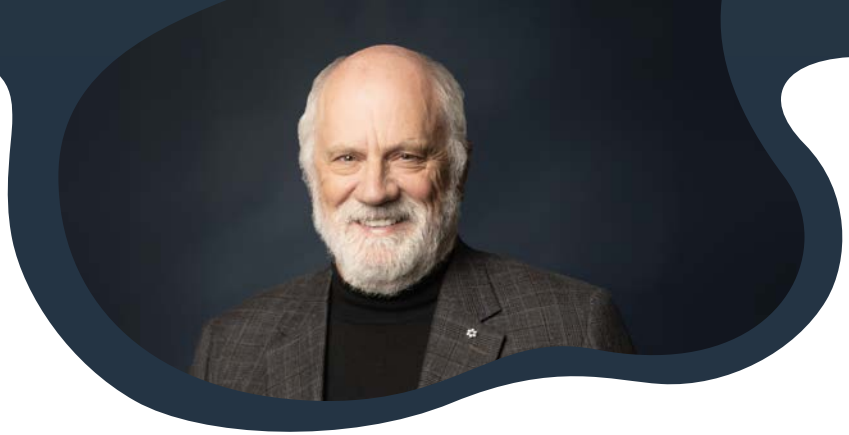
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Chair's Message

I love a complex puzzle. The more elusive the answer seems, the more I enjoy the challenge of solving it. That's why, when the opportunity arose to join the CCSA Board of Directors as its new Chair, I couldn't say no. Substance use health is one of the most challenging issues out there, affecting so many different people and communities in so many ways. Calling it complex is an understatement.

But that just highlights the importance of working together to address this issue, and that's exactly what I plan to do with the CCSA Board. As Chair, I don't believe it's my role to dictate our actions. My role is to foster community-building among the extraordinarily talented directors joining me in this endeavour, listen to their ideas and encourage them to think as big as possible, then bring out their best so we can make those big, blue-sky ideas a reality.

Through that kind of thinking, I want to ensure this Board is one that leaves an enduring legacy, one that will drive CCSA forward in new ways that will increase the organization's reach and effectiveness. The work we do matters because it's literally about people's lives. The better we can perform as a Board, the better we can inspire the whole organization and empower it to become even more influential and make an even greater difference for the communities it serves.

The great news is we're not starting from scratch. I owe a tremendous debt of gratitude to my predecessor Vaughan Dowie, whose leadership is a big part of why CCSA is the trusted, effective partner in substance use health that it is. If I achieve my goals for this Board, it will be by building on the excellent work done by Vaughan and others who came before me.

I extend my deepest thanks to Lesley Carberry, Curtis Clarke, Christopher Cull, Linda Dabros, Anne Élizabeth Lapointe and Sandy Pitzel for their contributions during their tenure on the Board, which came to an end last year. I also bid a very warm welcome to new members Neil Arao, Cheryl Fraser, Dirk Huyer and Susan Russell-Csanyi, who bring integrity, versatile perspectives and deep experience in substance use health. Their insights will be vital as we move forward and continue to help all communities across Canada meet their substance use health needs.

On behalf of the Board, I thank Health Canada and Public Safety Canada for their continued support, as well as CCSA's CEO Alexander Caudarella, the rest of CCSA's leadership team and all CCSA staff for their tireless dedication to improving substance use health in communities across Canada. Finally, I thank our partners and supporters for their invaluable input.

A handwritten signature in dark ink, reading "Dr. Louis Hugo Francescutti". The signature is fluid and cursive, with a long horizontal line extending from the end.

Dr. Louis Hugo Francescutti, MD, PhD, MPH
Chair, CCSA Board of Directors



CEO's Message

Communities are the foundation of our society. From the physical places where we live and work to the company we keep with others who share our identities, cultures or values, these communities give us a sense of belonging that is vital to our health and well-being. That's what makes community support such an important element of substance use health.

But every community is different. Even similar challenges can present in completely different ways from one community to the next. That means there is no single universal solution, no magic wand we can wave and meet the substance use health needs of everyone in Canada.

That's why our focus at CCSA is not on promoting top-down, one-size-fits-**none** solutions. It's on providing forums where communities can come together to brainstorm solutions specific to their own needs. It's on bridging gaps between communities, bringing together people and organizations that may not even be aware of one another, but who have a lot in common and can exchange valuable knowledge. It's on making sure communities have the evidence and resources to make informed decisions about what's best for them. Through it all, we facilitate and support where needed, but our goal is always to let communities take the lead on the solutions they need and on measuring success.

That approach guided our activities throughout the year. We continued our work on the Small Cities Initiative, culminating in the development of a playbook of potential substance use health solutions designed by and for small municipalities. We expanded the Canadian Community Epidemiology Network on Drug Use and updated the Canadian Substance Use Costs and Harms project, providing the data to help communities understand and act on key substance use trends. And we hosted our largest Issues of Substance conference ever, welcoming almost 950 delegates who forged new

connections, exchanged ideas, and left with practical knowledge and skills they can take back to their home communities.

In the coming year, we'll build on that work. Having brought key people and organizations together, we'll now focus on supporting them in implementing their ideas to move substance use health solutions forward that help more people across Canada.

I thank our funders, particularly Health Canada, for their ongoing support, as well as all CCSA staff. They are some of the most dedicated people you'll ever meet. By believing that tomorrow can be better than today, they help make it so. I thank our incredible Board of Directors, including Vaughan Dowie and the other departing members, as well as Louis Francescutti and the other members who are joining us this year. I'm looking forward to working with you, and I'm excited to see how our organization will evolve as we continue to grow and develop together.

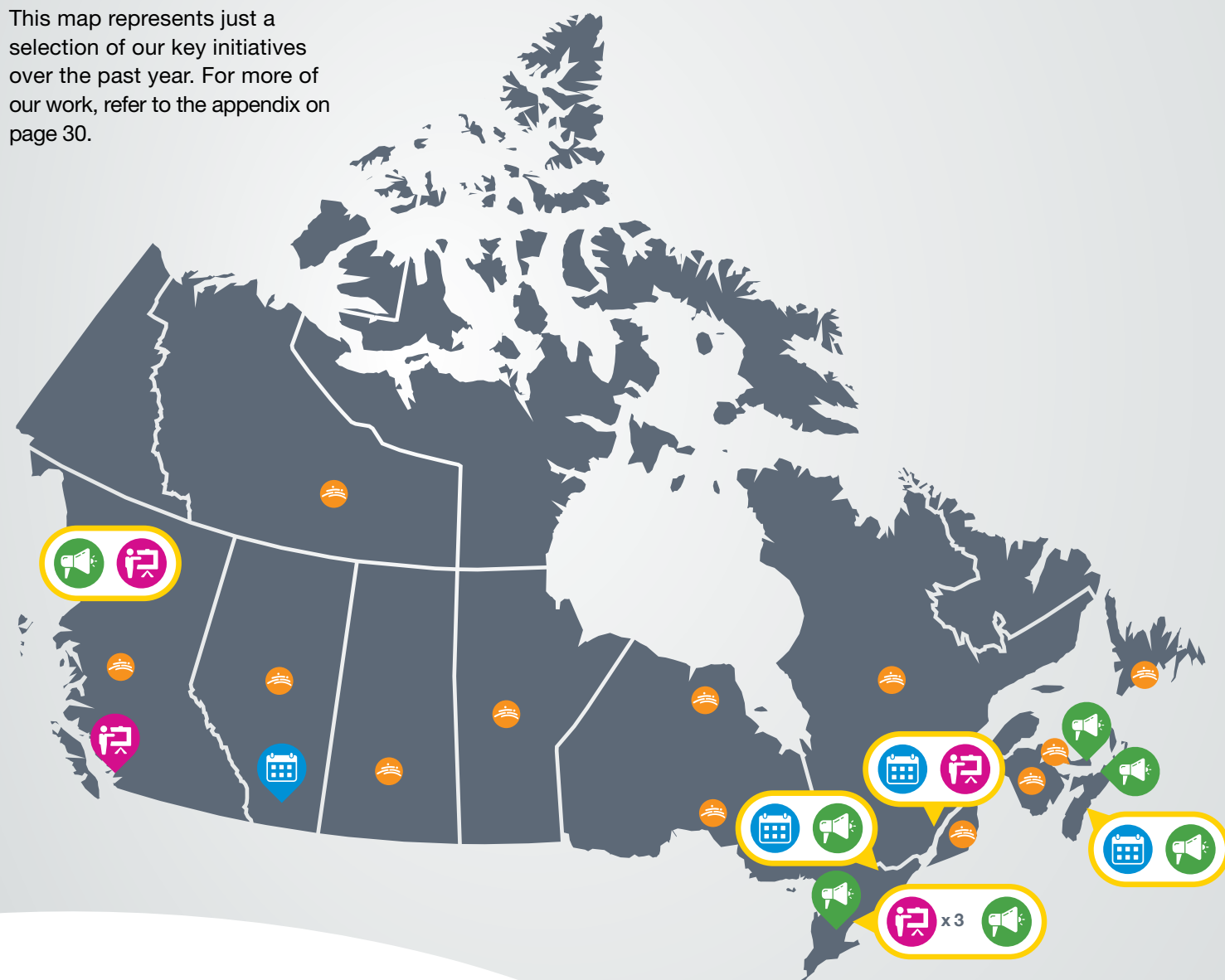
Finally, I remain eternally grateful to the partners and communities who are so generous with your stories, your wisdom and your collaborative spirit. You make us better. On behalf of the entire organization, I thank you for your trust and your participation.

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

How We're Empowering Communities Across Canada

Key initiatives in 2025

This map represents just a selection of our key initiatives over the past year. For more of our work, refer to the appendix on page 30.



-  **Presentations, Workshops and Webinars**
-  **Events**
-  **Notable Activities**
-  **CCENDU Nodes**

See the [appendix](#) for more CCSA activities. (Page 30)



Events

- Issues of Substance conference (Halifax, N.S.)
- Journées annuelles de la santé publique (Montreal, Que.)
- Small Cities Initiative Municipal Leaders Table (Lethbridge, Alta., + 28 additional communities engaged with)



Presentations, Workshops and Webinars

- Presentations on AI in mental health and substance use health:
 - CMHA National Conference (Toronto, Ont.)
 - eMHIC Congress (Toronto, Ont.)
- CSAM-SMCA 2025 Annual Scientific Conference (Montreal, Que.)
- CAAP Annual Conference (Vancouver, B.C.)
- B.C. Provincial Mental Health Leadership Network Meeting (Virtual)
- Managing Substance Use and the Workplace Workshop (Toronto, Ont.; Ottawa, Ont.)



CCENDU Nodes (sites)

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



Other Notable Activities

- Signing of agreement with EUDA (Halifax, N.S.)
- Overdose awareness campaign with Carleton University (Ottawa, Ont.)
- Overdose awareness campaign case study (B.C.)
- Partners involved with the report on gambling among young Canadians:
 - Greo (Guelph, Ont.)
 - Mental Health Research Canada (Mississauga, Ont.)
 - Other organizations across Canada
- Partners involved with the Your Drink. Your Call. campaign:
 - Substance Use Health in Emerging Adulthood Lab, St. Francis Xavier University (Antigonish, N.S.)
 - University of Prince Edward Island (Charlottetown, P.E.I.)



Initiatives with National Impact

- Working group for guidance on youth substance use health in pediatric hospitals
- Work with Tourism HR Canada
- National Addictions Awareness Week
- Measurement-based care project
- Report on the promotion of alcohol, cannabis, gambling, tobacco and vaping products



| OUR COMMUNITIES: GEOGRAPHY-BASED

Starting at Home with Local Support for Substance Use Health

The places where we live, work, and play have a tremendous impact on our overall health and well-being. In 2025–2026, we supported the communities that form around these places — from international partnerships to hyper-local neighbourhoods — helping them create critical support networks that build and strengthen substance use health for their members.

In 2025–2026, as part of our Small Cities Initiative, we worked with the leaders of small cities and towns across Canada to develop the [Playbook for Action](#), a resource to help municipal leaders address the substance use crises in their communities. The playbook is the first resource of its kind developed based on recommendations and feedback from mayors and other community leaders. It offers more than 50 strategies and interventions on topics such as prevention, harm reduction, treatment, recovery, enforcement, public safety, housing, employment services, and cultural and community support. Municipalities can draw from these options to create tailored plans that can help them respond to their own unique substance use challenges.

Accompanying the playbook is an implementation guide that provides a step-by-step process to help communities select the right interventions to meet

their needs. The guide is grounded in implementation science principles and serves as a complementary decision-support resource.

In addition to the playbook and implementation guide, the Small Cities Initiative continued throughout the year with a series of webinars offering education and connecting municipalities with tangible, community-level solutions and resources. The webinars covered topics including how data can help municipalities, collaborating effectively with government, and community policing and health partnerships. The latter brought together a public health official and a chief of police who showed that their respective approaches don't have to be at odds and outlined ways law enforcement and public health can work together.

The first wave of webinars launched in summer 2025, attracting more than 4,000 registrants and helping us connect to communities and a broader network that we had not previously engaged with. Building on that success, we launched a second series in January 2026, covering topics including wastewater drug surveillance, the Canadian Community Epidemiology Network on Drug Use, and how to understand and use drug checking data.

Through these efforts and additional direct outreach, we increased awareness of our work, particularly among small communities across the country. Additional outreach included cold calling mayors and leveraging the networks of mayors already involved. We also reached out to sectors we had not worked with before and that are typically left out of substance use health discussions and decisions, including business, resource industries and urban planning.



In May 2025, we jointly hosted a roundtable with the Centre for Addiction and Mental Health (CAMH) on incorporating substance use health supports into the Housing First model for people experiencing houselessness and mental health challenges, substance use health challenges or both.

Housing First is a model that prioritizes getting people into stable housing, then providing additional supports to address other issues they may be experiencing.

At the roundtable, multidisciplinary experts from across Canada worked to shape a whole-of-community approach to supporting the substance use health of people experiencing housing insecurity. Following that event, we continued to work with CAMH to apply the findings in the City of Toronto's funded housing program and develop guidance for others looking to integrate substance use health into Housing First models.

In December 2025, we participated for the second time in the Quebec government's **Journées annuelles de la santé publique**. Hosting a booth at this year's event enabled us to connect directly with public health professionals, researchers, policymakers and other attendees. Our engagement created opportunities to learn more about the needs and priorities of Quebec's public health community and share our evidence-based resources.

Our participation in this event strengthened our relationship with the public health sector in Quebec and reinforced our role as a collaborative partner that can help communities address substance use health challenges in ways that are grounded in their own needs and expertise.

A CCSA expert, Dr. François Gagnon, was one of nine international experts invited to provide **input on a proposed law legalizing cannabis in Switzerland**. The consultations resulted in a report presented to the Social Security and Health Committee of the Swiss National Council, offering insights and opinions on the core elements of the proposed law. The goal of the report was to inform revisions to the act and support the development of a regulatory framework for the legalization of cannabis that is based on international best practices and lessons learned.

In March 2026, we participated in the 69th session of the **Commission on Narcotic Drugs**, held in Vienna, Austria. At this session, we co-hosted the event **Cities on the Front Line: Municipal Leadership and Coordinated Responses to Synthetic Opioids** with the Permanent Mission of Canada to the United Nations in Vienna. Attendees learned about Canada's whole-of-government approach to the synthetic opioid crisis, the impacts of the crisis on municipalities and the role local leadership can play in responding. The event featured Canada's Fentanyl Czar Kevin Brosseau, a former police chief, an individual with lived experience and a representative from the European Union Drugs Agency, along with CCSA CEO Alexander Caudarella.





Building a New International Community

At the Issues of Substance conference in November 2025, we formally created a new community by signing a working arrangement with the European Union Drugs Agency (EUDA). The result of nearly a year of negotiations, this working arrangement lays the foundation for ongoing collaborations and knowledge exchange — creating opportunities to make a difference in substance use health in both Canada and Europe. While the two contexts are different, there are several similarities and overlaps where we can learn from each other's experiences and adapt successful measures for our own environments. In particular, we are exploring ways to adapt EUDA's prevention database for use in Canada and to share methodologies for communicating substance use trends to help shape policy responses in local contexts.

Looking ahead, we are continuing discussions with EUDA toward developing and formalizing a shared workplan that builds on the working arrangement. Executives of both organizations held a bilateral meeting during the Commission on Narcotic Drugs session in Vienna, with additional meetings planned over the next year.



| OUR COMMUNITIES: HEALTHCARE

Equipping the Healthcare Community to Improve Substance Use Health Outcomes

When healthcare providers have access to the tools, information and resources they need, they make a big difference in the lives of people experiencing substance use health challenges. In 2025–2026, we helped strengthen connections among healthcare communities, enhancing the information sharing that moves substance use health initiatives forward.

Over the past year, we significantly expanded the [Canadian Community Epidemiology Network on Drug Use \(CCENDU\)](#). We secured new leads for regional nodes (sites) in Saskatchewan, Ontario, New Brunswick and Prince Edward Island. We also worked with existing leads in Alberta, New Brunswick and Nova Scotia to build out their nodes and create active networks in their provinces. As a result of these expansions, CCENDU now includes nearly 200 experts representing all 10 provinces and one territory, making it a truly national network of experts.

CCENDU delivers up-to-date information about substance use health trends that healthcare providers, public safety officials, public health officers, people with lived and living experience, and others across Canada can use to deliver excellent care and minimize the harms of the ongoing toxic drug crisis. In 2025–2026, we published four new

issues of the *Substance Use Trends in Canada* report, covering atypical opioid-related overdose presentations, factors contributing to the decline in opioid-related deaths, trends in stimulant use and harms, and drivers of and adaptive responses to stimulant use. Each report gathers data from multiple sources and projects, provides context and potential impacts for various communities, and offers relevant resources developed or shared by CCENDU members.

Since the report's launch in 2024, the subscriber base has grown steadily, reaching about 3,900 subscribers by the end of March 2026. Each report had open and click-through rates well above the industry average, highlighting strong engagement and sustained interest in the timely, evidence-based substance use health information we offer.

A National Framework for Measurement-Based Care

A critical component of effective health care is the ability to measure and assess outcomes to identify the interventions and treatments that produce the desired results. However, the mental health and substance use health sector has historically lacked access to reliable, client-level progress and outcome data. To address this challenge, we worked with the Homewood Research Institute and the Peter Boris Centre for Addictions Research to develop a national agenda and framework for measurement-based mental health and substance use health care.

In May 2025, we held a national symposium on measurement-based care in Toronto. This event built on previous engagement work that identified measurement-based care as a top priority for improving outcomes for people with concurrent mental health and substance use health disorders. The symposium brought together 50 experts from 36 organizations across seven provinces to share insights and achievements and identify collective actions to support the implementation of measurement-based care across the country. Based on input from that event, the foundation for a national agenda on measurement-based care was established. This work was further refined through feedback gathered during the Issues of Substance conference in November and at a virtual summit on concurrent disorders in February 2026.

Our work articulates shared values, defines core system components, such as quantitative measurement and treatment adjustment, and includes calls to action to guide coordinated implementation efforts across the country. The goal is to have measurement-based care implemented throughout integrated mental health and substance use health care settings. This approach would support treatment decisions, improve accountability, strengthen system planning and make it easier to assess the effectiveness of care.

CCSA's Issues of Substance 2025 was held in November in Halifax, Nova Scotia, and welcomed a record 941 participants from across Canada. Attendees included mental health and substance use health workers, people with lived and living experience, allied health and medical professionals, researchers, and policy makers.

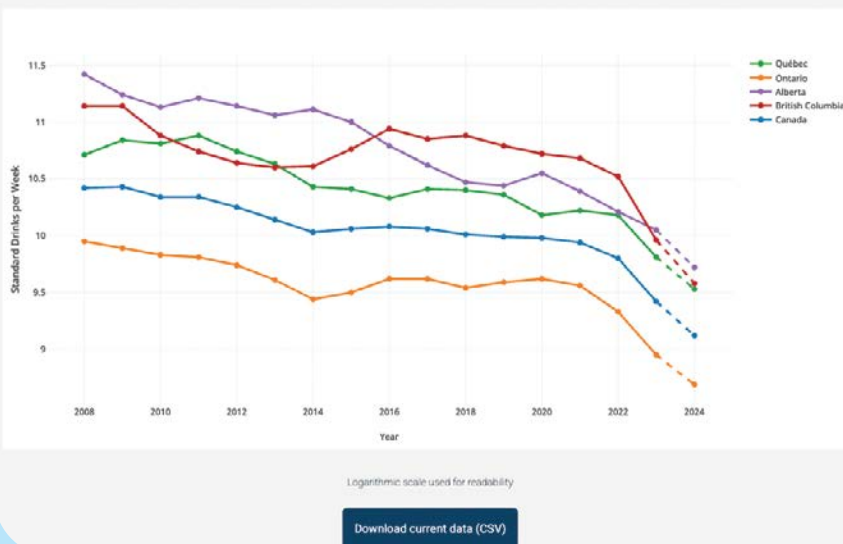
Throughout the three-day event, attendees were offered more than 90 hours of presentations, workshops, panels and other educational content. Nearly all those surveyed said the conference helped them become more aware of work others were doing in the substance use health field, and 84 per cent said they identified at least one person they would like to collaborate with in the future.



I am better able to direct graduate students to finding researchers and community organizations doing work connected to their areas of focus. I got some great networking and collaboration potential from this gathering.”

Issues of Substance
conference attendee

Alcohol Trends
(Canada, Ontario, Québec, British Columbia, Alberta, Age: All
Indicators: Total alcohol intake per person, Standard Drinks per Week)



A graph made by The Prevalence Interactive Chart

In 2025–2026, we added a new element to the Canadian Substance Use Costs and Harms project. **The Prevalence Interactive Chart** is the only national resource providing modelled estimates of substance use across Canadian provinces and territories by age, sex and year.

With data from 2008 to 2024, the chart helps fill critical gaps left by national surveys, which may not cover all years or jurisdictions, or may underrepresent certain populations because of limited data. This resource can help inform evidence-based policy decisions and resource allocation by offering a better understanding of key substance use trends.

Since its release, the chart has already been used to estimate the services and supports needed under a new planning model for substance use health in Canada based on real population needs.

“

We appreciate all that CCSA does for public health and knowledge mobilization across Canada and beyond. We also appreciate their tremendous partnership in so many projects over the years, from the Canadian Substance Use Costs and Harms project, to Canada’s Guidance on Alcohol and Health, to the knowalcohol.ca application in support of the guidance.”

Tim Naimi

Director, Canadian Institute
for Substance Use Research



Building a New Healthcare Community

Artificial intelligence (AI) is supporting an increasing number of applications in mental health and substance use health, including triage, service navigation, service delivery and communication. To ensure these AI tools are safe and effective, we are working with the Mental Health Commission of Canada and other partners to develop sector-specific guidance, which is expected to be published in 2026–2027.

The steering committee working on this guidance includes representation from across Canada, with expertise in mental health, substance use health, and lived and living experience. In a first for CCSA, the committee also includes technology and AI experts, who are providing invaluable insight into the technological aspects of this work. They will help ensure the final guidance is not only grounded in real-world care principles but also practical and technically feasible.



| OUR COMMUNITIES: WORKPLACES AND SCHOOLS

Developing Effective Solutions for the Places Where We Spend the Most Time

Work and school account for substantial proportions of time for many people in Canada. As a result, substance use health initiatives in these environments can make a big difference for people with lived and living experience of substance use. In 2025–2026, we engaged with these communities — including members who use or have used substances — to create solutions that meet the needs of those affected.

Because of the amount of time most adults in Canada spend at work, the workplace can be a major potential factor contributing to substance use. Over the past year, we presented a [new workshop three times for leaders and decision-makers in a variety of industries](#), giving them the tools to recognize workplace substance use risk and respond in a way that supports substance use health for people working in Canada.

These two-day sessions marked the first time we have collaborated directly with non-healthcare workplaces outside our network. They helped us reach a wide variety of industries that were new to us, including mining, law enforcement, military, library services, nuclear and gas, and tourism. Feedback on the sessions has been positive, with participants reporting increased knowledge and appreciating the practicality of the material. Since the initial workshop, we have been asked to offer sessions in more provinces and territories, as well as company-specific training. In response, we have scheduled sessions for the coming year and are exploring the possibility of offering them online.

“

This was our first in-person workshop with CCSA. We have always been grateful for them as a resource. Learning how much more we can grow with their support and knowledge from this workshop is amazing. Thank you, CCSA!”

■ Workshop participant



We worked with Tourism HR Canada to develop co-branded resources to help employers address substance use health concerns in tourism and hospitality workplaces. The project involved collecting evidence through a literature review, focus groups with employees and managers, and interviews with people with lived and living experience in the tourism sector.

The findings informed the development of a 10-page toolkit, including guidance, employer checklists and a resource list. Tourism HR Canada plans to include it in its broader employer toolkit for improving inclusivity related to disability and other health concerns. A printable poster was also created for employers to display in their workplaces.

Recognizing the impact the workplace can have on substance use health, we conducted a **national study examining employer and employee substance use behaviours, policies, practices and experiences**.

To share our findings, we published a series of infographics highlighting the risks and protective factors specific to different industries, including construction, oil and gas, forestry and mining. We also examined how these factors relate to different types of employees within an organization, with a particular focus on the differences between those in safety-sensitive and non-safety-sensitive positions.

National Addictions Awareness Week

is an annual event that raises awareness, inspires action and reduces stigma in Canada. The 2025 edition took place November 16 to 22 and engaged partners across the country. Our social media toolkit featuring sharable graphics for several platforms was downloaded more than 800 times, and more than 3,300 unique visitors checked out the [National Addictions Awareness Week website](#).

The event brought diverse groups together in shared conversations across communities that promoted consistent, stigma-reducing messaging. Eight landmarks in five provinces and one territory, including the CN Tower and several city name signs, also helped create a sense of national solidarity by lighting up in green for the week.





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Building a New Campus Community Around Lived and Living Experience

We worked with Carleton University in Ottawa on a targeted overdose awareness campaign to improve response to opioid toxicity, especially in community-based settings like a post-secondary school campus. We engaged directly with school administrators, campus security and students, bringing them together to work collaboratively on shaping the campaign. While all three groups play a critical role in overdose response on campus, they previously operated in their own silos. By connecting them through this project, we created opportunities for shared learning and alignment—and bridged critical gaps between policy, practice and lived experience. As a result, the university was able to develop more coordinated, community-driven responses to on-campus overdoses.

Looking ahead, we will continue to build on the relationships developed through this project and expand the campaign to additional campuses and communities across the country.

OUR COMMUNITIES: WORKPLACES AND SCHOOLS



| OUR COMMUNITIES: YOUTH

Engaging with Youth to Protect the Future

When youth communities are involved in conversations about substance use and harm reduction measures, they help identify solutions that can support long-term substance use health. In 2025–2026, we worked with youth and other partners to develop substance use resources that meet their needs.

Over the years, our partners have consistently identified youth substance use health care as a critical gap in pediatric hospitals. In response, we convened academic and lived experience experts to develop guidance for supporting youth substance use health in these settings. The [*National Guidance to Support Youth Substance Use Health in Pediatric Hospitals*](#) includes recommendations, a practical care pathway, key considerations for quality care and implementation supports. It will help equip pediatric healthcare providers with practical tools to meet the substance use health needs of youth and their families — regardless of the primary reason for their hospital admission.

“

We engaged the CCSA team on various projects and resource developments this past year. At every step, the CCSA team was professional, highly engaged and responsive. Their contributions to our community have been vital in continuing our efforts to embed quality health and substance use education, programming and resources within schools.”

Ryan Fahey

Manager, Programs and Education,
Physical and Health Education Canada



Working with CCSA on the report about online gambling among young adults highlighted why partnerships matter in public health. Communities, including young people facing a rapidly changing gambling landscape, benefit when organizations bring their strengths together. CCSA's focus on community-driven solutions mirrors our own approach, and we're proud to work together on research that supports harm reduction in communities."

Corrine Leon

Communications and Production Lead
Greo Evidence Insights

We partnered with the Canadian Advisory Group on Youth Substance Use on the project, from establishing the scope of the project to developing the guidance itself. As part of the process, we held a series of national focus groups with youth and caregivers who had experience navigating children's hospitals with a substance use health concern to validate the guidance, which were facilitated by a young person or a caregiver, who each had lived expertise. Through this work, we established the core components of the guidance based on both the best available clinical evidence and the real-world expertise of people with lived and living experience.

Our next step is to work with a hospital in Western Canada to implement the guidance and evaluate its impact. We are also working with our focus group co-facilitators to co-author several papers intended for publication next year.

Professionals in the substance use field are doing a great deal of work in prevention, harm reduction and recovery among youth, but that work is complicated by the ongoing **promotion of alcohol, cannabis, gambling, tobacco and vaping products**. Working with our academic partners, we investigated the reach and effects of these promotions among youth, as well as the legal frameworks governing these promotions.

We published the results of this work in a report, *The Promotion of Alcohol, Cannabis, Gambling, Tobacco and Vaping Products: A Comparative Analysis of the Potential of Legal Frameworks to Limit Exposure Among Minors*.

We presented our findings at three conferences throughout the year. They show that exposure to these promotions is very high among youth in Canada, which likely contributes to higher consumption of these products than the global average.

We also found that current legal frameworks governing these promotions are largely ineffective — where they exist at all.

To raise awareness of *Canada's Guidance on Alcohol and Health* among students, we worked with St. Francis Xavier University to develop and launch the **Your Drink. Your Call. campaign**. The campaign empowers students to make informed decisions about their alcohol use, emphasizing agency and harm reduction, rather than focusing only on abstinence.

Based on input from experts and post-secondary students, we created a package of ready-to-use bilingual posters, digital graphics and messaging. We also prepared a dissemination guide with information on tailoring the campaign to different post-secondary settings and suggestions for increasing awareness through campus partnerships and outreach.

Following two successful pilot campaigns showing how the materials could be used in real campus settings, the package has been downloaded more than 600 times. Several campuses, public health units and provincial partners are adopting or adapting the materials to meet the needs of their communities.

Following up on our previous research on online gambling in Canada, we narrowed our focus this year to look specifically at **online gambling among young adults**. The findings, published in our report, ***Online Gambling Among Young Canadian Adults: A Call to Action***, showed that nearly one-third of young adults surveyed had gambled online and that, of those, nearly one-quarter experienced high levels of harm.

The report recommends developing a pan-Canadian strategy to address gambling-related harm to youth. The strategy should include harmonizing regulations across Canada, mitigating conflicts of interest within the gambling ecosystem, establishing systems to monitor and assess gambling-related harms, and improving awareness of those harms among the public and service providers.

To help prepare adults to answer questions from youth about substance use, we created ***Substance Use Conversations with Youth: Tips for Adult Allies – A Communication Guide***.

Through consultations with youth, we heard that when they need help or have questions about substance use, they want the adults in their lives to listen without judging and provide clear, fact-based information. Based on those consultations, the guide offers tips for communicating confidently, safely and without bias, as well as resources for more information on substance use health.

“

CCSA’s work has helped strengthen the confidence and capacity of community-based workers to engage in conversations around alcohol use in ways that are accessible, non-stigmatizing, culturally responsive and grounded in wellness.”

Emma Chea

Project Coordinator, Health Commons
Solutions Lab, Sinai Health



Expanding Work with First Nations, Inuit and Métis Youth Communities

Since 2023, we have invited First Nations, Inuit and Métis Rights Holders to annual roundtables co-hosted and led by Indigenous health organizations. The roundtables have been instrumental in helping us develop trusting and respectful relationships with participants and allow us to learn how we can support their priorities. This year, we expanded our approach to include Indigenous youth so we could better understand the specific challenges they face and their ideas for solutions.

National Indigenous organizations have emphasized not only the importance of distinctions-based approaches, but the need for distinctions-based engagement. To honour these approaches and preferences, we restructured the 2026 roundtables. We met with each group separately, rather than using a pan-Indigenous approach that brings First Nations, Inuit and Métis participants together at one table. This year, we hosted two youth-focused roundtables: one with First Nations representatives and one with Métis representatives. In both cases, we worked with First Nations and Métis partners to co-design the meeting formats and agendas.

Although the timing did not align for an Inuit roundtable this year, we will continue to partner with Inuit Rights Holders to work toward co-developing an Inuit-specific roundtable next year and beyond. By tailoring our engagement practices when working with First Nations, Inuit and Métis youth, we are building stronger relationships and learning how best to support their needs.

Summary Annual Financial Statements

Report of the Independent Auditor on the Summary Financial Statements

To the Directors of Canadian Centre on Substance Use and Addiction

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2026, 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, 2026.

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

Summary Financial Statements

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

The Audited Financial Statement and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated July 28, 2026.

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 LLP

Chartered Professional Accountants,
Licensed Public Accountants

Ottawa, Canada
July 28, 2026

Summary Statement of Financial Position

As at March 31, 2026

	2026 \$	2025 \$
Assets		
Cash	576,895	703,946
Trade and other receivables	590,946	613,965
Prepaid expenses	429,020	135,597
Investments	3,477,132	3,221,195
Capital assets	123,220	211,216
	5,197,213	4,885,919
Liabilities		
Trade and other payables	1,023,503	1,205,633
Deferred revenues from contributions, external contracts and conference	147,880	143,424
	1,171,383	1,349,057
Net Assets		
Invested in capital assets	123,220	211,216
Internally restricted for contingencies	2,023,248	1,586,446
Internally restricted for future projects	1,236,341	1,467,546
Unrestricted for program funds	87,996	87,996
Unrestricted	555,025	183,658
	4,025,830	3,536,862
	5,197,213	4,885,919

Summary Statement of Operations and Changes in Net Assets

Year ended March 31, 2026

	2026 \$	2025 \$
Revenues		
Health Canada primary funding contributions	10,408,650	11,572,666
Other contributions	399,398	417,203
External contracts	565,033	622,355
Conference	1,058,836	110,500
Net investment income	291,847	294,525
Other income	56,516	9,973
	12,780,280	13,027,222

	2026 \$	2025 \$
Expenses		
Salaries and employee benefits	8,356,506	8,970,302
Contractor fees	1,350,796	1,761,062
Equipment maintenance and repairs	14,439	18,945
Honorariums	29,682	35,203
Rent	415,393	383,999
Equipment rental	17,581	14,694
Insurance	35,657	30,213
Travel, meetings and accomodations	1,172,881	987,470
Research expense	33,262	29,078
Printing	15,858	12,040
Advertising	36,324	64,942
Office supplies and expenses	357,435	339,907
Telecommunications	241,357	189,903
Membership fees	14,478	27,040
Professional fees	100,756	88,372
Recruitment	1,826	35,741
Amortization of tangible capital assets	97,081	112,048
	12,291,312	13,100,959
Excess (deficiency) of revenues over expenses	488,968	(73,737)
Net assets, beginning of year	3,536,862	3,610,599
Net assets, end of year	4,025,830	3,536,862

Summary Statement of Cash Flows

Year ended March 31, 2026

	2026 \$	2025 \$
Cash flows provided by (used in)		
Operating activities	(60,526)	(985,271)
Investing activities	(66,525)	(164,168)
Net decrease in cash	(127,051)	(1,149,439)
Cash, beginning of year	703,946	1,853,385
Cash, end of year	576,895	703,946

Salary disclosure

As of March 31, 2026, CCSA has 68 full-time employees. See the auditors' report for their salary and benefits. The directors on CCSA's board are volunteers and do not receive any remuneration. Board members do receive a biennial professional development amount of \$2,500.

Salary Ranges	# Full-Time Employees	Minimum \$	Maximum \$	Minimum \$ with taxable benefit	Maximum \$ with taxable benefit
Level 1 (Governor in Council, Level 6)	1	*Available on Privy Council website	–	–	–
Level 2 executive	4	\$142,676	\$179,437	\$153,645	\$193,260
Management	9	\$92,323	\$145,068	\$105,042	\$154,670
Professional	25	\$62,837	\$126,967	\$67,399	\$141,120
Specialists and Technicians	23	\$33,614	\$97,259	\$37,043	\$109,049
Administrative Support	6	\$51,456	\$84,383	\$54,560	\$90,830

*CEO level 1 (GIC, level six compensation grid is available on the Privy Council website.) 2025–2026 compensation including taxable benefits, Salary = \$255,323.67 plus Taxable benefits = \$20,581.47.

Salary disclosures prior to 2024–2025 did not include taxable benefits.

Our Leadership

AS AT MARCH 31, 2026



Leadership Team

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

Kim Corace, PhD, C.Psych.
Vice President, Innovation, and Senior Scientist

Karen Cumberland, MPA
Vice President, Strategic Initiatives and Community Outreach

François Gagnon, PhD
Senior Scientist and Special Policy Advisor

David Haswell
Director, Information Systems and Web Services

Del Jacko, MA
Director, Indigenous Partnerships and Strategies

Pam Kent, PhD
Director, Research and Emerging Trends

Kevin Lake, CPA, MBA
Fractional CFO

Susan Landry, CHRL
Director, Human Resources

Rhowena Martin, MHA, RN, CHE
Chief Impact Officer

Shawna Meister, MA
Associate Director, Innovation and Evidence in Practice

Isabelle Serrurier
Director, Community Health and Director, Communications

Adam Sherk, PhD
Senior Scientist and Special Policy Advisor

Sheena Taha, PhD
Associate Director, Quality and Accountability

Board of Directors

CCSA is governed by a Board of Directors consisting of a chair and 12 directors whose backgrounds and experience assist CCSA in the fulfillment of its purpose. The chair and up to four other directors are appointed by the Governor in Council on the recommendation of the Minister of Health. Other directors, known as members-at-large, are recruited from a number of sectors, including the business community, labour groups, and professional and voluntary organizations. These organizations also have a particular interest in alcohol and drug use that the Board considers appropriate. CCSA attempts to achieve national representation through its Board of Directors. As at March 31, 2026, there is one vacancy under Governor-in-Council Board member and one vacancy under Member-at-Large Board member.

Board Members

Governor-in-Council Appointees

Dr. Louis Hugo Francescutti, CM, MSM, MD, PhD, MPH, FRCP(C), CCFP(PM), FCFM, FACPM, FACP, FRCP(Ire), FRCP(Lon), FRCP(Edin), FRCP(Glasg), ICD-D, CCPE (Alberta),
Chair, member of the Executive Committee and the Performance Management Committee
Professor, University of Alberta

Neil Aroo (British Columbia)
Member of the Finance and Human Resources Committee
Deputy Executive Director, Options Community Services Society

Scott Elliott (British Columbia)
Member of the Audit and Risk Management Committee
CEO, Dr. Peter Centre

Susan Russell-Csanyi (Manitoba)
Member of the Nominations and Governance Committee
Fund Development Manager, Career Trek

Members-at-Large

Cheryl Fraser (Nova Scotia)
Member of the Nominations and Governance Committee and the Performance Management Committee
Principal Advisor, Royer Thompson Management Consultants

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

Dirk Huyer, MD (Ontario)
Member of the Audit and Risk Management Committee Chief Coroner, Office of the Chief Coroner

Lakhder Malki, CPA, MBA (Alberta)
Member of the Finance and Human Resource Committee

Julie Menten, MSc, JD (British Columbia)
Vice-Chair, Member of the Executive Committee, the Nominations and Governance Committee, and the Performance Management Committee
Partner, Roper Greyell LLP

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

Howard Sapers (Ontario)
Member of the Finance and Human Resources Committee Executive Director, Canadian Civil Liberties Association

John Weber, PhD (Newfoundland and Labrador)
Board Secretary; Member of the Nominations and Governance Committee and the Performance Management Committee
Professor, School of Pharmacy, Memorial University

Ex-Officio Members

Alexander Caudarella, MDCM, CCFP (AM), ABAM(d)

Shalene Curtis-Micallef
Deputy Minister, Health Canada

Tricia Geddes
Deputy Minister, Public Safety Canada

Charlene Paquin
Liaison to the Deputy Ministers of Health to Ex-officio members

Board Alumni Members

Gary Bass (British Columbia)

Normand (Rusty) Beauchesne (Ontario)

Leonard Blumenthal (Alberta)

Jean-François Boivin (Quebec)

Lesley Carberry (Yukon)

Beverley Clarke (Newfoundland and Labrador)

Curtis Clarke (British Columbia)

Christopher Cull (Ontario)

Vaughan Dowie (Ontario)

Mike DeGagné (Ontario)

Deborah Dumoulin (Quebec)

Nady el-Guebaly (Alberta)

Jean Fournier (Ontario)

Pamela Fralick (Ontario)

Frances Jackson Dover (Alberta)

Renu Kapoor (Saskatchewan)

Barry V. King (Ontario)

Anne Elizabeth Lapointe (Quebec)

Anne M. Lavack (British Columbia)

Jacques LeCavalier (Quebec)

Leanne Lewis (Ontario)

A. J. (Bert) Liston (Ontario)

Christine Loock (British Columbia)

Barry MacKillop (Ontario)

Mark Maloney (Ontario)

Marnie Marley (British Columbia)

Audrey McFarlane (Alberta)

Louise Nadeau (Quebec)

Rita Notarandrea (Ontario)

Michel Perron (Ontario)

Sandy Pitzel (Saskatchewan)

Darryl Plecas (British Columbia)

Meredith Porter (Ontario)

Michael Prospero (Ontario)

Rémi Quirion (Quebec)

Pierre Sangollo (Quebec)

Jan Skirrow (British Columbia)

Sherry H. Stewart (Nova Scotia)

Margaret Thom (Northwest Territories)

Paula Tyler (Alberta)

Appendix: How We Supported Substance Use Health in 2025–2026

The following is a selection of the events, presentations and key activities we participated in or hosted during 2025–2026.

Events

- Issues of Substance conference (Halifax, N.S.)
- Journées annuelles de la santé publique (Montreal, Que.)
- National Addictions Awareness Week light-up landmarks:
 - › Vancouver, B.C.
 - › Winnipeg, Man.
 - › Ottawa, Ont.
 - › Toronto, Ont.
 - › Moncton, N.B.
 - › St. John's, N.L.
 - › Yellowknife, N.W.T.
- Small Cities Initiative Municipal Leaders Table (Lethbridge, Alta.; 28 additional communities engaged)
- Community Commitment to Nursing Program (CCPN) Mental Health and Substance Use Leadership Meeting (Virtual)
- Durham Youth Drug Awareness Committee (DYDAC) Event (Durham, Ont.)
- eMental Health International Collaboration (eMHIC) Congress (Toronto, Ont.)
- Joint Consortium for School Health (JCSH) School Health Coordinators' Committee Webinar Series (Virtual)
- Kettil Bruun Society 50th Annual Conference on Social and Epidemiological Alcohol Research (Glasgow, Scotland)
- North Simcoe Muskoka, Specialized Geriatric Services (NSM SGS) Monthly Practice Shorts (Virtual)
- Ontario Petroleum Transporters and Technicians Association Event (Toronto, Ont.)
- RCMP Youth Officer Training Meeting (Virtual)
- World Congress of Psychiatry (Prague, Czechia)

Major Presentations

- 69th Commission on Narcotic Drugs (Vienna, Austria)
- Addictions and Mental Health Ontario (AMHO) Annual Conference (Toronto, Ont.)
- B.C. Ministry of Education and Child Care Provincial Mental Health Leadership Network Meeting (Virtual)
- Canadian Academy for Addiction Psychiatry (CAAP) Annual Conference (Vancouver, B.C.)
- Canadian Alcohol Policy Evaluation (CAPE) Community of Practice Event (Virtual)
- Canadian Chamber of Commerce Annual General Meeting (Mississauga, Ont.)
- Canadian Mental Health Association (CMHA) National Conference (Toronto, Ont.) Canadian Society of Addiction Medicine – Société médicale canadienne sur l'addiction (CSAM-SMCA) 2025 Annual Scientific Conference (Montreal, Que.)

Workshops and Webinars

- Substance Use Crisis: How Did We Get Here? (Part 1) and Where Do We Go Now? (Part 2) (Virtual)
- Summer Webinar Series (Virtual)
 - › Small Cities Initiative and Municipal Leaders Table
 - › How Data Can Help Municipalities
 - › Collaborating Effectively with Government
 - › Community Policing and Health Partnerships
- Managing Substance Use Health and the Workplace Workshop (Toronto, Ont.; Ottawa, Ont.)

CCENDU nodes

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

Other notable items

- Signing of agreement with EUDA (Halifax, N.S.)
- Overdose awareness campaign with Carleton University (Ottawa, Ont.)
- Overdose awareness campaign case study (B.C.)
- Conference related to the report on the promotion of alcohol, cannabis, gambling, tobacco and vaping products (Banff, Alta.)
- Partners involved with the report on the promotion of alcohol, cannabis, gambling, tobacco and vaping products in:
 - › British Columbia
 - › Alberta
 - › Ontario
 - › Quebec
- Working group members involved in developing the guidance for youth substance use in pediatric hospitals in:
 - › Ontario
 - › British Columbia
 - › Alberta
 - › Nova Scotia
 - › Quebec
 - › New Brunswick
- Focus groups and interviews for work with Tourism HR Canada in:
 - › British Columbia
 - › Alberta
 - › Manitoba
 - › Ontario
 - › New Brunswick
 - › Nova Scotia
- Partners involved with the report on gambling among young Canadians:
 - › Greo (Guelph, Ont.)
 - › Mental Health Research Canada (Mississauga, Ont.)
 - › Other organizations across Canada
- Partners involved with the measurement-based care project (across Canada)
- Partners involved with the Your Drink. Your Call. Campaign:
 - › Substance Use Health in Emerging Adulthood Lab at St. Francis Xavier University (Antigonish, N.S.)
 - › University of PEI (Charlottetown, P.E.I.)



Canadian Centre
on Substance Use
and Addiction

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of Health Canada.

