

2022–2023 Annual Report

# Meeting Critical Needs

Evidence with Impact



Canadian Centre  
on Substance Use  
and Addiction









## THE CANADIAN CENTRE ON SUBSTANCE USE AND ADDICTION

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

Canadian Centre on Substance Use and Addiction  
75 Albert Street, Suite 500  
Ottawa, ON  
K1P 5E7 Canada

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 Can Centre on Substance Use and Addiction  
 ccsa.ca | ccdus.ca  
 613-235-4048



## **Meeting Critical Needs Evidence with Impact**

As the pandemic receded in 2022–2023, its mark remained on communities across Canada. Higher rates of substance use–related harms, an exhausted healthcare workforce and an increasingly toxic drug supply presented an urgent need for information and solutions to guide effective action.

The Canadian Centre on Substance Use and Addiction (CCSA), together with our partners, issued new evidence to improve substance use health, inform policy makers at the federal, provincial, territorial and municipal levels, and support care delivery and education. We also worked to provide every person in Canada with the latest insights and knowledge on the effects of substance use.



# Chair's Message



CCSA continued to prove itself a vital organization in 2022-2023. Canada emerged from the pandemic to encounter a greater need for substance use and addiction supports and services than before. The Board was

particularly proud of CCSA's efforts to ensure its initiatives were not only plentiful in these times of critical need but also impactful.

There is no better example of that impact than *Canada's Guidance on Alcohol and Health*. Its release sparked a countrywide conversation about the most used substance in this country and many others. Now Canadians can make their decisions armed with the latest evidence on the health risks of alcohol. Among other major achievements was the update to the Canadian Substance Use Costs and Harms (CSUCH) study. The new data and tools will help focus policy and practice efforts to mitigate the negative effects of substance use across Canada, which will continue to have an impact for years to come.

**“Informed by an organization-wide survey, staff developed and began to implement an action plan to promote a more equitable, inclusive and diverse work environment.”**

To further amplify its impact, CCSA accelerated its equity, diversity and inclusion initiatives last year. People from a broad range of backgrounds use substances and experience their associated harms, so we must ensure our organization reflects and fully understands the needs of all the populations we serve. Informed by an organization-wide survey, staff developed and began to implement an action plan to promote a more equitable, inclusive and diverse work environment. In a show of leadership and commitment in this area, CCSA also convened the first Pan-Canadian Health Organization (PCHO) Equity, Diversity and Inclusion table to share knowledge, resources and lessons learned among the seven PCHOs. The Board will continue to support and expand initiatives like these in fiscal 2023–2024.

CCSA also underwent a significant organizational transition after Rita Notarandrea announced her retirement as CEO. I thank Rita for selflessly delaying her retirement to help ensure a smooth transition following her departure. Her retirement is well earned, and her impact on the fields of mental health and substance use in general, and CCSA in particular, are substantial.

The Board led a long and exhaustive search for a new CEO and found the successful candidate in Dr. Alexander Caudarella. Alexander brings a fresh perspective and new skills to CCSA's senior leadership team as a clinician with speciality training in substance use health — and no end of passion for the cause. All of us on the Board are confident that Alexander is the right person to lead this next phase of the organization's development.

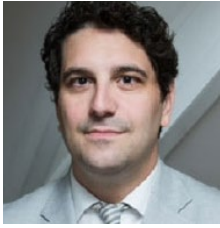
Last year, we bid farewell to Board members Gary Bass of British Columbia and Renu Kapoor of Saskatchewan, and welcomed John Weber of Newfoundland and Labrador. Thanks to all of you for volunteering your time and sharing your wisdom.

On behalf of the Board, I express our gratitude to Health Canada for their continued support of our mission; to CCSA's senior leadership team and staff for their hard work and dedication; and to our many partners, whose voices and viewpoints are essential to meeting the critical needs before us.

Vaughan Dowie  
Chair, CCSA Board of Directors



# CEO's Message



As a clinician who worked directly with people experiencing substance use health issues, I faced a familiar scene joining CCSA last year: tragedy upon tragedy in communities across the country, where the

ongoing pandemic has heightened substance use-related harms.

The depth of need is considerable, within communities as well as among the policy makers and health sector workers tasked with responding and delivering care.

At the same time, I have never been more hopeful that there will be ways to address these issues, thanks to the incredible collaboration, innovation and passion I witnessed in this field during my first year with CCSA.

“We convened a variety of stakeholder groups, putting our collective knowledge and experience to work solving our biggest challenges.”

I could not be more honoured to be part of an organization that has served as a trusted expert on substance use and addiction in Canada for 35 years. While working as a physician across the country, it became clear to me that system and policy issues are at the heart of many of the difficulties we face in making progress on substance use and addiction. The opportunity to advise and help drive change at the system level — at the helm of an organization whose work I have long admired — had great appeal to me because of this perspective.

In 2022–2023, the strengths CCSA brought to addressing issues of substance use and addiction were apparent. We convened a variety of stakeholder groups, putting our collective knowledge and experience to work solving our biggest challenges. We shared methodologically rigorous research and evidence, helping policy makers and service planners identify the areas of highest need and take action. We started a national dialogue on the role of alcohol in our society and armed the public with the latest insights into its associated health risks at a time of increased consumption and related harms.

My vision for CCSA going forward is to stay true to these strengths — to remain an organization rooted in evidence and driven by compassion. We will continue to gather and share impactful information, and raise the voices and empower the communities of those affected by it. We will expand our convenor role and engage more people in Canada in these conversations, because communities have demanded answers and solutions. We will deepen our partnerships and increase collaboration with people who have lived or living experience of substance use and do our part to help this country move toward reconciliation with Indigenous Peoples. We will also work to raise the profile of CCSA internationally as a leading expert on substance use and addiction.

I thank the Board for their mentorship and for embracing my vision for the organization. Thanks as well to our partners, new and long-standing, for your collaboration and support last year and for sharing so openly what

is needed to make CCSA even greater. Thank you to CCSA's staff and leadership for your warm welcome and your willingness to take on new directions and requests despite being so busy already. I discovered very quickly that CCSA is staffed by people who are equal parts talented and passionate, and I look forward to continuing to work with you to build hope and expand our impact.



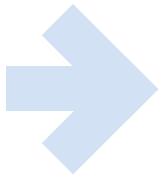
Dr. Alexander Caudarella, MDCM CCFP AM ABAM(d)  
Chief Executive Officer

# Public Health

The background of the image is a solid dark blue color. Overlaid on this background is a repeating pattern of light blue arrows. Each arrow is stylized, pointing upwards and to the right. The arrows are arranged in a grid-like fashion, with some overlapping, creating a sense of movement and direction. The overall aesthetic is clean, modern, and professional.

“It is important for patients to be informed about the potential harms of alcohol and to decide what level of risk is acceptable for them based on the most current evidence. The updated [*Canada’s Guidance on Alcohol and Health*] provide a higher degree of information to enable people to [do that] while understanding the associated risks.”

- Anonymous cardiologist, University of Ottawa Heart Institute



## Providing Expert Guidance and Support for All People in Canada

As the pandemic’s damaging effects on substance use health persisted last year in communities across the country, we provided clarity on the health risks associated with the consumption of key substances and furthered support for all people with lived and living experience.

Alcohol is the most used substance in Canada, and we saw higher rates of consumption and related harms as people continued to grapple with pandemic-induced stress and hardship. We released [Canada’s Guidance on Alcohol and Health: Final Report](#) in January 2023, which updated our 2011 advice and is based on the latest evidence, providing people in Canada with the insight they need to make informed decisions about their alcohol consumption. To support broader dissemination, we also produced an [infographic](#) that simplifies the report’s key findings and advice.

The new guidance is the result of the work of 23 experts representing 16 organizations, gold-standard mathematical modelling and two public consultations reaching nearly 6,000 people in Canada. The report’s release brought CCSA unprecedented national and international media attention, including 3,500 published articles and 160 interviews with CCSA staff and other members of the research team in the first three months. We also hosted three webinars about the new guidance, including a question-and-answer session for the public that had almost 200 livestream viewers. This extensive coverage has helped raise awareness of the health risks associated with alcohol consumption and spread the report’s main message: When it comes to alcohol, less is better for your health.

Since the pandemic began, **alcohol and cannabis use have increased** among people with mental health symptoms:

- **1 in 2 who use cannabis** reported increased use
- **1 in 3 who use alcohol** reported increased use

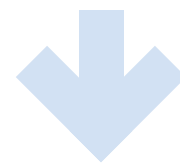
From *Mental Health and Substance Use During COVID-19: Summary Report*.



## Evidence on the Effects of Cannabis Use During Pregnancy and Breastfeeding

Cannabis is the second-most commonly used psychoactive substance during pregnancy, after alcohol. Last year, we updated and promoted [Clearing the Smoke on Cannabis: Cannabis Use During Pregnancy and Breastfeeding](#), the latest in a series of reports on how cannabis use affects mental and physical health. The report presents the most recent clinical evidence on how cannabis use during pregnancy and breastfeeding can affect fetuses' and babies' growth and brain development. It calls attention to the lack of evidence supporting cannabis as a treatment for unpleasant pregnancy symptoms. It also recommends that people who are pregnant or breastfeeding consult their healthcare providers if they have questions about cannabis use.

Along with a [plain-language poster](#) distilling the report's findings, we also launched an article and social media campaign in partnership with [YMC](#), an online community that publishes content aimed at current and expectant parents in Canada. The article was viewed more than 2,000 times, while posts across several social media platforms reached close to 77,000 users and generated almost 13,000 engagements.



**“But for the first time, national health guidance has taken a whole-health approach, giving people a holistic picture of alcohol-related health risks. It’s not about prohibition — it’s about empowerment and helping each one of us make the best decision for ourselves with evidence-based, easy-to-understand information.”**

- [Guest author, Daily Hive Canada](#)

Based on our work with polling firm Leger and in collaboration with the [Mental Health Commission of Canada](#), we released summary reports five through seven on the **[long-term impacts of the pandemic on mental health and substance use](#)**. The results continue to help identify the areas of highest need to mobilize public education and harm reduction efforts related to alcohol and cannabis use.



“The guide helped me a lot as I was new to the addiction field and did not have enough formal training. I refer CCSA websites to my colleagues and will continue to do that.”  
- Anonymous healthcare worker providing addiction service in Quebec

## Practical Advice for Assessing Cannabis Use Risk

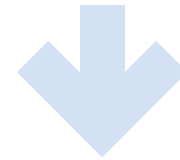
To encourage lower-risk behaviours that reduce cannabis-related harms, last year CCSA updated and reissued [Knowing Your Limits with Cannabis: A Practical Guide to Assessing Your Cannabis Use](#), a resource originally developed by Winnipeg-based research consultant Dr. David Brown. The guide provides clear, evidence-based information on cannabis, including an overview of types of cannabis products, a definition of cannabis use disorder and a breakdown of factors affecting an individual’s level of health risk. It also covers how inhalation and ingestion — the two most common modes of consumption — influence the length and degree of cannabis’s effects.

The included self-assessment can give readers insight into whether their cannabis use is lower-risk, potentially problematic or indicative of a disorder. People who use cannabis can then choose to follow the guidelines and advice to lower their chances of experiencing negative health effects.

## A Guide to Stamping Out Stigma in News Reporting

In partnership with [CAPSA \(Community Addictions Peer Support Association\)](#), we continued our ongoing work to reduce stigma with the release of the [Stigma Primer for Journalists: A Guide to Better Reporting on Substance Use and the People It Impacts](#). The guide outlines the importance of journalism recognizing substance use disorders as treatable medical conditions rather than moral failings. It provides practical advice to journalists to report compassionately and accurately on people with lived or living experience, including a list of terms to avoid and alternatives.

In 2022–2023, we promoted the stigma primer through appearances at 29 large news agencies, 13 journalism schools across Canada and more than 45 events for media organizations. Some newsrooms have since edited their internal style guides to reflect the primer’s principles.



We furthered our commitment to **promoting health equity and supporting reconciliation with First Nations, Métis and Inuit Peoples** last year. We welcomed a [Director of Indigenous Partnerships and Strategies](#) to our senior leadership team and developed a new land acknowledgement for CCSA in collaboration with members of Indigenous communities.

# Policy

The background of the page is a solid orange color. It is decorated with a pattern of semi-transparent arrows in various shades of orange and white. The arrows are scattered across the page, pointing in different directions, creating a sense of movement and direction. The word "Policy" is written in a large, bold, white sans-serif font in the upper left quadrant.



## Supporting Effective Policy Development

The COVID-19 pandemic deepened existing challenges in Canada's substance use landscape, including an increasingly toxic drug supply and rising drug toxicity deaths. We shared evidence in 2022–2023 on emerging and long-standing needs, giving policy makers insights and data to support impactful policies and initiatives.

### \$49.1 billion

The estimated cost of substance use in Canada (2007–2020)

- \$22.4 billion in **lost productivity** costs
- \$13.4 billion in **healthcare** costs
- \$10.0 billion in **criminal justice** costs
- \$3.3 billion in **other direct** costs

In addition to its harms to individuals, substance use imposes a heavy economic toll, incurring healthcare and criminal justice expenses, lost productivity, and other workplace costs. To provide a clearer picture of those impacts, we partnered with the University of Victoria's [Canadian Institute for Substance Use Research](#) to release an update to the [Canadian Substance Use Costs and Harms \(CSUCH\)](#) study, the culmination of almost two years of collaborative work. The update includes more recent estimates, more comprehensive data sources, new types of costs and harms, and the latest international evidence on the health impacts of substance use.

With these enhancements, the CSUCH study now covers a 14-year period of the most precise and comprehensive data to date on the costs and harms of alcohol, tobacco, cannabis, opioids and other drugs. Alongside the update, we published the [Canadian Substance Use Costs and Harms 2007–2020](#) report presenting the estimated costs by type, substance and jurisdiction. We also released an updated version of the [online data visualization tool](#) that lets users create and download charts, maps and tables. This broader data will help public health experts and government officials evaluate the impacts of existing efforts to reduce substance use harms and create new, evidence-based policies and initiatives.



To help inform the decisions of policy makers on Parliament Hill, we released **policy briefs and committee submissions** on [Canada's health workforce](#), the [Tobacco and Vaping Products Act](#) and [substance decriminalization](#). We also ran a six-week email and social media campaign to promote those documents. Open rates were high, indicating broad interest in the subject matter.



## Stronger Data on Drug-Impaired Driving in Canada

Drug-impaired driving (DID) presents serious risks, harms and costs, but its impacts in Canada haven't

been fully understood due to limited, incomplete, and inconsistently collected and reported data. Last year, we published the first set of recommendations for indicators for measuring the prevalence, impact and effectiveness of responses to DID in Canada. The indicators come at a critical time with legalized non-medicinal cannabis, limited public understanding of the impairing effects of prescriptions, and the emergence of new illegal drugs. There has also been evidence of an increased presence of impairing drugs other than alcohol in drivers.

[Measuring the Impact of Drug-Impaired Driving: Recommendations for National Indicators](#) reflects the contributions of more than 100 DID experts across the country and the work of a dedicated national advisory committee. The resulting 34 foundational indicators from nine data sources have the potential to standardize DID data collection across jurisdictions, helping strengthen efforts to reduce DID-related injuries and deaths with high-quality evidence.

## Insight into Canada's Unregulated Drug Supply

Urinalysis and self-reporting are critical to monitoring the contents of Canada's unregulated drug supply, which pose a heightened risk of toxic drug poisoning and other harms to people who use substances. We shared self-report and urinalysis data from 49 harm reduction sites in seven regions across Canada with the release of [Community Urinalysis and Self-Report Project: Cross-Canada Report on the Use of Drugs from the Unregulated Supply, 2019-2021 Data](#). The results highlight the unpredictability of Canada's unregulated drug supply, including significant regional variation in expected and unexpected fentanyl use.

The report is the latest output of the [Community Urinalysis and Self-Report Project \(CUSP\)](#), which uses a standardized system to compare participants' beliefs about the drug they took (based on a self-report survey) with actual contents determined through urine screening. This new data will further support the development of policies and programs aimed at meeting the needs of people who use substances in different jurisdictions.

### A Standard THC Unit for Cannabis Research, Education and Regulation

Despite cannabis being a widely used substance, there is no standardized way of measuring the concentrations of tetrahydrocannabinol (THC), the component primarily responsible for its intoxicating effects. That makes it difficult to accurately assess the risks, benefits and harms of cannabis and cannabis-derived products.

Last year, we published a summary of original research on [polysubstance use and poisoning deaths in Canada](#) that examined national patterns and trends based on 2014–2017 vital statistics data. The summary report helps further spread the findings of the 2022 study: that Canada's substance poisoning crisis is polysubstance in nature rather than an opioid issue.

In October 2022, we gathered experts for a [virtual session exploring the value of a standard THC unit](#) to research, public education and regulation in Canada. Featuring presentations and moderated discussions, the event affirmed the value of a standard THC unit, raised considerations for establishing a recommended THC amount and identified potential barriers to implementation. Such insights can help bridge the research gap and support policies and regulations that reduce harm for people who use cannabis.

**“Some regions don't have the resources or capacity to pull together information and products that CCSA does.”**

- Anonymous policy analyst working for healthcare organization in Ontario



# Health Service Delivery

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“I’m aware that my own personal stress leaves me with less to give or to offer at work. I have to be very measured with my energy and conserve it where I can. I can’t extend myself as much as I did pre-COVID.”

- Harm reduction worker and survey respondent



## Improving Outcomes for Care Providers and Patients

Rates of stress and burnout in Canada’s healthcare sector reached new heights amid the pandemic and ongoing drug toxicity crisis. Last year, we put the spotlight on service providers’ struggles. We disseminated data and published resources to support and inform substance use health service delivery across the country.

The latest report in our Substance Use in Canada series, [\*Experiences of Harm Reduction Service Providers During Dual Public Health Emergencies in Canada\*](#) quantifies the magnitude of the challenges faced by harm reduction workers during the COVID-19 pandemic and drug toxicity emergency. We worked with harm reduction organizations across Canada to study the experiences of providers and the implications for their well-being — giving a national voice to an under-resourced, poorly supported and essential part of the country’s healthcare workforce.

Analyses of more than 1,300 surveys revealed the extraordinary emotional strain on harm reduction workers and high rates of burnout, grief and secondary trauma. The report highlights the need for improved integration and funding of harm reduction services to promote providers’ well-being while enabling them to deliver the best possible care to people who use drugs. It also includes five strategies organizations can use to better protect and support their workforces.

“The ITT project has paved the way for future co-design research efforts in communities. We have learned many lessons about the value of communities driving research ideas and projects. As we work toward a vision for health and wellness for all youth, we must continue to centre the voices and expertise of diverse communities across BC.”

- Dr. Skye Barbic, Head Scientist, Foundry

## New Resources for More Informed Youth Opioid Treatment

To help service providers, youth and families address the unique opioid treatment needs of youth, we released several resources as part of the [Improving Treatment Together \(ITT\) Project](#). This included a [series of videos](#) created in partnership with Alberta Health Services about helping young people who use opioids. The videos address common questions about working with youth who experience harms from opioids. We also developed a video series in collaboration with community partners [Foundry Kelowna](#) and [Foundry Vancouver-Granville](#). [Step-by-Step: A Youth-Informed Guide to Opioid Agonist Treatment](#) is a short, lived-experience video series about a young person’s everyday experience with opioid agonist treatment (OAT) as part of a treatment program.



We also collaborated with Foundry Prince George to develop a [youth service assessment tool](#) for health and social organizations that offers insight into four critical areas: accessibility, environment, quality of service and continuity of care. The tool provides youth-informed recommendations for each category and a framework for developing an action plan to address weaker areas.

These assets complement others we have released for the ITT project over the previous three years. Co-designed with youth and other partners, including Alberta Health Services and Foundry, the resources offer a vital lived or living experience perspective to support better outcomes for young people, their families and service providers accessing and delivering treatment for opioid use.

Our work continued on the updated [Competencies for Canada’s Substance Use Workforce](#), which will help ensure services are delivered consistently across settings. In 2022–2023, we explored the need for and interest in integrated substance use and mental health competencies, including through a national survey, partner interviews and focus groups. We also presented on the updated competencies at five events and consulted an expert to inform planning and implementation.



We published [Understanding Substance Use: Educator's Guide](#) and accompanying [video modules](#) for teachers, guidance counsellors, social workers, coaches, administrators and other professionals who work with students in grades 6–12. Topics include substance use, stigma, cannabis vaping, alcohol and impaired driving. These resources will help educators positively influence young people's health and well-being, and establish lower-risk substance use behaviours.



## Community-Level Data for Tailored Harm Reduction and Prevention

We also published a report last year examining [trends in substance-related emergency department visits among youth and young adults](#). The report references data collected in partnership with physicians and epidemiologists from 2016 to 2019 on visits related to alcohol, cannabis and opioids among youth aged 12–24 years in select emergency departments in Saskatchewan, Quebec and Nova Scotia. Results highlight the need for community-driven approaches to prevention and harm reduction, rather than basing efforts on national, provincial or territorial

trends. For the regions studied, the community-level data will help practitioners and policy makers tailor practices and supports in emergency departments to better serve youth who have consumed substances.

## Early Warning About Emerging Drug Use Trends

The Canadian Community Epidemiology Network on Drug Use (CCENDU) published two alerts last year, calling attention to the growing presence of [nitazenes](#) and [xylazine](#) as contaminants in Canada's unregulated drug supply. Each bulletin outlines the characteristics and related harms of the specific drug, makes recommendations for action and links to relevant resources — giving service providers and other stakeholders early insight into drug use trends and response options in their communities.

Prepared by CCSA, CCENDU alerts and bulletins are informed by a nationwide network of community partners. Evidence comes from each partner's local network, which can include poison control centres, police departments and other community services, as well as observations by people who use drugs and those who work with them. Bulletins also include information from national data sources, such as Health Canada's Drug Analysis Service, and international partners, such as the National Drug Early Warning System (NDEWS) in the United States.

# 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, 2023, 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, 2023.

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, 2023.

### 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 Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

*Raymond Chabot Grant Thornton LLP*

Raymond Chabot Grant Thornton  
Chartered Professional Accountants,  
Licensed Public Accountants  
Ottawa, Canada  
June 22, 2023

# Summary Annual Financial Statements

## Summary Statement of Financial Position

As of March 31, 2023

	2023 \$	2022 \$
<b>Assets</b>		
Cash	2,638,201	3,663,131
Trade and other receivables	454,415	336,438
Prepaid expenses	102,503	171,591
Investments	2,667,443	2,702,723
Capital assets	177,043	114,816
	<b>6,039,605</b>	<b>6,988,699</b>
<b>Liabilities</b>		
Trade payables and other payables	1,938,063	1,280,418
Deferred revenues from contributions, external contracts and conference	1,282,827	2,889,047
	<b>3,220,890</b>	<b>4,169,465</b>
<b>Net Assets</b>		
Invested in capital assets	177,043	114,816
Internally restricted for contingencies	1,372,538	1,414,373
Internally restricted for future projects	1,144,128	1,090,042
Unrestricted	125,006	200,003
	<b>2,818,715</b>	<b>2,819,234</b>
	<b>6,039,605</b>	<b>6,988,699</b>

## Summary Statement of Operations and Changes in Net Assets

Year ended March 31, 2023

	2023 \$	2022 \$
<b>Revenues</b>		
Health Canada primary funding contributions	10,966,245	10,120,081
Other contributions	2,671,487	2,816,285
External contracts	207,856	553,1765
Conference	-	324,937
Net investment income	(28,906)	122,548
Other income	2,911	12,620
	<b>13,819,593</b>	<b>13,949,647</b>
<b>Expenses</b>		
Salaries and employee benefits	7,407,120	7,498,939
Contractor fees	4,026,477	4,515,428
Equipment maintenance and repairs	22,554	10,153
Honorariums	21,183	159,357
Rent	301,000	311,285
Equipment rental	18,223	20,343
Insurance	25,256	21,359
Travel, meetings and accommodations	785,431	211,663
Research expense	34,892	131,373
Printing	19,975	1,825
Advertising	301,224	194,344
Office supplies and expenses	397,153	272,611
Telecommunications	203,592	157,364
Membership fees	21,196	19,303
Professional fees	49,209	83,487
Recruitment	100,114	74,096
Amortization of tangible capital assets	84,926	81,282
Amortization of intangible capital assets	587	1,825
	<b>13,820,112</b>	<b>13,766,037</b>
Excess of revenues over expenses	(519)	183,610
Net assets, beginning balance	2,819,234	2,635,624
Net assets, end of year	<b>2,818,715</b>	<b>2,819,234</b>

## Summary Annual Financial Statements *continued*

### Summary Statement of Cash Flows

Year ended March 31, 2023

	2023 \$	2022 \$
<b>Cash flows provided by (used in)</b>		
Operating activities	(836,826)	692,318
Investing activities	(188,104)	(77,371)
Net increase in cash	(1,024,930)	614,947
Cash and cash equivalents, beginning of year	3,663,131	3,048,184
Cash and cash equivalents, end of year	2,638,201	3,663,131

### Salary Disclosure

As of March 31, 2023, CCSA had 74 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, 2023

## Senior Leadership Team

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

**Rhowena Martin**  
Chief Operating Officer

**John Weekes**  
Director, Knowledge Mobilization

**Pam Kent**  
Interim Director, Research

**Rosalind Robertson**  
Director, Policy

**Heather Ochalski**  
Director, Indigenous Partnerships  
and Strategies

**Cathy Frame**  
Director, Finance

**Susan Landry**  
Director, Human Resources

**Scott Hannant**  
Director, Public Affairs  
and Communications

**Ahmer Gulzar**  
Director, Information Systems  
and Web Services

## Board of Directors

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



## Board of Directors

### Governor in Council Appointees

**Vaughan Dowie** (Ontario)  
Chair; Member of the Executive Committee and the Performance Management Committee  
*CEO, Pine River Institute*

**Curtis Clarke** (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*

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

### Members-at-Large

**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*

**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*

**John Weber** (Newfoundland and Labrador)  
Member of the Nominations and Governance Committee  
*Professor, School of Pharmacy, Memorial University*

### Ex-Officio Members

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

**Kym Kaufmann**

**Stephen Lucas**

**Shawn Tupper**

## Alumni Members

**Beverley Clarke, Chair** (Newfoundland and Labrador)

**Gary Bass** (British Columbia)

**Normand (Rusty) Beauchesne** (Ontario)

**Leonard Blumenthal** (Alberta)

**Jean-François Boivin** (Quebec)

**Mike DeGagné** (Ontario)

**Nady el-Guebaly** (Alberta)

**Jean Fournier** (Ontario)

**Pamela Fralick** (Ontario)

**Frances Jackson Dover** (Alberta)

**Renu Kapoor** (Saskatchewan)

**Barry V. King** (Ontario)

**Anne M. Lavack** (British Columbia)

**Jacques LeCavalier** (Quebec)

**Leanne Lewis** (Ontario)

**A. J. (Bert) Liston** (Ontario)

**Christine Loock** (British Columbia)

**Barry MacKillop** (Ontario)

**Mark Maloney** (Ontario)

**Marnie Marley** (British Columbia)

**Louise Nadeau** (Quebec)

**Rita Notarandrea** (Ontario)

**Michel Perron** (Ontario)

**Darryl Plecas** (British Columbia)

**Meredith Porter** (Ontario)

**Michael Prospero** (Ontario)

**Rémi Quirion** (Quebec)

**Pierre Sangollo** (Quebec)

**Jan Skirrow** (British Columbia)

**Sherry H. Stewart** (Nova Scotia)

**Margaret Thom** (Northwest Territories)

**Paula Tyler** (Alberta)





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