



Positioned to Influence

Canadian Centre on Substance Abuse

2003-2004
Annual
Report



CCSA—Canada’s National Addictions Agency

Our mission is to provide objective, evidence-based information and advice to help reduce the health, social and economic harm associated with substance abuse and addictions. Established by an Act of Parliament in 1988, CCSA is an arm’s-length, not-for-profit organization supported by the federal government through Canada's Drug Strategy. By working collaboratively with governments, researchers, enforcement agencies, treatment professionals and the private sector, CCSA aims to achieve a balanced and holistic approach to addictions that will lead to a healthier and safer Canadian public.

Three Global Activities



How We Work

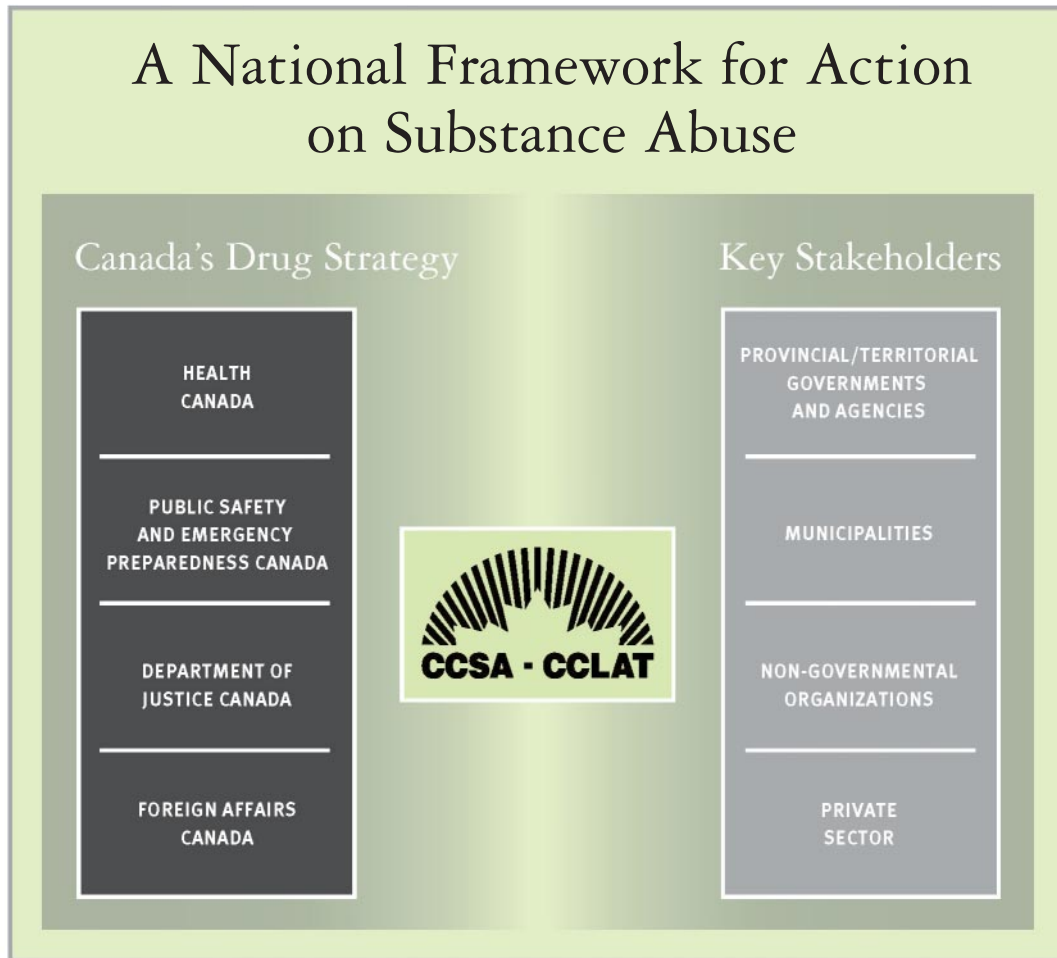


1. CCSA identifies a need through consultation; explores funding possibilities
2. Identifies and recruits partners; establishes national steering committees and advisory groups, as required
3. Conducts environmental scans and assesses current knowledge through literature reviews, surveys and key stakeholder interviews
4. Develops a work plan and implementation strategy identifying best mechanism for project delivery (a report, a workshop, a Web site...)
5. Implements project; evaluates project outcomes and refines process based on experience

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A National Framework for Action on Substance Abuse



Substance abuse and addictions are matters of significant national concern for Canadians. Successful substance abuse programs—and prevention programs in particular—require a broad intervention that cuts across traditional health, law enforcement, regulatory and social service disciplines, as well as

across political jurisdictions. The challenge for CCSA and its partners is to intervene in ways that not only produce beneficial results for the greatest number of people, but also recognize and respect the division of competencies within the Canadian mosaic.



We share
knowledge
that drives
progress in the
addictions field.

“As a treatment provider, I need to better understand my clients and keep my counselling skills up to date.”

Last year, CCSA co-sponsored the first National Summer Institute on Addictions—part of a long-term strategy to address the training needs of Canada’s addictions treatment workforce. We also offered advanced learning to practitioners who work with at-risk women and children affected by Fetal Alcohol Spectrum Disorder.

Transferring Knowledge

Gathering, generating and disseminating knowledge is one of CCSA's most important activities and the impetus behind our support for a national research agenda. Surveys and studies give us a clearer picture of addiction and its impact on individuals and society, and evidence-based best practices form a solid foundation for our training initiatives. Last year, CCSA played a key role in projects that will help us to transform relevant data and information into effective action.

Last fall, CCSA co-led the Forum on Alcohol and Illicit Drug Research in Canada, a milestone event that saw more than 70 leading Canadian researchers agree on a set of strategic directions for future research into the causes and consequences of substance abuse, and into improved methods of knowledge exchange and dissemination. We continue to pursue the ultimate goal of turning these research themes into a national addictions research agenda.

Updating our understanding

In 2003, CCSA assembled a team of experts to work on the first national survey of alcohol and drug use since 1994. The Canadian Addiction Survey (CAS), sponsored by the Canadian Executive Council on Addictions (CECA) and a federal-provincial consortium, will help to close a significant gap in our knowledge of how Canadians are affected by substance use. Preliminary results are expected late in 2004.

CCSA moved to fill another information void last year with the launch of a two-year study to update our ground-breaking 1996

report on the health, social and economic costs of substance abuse in Canada. We also enlisted a team of researchers to develop a specialized instrument for measuring gambling behaviour among Canadian adolescents—filling a gap that has hampered studies within this vulnerable group.

Creating learning opportunities

As part of a strategy to support Canada's addictions workforce, we undertook several new educational initiatives in 2003. Together with the Correctional Service of Canada (CSC), CCSA inaugurated the National Summer Institute on Addictions at CSC's Addictions Research Centre in Montague, P.E.I. The event attracted a capacity audience of seasoned treatment professionals looking for an advanced learning experience.

Also in 2003, CCSA and Breaking the Cycle—a group helping women involved with drugs or alcohol who are parenting young children—joined forces to provide a unique training opportunity for community-based practitioners working with women and children affected by Fetal Alcohol Spectrum Disorder (FASD).

“I’m worried that decreasing penalties for marijuana possession will lead to more people using drugs.”

CCSA provides policy guidance that best fits the Canadian context.



In 2003, CCSA continued its involvement with the National Policy Working Group, leading a discussion of priorities for future policy development. We also responded to an invitation from a House of Commons committee to present our recommendations on a proposal to reform Canada’s cannabis law.

Developing Policy

Developing, monitoring and analyzing drug policy is an activity that flows logically from CCSA's focus on knowledge. We recognize that policy must always be thoroughly grounded in evidence, but it must also be practical to implement and consistent with community standards. Policy decisions cannot be made in a vacuum. Last year, we contributed our ideas for a proposed national policy agenda, and provided background research for some high-profile policy debates.

Last year, we continued our active involvement with the National Policy Working Group (NPWG), a volunteer committee of Canadian policy experts first assembled by CCSA in 1992. In 2003, we presented the group with a list of issues of national significance for consideration as topics for future policy development, including drugged driving, prison-based needle exchange, and alcohol control policies.

Revisiting drinking guidelines

Last year, CCSA was asked by Ontario's Centre for Addiction and Mental Health (CAMH) to examine the scientific literature for empirical evidence of the risk and protective factors associated with low-risk drinking for people 65 years and older. This analysis, together with age-related data from the Canadian Addiction Survey, will enable CCSA to determine whether existing low-risk drinking guidelines endorsed by CCSA and other groups in 1997—and updated in 2004—are appropriate for older drinkers.

Informing debate

When questions and controversy arose around several national policy issues in 2003, CCSA responded quickly with a series of

documents aimed at informing the debate on Parliament Hill and elsewhere. We prepared backgrounders on cannabis reform, cannabis and driving, needle exchange programs, and the misuse of the prescription painkiller OxyContin.

As part of the renewal of Canada's Drug Strategy in 2003, CCSA has been tasked with producing an annual report on emerging issues with implications for policy development. The first report will appear late in 2004.

Stating our position

Last fall, CCSA was invited by a special House of Commons committee to provide input on a bill to reduce cannabis possession penalties. The proposed legislation closely reflected CCSA's 1998 position paper on cannabis control, which found little deterrent value in costly criminal sanctions against simple possession.

We also engaged in an ongoing policy dialogue with parliamentarians by way of a CCSA-led All-Party Drug Caucus comprising members of the former Special House of Commons Committee on Non-Medical Use of Drugs.

“We need to bring people together in order to tackle substance abuse problems effectively.”



CCSA makes partnerships an integral component of all its activities.

In 2003, CCSA assumed a leading role in renewing Canada’s Drug Strategy—one of the most important collaborations in years. We also exported a uniquely Canadian vision of partnership beyond our borders with the expansion of the Health, Education and Enforcement in Partnership network.

Building Partnerships

Coordinating stakeholder involvement and brokering partnerships and networks are central to CCSA's mandate. Collaboration makes the most of limited resources, allowing projects to go ahead that no single partner could achieve in isolation. Often a partnership born of necessity grows beyond original expectations to become a new paradigm for action. In 2003, CCSA expanded its core partnerships and networks, concluded new collaborative agreements, and continued to work with stakeholders on issues of national interest.

The renewal of Canada's Drug Strategy (CDS) in 2003 reinvigorated many partnerships in which CCSA has played a key coordinating role. We support the CDS-related activities of Health Canada, the Department of Justice Canada, Public Safety and Emergency Preparedness Canada and Foreign Affairs Canada, while collaborating with provincial, territorial, municipal, non-governmental and private sector partners.

Building on core networks

In March 2004, following CCSA's presentation to community groups in Martinique on the Health, Education and Enforcement in Partnership (HEP) model, 11 Caribbean countries agreed to form a HEP-like network for their region.

The Canadian Community Epidemiology Network on Drug Use (CCENDU) continued its focus on the intersecting concerns of its multi-disciplinary membership. A national CCENDU report released in 2003 drew attention to some key issues for CCENDU members.

In 2003, CCSA signed a Memorandum of Agreement with the British Columbia Centre of Excellence for Women's Health

that will help focus more attention on issues of gender and substance abuse.

Partnering with industry

One of CCSA's most successful partnerships has been with the beverage alcohol industry, which has provided financial support for our national FASD Information Service since 1996. Last year, the Canadian Vintners Association joined the Brewers of Canada, the Association of Canadian Distillers and Health Canada as a funding partner. Building on this relationship, CCSA is now facilitating discussions of alcohol policy issues with senior industry representatives.

Maintaining international links

Part of CCSA's mandate is to build and maintain international alliances. In 2003, CCSA's Chief Executive Officer was again invited to join the Canadian delegation at a meeting of the Commission on Narcotic Drugs (CND) in Vienna, and also co-chaired a forum aimed at enhancing the role of non-governmental organizations within the United Nations Office of Drugs and Crime (UNODC).

Message from the Chair

The renewal of Canada's Drug Strategy (CDS) in May 2003 set the scene for the latest chapter in a long series of emerging opportunities and challenges for CCSA. Throughout its rich and productive history, the Centre has consistently lived up to the demand for credible leadership in the substance abuse field. It occupies a special place among organizations in this field, not simply because of its unique legislated mandate, but because of the energetic and creative way in which it has always fulfilled that mandate.

The expanded scope of CCSA's work under the renewed CDS has been enthusiastically embraced by staff and Board alike as an indication that our contribution is valued. At the same time, we have had to adjust to the new demands. For the Board, this



has meant assuming a greater level of responsibility and accountability for guiding CCSA's operations. The Board's response to significant and rapid growth at CCSA has been based on the latest thinking in sound governance and leadership. In a global atmosphere of increased public scrutiny, the Board is very conscious of its duty to constantly re-evaluate its processes and to make changes as necessary.

This focus on re-evaluation and change has led to some significant decisions by CCSA's Board. For example, last year we implemented a new committee structure that addresses several key issues, including the need for strong fiscal management and for ensuring that the composition of the Board reflects the

Centre's broad constituency. We also streamlined our meeting process to allow us to respond more quickly to the need for policy guidance and high-level support for the Centre's activities. These changes allowed the Board to be more effective in 2003-2004 in its oversight of CCSA's staffing and re-organization, and the implementation of a comprehensive human resources strategy.

Last year, the Board also intensified its efforts to connect with CCSA's national constituency by integrating Board meetings across Canada with special activities designed to enhance CCSA's visibility, build key alliances, and show leadership. A visit to North America's first supervised injection facility in Vancouver's downtown east side in February 2004 was a tremendous learning experience for Board members and signalled our endorsement of CCSA's ongoing commitment under the CDS to identify national and regional issues.

Canada's parliament endowed CCSA with a unique and far-reaching mandate when the Centre was established in 1988 and the Board is convinced that fulfilling that mandate is even more vital now than it was then. Building on its founding legislation, CCSA has evolved into a centre of excellence with the credibility, expertise and experience to work effectively with many partners, but at the same time, to act as an unbiased arbiter and, as circumstances dictate, an effective prod for change.

Our Board sees its ultimate goal as bringing enhanced accountability and due diligence to the governance of CCSA so that it operates in a way that provides value for its national constituency. With that in mind, I am pleased to report that CCSA management and staff met and in many cases surpassed our expectations for 2003-2004 during a period of substantial growth and change. I believe Canadians can feel strongly confident that their investment in CCSA is a worthwhile one and will remain so under the Board's stewardship.



Chief Barry V. King, OOM
Chair

Message from the Chief Executive Officer

It is a matter of considerable pride for me and for the staff of CCSA that we have been entrusted with a leading role in the renewal of Canada's Drug Strategy (CDS)—one of the most important multi-sectoral initiatives in the recent history of substance abuse policy in this country. This trust has been well earned in the 15 years that CCSA has served as Canada's national addictions organization, and we will continue to earn it by working diligently to maintain the capacity we need to respond effectively to the growing demand for our expertise.

At an operational level, CCSA has moved quickly to address increased expectations and responsibilities under the CDS. Among the new commitments the Centre took on in 2003-2004 are several major activities that will help us better under-



stand the nature and extent of addictions in Canada. These include the first in-depth look at Canadians' use of alcohol and other drugs since 1994, a national survey of the professional development needs of Canada's addictions treatment workforce, and an updating of CCSA's 1996 milestone report on the health, social and economic costs of substance abuse. These and other influential reports will be released in the months to come.

The need to grow and adjust quickly to rising demands has put additional pressures on CCSA's operational capacity, which we have addressed by adding new competencies in each of the three global activities that flow from CCSA's mandate. Through strategic re-organization and the recruitment of highly qualified personnel in key positions, we have strengthened

our ability to gather and disseminate knowledge, to develop and monitor policy, and to coordinate networks and partnerships—all key to the success of the CDS.

CCSA's proven ability to promote and facilitate consultation and co-operation among a wide variety of stakeholders has been given fresh emphasis with the renewal of the CDS. In addition to supporting federal activities and efforts, CCSA works proactively with provincial and municipal governments and with non-governmental organizations in areas where there is no explicit federal role, but where there is clearly a national interest. These activities are guided by the demand for independent, balanced policy and program advice, and the need to promote activities that raise awareness of substance abuse in Canada and involve Canadians in reducing the harms associated with it.

While CCSA's mandate focuses primarily on its domestic obligations, the Centre continues to play an important role as an ambassador for Canadian substance abuse policy on the world stage at the United Nations and with the International Council on Alcoholism and Addictions. In these forums, CCSA not only supports and influences the work of our international partners, based on Canadian values and experience, but also learns from them and shares this knowledge with the field in Canada.

Through a year of significant change, and despite the inherent challenges of an accelerated pace of work, CCSA has not lost sight of its ultimate goal, which is to reduce the health, social and economic harm associated with substance abuse. While the goal has remained the same, the means of achieving it must reflect evolving realities. CCSA has always been blessed with a dedicated staff that could react quickly and creatively to a changing environment, and now, with increased capacity, enhanced funding, the ongoing support of our partners and continued guidance from our Board, we are well positioned to achieve our long-term goal.



Michel Perron
Chief Executive Officer

Board of Directors

CCSA is governed by a Board of Directors reflecting the broad interests of its 15 members, six of whom are appointed by the Governor in Council with the remaining members coming from the business community, labour groups, and professional and voluntary organizations.

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(Chair)

Chief of Police
Brockville Police Service

Ed Fitzpatrick

(Vice Chair)

Retired Director
Nova Scotia Commission on
Drug Dependency

Dr. Anne Lavack

(Treasurer)

Associate Professor
Faculty of Administration,
University of Regina

David Nicholson

(Secretary)

Consultant
Federal/Provincial Affairs

Dr. André Aubry

(Executive Committee Member)

Retired Obstetrician

Normand (Rusty) Beauchesne

Member of the National Parole Board

Leonard Blumenthal

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Bette Reimer
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Scientific Advisor Emeritus

Kendra Smith
Associate

Paula Stanghetta
Associate

Gilles Strasbourg
Associate

Auditor's Report on Summarized Financial Statements

To the Board of Directors of the
Canadian Centre on Substance Abuse:

The accompanying summarized statement of financial position and summarized statement of revenues and expenses are derived from the complete financial statements of Canadian Centre on Substance Abuse as at March 31, 2004 and for the year then ended on which we expressed an opinion without reservation in our report dated April 30, 2004. The fair summarization of the complete financial statements is the responsibility of the organization's management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Ottawa, Ontario
April 30, 2004

“McIntyre & Associates
Professional Corporation”
Chartered Accountants

Summarized Statement of Financial Position

	March 31	
	2004	2003
Assets		
Current assets		
Accounts receivable	\$ 1,296,904	\$ 586,691
Prepaid expenses	53,881	59,068
	<u>1,350,785</u>	<u>645,759</u>
Restricted cash and short-term investments	1,173,508	1,152,445
Capital assets	458,123	211,210
	<u>\$ 2,982,416</u>	<u>\$ 2,009,414</u>
Liabilities and net assets		
Current liabilities		
Cash and cash equivalents	\$ 262,438	\$ 33,304
Accounts payable and accrued liabilities	210,449	205,572
Deferred contributions	730,014	111,796
Current portion of leasehold financing	3,385	—
	<u>1,206,286</u>	<u>350,672</u>
Leasehold financing	43,413	—
Net assets		
Invested in capital assets	458,123	211,210
Internally restricted for contingencies	761,585	750,000
Internally restricted for future projects	411,923	402,445
Unrestricted	101,086	295,087
	<u>1,732,717</u>	<u>1,658,742</u>
	<u>\$ 2,982,416</u>	<u>\$ 2,009,414</u>

Summarized Statement of Revenues and Expenses

	Year ended March 31	
	2004	2003
Revenues		
Health Canada contribution agreement	\$ 2,304,933	\$ 1,704,626
Solicitor General of Canada	70,000	70,000
Services	1,293,340	694,433
Sales of literature and conference revenues	19,801	8,266
Interest	1,047	759
	<u>\$ 3,689,121</u>	<u>\$ 2,478,084</u>
Expenses		
Advertising	12,916	18,170
Amortization	135,028	112,667
Insurance	9,508	8,643
Membership fees	15,042	3,644
Office and administration	175,465	163,228
Printing	41,647	30,575
Rent	205,237	150,837
Salaries, benefits and associate fees	1,753,023	1,341,211
Subcontractors	917,562	278,428
Telephone	16,018	21,979
Travel	354,763	286,305
	<u>\$ 3,636,209</u>	<u>\$ 2,415,687</u>
Excess of revenues over expenses	<u>\$ 52,912</u>	<u>\$ 62,397</u>