



A CONSTANT PRESENCE IN A CHANGING FIELD

CANADIAN CENTRE ON SUBSTANCE ABUSE



2006-2007 ANNUAL REPORT

CCSA at a glance

Twenty years ago, in May 1987, Canada launched its first national drug strategy, "Action on Drug Abuse", later known as Canada's Drug Strategy (CDS). A year and some months later, legislation was passed with all-party support in Parliament to create the Canadian Centre on Substance Abuse (CCSA) as a mechanism for implementing the "national focus" component of the new drug strategy. The CDS provided an important stimulus for change in the substance abuse field, while CCSA became a familiar and stabilizing influence through its adherence to the guiding principles of competence, innovation and dialogue.



Competence

Through the years CCSA's commitment to excellence has been recognized and the Centre has been entrusted with important responsibilities.

In 1992, a Parliamentary committee recommends the establishment of a national FAS/FAE resource centre to be operated by CCSA.

CCSA rallies the support and trust of several nations for the development of international guidelines for estimating substance abuse costs, published in 1996.

In 1998, CCSA is asked to co-host the Youth Vision Drug Abuse Forum in Banff, Alberta, the first-ever UN-sponsored international youth conference.

A 2002 report of the Senate Special Committee on Illegal Drugs strongly supports CCSA's leadership in the addictions field; the Centre receives similar endorsement in a report of the House of Commons Special Committee on Non-Medical Use of Drugs.

Also in 2002, CCSA is asked to be a founding chair of the Canadian Executive Council on Addictions (CECA).

In 2003, CCSA receives a \$21.5 million funding commitment over five years as part of the renewal of Canada's Drug Strategy.

In 2005, CCSA is asked to provide input and advice to a Senate committee for its report on mental health and addictions services in Canada.

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Innovation

Innovation at CCSA means looking for opportunities to enhance progress while working to remove obstacles that impede it.

In 1991, CCSA turns a neglected academic manuscript into a defining work on the social impact of drug legislation (*Panic and Indifference: The Politics of Canada's Drug Laws*).

In 1992, CCSA launches a national awards program for achievement in the substance abuse field. The program later evolves into the Eric Single Studentship Award (2003).

In 1994, CCSA publishes the first-ever Directory of Substance Abuse Treatment Services in Canada.

In 1995, CCSA is one of the first Canadian organizations in the substance abuse field to launch a website (www.ccsa.ca).

In 1996, CCSA releases a groundbreaking cost study, *The Costs of Substance Abuse in Canada*. CCSA updates the study in 2006.

In 2003, CCSA and the Addictions Research Centre, Correctional Service Canada, host the first National Summer Institute on Addictions, which has run every year since.

In 2005, CCSA hosts its first biennial national conference on substance abuse and addiction (*Issues of Substance*).

Dialogue

Through its philosophy of shared responsibility and accountability, CCSA creates a partnering environment in which dialogue leads to action.

In 1991, CCSA begins a long involvement with Drug Awareness Week by hosting the first national gathering of drug awareness organizers.

In 1994, CCSA launches the Health, Education and Enforcement in Partnership (HEP) initiative as a way of breaking down interdisciplinary barriers.

In 2001, CCSA signs a memorandum of agreement with Carleton University aimed at bridging the gap between academic excellence and the addictions field.

In 2003, CCSA signs a memorandum of agreement with the British Columbia Centre of Excellence for Women's Health to share information on women and substance use.

In 2004, CCSA signs a memorandum of agreement with the Youth Solvent Addiction Committee on issues of substance abuse in First Nations and Inuit communities.

CCSA signs a similar agreement with the National Native Addictions Partnership Foundation in 2005.

In 2005, more than 100 organizations reach consensus on the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada after a lengthy consultation process led by CCSA and Health Canada.

Acknowledging the impact of alcohol on public health

Alcohol-related death and disability account for 4% of the overall toll on life and longevity globally. In Canada, where alcohol now ranks among the top three risk factors for disease, disability and death, the figure is 9%.

The National Framework for Action identifies reducing alcohol-related harms as a top priority. A National Alcohol Strategy Working Group, chaired by CCSA, Health Canada and the Alberta Alcohol and Drug Abuse Commission, addressed this challenge in consultations with governments, non-governmental organizations, researchers, addictions agencies, and the alcohol and hospitality industries.

The Working Group recently issued its final report, *Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation—Recommendations for a National Alcohol Strategy*. The report provides a long-term vision and proposes 41 recommendations for action by all players in four broad areas: health promotion, prevention and education; health impacts and treatment; availability of alcohol; and safer communities. Members of the Working Group have begun to take responsibility for implementing specific recommendations, including Health Canada (drinking guidelines and standard drink labelling on alcohol beverage containers), and CCSA (coordinating knowledge translation). Implementation of the strategy is a key strategic direction for CCSA.

Listening to Canada's substance abuse workforce

In a 2004 survey of treatment service providers in Canada, CCSA discovered a widening gap between the demand for professional development and support, and the availability of training opportunities and educational resources.

CCSA began to address this issue by forming the National Advisory Group on Workforce Development (NAGWD). The Centre was also instrumental in identifying workforce development as one of 13 priorities in the National Framework for Action. In consultation with NAGWD and others, CCSA launched the Canadian Network of Substance Abuse and Allied Professionals (www.cnsaap.ca)—the first national website of its kind in Canada—in March 2007.

CCSA has recently drafted a set of measurable core competencies for substance abuse and allied professionals in Canada and is launching a broad consultation process to gather additional input on the proposed list of job performance skills and knowledge areas.

As well, CCSA continues to co-host the National Summer Institute on Addictions with the Addictions Research Centre, Correctional Service Canada. The 2007 Summer Institute marks the fifth anniversary of this event, which has grown steadily to meet an increasing demand for professional development.

The National Alcohol Strategy, the Canadian Network, and the National Treatment Strategy are all responses to priorities identified in the National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.



CCSA has a strong commitment to excellence and a clear mandate to follow the evidence wherever it leads.

Recognizing the value of knowledge translation

In 2006, CCSA published a guide for treatment service providers that highlighted the fact that many treatment techniques currently in use are not based on research or theory and that, in fact, relatively few approaches have been properly evaluated.

Last year, CCSA helped establish the new National Treatment Strategy Working Group, tasked with developing evidence-based recommendations by April 2008 for optimizing substance abuse treatment. Co-chaired by the Centre for Addiction and Mental Health (Ontario) and BC Mental Health and Addiction Services, the Working Group is broadly representative of Canada's treatment and research community and includes strong Aboriginal participation.

CCSA is leading an initiative to harmonize collection of data on student drug use across national, provincial and territorial jurisdictions, allowing for easier geographic comparisons. Progress reports on this project, and on a CCSA-coordinated initiative to evaluate mandatory youth detoxification programs, will be among many presentations devoted to knowledge translation at CCSA's Issues of Substance conference in November 2007, in Edmonton.

CCSA evaluated the RCMP's Drug Recognition Expert (DRE) program and subsequently provided the Standing Committee on Justice and Human Rights with evidence to support a bill that would use the DRE protocol to curb drugged driving. However, CCSA also called for some changes to the bill (C-32).

Refocusing resources and priorities

Prevalence rates and costs associated with substance abuse are rising and the age of initiation of use is dropping. About four million Canadians could use some form of intervention for their alcohol or drug use. Access to effective prevention and treatment programs is limited.

At a special information session for Members of Parliament, Senators and federal government officials last fall, CCSA called for a refocusing of resources and priorities aimed at addressing new and emerging aspects of substance abuse. CCSA staff told the gathering that prevention and treatment programs need to be more closely matched to age, gender and severity of risk, and an early focus on prevention is required to delay the onset of drug and alcohol use by young people. General prevention strategies should be in place for children up to Grade 5, and targeted strategies should be implemented for young people after Grade 5. CCSA was invited to expand on these messages in meetings with senior officials from government prior to announcement of the new national anti-drug strategy in the March 2007 federal budget.

CCSA reinforced its commitment to a National Framework priority targeting children and youth with the publication of *Harm Reduction Policies and Programs for Youth, Risks Associated with Tobacco Use in Youth Aged 15–19*, and *Substance Abuse in Canada: Focus on Youth* (September 2007).

CCSA also called on Canadians to refocus their perceptions around the harms associated with substance abuse. Using data from the *Canadian Addiction Survey* and *The Costs of Substance Abuse in Canada 2002*, the Centre demonstrated that Canadians have an exaggerated view of the harms associated with illegal drug use, but consistently underestimate the negative impact of alcohol on society.

Expanding our understanding of addiction

There is a growing view that more effective interventions for substance abuse will require a better understanding of biomedical and neuroscience perspectives and how these can be integrated into national addictions policy, practice and research agendas.

CCSA has seized on an opportunity for innovation in the area of addictions by starting to look at the potential relationship between pharmacological treatments that work on the brain and nervous system, and psychological treatments such as cognitive-behavioural therapy that address situational and cognitive factors. CCSA has convened a blue-ribbon panel of experts to engage in a series of “think tanks” aimed at understanding biomedical and neuroscience issues and the physical basis of

While substance abuse can be an issue at any age, it is young Canadians who are most at risk.

Young people tend to use substances more often and in riskier ways than older people, and this can result in significant short- and long-term problems.

addiction. The idea of an external scientific advisory committee was one of several recommendations made by Dr. Franco Vaccarino of the University of Toronto in a June 2006 report on innovation commissioned by CCSA.

CCSA also asked Dr. Vaccarino to write a chapter on neuroscience and addiction for *Substance Abuse in Canada: Focus on Youth*, to be published in fall 2007. From a neuroscience perspective, youth is a critical period for development because the early use of psychoactive drugs can produce long-term changes in the brain that can lead to drug cravings even years after use has ceased.



INNOVATION

CCSA is always ready to consider new perspectives and ways of looking at problems. At the same time, innovative approaches must also be practical and cost-effective.

Reaching out to Aboriginal and northern Canadians

The erosion of a traditional way of life has had negative impacts on Aboriginal communities, including serious substance abuse issues. The problems are compounded for people living in the North and other remote areas of Canada who typically have limited access to substance abuse information and services.

In recent years, CCSA has pursued opportunities to work with Aboriginal organizations such as the National Native Addictions Partnership Foundation and the Youth Solvent Addiction Committee. CCSA recently signed three-year extensions to existing memorandums of agreement with both groups. The Centre has also struck an agreement with the Mamisarvik Healing Centre in Ottawa to help record traditional Inuit teachings with the assistance of an Inuit Elder from Pangnirtung, Nunavut.

In 2007, CCSA published *Harm reduction policies and programs for persons of Aboriginal descent*, a rare look at non-abstinence-based strategies among Indian, Inuit and Métis peoples.

CCSA's focus on northern Canada started in 2005 with the development of a Web resource offering access to credible substance abuse information relevant to Canada's territories. Last year, the Centre hired a Senior Advisor on Northern Canada and involvement with the North has intensified as a result. In February 2007, the Department of Health and Social Services (DHSS), Government of the Northwest Territories, endorsed the National Framework for Action, which identifies "reaching out to Canada's North" as one of 13 priorities. At the same time, planning began for a Board visit to Yellowknife in June and the signing of a memorandum of agreement with DHSS.

Creating, sustaining and leveraging partnerships is one of CCSA's three strategic directions. The Centre is also committed to providing leadership on national priorities, and fostering a knowledge-translation environment where evidence informs policy, practice and action.

Promoting international dialogue on substance abuse

Substance abuse is a multi-billion dollar global problem that transcends traditional borders and defies easy solutions. There is increasing awareness that civil society and non-governmental organizations have a key role to play in addressing this phenomenon.

CCSA's Chief Executive Officer Michel Perron is organizing the "Beyond 2008" International NGO Forum on behalf of the Vienna NGO Committee on Narcotic Drugs to coincide with a 2008 review of progress on drug control since the historic United Nations General Assembly Special Session (UNGASS) in June 1998. The upcoming review presents the NGO community around the world with an opportunity to reflect on its own achievements in drug control, exchange ideas on promising new approaches, reach agreements on ways to work together, and make recommendations to multilateral agencies and UN member states on future directions for drug control.



Partnerships, both domestic and global, are an indispensable mechanism for progress. Dialogue is at the heart of every challenge that CCSA takes on.

Plans leading up to the Forum include a series of nine worldwide regional consultations scheduled to begin in September. The process will also use data on NGOs and civil society from a questionnaire that has been posted online in all six official UN languages at www.vngoc.org.

CCSA's influence on the world stage took on yet another new dimension this year when the United Nations Committee on Non-Governmental Organizations approved CCSA's application for special consultative status with the United Nations Economic and Social Council (ECOSOC).

Message from the Chair

While CCSA is referred to as a *constant presence in a changing field* in the title of this year's annual report, that does not mean that this organization has remained static while the environment we work in has continued to evolve. Quite the contrary. The ability to change and grow as circumstances dictate is one of the hallmarks of our success.

CCSA's Board of Directors demonstrated this when it gave its blessing to an in-depth strategic planning exercise in 2006–2007, involving both staff and management. This has now established a critical path for the organization for the next three years. In very broad terms, we value and are committed to providing leadership on national priorities, fostering a knowledge-translation environment, and creating and sustaining partnerships.

The challenge many organizations face is adapting to new demands without sacrificing established principles. When we accepted a request from the U.S. Office of National Drug Control Policy to host a speaking engagement in Ottawa for ONDCP Director John Walters, we were subject to criticism by some who saw the Walters visit as an attempt to influence Canadian drug policy. CCSA held firm to its principles of openness and impartiality and sanctioned the event. When it was over, even those who had opposed it initially agreed that Mr. Walters had delivered a very respectful and informative address. As Chair of CCSA, I was very proud of our organization.

Another example of CCSA's ability to adapt to changing circumstances while staying true to its legislated mandate was an all-party breakfast briefing the Board co-hosted on Parliament Hill last fall with the House of Commons Standing Committee on Health. With the Conservative government still less than a year old, CCSA presented Members of Parliament, Senators and senior federal government officials with an honest and compelling snapshot of current substance abuse trends in Canada. Relying on our fundamental commitment to present evidence-based information and advice, we highlighted opportunities for refocusing efforts to treat and prevent problematic alcohol and other drug use.

CCSA was established with a mandate to reduce the harms associated with substance abuse and that has remained constant for two decades. However, the term "harm reduction" has increasingly become an obstacle to meaningful and effective communications between those who support this approach and those who oppose it. Once again, we are determined to work through the rhetoric and to find basic principles that both sides can agree on. This will involve an examination of the activities that fall under the reduction of harm banner to see how these actions fit within a continuum of care model and a public health context.



CCSA's creators felt it was important for a national organization working to reduce alcohol- and drug-related harm to also act as a link to international efforts in this field. We have increasingly met this obligation in a variety of ways. Most recently, the United Nations Committee on Non-Governmental Organizations approved CCSA's application for special consultative status with the United Nations Economic and Social Council (ECOSOC) after a lengthy process that began five years ago. ECOSOC serves as the central forum for discussing international economic and social issues, and for formulating policy recommendations addressed to Member States and the United Nations system.

Elsewhere in this annual report, you will read about our Chief Executive Officer's pivotal involvement with the UNGASS—"Beyond 2008" International NGO Forum planned for July, 2008.

A further indication of CCSA's influential impact on the international stage arrived recently in the form of a special request from the College on Problems of Drug Dependence (CPDD) in the U.S. This organization contacted us to determine if we would be willing to accept a nomination for the 2007 CPDD Media Award for "major contributions to the public understanding of scientific issues concerning drug use disorders."

I want to acknowledge two of our most recently appointed Board members: Dr. Darryl Plecas (British Columbia), who is the RCMP University Research Chair in the School of Criminology and Criminal Justice at the University College of the Fraser Valley (UCFV), and Dr. Sherry H. Stewart (Nova Scotia), who is a Killam Research Professor and CIHR Investigator in the Departments of Psychiatry and Psychology at Dalhousie University. These well-qualified and recognized individuals are already proving to be a tremendous asset to CCSA as we continue to effect change and provide leadership.

A handwritten signature in black ink, appearing to read 'Barry King', with a long horizontal line extending to the right.

Chief Barry V. King, OOM
Chair

Message from the Chief Executive Officer

As CCSA approaches the 20th anniversary of its establishment by Act of Parliament in 1988, it seems timely to reflect on how things have changed and evolved in the substance abuse field during the period that this organization has been on the national scene. Have we had any impact? Have we made a difference? I suppose all of us in this line of work ask ourselves those tough questions at some point.

Some indicators are not so encouraging: We've seen rates of cannabis use rise to surpass those of the late 1970s and we have had to contend with new and dangerous types of drug use—the abuse of oxycodone and other powerful pharmaceutical products, and the spread of methamphetamine use are just two examples. We saw costs associated with substance abuse double between 1992 and 2002.

At the same time, the ability of the field to respond to these and other threats has often been compromised. During the 1990s, Canada's network of independent provincial drug and alcohol agencies dwindled to two or three and other budget constraints limited our ability to provide treatment and prevention services. And perhaps we spent a little too much time and energy arguing over things like cannabis reform and harm reduction.

Still, I'm heartened by what I see as a trend toward real action on alcohol and substance abuse. There has never been a shortage of good will and intentions in our field, but we have sometimes been challenged to execute and apply. I believe this is changing and I point to the National Framework for Action as evidence. Not only has the Framework been endorsed by more than 40 organizations, but several of those organizations have stepped forward to take responsibility for specific actions flowing from the document.

A Framework priority to reduce alcohol-related harm led to the formation of a National Alcohol Strategy Working Group, co-chaired by CCSA, Health Canada and the Alberta Alcohol and Drug Abuse Commission. This in turn produced a series of 41 recommendations for a National Alcohol Strategy, some of which have already been adopted for implementation. Health Canada will work on drinking guidelines and labelling for alcohol beverage containers, and CCSA has assumed responsibility for a recommendation on knowledge transfer.

Another Framework priority—to improve the quality, accessibility and range of treatment options—has taken shape as the National Treatment Strategy Working Group, co-chaired by the Centre for Addiction and Mental Health and BC Mental Health and Addiction Services. Still another Framework priority—sustaining workforce development—has found expression in the work of the new National Advisory Group on Workforce Development and the development by CCSA staff of the Canadian Network of Substance Abuse and Allied Professionals. A major outgrowth of this Network has been the development of core competencies for the substance abuse workforce.



To address a Framework focus on Fetal Alcohol Spectrum Disorder (FASD), CCSA is using funding from the Public Health Agency of Canada to convene a Project Working Group to help develop an accreditation framework for FASD training, tools and resources. Another Framework priority—reaching out to Canada’s North—has generated a series of activities, including, most recently, a Memorandum of Agreement with the Department of Health and Social Services in the Northwest Territories.

Another hopeful sign as we consider the current state of the substance abuse field is the willingness of more and more groups and individuals in the field to engage in new and often unconventional partnerships. For example, CCSA has convened a series of think tanks with experts in biomedicine and psychology to help bridge the perennial gap between neuroscience and addictions. Also, as this is being written, CCSA is entering into discussions with the new Drug Prevention Network of Canada and the Alberta Alcohol and Drug Abuse Commission (AADAC) to develop a national prevention strategy.

We are also pleased with the federal government’s commitment to a new national anti-drug strategy, outlined in the March 2007 federal budget, and with the opportunity that lies ahead for addressing the harms associated with substance abuse.

So, has CCSA made a difference? I think our most important contribution has been to set the partnership table and to invite organizations to not only sit around that table with us, but to take leadership on specific initiatives. The best is yet to come. More partners are coming to the table now and these new relationships bring new understanding and opportunities to move beyond rhetoric toward common objectives. The challenge is for all of us to recognize what we can share with and learn from each other and to do so in a manner that ultimately benefits Canadians from coast to coast to coast.



Michel Perron
Chief Executive Officer

Progress on Goals 2006–2007

GOAL: Increase awareness and understanding of the nature, extent and consequences of substance abuse

ACTIVITY	OUTCOME
<i>Knowledge Generation/Transfer</i>	
Publishing	<ul style="list-style-type: none"> > 51,446 downloads of CCSA publications, including 22,404 downloads of documents published in 2006–2007 > 3 earlier documents still among Top 5 downloads: <ul style="list-style-type: none"> • <i>The Costs of Substance Abuse in Canada 2002</i> • <i>2004 Canadian Addiction Survey (CAS): Highlights</i> • <i>Crack Cocaine Fact Sheet</i> > 12,673 print publications distributed <ul style="list-style-type: none"> • 49 CCSA documents, new and old
Research Support	> Ongoing access to CAS data through the Data Liberation Initiative (DLI)
Training Activities	<ul style="list-style-type: none"> > 100 advanced learning clients <ul style="list-style-type: none"> • 11% increase in registration at 4th National Summer Institute on Addictions (July 2006)
Informing Government	<ul style="list-style-type: none"> > 100 high-level contacts <ul style="list-style-type: none"> • Members of Parliament, Senators and federal government officials briefed on <i>Alcohol and Drugs in Canada: Current Knowledge—Future Implications</i> • Hosted event on U.S. drug policy for Canadian government and addictions professionals
Information Services	<ul style="list-style-type: none"> > Implemented new client-service initiatives: Bills and Committees monitoring service, new reference section for CCSA staff, client relationship management system, records management program, redesigned Web interfaces for CCSA databases > 494 new acquisitions by CCSA library > 220 new subscribers to Addiction News Daily (68% increase over 2005–2006)

GOAL: Increase financial, in-kind and human resources support

ACTIVITY	OUTCOME
<i>Leveraging Investment</i>	
\$248,000 invested	<ul style="list-style-type: none"> > \$2,408,823+ generated (9.7:1 ratio) <ul style="list-style-type: none"> • Health, Education and Enforcement in Partnership Project (HEP) • National Treatment Strategy • CIHR strategic research initiative • UN “Beyond 2008” International NGO Forum

GOAL: Increase awareness of CCSA services and activities

ACTIVITY	OUTCOME
<i>Public Relations/Marketing</i>	
Action News (quarterly newsletter, monthly e-bulletin)	<ul style="list-style-type: none"> > 15,111 print copies distributed <ul style="list-style-type: none"> • 2% increase over 05–06 > 14,319 electronic transmissions <ul style="list-style-type: none"> • 4% decrease due to more accurate tracking > 99,580 page views of Action News pages on CCSA website
Website	<ul style="list-style-type: none"> > 566,431 visits in 2006–2007 > 1.94 million page views > 202,788 downloads
Media Activity	<ul style="list-style-type: none"> > 188 media hits in 94 different media outlets > 130 requests for information and/or interviews > 37 proactive briefings <ul style="list-style-type: none"> • 8 for <i>Risks Associated with Tobacco Use in Youth Aged 15–19</i> • 24 for <i>Driving Under the Influence of Cannabis</i> • 5 for <i>Comparing the Perceived Seriousness and Actual Costs of Substance Abuse in Canada</i>
Annual Report (2005–06)	> 1,895 downloads, 1,217 print copies distributed
CCSA Board Meetings	<ul style="list-style-type: none"> > 3 Board meetings (Ottawa [2], Winnipeg) <ul style="list-style-type: none"> • 28 stakeholder contacts

GOAL: Improve inter-sectoral and cross-jurisdictional collaboration and cooperation

ACTIVITY	OUTCOME
<i>Networking/Coordination/Leadership</i>	
Networking/Outreach	> Engaged in 130 events involving 9,994 stakeholders
Coordination	<ul style="list-style-type: none"> > Ongoing support for the Health, Education and Enforcement in Partnership (HEP) Program <ul style="list-style-type: none"> • CCSA participated in a National Showcase on Community Safety, Health and Well-being, led by the Canadian Association of Chiefs of Police • Staff led a national environmental scan of school-based and school-linked prevention
Leadership	<ul style="list-style-type: none"> > Worked with federal/provincial/territorial partners to endorse the National Framework <ul style="list-style-type: none"> • To date, 43 government and non-governmental organizations have endorsed the Framework > CCSA working to implement the National Alcohol Strategy > CCSA launched the Canadian Network of Substance Abuse and Allied Professionals

2006–2007 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 community at large. There were two Board vacancies as of March 31, 2007.

Chief Barry V. King, OOM

(Chair)

Chief of Police
Brockville Police Service

David Nicholson

(Vice Chair)

Consultant
Federal/Provincial Affairs

Anne M. Lavack, Ph.D.

(Treasurer)

Associate Dean, Faculty of Business
Administration & Director of the
Levene Graduate School of Business

Beverley Clarke

(Secretary)

Chief Operating Officer
Community, Children's, Mental
Health & Addictions Services
Eastern Health

Normand (Rusty) Beauchesne

Member of the National Parole
Board

Leonard Blumenthal, LL.D.

President

Lazy Beaver Holdings, Inc.

Mike DeGagné

Executive Director

Aboriginal Healing Foundation

Jean T. Fournier

Ethics Commissioner

The Senate of Canada

Heather Hodgson-Schleich

Consultant and Proprietor

Tales by the Brook—
children's drug prevention services

Edgar F. Kaiser, Jr., O.B.C., LL.D.

Chairman

The Kaiser Foundation

A.J. (Bert) Liston

President

A.J. Liston & Associates

R.A. (Sandy) Morrison

President

Sakamor & Associates, Inc.

Darryl Plecas, Ph.D

RCMP University Research Chair

School of Criminology and

Criminal Justice University College

of the Fraser Valley

Ex-officio Members

Morris Rosenberg

Deputy Minister

Health Canada

Suzanne Hurtubise

Deputy Minister

Public Safety & Emergency

Preparedness Canada

Michel Perron

Chief Executive Officer

Canadian Centre on Substance

Abuse

Staff and Associates 2006–2007

as of March 31, 2007

Executive Office

Michel Perron
Chief Executive Officer

Linda Bordeleau
Executive Assistant

Carolyn Franklin
Senior Advisor
National Framework Secretariat

Research and Policy

Rita Notarandrea
*Deputy Chief Executive Officer
(CEO)/Director of Research
and Policy*

Heather Clark
Research Analyst

Anne-Elyse Deguire
Senior Research Analyst

Matthew Graham
Policy Advisor

Rebecca Jesseman
Policy Analyst

Gerald Thomas
Senior Policy Analyst

Workforce Development

Lianne Calvert
Director

Karen Cumberland
National HEP Policy Coordinator

Rachel Dutton-Gowryluk
Senior Advisor on Northern Canada

Greg Graves
Coordinator

Karine Plouffe
*Workforce Development
Project Officer*

Information and Reference Services

Debbie Ayotte
Acting Director/Web Coordinator

Mitra Assadollahi
Library and Information Technician

Manon Blouin
*Acquisitions and Cataloguing
Coordinator*

Chad Dubeau
Information Specialist

Karen Palmer
Information Specialist

Susan Rosidi
Database Coordinator

Lee-Anne Ufholz
Information Specialist/Web Technician

Public Relations and Marketing

Enid Harrison
Director

Brooke Bryce
Communications Advisor

Patricia-Anne Croteau
Reviser/Translator

Richard Garlick
Publisher/Editor-in-Chief

Jennifer Lee
*Production and Communications
Coordinator*

Operations

Carol Ann Banks
Director/Chief Financial Officer

Marguerite Grant
Administrative Officer

David O'Grady
Information Technology Manager

Anne Richer
Finance Manager

Deborah Robillard
Administrative Assistant

Associates

Doug Beirness
Senior Research Associate

Chris Davis
Associate, Research and Policy

Colleen Anne Dell
*Senior Research Associate/
Academic Liaison*

Jacques LeCavalier
Associate, Research and Policy

Alan Ogborne
Associate, Workforce Development

Paula Stanghetta
Associate, Operations

Gilles Strasbourg
Associate, Operations

Franco Vaccarino
*Senior Advisor to the CEO on
Transformation and Innovation*

Auditors' 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 the Canadian Centre on Substance Abuse as at March 31, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated May 8, 2007. 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.

The comparative figures were reported on by another auditor.

CHARTERED ACCOUNTANTS
LICENSED PUBLIC ACCOUNTANTS

Ottawa, Ontario
May 8, 2007

Summarized statement of financial position

	March 31	
	2007	2006
ASSETS		
Current assets		
Cash and cash equivalents	\$ 2,177,466	\$ 1,380,404
Accounts receivable	310,844	1,219,259
Prepaid expenses	50,896	72,935
	2,539,206	2,672,598
Property and equipment	263,893	293,770
	\$ 2,803,099	\$ 2,966,368
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 388,681	\$ 365,965
Deferred revenues	246,207	503,195
	\$ 634,888	\$ 869,160
Lease inducement	\$ 20,878	\$ 32,641
Net assets		
Invested in property and equipment	263,893	293,770
Internally restricted for contingencies	1,264,319	788,903
Internally restricted for future projects	-	434,275
Unrestricted	619,121	547,619
	2,147,333	2,064,567
	\$ 2,803,099	\$ 2,966,368

Summarized statement of operations

	Year ended March 31	
	2007	2006
REVENUES		
Health Canada funding	\$ 3,750,000	\$ 3,950,000
External contracts	851,022	1,063,077
Conference	63,675	229,557
Interest and other	92,991	43,748
	4,757,688	5,286,382
EXPENSES		
Amortization	152,029	154,733
Contractors	1,034,637	1,386,493
Cost-shared projects	85,150	222,698
Equipment rental	26,691	55,272
Insurance	13,403	14,867
Membership fees	15,673	13,137
Office and administration	365,561	345,640
Printing	87,397	83,004
Public relations and marketing	12,418	15,997
Rent	175,841	161,446
Salaries and benefits	2,337,344	2,097,194
Travel	368,778	449,338
	4,674,922	4,999,819
NET REVENUES	\$ 82,766	\$ 286,563