**Substance Use and Addictions Program**

**Backgrounder & Program History**

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# History: Government of Canada Drug Strategies and G&C Programs

Canada has had successive drug strategies in place since 1987 that have aimed to balance public health and public safety objectives through the key pillars of prevention, treatment, enforcement and, at times, harm reduction.

## 1987-1992 National Drug Strategy (Phase 1)

Five-year, $210 million strategy with 6 strategic components:education and prevention; treatment and rehabilitation; enforcement and control; information and research; international cooperation; and a national focus (aimed at identifying drug demand reduction programs that could serve a national purpose).

## 1992-1998 Canada’s Drug Strategy (Phase 2)

In 1992, the federal government renewed its commitment and launched a second phase of the strategy by merging the National Strategy to Reduce Impaired Driving and the National Drug Strategy.  This initiative was named Canada’s Drug Strategy.  The continued objective was to reduce the harmful effects of substance abuse on individuals, families, and communities by addressing both the supply of and demand for licit and illicit substances.  Of the $270 million allocated to the strategy, 60% was to be directed to demand reduction and 40% to supply reduction.In 1998, the federal government reaffirmed its commitment to the principles of the CDS.  Four pillars were identified:  education and prevention; treatment and rehabilitation; harm reduction; and enforcement and control.  However, funding was significantly reduced, and many advocates involved in the field of substance use and abuse policy expressed concerns at the consequences of such financial cutbacks.  In fact, many have referred to 1997-1998 as the sunset of Canada’s Drug Strategy.

## 2003-2007 Canada’s Drug Strategy (CDS)

The Government of Canada announced in May 2003 that it was investing $245 million over the next five years in the CDS.  This announcement followed calls for a comprehensive renewed drug strategy with dedicated resources from the Auditor General of Canada (December 2001), the Senate Special Committee on Illegal Drugs (September 2002) and the House of Commons Special Committee on Non-Medical Use of Drugs (December 2002). The four pillars of the renewed strategy remained prevention, treatment, harm reduction and enforcement.  The Government of Canada also broadened its commitment by investing in four new areas of activity:  leadership; research and monitoring; partnerships and intervention; and modernized legislation and policy.

### Program : Alcohol and Drug Treatment Rehabilitation (ADTR) Program

Health Canada supported the treatment and rehabilitation pillars directly through the **Alcohol and Drug Treatment Rehabilitation (ADTR) Program**, a Grants and Contributions (G&C) funding program that was active from 1987-2007. All ADTR funding was allocated to provincial and territorial treatment initiatives focused on new/innovative treatment programs targeting women and youth as well as other at risk groups requiring specialized services. Funding available for the ADTR included $20M annually from 1987-1992 and $14M annually from 1992-2006.

### Program: Drug Strategy Community Initiatives Fund (DSCIF)

Health Canada supported the prevention (and harm reduction) pillars directly through **Drug Strategy Community Initiatives Fund (DSCIF)**, a G&C funding program that was created in 2004 following the renewal of the CDS. The DSCIF supported community-based initiatives to address a range of issues related to prevention, health promotion and harm reduction. The program was delivered nationally and through regional offices in British Columbia, Alberta, Manitoba-Saskatchewan, Ontario, Quebec, and the Atlantic. The program had $9.8M in funding available annually. Approximately 62% of this funding was delivered regionally and the remaining 38% to national projects.

## 2007-2016 National Anti-Drug Strategy (NADS)

The Government of Canada announced the National Anti-Drug Strategy on October 4, 2007, delivering on its platform commitment to “enact a national drug strategy with particular emphasis on youth”. The NADS received five-year funding to support three Action Plans: Prevention, Treatment and Enforcement. Harm Reduction was officially removed as a pillar. The NADS was renewed in 2012.

### Program: Drug Treatment Funding Program (DTFP)

Under the NADS Treatment Action Plan, the **Drug Treatment Funding Program (DTFP)** was announced/created, effective April 2008, to make Improvements to substance use treatment systems (re-oriented funding from the ADTR) and provide new five-year time-limited funding (2007-2011) to assist provincial and territorial governments in addressing critical treatment needs, primarily focused on treatment system enhancements. Relevant TB Sub: #833862 entitled *Investments in the Prevention and Treatment Action Plans of the National Anti-Drug Strategy* (2008).The DTFP received approximately $13.2 million annually in A-based, on-going G&C funding. The TB Sub also included 5-year sun setting funding specific to treatment services as well as five-year sun setting funding specific to funding for Vancouver’s Downtown Eastside neighbourhoods.

### Program: Drug Strategy Community Initiatives Fund (DSCIF)

Under the NADS Prevention Action Plan, the **DSCIF** continued to provide G&C funding with the the same funding amounts as the CDS ($9.8M in A-based, ongoing funding) to support a mix of local, regional and national initiatives. The focus was on youth prevention. The policy authority removed the ability of the program to target alcohol or substance use harm reduction, both of which were not included in the NADS. In April 2012, as a result of the Deficit Reduction Action Plan, the program shifted from a regionally delivered program to completely national.

### Program: Anti-Drug Strategy Initiatives (ADSI)

In December 2014, the **DTFP** and **DSCIF** funding programs merged into a single G&C funding program called the **Anti-Drug Strategy Initiatives (ADSI)**. The ADSI continued to support the Prevention and Treatment Action Plans of the NADS. Relevant TB Sub: *Preventing Prescription Drug Abuse* (2014).

The program did not receive additional funding in the TB Sub. Core, A-based, ongoing funding remained at approximately $26.3M inclusive of previous DSCIF, DTFP and CCSA Named Grant funding.

In support of the merger and in response to program evaluation, a Program Framework document was created. This document outlined a new approach to program delivery under a consolidated program.

In 2015, a targeted solicitation was issued for projects focused on developing new or enhancing existing practice guidelines, training and tools related to prescription drugs and prescriber education. As a result, seven multi-year (2015-17) projects were funded including:

* **Institute for Safe Medication Practices Canada:** *Safer Decisions Save Lives – Enhanced Clinical Decision Support Systems Designed to Reduce Prescriptions for Opioids (SDSL)*
* **Toronto Rehabilitation Institute University Health Network:** *Improving Canadian Family Physician Knowledge and Performance in Safe Prescribing of Opioids for Chronic Non-Cancer Pain*
* **Canadian Association of Schools of Nursing:** *Development and Mobilization of Appropriate Prescriber Practice Competencies for Controlled Drugs and Substances into Nurse Practitioner and Registered Nurse Education Programs*
* **The University of Waterloo:** *Interdisciplinary Initiative to Reduce Prescription Opioid Misuse*
* **McMaster University, Faculty of Health Sciences:** *Update of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*
* **Institut national de santé publique du Québec :** *Amélioration des pratiques médicales en matière de prescription de médicaments opioïdes*
* **Canadian Association of Chiefs of Police:** *National Prescription Drug Drop-off Day*

### Program: Substance Use and Addictions Program (SUAP)

The name of the ADSI was changed to the **Substance Use and Addictions Program (SUAP)** on May 4, 2016, to align with Government policy (public health approach to substance use) and better describes the scope of the program to include legal (e.g. prescription drugs and alcohol) as well as illegal substances. This was approved by the Deputy Minister and Treasury Board Secretariat was advised.

## 2016-2018 Canadian Drugs and Substances Strategy

The Government of Canada committed to a comprehensive, collaborative, compassionate and evidence-based approach to drug policy, which uses a public health approach when considering and addressing drug issues. On December 12, 2016, the Minister of Health announced an updated drug strategy for Canada: the **Canadian Drugs and Substances Strategy (CDSS)**, a replacement to the NADS. The new drug strategy transferred leadership from the Minister of Justice to the Minister of Health. The CDSS formally restored harm reduction as a key pillar of Canada’s drug strategy alongside the existing pillars of prevention, treatment and enforcement.

### Program: Substance Use and Addictions Program (SUAP)

The SUAP closed-out existing DSCIF and DTFP funded projects as well as the cohort of prescriber education projects funded in 2015. In 2016-17 the SUAP launched a targeted call for proposals and in 2017-18 launched a national, continuous-intake CFP.

# Treasury Board Submission History

* 2005: [*Named Grant to the Canadian Centre on Substance Abuse*](file:///M:\SPB-DGPS\HPSID-DPSIS\04%20DRUGS\Program%20Management-NADS\Archive\DTIP%20Common-PIDT%20commun\Grants-Subvent\CCSA%20NAMED%20GRANT%2006-11%2014\TB-CCSA_Named%20Grant_Oct_2005.pdf) – TB Sub #832467.Set up a Named Grant to the CCSA, with payment beginning in 2006-07 and ongoing to support the CCSA’s core operations under the *CCSA Act*. The TB Sub was approved in October 2005. CCSA Terms & Conditions were added as an appendix and were initially valid from April 1, 2006 – March 31, 2011. On March 14, 2011, the Minister of Health approved a renewal of the CCSA’s Named Grant funding for an additional five years (April 2011- March 2016).
* 2008: *Investments in the Prevention and Treatment Action Plans of the National Anti-Drug Strategy* - TB Sub #833862. Impact on the program: outlined the scope and funding for the DSCIF and DTFP G&C programs.
* 2014: As above, the DTFP and DSCIF were consolidated into a single funding program, the ADSI, under the 2014 TB Sub entitled [*Preventing Prescription Drug Abuse*](file:///M:\SPB-DGPS\HPSID-DPSIS\04%20DRUGS\Program%20Management-NADS\Archive\Anti-Drug%20Strategy%20Initiatives\TB%20Sub%202014-03%20Bckgrnd\TB%20Sub%20Draft%206%20-%20to%20TBS%20Nov%2020\PDA%20TB%20Submission_FINAL%20Oct%2031_hecsb.docx)*.* No additional funding was provided to the ADSI under this TB Sub. The ongoing annual budget remained $22.8M (not including CCSA core funding), equivalent to the combined annual budgets of the DSCIF and DTFP.

The TB Sub approved new Terms and Conditions for the consolidated program, including new policy cover for prescription drugs and related prevention and treatment initiatives. It also approved a new Performance Measurement Strategy Framework and Logic Model.

While no new funding was included, the TB Sub committed the program to issuing a call for proposals with a focus on prescriber education, seeking prevention and treatment initiatives for both legal and illegal prescription drugs. The program also support the TB Sub commitment to providing support for the Canadian Association of Chiefs of Police National Prescription Drug Drop-Off Day.

* 2017:[*Strengthening the Canadian Drugs and Substances Strategy*](file:///M:\SPB-DGPS\HPSID-DPSIS\04%20DRUGS\Program%20Management-NADS\Program%20Authorities\TBSUB2017%20CDSS%20HR)– TB Sub #838330.

The SUAP received $10M in new G&C funding over 5 years with $3M ongoing. The new money began flowing in 2018-2019 specifically to target new opioid harm reduction initiatives. The breakdown was as follows:

17-18: $0     18-19: $2M     19-20: $2M     20-21: $3M     21-22: $3M     Ongoing: $3M

This increased the total program budget to $28.3M in 18/19 and $29.3M in 20/21 and ongoing.

Expected results were aligned with the SUAP logic model outcomes and indicators, specifically:

**Outcome:** Reduction in risk-taking behaviour among drug and substances users

***Indicator:*** *Percentage of targeted Canadians reporting they used knowledge and skills by: sex, Official Language; type of behaviour change (reduced use, safer use, not using, etc.), with Baseline to be established in 2018-19.*

***Target:***60% of targeted Canadians reporting they used knowledge and skills to take positive actions with respect to substance use behavior by 2021

**Outcome:** Data and research evidence on drugs, and emerging drug trends, are used by members of the federal Health Portfolio and their partners

***Indicator****: Percentage of targeted stakeholders reporting that they made evidence informed improvements to substance use policies, programs and practice by: type of improvement, with Baseline to be established in 2018-19.*

***Target:*** *60% of targeted stakeholders reporting evidence informed improvements to substance use policies, programs, and practices by 2021*

Amendments were made to the SUAP Ts&Cs to be consistent with other SPB funding programs; to correct language for consistency with a public health approach to substance use, including specific references to harm reduction; to amend the maximum amount payable to a recipient; and, to revise the SUAP logic model (outcomes and indicators).

* ***Note:*** Budget 2017 included reference to ‘Public Education Programming and Surveillance for Legalized Cannabis’. As part of the Canadian Drugs and Substances Strategy, Health Canada committed to supporting cannabis public education programming and surveillance activities in advance of the Government’s plan to legalize cannabis by directing existing funding of $9.6 million over five years, with $1.0 million per year ongoing. It is not clear whether an MC or TB Sub related to this commitment were produced and when. However, Budget 2017 resulted in the SUAP committing to dedicate $3M annually from existing SUAP funding for cannabis public education and awareness initiatives. News release link: <https://www.canada.ca/en/health-canada/news/2017/10/government_of_canadatoinvestincannabiseducationandawareness.html>
* 2018: *Addressing the Opioid Crisis* – TB Sub #

If approved, the SUAP will receive an additional $13.5M over five years and $4.1M ongoing in Vote 1 and Vote 10 funding broken down as follows:

2018-19: $4.1M

2019-20: $3.3M

2020-21: $3.1M

2021-22: $2M

2022-23: $1M

Ongoing: $4.1M

Funding will be used to support Budget 2018 commitments related to expanding the SUAP to support innovative approaches to prevention and treatment specific to opioids.

* 2018: *Supporting Cannabis Public Education, Awareness and Research* – TB Sub #

If approved, the SUAP will receive $62.5 million over five years, starting in 2018–19, to support cannabis public education initiatives. This funding will support the involvement of community-based organizations and Indigenous organizations that are educating their communities on the risks associated with cannabis use. The SUAP will also receive $10 million over five years for the Mental Health Commission of Canada to help assess the impact of cannabis use on the mental health of Canadians, and $10 million over five years for the Canadian Centre on Substance Use and Addiction to support research on cannabis use in Canada.

* 2018: Tobacco (2018) – Placeholder

The SUAP is negotiating an MOU with HECSB – Tobacco to administer tobacco funding announced in Budget 2018. If the TB Sub under development is approved, the SUAP will administer a portion of the funding announced under a renewed and enhanced Federal Tobacco Control Strategy ($80.5 million over five years, starting in 2018–19, with $17.7 million per year ongoing). Funding will be used to support targeted actions, including in Indigenous communities, to encourage the prevention of tobacco use and help Canadians quit smoking.

# Terms and Conditions (Ts&Cs) History

* **2004:** The **DSCIF** was created in 2004 under Canada's Drug Strategy (CDS). It is not immediately apparent, based on the records that still exist what, MC/TB sub the original DSCIF Ts&Cs were attached to. The original DSCIF Ts&Cs from 2004 referenced harm reduction, which was a pillar under the CDS, and were time limited to March 31, 2010. The DSCIF carried over into the NADS in 2007. Note: the DSCIF Ts&Cs were not amended when the NADS was launched. Rather, they were amended and renewed on March 22, 2010, at which time harm reduction was removed other than a reference to "reducing substance use and abuse and its associated harms" in the introduction.
* **2005:** An August 2005 TB Sub (#832467) set up a Named Grant to the Canadian Centre on Substance Abuse (CCSA), with payment beginning in 2006-07 and ongoing to support the CCSA’s core operations under the *CCSA Act*. The submission also formally changed Health Canada’s funding arrangement with the CCSA from a Contribution to a Named Grant. The TB Sub was approved in October 2005. CCSA Terms & Conditions were added as Appendix A of the submission and were initially valid from April 1, 2006 – March 31, 2011.
* **2007-2008:** The DTFP was announced (created) in 2007 as part of the introduction of the NADS. The DTFP re-oriented funding from the Alcohol and Drug Treatment and Rehabilitation Program (the program that pre-dated the DTFP). As a result, the DTFP Ts&Cs from 2007/2008 are the original version. The Ts&Cs seem connected to TB Submission #833862, *Investments in the Prevention and Treatment Action Plans of the National Anti-Drug Strategy*, 2008.

The original DTFP Ts&Cs were effective April 2008 to make Improvements to substance use treatment systems. This included re-oriented A-based funding from Health Canada's Alcohol and Drug Treatment Rehabilitation (ADTR) Program that existed from 1987-2007 and new five-year time-limited funding to assist provincial and territorial governments in addressing critical treatment (services) needs. **As the DTFP was created under the NADS, the original DTFP program Ts&Cs from that time (2007-2008) did not reference harm reduction.**

The original DTFP Ts&Cs were time limited for 5-years (April 1, 2008 – March 31, 2013 for treatment systems and October 2007 – March 31, 2012 for sunsetting treatment services).

* **March 22, 2010:** Amended, ongoing Ts&Cs for the DSCIF approved.
* **March 14, 2011**: the Minister of Health approved a renewal of the CCSA’s Named Grant funding for an additional five years (April 2011- March 2016). There appear to have been no revisions made to the CCSA Ts&Cs. While not specifically mentioned in materials on file, it appears the renewal applied to the Ts&Cs as well.
* **February 27, 2013:** Under sections 6.3.1 of the *Policy on Transfer Payments*, the Minister approved the continuation of the DTFP Ts&Cs for one year up to March 31, 2014 without amendments. This was to allow the program to plan for impending changes to the policy authority related to prescription drugs and to allow further exploration of combining the DSCIF and DTFP under a single program.
* **December 4, 2014:** Submitted under the omnibus TB Submission entitled *Preventing Prescription Drug Abuse*, Ts&Cs for the Anti-Drug Strategy Initiatives were approved by TBS.

The submission consolidated the DSCIF and DTFP programs under a single program, the ADSI, with new Ts&Cs (attached to the TB Sub). The Ts&Cs also added language specific to prescription drugs. The submission provided no new FTEs or funding, but committed the ADSI to a call for proposals in 2014-15 focused on prescriber education (CASN was one of the projects funded under this CFP). The submission also committed Health Canada to supporting National Prescription Drug Drop-Off Day, run by the Canadian Association of Chiefs of Police. This support came through an ADSI contribution agreement.

* **May 11, 2015:** Modification brought to Ts&Cs in order to increase the amount reserved for the Canadian Centre on Substance Abuse (DM Concurrence). The Centre of Expertise on Grants and Contributions, Chief Financial Officer Branch (CFOB) confirmed that the proposed amendment to the Ts&Cs was minor and fell within the Minister’s authority to approve (delegated to the DM for concurrence).

The CCSA, created through an Act of Parliament in 1988, was receiving funding under the two pre-existing programs as well as through a grant agreement to support its core mandate for a total annual allocation of $6.9M. With the creation of ADSI, there was an opportunity to consolidate the Department’s funding arrangements with the CCSA into one agreement. To do so required an amendment to the maximum amount payable per year per recipient program TS&Cs. A specific CCSA paragraph was added to Section 7 (Maximum Amount Payable) of the Ts&Cs, increasing the maximum payable to the CCSA to $10M per year.

* **April 2016**: Modification brought to Ts&Cs regarding the program name (DM Concurrence), changing it from the Anti-Drug Strategy Initiatives program to the Substance Use and Addictions Program to better reflect the scope of substances that could be included under the program.
* **September 22, 2017:** Amended SUAP Ts&Cs were attached to the TB Submission related to *Strengthening the Canadian Drugs and Substances Strategy*

The first draft was approved at the DG level and submitted to HECSB on April 6, 2017. Treasury Board provided comments and a second draft was approved by the DG and submitted to HECSB on June 6, 2017.

The majority of the amendments represented minor amendments focused solely on correcting errors of language and adding clarity. The proposed amendment to the maximum amount payable to a recipient was considered a major amendment. Adding harm reduction to the objectives was considered by TBS as a possible major amendment.

Correcting errors of language and adding clarity was necessary to: reflect the current public health approach to substance use and appropriate public health language (replacing abuse with use and incorporating reference to harm reduction); update Expected Results outcome language; reflect current policy related to Official Languages and Sex-and Gender-Based Analysis; be consist with language used in the Branch/Department in recent TB Submissions and Ts&Cs documents; and support Government initiatives related to transparency.

Questions raised and comments made on Draft 1 by Treasury Board raised the need for additional revisions. Responding to the comments required liaising with the Office for Gs&Cs, Health Programs and Strategic Initiatives, Strategic Policy Branch (SPB). These colleagues provided language and content from recently approved Ts&Cs (i.e. Ts&Cs that have been revised and approved since SUAP submitted Draft 1 to TBS). Language and content was incorporated into Draft 2 to both respond to TB comments and align/be consistent with other SPB Ts&Cs.

Draft 2 was revised so that the numbering and order of sections aligns with other recently approved Ts&Cs submitted by SPB related to Budget 2016 and Budget 2017 (i.e. for a consistent look and feel). A Summary Table was created describing the revisions.

Additional minor revisions were incorporated based on Treasury Board review and feedback between June – August 2017.

Treasury Board met on September 21, 2017. The amended SUAP Ts&Cs were approved by Treasury Board on September 22, 2017 under the overall approval of TB Sub # 838330.

* **August 13, 2018:** Under the authorities outlined in article 6.3.4 of the *Policy on Transfer Payments*, the Minister of Health approved an amendment to Section 4.1 and 4.2 of the Ts&Cs to expand the class of eligible recipients to include on-reserve organizations. The President of the TBS was advised of the amendment by letter (see MECS# 18-109611-374 and corporate records saved with 2018 Cannabis TB Submission documents).
* **2018:** The SUAP Ts&Cs will be amended as part of the cannabis related TB Sub to include on-reserve Indigenous applicants as eligible recipients as well as minor amendments related to the Departmental Results Framework and removing reference to the CDSS to expand the scope of SUAP to include tobacco (currently under the Federal Tobacco Control Strategy).
* **2019**: January 16, 2019, SUAP Ts&Cs were approved as part of cannabis and tobacco TB Subs.

**Ts&Cs Links:**

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# Performance Measurement and Evaluation / Logic Model / Expected Results History

Content under development

# CCSA Funding History

Funding to the CCSA was traditionally split between core funding provided under a specific set-aside in the Main Estimates, and supplementary National Anti-Drug Strategy contribution funding (which was further split between prevention and treatment programs). In 2014-15 the core funding was converted to program contribution funding and a consolidated agreement was negotiated. It is important to note that while the CCSA has a consolidated agreement, the $3.56M in core funding is linked to the *CCSA Act* and not connected to the National Anti-Drug Strategy/Canadian Drugs and Substances Strategy and the expected results and related reporting requirements for these strategies.

### Core Funding (CCSA Act) History

* **1988-1996:** $2M in funding annually.
* **1996-2001:** CCSA funding was reduced to $500K annually as a result of program review.
* **2001-2005:** Minister of Health announced interim funding of $1.5M annually pending a new drug strategy.
* **2006-2011:** TBS approved amending the transfer payment type from a contribution to a named grant. TBS approved $3.95M annually, but reduced to $3.75M annually as part of Health Canada's 2006 Strategic Review. According to TBS, funding for CCSA was transitioned from contribution to named grant in 2006, reflecting the intention of Parliament for CCSA to be, and appear to be, independent of the federal government in order to fulfill its mandate under the CCSA Act.
* **2011-2016:** $3.75M annually as a named grant approved by TBS, but reduced to $3.56M annually as part of the Deficit Reduction Action Plan effective April 1, 2013.

### DSCIF Funding History

* **2007-2012 DSCIF:** Under the National Anti-Drug Strategy, $10M was set aside and announced in 2007/2008 for CCSA to focus specifically on youth drug prevention. *A Drug Prevention Strategy for Canada's Youth* project ultimately received $11,066,403 between October 3, 2007, and September 30, 2012.
* **2012-2013 DSCIF:** A four month project, *Improving Drug Prevention for Canada's Youth*, was approved for $779,675 in December 2012. The project ended on March 31, 2013.
* **2013-2018 DSCIF:** A total of $11,863,568 over five years was approved to support a project entitled *A Health Promotion and Drug Prevention Strategy for Canada’s Youth.*

### DTFP Funding History

* **2009-2013 DTFP:** A treatment systems project, *Promoting Evidence-Based System Development*, was funded in January 2009. A total of $3,437,205 was approved for Jan 5, 2009 - January 5, 2014.
* **2014-2016 DTFP:** A total of $1,999,846 was approved to support a project entitled *A Collaborative Pan-Canadian Approach to Enhance Evidence-Informed Practice.*

### Consolidated Funding History (ADSI/SUAP)

* On May 11, 2015, the Minister approved the Department’s proposal to streamline and consolidate CCSA funding under one CA and bring all funding under the purview of the ADSI.
* On September 4, 2015, the Deputy Minister of Health signed off on a consolidated agreement with the CCSA under the Anti-Drug Strategy Initiatives (ADSI) entitled *A Health Promotion and Drug Prevention Strategy for Canada’s Youth*. The project was amended in September 2015 bringing the total funding provided to the CCSA from April 1, 2015 to March 31, 2018, to $23,719,807.
* On March 29, 2018, a new three-year contribution agreement was signed covering the period April 1, 2018 to March 31, 2021 to support a range of key activities. Total funding includes:
  + 18-19: $9,212,872
  + 19-20: $9,505,040
  + 20-21: $9,414,576
  + Total: $28,132,487

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