



Conflict of Interest Disclosure Form

The Canadian Centre on Substance Use and Addiction (CCSA) aims to ensure that work undertaken by CCSA meets the highest standards of ethics and integrity, and that CCSA's partners and sponsors are not in a position of conflict with the organization's interests and activities.

All CCSA partners and sponsors, as individuals or organizations, as the case may be, must disclose real, potential or perceived conflicts of interest resulting from relationships they have had with for-profit companies and not-for-profit organizations within the past two calendar years, and as new situations arise.

Guidance and obligations for CCSA partners and sponsors about conflicts of interest are outlined in CCSA's *Conflict of Interest Policy*. CCSA reserves the right to refuse partnership or sponsorship opportunities that are deemed to be in conflict with its direct activities or organizational values.

Declaration for CCSA Partners and Sponsors

Within the past **two calendar years**:

1. Have you or your organization, as applicable, had a direct or indirect financial or equity interest in a for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling? Equity includes stock, stock options and other ownership interests.

Yes: No:

If yes, please specify:

2. Has an immediate family member of yours (a spouse or partner, child or stepchild, parent, stepparent, guardian or sibling), or an immediate family member of any director or officer of your organization, as applicable, been employed by a for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling?

Yes: No:

If yes, please specify:

3. Have you or your organization, as applicable, acquired a patent or patents for, or received royalties from, any intellectual property or product related to alcohol, tobacco, other drugs or gambling?

Yes: No:

If yes, please specify:



4. Have you or any director or officer your organization, as applicable, received personal income, honoraria or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling?

Yes: No:

If yes, please specify:

5. Have you, your organization or any officer or director of your organization, as applicable, been involved in research that is funded or supported by (e.g., grants or in-kind support) any for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling?

Yes: No:

If yes, please specify:

6. Have you or any officer or director of your organization, as applicable, served on an advisory board or as a member of a speakers bureau linked to a for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling?

Yes: No:

If yes, please specify:

7. Have you or any officer or director of your organization, as applicable, been employed by an organization that could be affected by one or more recommendations made by CCSA?

Yes: No:

If yes, please specify:

8. Have you or any officer or director of your organization, as applicable, been employed by an organization that has a stated position that contradicts the interests of public health or safety as indicated by the evidence?

Yes: No:

If yes, please specify:

9. Have you or any officer or director of your organization, as applicable, had a governance relationship (i.e., sat on a Board of Directors or served in an advisory capacity) with a for-profit company that develops, produces, markets or distributes products related to alcohol, tobacco, other drugs or gambling that could be perceived to influence your contributions to CCSA?

Yes: No:

If yes, please specify:

10. Have you or any officer or director of your organization, as applicable, had a financial, governance or employment relationship with governments that could be perceived to influence your contributions to CCSA?

Yes: No:

If yes, please specify:



11. Have you or any officer or director of your organization, as applicable, stood to gain or lose by a decision made by CCSA, either in the form of money, a gift, a favour or other special consideration?

Yes: No:

If yes, please specify:

12. Have you or any officer or director of your organization, as applicable, had a personal interest sufficient to impair, influence or appear to influence your work with CCSA?

Yes: No:

If yes, please specify:

13. Have you or any officer or director of your organization, as applicable, been party to a claim, application or proceeding for or against CCSA?

Yes: No:

If yes, please specify:

14. Have you or any officer or director of your organization, as applicable, used confidential CCSA information for your own purpose or benefit, or for the benefit of a friend or family member, or knowingly divulged confidential CCSA information to anyone, unless required to do so by law?

Yes: No:

If yes, please specify:

15. Have you or any officer or director of your organization, as applicable, had any other investments, affairs, affiliations, activities and interests that could be seen by a reasonable person as a real, potential or perceived conflict of interest that could influence CCSA activities?

Yes: No:

If yes, please specify:

16. Has any officer or director of your organization been involved with industry-funded projects (including alcohol, cannabis, other drugs or gambling) or been directly supported by industry through employment or contracts?

Yes: No:

If yes, please specify:



CONFLICT OF INTEREST DECLARATION – INDIVIDUALS

This is a fillable form. Cells will adjust to your content. Please save your changes and return your signed and dated form to CCSA.

Personal information

First name: Last name: Email:

Check ONE of the boxes after reading CCSA's Conflict of Interest Policy and the questions on page 1.

- I declare I have NO conflict of interest as outlined in CCSA's Conflict of Interest Policy.
- I declare that I DO have the following conflict or conflicts of interest as described below.

Date (YYYY-MM-DD)	Duration of Conflict	Description	How You Plan to Address the Conflict

I further declare:

- I have read and understood CCSA's Conflict of Interest Policy and I agree to be bound by its obligations.
- I understand that it is my responsibility to report to CCSA any real, potential or perceived conflicts of interest as defined in the policy and to disclose the information requested therein.
- I undertake and promise to inform CCSA of any change in circumstances that may create a conflict of interest as soon as it is known to me.
- I understand that CCSA will retain this form and enclosed declarations, and based on the information I have provided, may review and verify this information and follow up with me as required.

**This form is not valid without signature and date applied below.
You may choose to hand sign and scan your form or insert an electronic signature.**

Handwritten Signature and Date [Click here to enter a date.](#)

..... **OR**

Electronic Signature and Date [Click here to enter a date.](#)

By checking this box and typing my name below, I am electronically signing this declaration. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Name: First Middle Initial Last



CONFLICT OF INTEREST DECLARATION – ORGANIZATIONS

This is a fillable form. Cells will adjust to your content. Please save your changes and return your signed and dated form to CCSA.

Information

First name: _____ Last name: _____ Email: _____

Title: _____

Organization (the “Organization”): _____

Check ONE of the boxes after reading CCSA’s *Conflict of Interest Policy* and the questions on page 1.

- I declare, on behalf of the Organization, that the Organization has NO conflict of interest as outlined in CCSA’s *Conflict of Interest Policy*.
- I declare, on behalf of the Organization, that the Organization DOES have the following conflict or conflicts of interest as described below.

Date (YYYY-MM-DD)	Duration of Conflict	Description	How You Plan to Address the Conflict

I further declare, on behalf of the Organization, that:

- I have read and understood CCSA’s *Conflict of Interest Policy* and agree, on behalf of the Organization, to be bound by its obligations.
- I understand that it is the responsibility of the Organization to report to CCSA any real, potential or perceived conflicts of interest as defined in the policy and to disclose the information requested therein.
- I undertake and promise, on behalf of the Organization, to inform CCSA of any change in circumstances that may create a conflict of interest as soon as it is known to the Organization.
- I understand that CCSA will retain this form and enclosed declarations, and based on the information the Organization has provided, may review and verify this information and follow up with the Organization as required.

**This form is not valid without signature and date applied below.
You may choose to hand sign and scan your form or insert an electronic signature.**

<p>Handwritten Signature and Date Click here to enter a date.</p> <div style="margin-left: 100px;"> <p>Organization: _____</p> <p>Name: _____</p> <p>Title: _____</p> </div>
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•••••••• **OR** ••••••••

Electronic Signature and Date [Click here to enter a date.](#)

By checking this box and typing my name below, I am electronically signing this declaration on behalf of the Organization. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Organization:

Title:

Name: First Middle Initial Last



Appendix: Definitions

The following definitions are included in CCSA's *Conflict of Interest Policy*.

Conflict of interest: A situation in which an individual's or organization's interests, either direct or indirect, may affect or compromise, or appear to affect or compromise, their objectivity, fairness or professional judgment in their work with CCSA. An interest may be personal, professional, financial, political, social, moral or religious. A conflict of interest may be real, potential or perceived.

A **real** conflict of interest arises where a CCSA partner or sponsor has a bias, relationship or interest that may affect or compromise, or appear to affect or compromise, their work with CCSA. Relationships may be personal, professional or financial.

A **potential** conflict of interest arises where an individual foresees that a bias, relationship or interest may influence their work with CCSA sometime in the future, but has not yet done so. An identified future commitment is an example of a potential conflict of interest.

A **perceived** or apparent conflict of interest arises where a relatively well-informed person could have a reasonable concern that a conflict of interest exists, whether there is a real or potential conflict or not.



Appendix: Conflict of Interest Process

1. A conflict of interest form is received by the Director, Knowledge Mobilization.
2. An administrative review will be conducted by a CCSA Project Coordinator to ensure all information required has been received.
3. Two CCSA Senior Leadership Team (SLT) members (or designate based on expertise) will review the form to further explore conflicts identified. The Director, Knowledge Mobilization, will not review but only manage the process on behalf of the SLT.
4. CCSA staff will verify the information provided by the applicant and identify any additional information that may be necessary to address. Applicants will be provided with an opportunity to address any findings as part of this process.
5. Only submissions where a conflict or potential conflict is identified will be sent to an external third party for review who will provide their assessment to CCSA. If no conflict is identified, the applicant will be notified by the Director, Knowledge Mobilization, and the process ceases. If a conflict of potential conflict is identified, the process continues.
6. All feedback will be collated and discussed with the Vice-President, Operations and Strategies, who will then make a recommendation to the CEO.
7. The recommendations that will be made will be either:
 - a. No conflict: No conflict is identified and there is no risk to CCSA.
 - b. Conflict, **no management required**: This recommendation is put forth when the risk of the conflict identified is determined to be low risk to CCSA.
 - c. Conflict, **management required**: This recommendation is put forth when the conflict identified is a potential risk to CCSA, but the risk can be mitigated with appropriate management of the identified conflict.
 - d. Conflict, **do not proceed**: This recommendation is put forth when the conflict is determined to be high risk to CCSA and could lead to reputational damage and this risk cannot be mitigated.
8. CEO makes determination and conveys this to the Director, Knowledge Mobilization.
9. The Director, Knowledge Mobilization conveys the decision to the applicants.



Canadian Centre
on Substance Use
and Addiction

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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