

**Canadian Society of Addiction Medicine
Board of Directors Conflict of Interest Disclosure**

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions. The intent of this disclosure requirement is to inform of any potential bias, not to prohibit participation.

Disclosures will include all financial or 'in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

Board Member Name: Jennifer Brasch

Year: 2021

I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization.

I **have/had** an affiliation (financial or otherwise) with a pharmaceutical, cannabis company or related business, medical device or communications organization.

Section below will only be completed by Board Members indicating an affiliation.

	Board members	Company/Organization	Details
A	I am a member of an Advisory Board or equivalent with a commercial organization		
C	I am a member of a Commercial Speakers' bureau		
D	I have received payment from a commercial organization (including gifts or other consideration or 'in kind' compensation)	Centre for Medicinal Cannabis Research-McMaster University	Educational travel fund for serving as Co-Chair, Medical Advisory Committee (2019)
		Ontario Medical Association	Compensated for time or hourly fee (2019)
		Canadian Society of Addiction Medicine	Hotel & Conference costs covered (2019)
E	I have received a grant(s) or an honorarium from a commercial organization	West Niagara Mental Health	Payment for presentation (Mar25'19)
		Ontario College of Family Physicians	Payment for speaking at the Collaborative Mentoring network – HNHB LHIN Regional Meeting (Mar29'19)
F	I hold a patent for a product that is marketed by a commercial organization		
G	I, or a close family member (partner, spouse, parent, sibling or child) receive or may receive financial remuneration (including speaking or consulting fees, patents or other royalties, employment, including contract or consultancy, stock or other corporate ownership grants, loans or other financial interest) from a pharmaceutical organization, cannabis company or related business, medical devices company or communication firm aside from mutual funds		
H	I am currently or have participated in a commercial clinical trial associated with a pharmaceutical or cannabis company within the past two years		

RESOLUTION OF CONFLICT OF INTEREST

- I will report all potential conflict of interest association
- I will refrain from making recommendations, regarding products or services that I have a vested interest in
- I will or have divested myself of this financial relationship
- I will remove myself from any activity associated with my role as member of Board of Directors or committee work in which I have a conflict of interest

DECLARATION

I declare having disclosed all sources that may be reasonably construed as conflict of interest. I agree to strive for balance, independence and objectivity in my role on the CSAM-SMCA Board of Directors. I acknowledge that it is my responsibility to notify the CSAM-SMCA Executive Committee of any change in status of the above information, including new conflicts unanticipated at this time.

** Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made as deemed necessary.

I, [PRINT FULL NAME] JENNIFER BRASCH have reviewed the declaration form instructions & guidelines, and the information above is accurate. I understand that this information will be made publicly available on the CSAM -SMCA website.

Signature

J Brasch

Date

Feb 18, 2021