Grey Bruce Community Drug and Alcohol Strategy
Strategic Planning
Partner Survey Results

May 2024

Prepared by Grey Bruce Public Health

Contents

Background 3

Method 3

Response 3

Results 4

- Length of Involvement with Grey Bruce CDAS 4
- Intention to Continue CDAS Participation 4
- Interest CDAS Participation (No Previous Involvement) 5
- Changes Observed in Local Landscape Related to Substance Use 6
- Strengths of the Grey Bruce CDAS 10
- Value of CDAS to Local Agencies 11
- Current and Future Challenges Facing Grey Bruce CDAS 12
- Community Priorities that CDAS should Address through Collaborative Action 15
- Summary Table of Qualitative Responses 17

Next Steps 18

Appendix A – Community Partner Survey 19

Background

In February 2024, the Grey Bruce Community Drug and Alcohol Strategy (CDAS) began working with Arising Collective consulting agency to carry out strategic planning. The goal was to re-energize the strategy through alignment of community priorities related to substance use and determine key actions for the collaborative to address over the next several years. To inform a strategic planning session scheduled for June 3, 2024, a survey of community partners was conducted to help assess: the local landscape related to substance use; strengths of the CDAS; current and future challenges; and key community priorities. This report summarizes the results of the survey.

Method

On April 15, 2024, individuals representing 40 different agencies, organizations, and groups, were invited to participate in an anonymous, electronic survey (Appendix A) about the Grey Bruce CDAS. Individuals were invited as either a member of the CDAS Leadership Group, Steering Committee, or Peer Advisory Committee; or as a representative of an organization or collaborative in Grey Bruce whose work intersects with the strategy.

Three reminders were sent over the course of the survey period which closed on April 26, 2024. Grey Bruce Public Health hosted the survey on behalf of the CDAS Steering Committee, and analyzed and summarized the results for use by CDAS and Arising Collective in preparation for the strategic planning day. Content analysis was used to analyze qualitative responses to determine the presence of concepts within the data and develop categories of responses for each question.

Response

A total of 100 individuals were invited to participate in the survey and 60 (60%) responded. At least 12 different sectors were represented (Table 1).

Table 1: Please tell us which sector you are responding from.

Response	Percentage	Count
Peer Advisory	16%	8
Community-based or non-profit organization	14%	7
Human services (housing, social services)	10%	5
Law Enforcement	10%	5
Primary Care	10%	5
Education	8%	4
Public Health	8%	4
EMS	4%	2
Hospital	6%	3
Community Mental Health & Addictions	6%	3
Municipal/County Representative	2%	1
Other (please specify)	8%	4
	Answered	51

Other (please specify): *victim services; Ontario Health Team; broad planning table, prefer not to say.*

Results

Length of Involvement with Grey Bruce CDAS

Respondents were asked to indicate how long, if at all, they have been involved with the Grey Bruce Community Drug and Alcohol Strategy. Involvement could include participation on the Crystal Meth Task Force, formation of the CDAS, association with the CDAS Leadership or Steering Committees, Peer Advisory Committee, or one of the working groups (e.g., opioid; youth substance; or alcohol working groups) anytime since 2010.

Nearly a third of respondents (30%, n=18) have no previous involvement with the CDAS. One third (33%, n=20) have been involved for 1-3 years, and nearly a third (30%, n=18) have been involved for 3 to 7+ years. A small number (7%, n=4) have been involved for less than one year (Table 2).

Table 2: How long, if at all, have you been involved with the Grey Bruce CDAS?

Response	Percentage	Count
No previous involvement	30%	18
Less than 1 year	7%	4
1-3 years	33%	20
3-5 years	8%	5
5-7 years	5%	3
More than 7 years	17%	10
	Total	60

Intention to Continue CDAS Participation

Respondents who indicated that they have had at least some previous involvement with the Grey Bruce CDAS were asked whether they intend to continue participating in CDAS work (e.g., Leadership Group, Steering Committee, Peer Advisory Committee, or working group). Of the 37 respondents who answered this question, 86% said that they plan to continue, and 14% were unsure (Table 3).

Table 3: Do you intend to continue participating in CDAS work?

Response	Percentage	Count
Yes	86%	32
No	0%	0
Unsure	14%	5
	Total	37

Respondents were given space to expand on their answers if they so wished. Two of the respondents who said they were unsure about whether they would continue participation left comments. One specified that they find it difficult to participate due to other competing demands and the other noted that “despite the amazing efforts put forth it is hard to see changes happening. It can feel fruitless unfortunately.”

Nine respondents who indicated that they plan to continue to participate in CDAS work left comments. Two described a desire to continue participation due to the substance use impacts they are observing in the community. Two described how rewarding it has been to participate in the PAC and a desire to continue this work. Three expressed interest in either continuing participation or joining a working group or the steering committee, or exploring how the PAC and Poverty Task Force Community Voices group could work together. One noted that they wish to continue participating but hope that the focus will be action-oriented and not "meeting for the sake of having a meeting" and another expressed concern that in-kind support from public health may impact the group's ability to "advocate for harm reduction best practices".

Interest CDAS Participation (No Previous Involvement)

Respondents who indicated that they have had no previous involvement in Grey Bruce CDAS work, were asked whether they would be interested in participating in CDAS work going forward. Of the 15 respondents who answered this question, 67% said yes, 13% said no, and 20% were unsure (Table 4).

Table 4: Are you interested in participating in CDAS work going forward?

Response	Percentage	Count
Yes	67%	10
No	13%	2
Unsure	20%	3
	Total	**15**

Respondents were given space to expand on their answers if they so wished. There were no comments from the respondents who indicated they were not interested in participating going forward. Three of the respondents who said they were interested in participating left comments. One suggested potential benefit from partnering with the "wellness/nnadap" team, another with the Ontario Health Team, and another expressed interest in learning more about the group's decision making and priority setting. Two respondents who said they were unsure left comments. One indicated that they don't know enough about CDAS and the other said that their participation would depend on whether CDAS directions focus on youth.

Changes Observed in Local Landscape Related to Substance Use

Respondents were asked to describe what changes, if any, they have observed in the local landscape related to substance use over the last five years. Fifty-eight respondents left comments covering a variety of observations which fell into the following categories:

- **Increase in substance use** including visibility of use and more young people using.
- **Changes in preferred substances** (increase in opioid, vaping, and cannabis use) and **increased toxicity of the unregulated supply.**
- **Changes in how drugs are consumed** including more polysubstance use and preferred route of administration (from injection to inhalation).
- **Impacts of drug use** including an increase in deaths related to overdose, increased need for services, increased crime, and negative impact on families and the community.
- **Service assets** including new services, increased monitoring and communication through the opioid overdose early warning system, increased harm reduction services and approaches, increased naloxone availability, and collaborative community response.
- **Service gaps and challenges** including waitlists, backlogs, and transportation needs.
- **Changes in community perception and stigma** with some perceiving progress towards reducing stigma and others perceiving increased stigma.
- **Changes in community priorities**, specifically a movement towards harm reduction; and,
- Worsening of the **housing and homelessness** crisis.

Some examples of comments from respondents are included for each category below.

Increase in Substance Use

> *More people in active use.*
>
> *I would say that drug use is rampant.*

Increased Visibility of Drug Use

> *Witnessing a lot more individuals under the influence during the daytime.*
>
> *Increased illicit substance use in public view (on the streets, bus stops, store fronts, etc.).*
>
> *Overt signs of the opioid crisis such as individuals using substances in public, individuals suffering opioid poisonings in public spaces, and the discarding of drug paraphernalia such as syringes and glass pipes have drastically increased.*

More Young People Using

> *Younger users, increased risk taking related to drug use.*

Changes in Preferred Substances and Toxicity of Unregulated Supply

↑ Opioids

Increase in fentanyl and carfentanil use.

↑ Toxicity

Street supply is getting more and more toxic.

Much higher frequency of highly disabling substance-induced psychosis in people who use methamphetamine vs. lower prevalence of isolated delusional parasitosis or skin-picking complications.

↑ Vaping and Cannabis Use

We are seeing an upswing in vaping and cannabis use over the last 5 years, although the cannabis use seems to be stabilizing slightly.

Shift from cigarettes to vaping.

Alcohol and Other Drugs

Other drugs (meth) and alcohol also continue to be a problem.

Alcohol use has appeared to decline.

Changes in How Drugs Are Consumed

Polysubstance Use

Increase in polysubstance use.

…Fentanyl and fentanyl analogues being mixed with nitazene opioids, benzodiazepines, animal tranquilizers, etc.

Shift from injection to inhalation.

A shift away from injection towards inhalation as preferred route of use.

Impacts of Drug Use

↑ Overdose, Death, Drug Poisoning

I note the increase in drug poisonings.

Increase in overdose deaths.

↑ Need for Services

Higher call volumes for overdoses.

More individuals with substance use issues migrating to Owen Sound from areas with fewer services.

↑ *Crime*

Increased violent crime rates due to drug trade, including drug related homicides.

↑ *Negative Impact on Families/Community*

This is significantly impacting children and families in a negative way.

Increase overdoses, increase deaths, increase toxicity leading to devastating effects on families, children, and communities.

Service Assets

New Services (SOS, 14th St, Wellness & Recovery Centre, NORS, OAT)

Increase in community treatments available…with the addition of [SOS] and the expansion of the [RAAM] clinics and startup of the Wellness and Recovery Centre…

Remote overdose prevention services (NORS, Brave App, etc.).

I have seen growth in implementing OAT in our communities.

↑ *Monitoring and Communication through Opioid Overdose Early Warning System*

Increased awareness/communication re: overdoses and alerts.

↑ *Harm Reduction Services / Harm Reduction Approach*

Implementation of principles of Harm Reduction into many services even if not by that name.

Increased use of harm reduction recovery language.

Shift to harm reduction over abstinence focused interventions.

Increase in distribution of harm reduction supplies by community agencies.

↑ *Naloxone Availability, Awareness, Use*

Naloxone kits readily available and distributed to community members by various allied agencies.

↑ *Collaborative Community Response*

As we responded collectively to the COVID pandemic, we also collectively responded to the opioid crisis. The opioid crisis was discussed at all tables and was daily & weekly highlighted by the Bruce Grey Poverty Task Force and other tables.

Service Gaps/Challenges

Service Waitlists, Backlogs, Inaccessibility, Transportation Barriers

> *A lot more backlog in the system for mental health and addictions in general.*
>
> *Higher need for withdrawal management supports but no available beds.*
>
> *There…needs to be an increase in the availability of resources in the community for Opioid Agonist Therapies so that people are better able to access those supports rather than struggle to travel to where the therapies and medications are available.*
>
> *Still few taxi, ride share, and public transit options which is a driving factor in DUIs.*

Community Awareness, Understanding and Stigma

Increased Awareness and Understanding, Reduced Stigma

> *Increased awareness in the community with some reduction in stigma and an increased effort/willingness…to carry/provide naloxone. Naloxone awareness has become more of a norm than an exception.*
>
> *I've noticed in [the] past year…that there is a movement to see people with substance use dependency as people rather than addicts. No judgement with harm reduction. We have a ways to go but I can see it changing.*

Stigma Remains, Lack of Understanding

> *A decline in the compassion from the community regarding overdoses.*
>
> *An increase in the misconception of substance use and those who use substances (i.e. not understanding that many depend on substances due to trauma).*
>
> *Stigma continues to be an issue in the community.*

Changes in Community Focus, Priorities – Shift Towards Harm Reduction

> *Community priorities seem to have been focusing on harm reduction, however, not a lot of focus on prevention.*
>
> *…the response to the Hanover Forum fire and the need to continue to provide a response created SOS…This reflected a shift in priority for Grey County political leadership and the community at-large demanded a response to seeing people using drugs on the streets and the growing number of deaths.*

Worsening Homelessness and Housing Crisis

> *Increase in homeless and precariously housed which are hugely impacted by this opioid crisis.*
>
> *Visually seeing more people living on the streets, tent city is new outside of Hanover in the last few years.*
>
> *Finding safe housing that can support someone in active use very difficult.*

Strengths of the Grey Bruce CDAS

Respondents were asked to list three strengths of the Grey Bruce CDAS. Forty-three respondents listed at least one strength. The most commonly listed strengths included: collaboration, partnership, leadership, and coordination; expertise including the peer advisory committee; education, awareness, and communication to public and agencies; advocacy; community and local/rural focus; and passion, determination and shared values.

Each strength category is listed below with examples of comments.

Collaboration and Partnership; Leadership and Coordination

> *Increase in community partners/collaboration to support the substance issue.*

> *CDAS Coordinator provided leadership and engaged with partners to expand mandate.*

Expertise (including Peer Advisory Committee)

> *Peer Advisory Committee (PAC).*

> *Strong emphasis on peer/PWUD involvement.*

> *Subject matter expertise; identification of best practices.*

> *Connection to other CDAS to receive knowledge on what initiatives are working in their community.*

Education, Awareness, Communication to Public and Agencies

> *Public awareness and education.*

> *Awareness in community partners.*

Advocacy

> *Harm reduction advocacy.*

> *Advocacy for change to provincial levels…*

Community and Local/Rural Focus

> *Community oriented.*

> *Community involvement in strategic planning for drug and alcohol interventions.*

> *Local solutions.*

Passion, Determination, Shared Values

> *Determination; Passion; Shared value.*

> *Operating from a harm reduction/life promotion perspective.*

Value of CDAS to Local Agencies

Respondents were asked to describe what value the Grey Bruce CDAS has brought to local agencies. A total of 40 respondents left comments which fell into one of the following categories: coordination, leadership, and collaboration; information, data, and best practices; and people with lived experience consultation. Some examples of comments are included for each.

Coordination, Leadership, and Collaboration

> *CDAS has brought a collaborative voice to substance use discussions, issues, and concerns.*
>
> *Has provided strategic directions for harm reduction approach…pulling together partners around key issues, advocacy for dollars, and supported a coordinated response to the opioid crisis.*
>
> *Previously, tremendous value was brought to our communities through awareness and collaboration, as there was strong leadership and initiative.*
>
> *Forum for collaboration among many partners/sectors/PWLLE.*
>
> *Carving out specific space to discuss substance use and intervention within the work we all do. In GB - we do not have a specific addiction agency in the way that other communities do. We have done well to bring conversations of harm reduction to all of our work locally.*

Information, Data, and Best Practices

> *Has provided quantified information that has been shared with Boards and Municipal government to try and promote awareness and a joint approach to work on this opioid crisis.*
>
> *Factual context to the opiate crisis, tracking of emerging trends, connections to other areas.*

People With Lived Experience Consultation

> *The PAC provided so much useful feedback to local agencies to improve existing services.*
>
> *The ability to consult with people with lived experience.*

Current and Future Challenges Facing Grey Bruce CDAS

Respondents were asked to list three current or future challenges facing the Grey Bruce CDAS. A total of 55 respondents listed at least one challenge which fell into one of the following categories:

- Partner agency capacity, alignment, and representation.
- CDAS goals, priorities, and momentum.
- Funding.
- Stigma, community buy-in, and political climate.
- Substance use including specific substances like alcohol, opioids, and toxic supply.
- Developing and implementing rural solutions.
- Downstream solutions like services and treatment.
- Housing and homelessness.
- Safe supply and safe consumption.

Each category is listed below with some examples of comments.

Partner Agency Capacity, Alignment, and Representation

Capacity

> *Organizations lack capacity to commit to extra projects associated with the CDAS.*

> *Not enough resources to do the work that needs to get done.*

Partner Agency Mandates, Focus, Alignment

> *Working with various agency mandates.*

> *Proximity to Public Health which isn't always as progressive.*

The Right Partners, Representation

> *Getting all at table – [specific partners] lacking.*

> *Meaningful and lasting positive involvement with those [with] substance use disorders.*

> *Grey and Bruce counties cover a large area, and there are some areas where there is no one at the table.*

CDAS Goals, Priorities, and Momentum

> *Loss of momentum and loss of vision.*

> *When it's everyone's role, it's no one's role - no lead to continue the work.*

> *Lack of a full-time and/or dedicated drug strategy coordinator.*

> *No clear goals/priorities.*

> *Ensuring focus on issues that are new and current rather than old priorities.*

> *Brining people back to the table. Reengage members and community.*

Funding

Sustained funding for Peer Advisory Group/Committee.

Funding - loss of fulltime coordinator.

Funding sustainability.

Stigma, Community Buy-in, and Political Climate

Community stigma.

Public acceptance of the harm reduction model.

Connecting to the members of our society who don't understand the importance of what CDAS does and what your end goal is.

Political climate.

Substance Use, Specific Substances (Opioids, Alcohol, Toxic Supply)

Ongoing drug poisoning crisis.

Overdose crisis.

Youth substance use - more needs to be done to reach children and youth sooner.

Culture of alcohol consumption in Grey Bruce.

Developing and Implementing Rural Solutions

Limitations of a rural community i.e., limited resources and pathways to support to take ideas to implementation.

Harm Reduction in rural communities, not just our hubs.

Centralization of support and housing services places additional costs and burden on some municipalities, and forces migration of people requiring supports away from their home communities.

Grey vs Bruce Stats - the 2 counties may need different things. Grey vs Bruce resources - there are different resources/funding available in each county.

Downstream Solutions - Services, Treatment

Access to local programs and services for treatment, harm reduction strategies.

A long waiting list for beds at withdrawal management.

Increase in Outreach Services across more GB communities needed.

System capacity for MH&A programs and services.

Housing and Homelessness

Lack of supportive housing and diverse housing options.

Intersecting concerns (i.e., mental health, housing, etc.).

Poverty.

Housing and homelessness.

Safe Supply, Safe Consumption

Lack of safer supply prescribers.

Safe supply issues.

Working to establish a safe consumption site(s).

Community Priorities that CDAS should Address through Collaborative Action

Respondents were asked to list what they feel are the top three community priorities that CDAS should address through collaborative action. A total of 50 respondents listed at least two community priorities which were grouped into several categories. Some categories address strategies and approaches for CDAS work (e.g., education and awareness, planning, advocacy, engaging people with lived experience; substance use prevention, harm reduction), while others prioritize focus on types of issues (e.g., specific substances, housing and homelessness, service accessibility, community safety). Each category is listed below with some examples of comments.

Strategies and Approaches

Education, Awareness, Addressing Stigma

Education focus[ing] on both harm reduction and prevention, especially directed to youth.

Education to the general public.

Education/training to organizations in the community.

Community Campaign Break the Stigma.

Stigma training for all allied agency personnel.

Developing and Implementing Strategic Plan, Action Plan

Road map and strategic direction for community providers to address current emergency.

Emerging issues and corresponding emerging best practices.

Securing Funding and Resources

Funding to support more outreach on the street - large grants.

Get more resources for Bruce County....may ease the pressure on Grey County resources.

Indigenous Partnerships

Working in partnership with First Nations communities.

Engaging People with Lived Experience

Involving the voices of lived experience, especially active use.

Dedicated support to re-start/continue the Peer Advisory Committee (PAC).

Valuing and implementing some of the contributions by PWLE.

Advocacy

Advocacy for increased mental health supports and programming: particularly for youth.

Advocacy regarding funding for treatment programs specific to the needs of Grey Bruce (i.e., services that support youth/women).

Advocacy for federal and provincial support - policies, anti-stigma, funding.

Harm Reduction (Safe Supply; Safe Consumption)

Safe consumption site(s).

Safe supply.

Substance Use Prevention

Preventing/delaying substance use (youth focus) that is informed by evidence.

Prevention - earlier support for people of all ages who are at risk (risk factors are too many to list here).

Addressing the root causes of addictions.

Types of Issues

Housing / Homelessness / Basic Needs / Poverty

Addressing the housing crisis

Homeless drug users. No one can get well living homeless.

Advocating for medical/supportive housing options

Addressing poverty

Access to Services and Supports

Increased access to local supports: expand the Rapid Access Addiction Medicine programs across Grey and Bruce to increase access for individuals, especially on the Bruce Peninsula.

Increase peer support programing.

Recovery oriented supports.

Focus on Specific Substances (Opioids, Alcohol)

Alcohol use.

Opioids.

Community Safety

Safety of people who use drugs and community safety.

Summary Table of Qualitative Responses

Changes Observed in Local Landscape Related to Substance Use Over Last 5 Years	Strengths of the Grey Bruce CDAS	Value CDAS has Brought to Local Agencies	Current or Future Challenges Facing Grey Bruce CDAS	Community Priorities CDAS Should Address Through Collaborative Action
➢ Increase in Substance Use • Increased Visibility of Drug Use; More Young People Using ➢ Changes in Preferred Substances (↑ Opioid, Vaping, Cannabis Use) and Increased Toxicity of Unregulated Supply ➢ Changes in How Drugs are Consumed • Polysubstance Use; Shift from Injection to Inhalation. ➢ Impacts of Drug Use • ↑ Overdose, Death, Drug Poisoning; ↑ Need for Services; ↑ Crime; ↑ Negative Impact on Families/Community ➢ Service Assets • New Services (SOS, 14th St, Wellness & Recovery Centre, NORS, OAT); ↑ Monitoring and Communication through Overdose Early Warning System; ↑ Harm Reduction Services/Approach; ↑ Naloxone Availability, Awareness, Use; ↑ Collaborative Community Response ➢ Service Gaps/Challenges • Service Waitlists, Backlogs, Inaccessibility, Transportation Barriers ➢ Community Awareness, Understanding, and Stigma • Increased Awareness and Understanding, Reduced Stigma; Stigma Remains, Lack of Understanding ➢ Changes in Community Focus, Priorities – Shift Towards Harm Reduction ➢ Worsening Homelessness and Housing Crisis	➢ Collaboration, Partnership, Leadership, and Coordination ➢ Expertise (including Peer Advisory Committee) ➢ Education, Awareness, and Communication to Public and Agencies ➢ Advocacy ➢ Community and Local/Rural Focus ➢ Passion, Determination, Shared Values	➢ Coordination, Leadership, and Collaboration ➢ Information, Data, and Best Practices ➢ People With Lived Experience Consultation	➢ Partner Agency Capacity, Alignment, and Representation ➢ CDAS Goals, Priorities, and Momentum ➢ Funding ➢ Stigma, Community Buy-in, and Political Climate ➢ Substance Use, Specific Substances (Opioids, Alcohol, Toxic Supply) ➢ Developing and Implementing Rural Solutions ➢ Downstream Solutions - Services, Treatment ➢ Housing and Homelessness ➢ Safe Supply, Safe Consumption	Strategies and Approaches: ➢ Education, Awareness, Addressing Stigma ➢ Developing and Implementing Strategic Plan, Action Plan • Securing Funding and Resources • Indigenous Partnerships ➢ Engaging People with Lived Experience ➢ Advocacy ➢ Harm Reduction (Safe Supply; Safe Consumption) ➢ Substance Use Prevention Types of Issues: ➢ Housing / Homelessness / Basic Needs / Poverty ➢ Access to Services and Supports ➢ Specific Substances (Opioids, Alcohol) ➢ Community Safety

Next Steps

These results will be shared with the Grey Bruce CDAS Steering Committee and Arising Collective in preparation for strategic planning. Results will also be presented to the CDAS Steering, Leadership, and Peer Advisory Committee members as well as other community partners at the June 3, 2024, strategic planning session. The findings will be combined with other information to help guide the refresh of the strategy.

Appendix A – Community Partner Survey

You are receiving this invitation as either a member of the Grey Bruce Community Drug and Alcohol Strategy (CDAS) Leadership Group, Steering Committee, or Peer Advisory Committee; or as a representative of an organization or collaborative whose work intersects with the CDAS.

The CDAS is a collective that brings together organizations and community groups to improve health and wellbeing for individuals, families, and communities by reducing substance-related harms. CDAS is rooted in community, working to identify and support initiatives that build unified community, services, and systems; strengthen voices that are less often heard; and champion solutions that fit our rural context.

The CDAS is working with Arising Collective consulting agency to carry out strategic planning. The goal is to re-energize the strategy through alignment of community priorities related to substance use and determine key actions for the collaborative to address over the next several years. A reflection and visioning session will be held on June 3rd, 2024. To inform this session and guide future work, you are invited to participate in this online survey. Even if you have no prior experience with the CDAS, you are invited to participate in the survey to help inform the strategic planning session and guide future work. Your input will help us assess the local landscape related to substance use, strengths of the CDAS, current and future challenges, and key community priorities.

The survey is 8 questions and should take about 10 minutes to complete. **Please respond by Friday, April 26th, 2024 at 4:30pm**.

The answers you provide to this survey will be anonymous. Your participation is voluntary, and you may choose to stop the survey at any time. Results will be summarized and shared with Arising Collective. Key themes will be shared at the upcoming visioning session. Non-identifiable quotes may be used to highlight key themes.

This survey has been prepared by Grey Bruce Public Health with input from Arising Collective. The responses will be handled by Grey Bruce Public Health. If you would like more information about the CDAS or this strategic planning project, please contact Kelsey Mighton, Public Health Nurse, Grey Bruce Public Health at k.mighton@publichealthgreybruce.on.ca

Thank you,
Grey Bruce CDAS Steering Committee

* 1. How long, if at all, have you been involved with the Grey Bruce Community Drug and Alcohol Strategy?

Involvement could include participation on the Crystal Meth Task Force, formation of the CDAS, association with the CDAS Leadership or Steering Committees, Peer Advisory Committee, or one of the working groups (e.g., opioid; youth substance; or alcohol working groups) anytime since 2010.

- ◯ No previous involvement
- ◯ Less than 1 year
- ◯ 1-3 years
- ◯ 3-5 years
- ◯ 5-7 years
- ◯ More than 7 years

We'd like you to reflect on how the local landscape related to substance use in Grey Bruce has changed since the last CDAS strategic planning took place in 2018.

2. What changes, if any, have you observed in the local landscape related to substance use over the last five years? (i.e., trends, interventions, community priorities).

CDAS is rooted in community, working to identify and support initiatives that build unified community, services, and systems; strengthen voices that are less often heard; and champion solutions that fit our rural context.

We would like you to think about the role of the Grey Bruce CDAS and what strengths and value you feel it has offered.

3. What do you feel are strengths of the Grey Bruce CDAS?

Strength 1:

Strength 2:

Strength 3:

4. What value has the CDAS brought to local agencies?

Now we would like you to think about challenges and priorities for the Grey Bruce CDAS.

5. What do you feel are the top 3 current or future challenges facing the Grey Bruce CDAS?

Challenge 1:

Challenge 2:

Challenge 3:

6. What do you feel are the top 3 community priorities that the CDAS should address through collaborative action?

Community Priority 1:

Community Priority 2:

Community Priority 3:

Please tell us about your intention related to participation in CDAS initiatives in the future.

7. Do you intend to continue participating in CDAS work (e.g., leadership group, steering committee, peer advisory committee, or working group)?

- ◯ Yes
- ◯ No
- ◯ Unsure

8. If you would like to explain your answer, please use the space below (optional).

9. Are you interested in participating in CDAS work going forward?

- ◯ Yes
- ◯ No
- ◯ Unsure

10. If you would like to explain your answer, please use the space below (optional).

Finally, we would like to understand which sector partners are represented in the overall response to this survey.

* 11. Please tell us which sector you are responding from.

- ◯ Law Enforcement
- ◯ Fire
- ◯ EMS
- ◯ Hospital
- ◯ Primary Care
- ◯ Public Health
- ◯ Education
- ◯ Community Mental Health & Addictions
- ◯ Community-based or non-profit organization
- ◯ Human services (housing, social services)
- ◯ Municipal/County Representative
- ◯ Peer Advisory
- ◯ Other (please specify)