



Strategic Plan 2025-2029

Approved October 11, 2024 by the Grey Bruce CDAS



Introduction

The Grey Bruce Community Drug and Alcohol Strategy (CDAS) is delighted to launch a new, strategic plan that outlines our priorities for the next four years. Following a meaningful engagement and planning process that sought out the ideas, perspectives, and experiences of community partner organizations and people with lived and living experience of substance use (PWLLE), the plan was co-created by the CDAS Steering Committee. For a summary of our engagement process, please see [Appendix: Overview of the Planning Process](#).

Whether it is policy changes, the emergence of new toxic drugs in the community, or new evidence-informed practices related to substance use, the landscape in which CDAS operates is complex, dynamic, and continuously evolving. CDAS must be simultaneously responsive to community needs to prevent deaths in the drug poisoning tragedy we face, while working towards upstream solutions that help people develop strong social connections and equitable access to housing, mental health supports, income, education, and other determinants of health that can reduce the likelihood of harmful substance use.¹ Populations most impacted by the harms of substance use include but are not limited to youth, Indigenous and 2S-LGBTQQIAP+ communities, workers in the construction industry, people living in remote or rural locations, the lowest socioeconomic quintile, incarcerated individuals, people experiencing homelessness and precarious housing, and those with intersecting identities.¹ Where possible, the CDAS will endeavor to focus resources on these equity-deserving populations. To achieve this, the evidence-based four pillar model is used as a foundation for CDAS work. This model includes a balance of prevention, harm reduction, treatment, and enforcement efforts and targets downstream and upstream factors that contribute to substance-related harms.

CDAS is comprised of a Steering Committee and Leadership Group, made up of individuals representing health, social services, municipal government, law enforcement, education, non-profit and private sectors, and PWLLE. The Leadership Group is the table from which working groups are formed to implement specific CDAS projects. The Steering Committee is the managing body that represents the members and supports the Leadership Group through the development of a shared and coordinated voice around issues and strategies. These groups form a collective leadership model and work together to advance CDAS priorities.

Our vision, **improved health, wellbeing, and safety for individuals, families, and communities in Bruce and Grey counties and in the Saugeen Ojibway Nation, by reducing substance-related harms**, is our guide as we navigate the coming years. Our

¹ Moore. (2024). *Balancing act. An all-of-society approach to substance use and harms. Focus on tobacco/vaping products, cannabis, alcohol, and opioids. 2023 Annual report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario*. Retrieved from <https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf>.

new strategic plan is an aspirational document that provides a roadmap to realize our vision. It aims to focus our core functions, align our resources and partnership structures, strengthen capacity to address community priorities related to substance use, and guide our decision-making as we implement local evidence-informed initiatives. Specific activities to support the achievement of focus areas will be further identified and operationalized in project plans and work plans.

Planning Context

The past few years have brought tremendous change and challenges to our community as it relates to substance use. Grey Bruce saw the following trends:

- Alcohol remains the most used substance across Ontario and Grey Bruce, contributing to an estimated 73 deaths, 357 hospitalizations, and 3,501 emergency department visits in people aged 15 and older in our region annually.²
- In 2019/2020, Grey Bruce had the 3rd highest daily smoking rate in the province at 20.7%.³ This is double the provincial rate of 10.1%.³ In people aged 35 and up in Grey Bruce, smoking attributable outcomes make up an estimated: 18.6% of deaths, 8.9% of hospitalizations, and 4.4% of emergency department visits every year.³
- In 2022, Grey Bruce had 225 emergency department visits for all cannabis-related harms (151.4 per 100,000).⁴ This is significantly higher than the provincial rate of 92.7 per 100,000.⁴
- Opioid-related deaths increased by 457% from 2018 (7 deaths) to 2021 (39 deaths).⁵ In 2022, this number began to decline with 27 opioid-related deaths, a 30.8% decrease from 2021.⁵ This was followed by 34 opioid-related deaths in 2023, a 25.9% increase from 2022, according to preliminary data.⁵

Our community is growing and becoming more diverse. Local programs and services have endured significant changes as a result of the COVID-19 global pandemic. Income inequality is on the rise and people are facing complex challenges as their financial situation is further strained by faltering mental health, housing, health care, and climate systems. These systemic issues have left community members vulnerable to harmful substance use, which, in the context of an increasingly toxic unregulated drug supply, includes greater risk for drug poisoning, hypoxic brain injury, and death. This requires us to

² Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). Burden of health conditions attributable to smoking and alcohol by Public Health Unit in Ontario. Retrieved from https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol/Ontarioreport.pdf?rev=2bbb255245404a3599a1e11e0f34709c&sc_lang=en.

³ Public Health Ontario. (2023, May 12). Smoking snapshot. PHU/LHIN (2015-2020). Retrieved from <https://www.publichealthontario.ca/en/Data-and-analysis/Smoking-Status>.

⁴ Public Health Ontario. (2024, April 8). Cannabis harms snapshot. PHU/LHIN (2013 to 2022). Retrieved from <https://www.publichealthontario.ca/en/Data-and-analysis/Substance-Use/Cannabis-Harms>.

⁵ Public Health Ontario. (2024). Cases of opioid-related morbidity and mortality, Grey Bruce Health Unit, 2003-2022. Retrieved from <https://www.publichealthontario.ca/en/Data-and-analysis/Substance-Use/Interactive-Opioid-Tool>.

continuously reflect, learn, and work creatively to deliver programs and services that meet people where they are at.

In the April 2024 CDAS community partner survey, CDAS members, community partners whose work intersects with CDAS, and PWLLE, reported observing the following changes related to the local substance use landscape over the last five years:

- **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 drug 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 a collaborative community response.
- **Mental health and addiction service backlogs, waitlists, and inaccessibility.**
- **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.
- Worsening of the **housing and homelessness** crisis.

Guided by a strategic plan developed in 2018, CDAS has been responding to these changes and gained momentum by hosting community learning and awareness events, leading trainings, launching the Peer Advisory Committee (PAC), supporting critical projects, and developing calls to action and policy solutions for all levels of government. We have learned during this time that CDAS is able to adapt as a collaborative of remarkably hard working and committed community partner organizations and individuals.

With a reduction in funding for a full-time coordinator position, it is an optimal time for CDAS to explore ways to sustain the critical collaborative work that builds system capacity to respond to emerging and complex community needs.

This strategic planning process has provided us with the opportunity to pause, to listen, and to reflect. We have emerged from the process with a renewed focus on investing in our foundation, so we are primed to grow to fulfill the expanding needs of the community. We are confident that through this strategic plan, we will be able to continue our important work of improving the health, wellbeing, and safety of individuals, families, and communities in Bruce and Grey counties and in the Saugeen Ojibway Nation, by reducing substance-related harms.

Our Vision

Improved health, wellbeing, and safety for individuals, families, and communities in Bruce and Grey counties and in the Saugeen Ojibway Nation, by reducing substance-related harms.

Our Mission

To coordinate a collaborative approach to addressing substance-related harms in Bruce and Grey counties and in the Saugeen Ojibway Nation, by supporting policies, practices, and initiatives that:

- Prevent and or delay the use of substances among youth;
- Reduce the harms for people who are using substances, their family members, and communities;
- Support diverse, voluntary treatment options;
- Enhance community safety and wellbeing.

Guiding Principles

The CDAS recognizes that complex social problems cannot be solved by any single agency or interest group. That is why building strong partnerships based on shared values is fundamental to our work.

The following guiding principles were developed in collaboration with community partners and provide the foundation for moving the work of the CDAS forward.

Partners of the CDAS recognize that:

- Substance use and addiction are complex.
- Reducing substance-related harms involves shared responsibility, requiring active participation of many sectors, including and beyond health.
- PWLLE should be represented at all levels of decision-making.
- All people have the right to deliver and participate in services and supports in an environment of mutual respect, compassion, and dignity.
- Best practices in substance use and addiction includes offering a range of supports, including harm reduction and abstinence-based models.
- Greatest impact will be achieved with balanced efforts across the four pillars of prevention, harm reduction, treatment, and enforcement.
- Harmful substance use is best addressed through a determinants of health lens with an anti-oppression, anti-racism, and decolonial approach.

Our Strategic Priorities

Through our strategic planning process, we have identified **five community priorities that require a collaborative approach to develop and implement rural solutions**. These community priorities are:

1. Enhance community safety and reduce the harms of opioids and the poisonous unregulated drug supply.
2. Reduce the harms associated with alcohol use.
3. Prevent and or delay youth substance use.
4. Increase access to inclusive, culturally safe, and respectful care, support, and services.
5. Reduce stigma and its impact through evidence-informed education, training, and communications.

Building on its strength as a collaborative network, CDAS is committed to building system capacity to address these community priorities by investing in 3 strategic focus areas:

1. Nourish Our Relationships
2. Engage in Collective Action
3. Amplify Diverse Voices and Perspectives

Our new strategic plan is an aspirational document that is grounded in the current context that resources are not currently available to fund a full-time coordinator to champion the work. With thanks to Grey County, Bruce County, and Grey Bruce Public Health, the first year of this plan is dedicated to strengthening governance structures, exploring fund development opportunities to support long-term sustainability of CDAS, revitalizing the PAC, and facilitating action-oriented working groups to address priority issues, while garnering momentum of the network.

Strategic Focus Areas

	Nourish Our Relationships	Engage in Collective Action	Amplify Diverse Voices and Perspectives
<p>Stabilize to Support Long-term and Sustainable Collaboration</p> <p><i>Year 1</i></p>	<ul style="list-style-type: none"> • Facilitate action-oriented working groups to address priority issues. • Identify strategic partners to collaborate on specific initiatives (e.g., the school board to support education for youth). • Convene regular partnership meetings to share knowledge, experiences, and collaborate on relevant projects and initiatives. • Participate at the Drug Strategy Network of Ontario (DSNO) to leverage resources and initiatives from across the province and adapt for Grey Bruce as applicable. • Actively contribute to regional planning tables whose work interests and initiatives intersect with those of the CDAS. 	<ul style="list-style-type: none"> • Create and implement a multi-sectoral, sustainable funding plan to secure a coordinator to champion the work. • Advocate for rural solutions to address complex community challenges, such as the poisonous drug supply, access to primary care, transportation, mental health support, and housing. • Advocate for evidence-based, voluntary, low-barrier treatment options, including harm reduction interventions (e.g., expansion of the Grey County Supportive Outreach Services (SOS) and the Bruce County Outreach models). • Refresh governance and partnership structures and terms of collaboration. • Monitor community trends as they relate to identified priority areas and share regular updates across the network (e.g., substance use trends, drug checking data, etc.). 	<ul style="list-style-type: none"> • Start revitalization of the Peer Advisory Committee (e.g., funding, project coordinator, update PAC Program Guide, etc.). • Learn from Indigenous partners about the cultural understanding of mental health and addiction and two-eyed seeing.

	Nourish Our Relationships	Engage in Collective Action	Amplify Diverse Voices and Perspectives
<p>Strengthen Community and System Capacity</p> <p><i>Year 2</i></p>	<ul style="list-style-type: none"> Expand/adapt action-oriented working groups to address priority issues. 	<ul style="list-style-type: none"> Explore youth substance use prevention strategies and initiatives. Raise awareness of local evidence-informed substance use policies, practices, and local initiatives with the public, decision-makers, and media representatives. 	<ul style="list-style-type: none"> Explore expansion of the scope of PAC. Partner with youth-serving organizations to engage the youth perspective in community-wide planning.
<p>Invigorate</p> <p><i>Year 3-4</i></p>	<ul style="list-style-type: none"> Maintain action-oriented working groups to address priority issues, as appropriate. 	<ul style="list-style-type: none"> Evaluate CDAS projects, disseminate results, and identify areas of improvement going forward. 	<ul style="list-style-type: none"> Demonstrate the value and enhance the role of peer support in program development and community-wide planning.

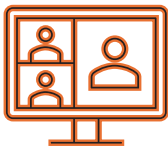
Implementing the Strategic Plan

The CDAS Steering Committee commits to the following actions to ensure success in the implementation of the new strategic plan:

1. Create annual operational plans that identify goals, objectives, evaluation indicators, and roles and responsibilities.
2. Monitor and measure effectiveness of the operational plan annually.
3. Share the strategic plan and annual progress with CDAS partners, funders, and the broader community.
4. Complete an annual review of the strategic plan to amend objectives and strategies if needed, and to ensure these are reflected in the annual operational plans and budget.

Appendix: Overview of Engagement in the Planning Process

Meaningful engagement with community partners and people with lived and living experience with substance use was an integral part of the CDAS strategic planning process. The following is an outline of the research and engagement sessions that were facilitated to gather information to support the development of the strategic plan.



100 individuals (representing 40 different agencies, organizations, and groups) were invited to participate in an online survey to assess perceptions and experiences related to the local substance use landscape, strengths of the CDAS, current and future challenges, and key community priorities. 60 individuals completed the survey. Contact Grey Bruce Public Health for a summary of the survey results.



51 people, representing 25 agencies and groups and over 12 sectors, attended a full day reflection and visioning session in June 2024. Contact Grey Bruce Public Health for the Strategic Planning Session Summary Report prepared by the consulting agency, Arising Collective.



Several Steering Committee meetings took place to design the strategic planning process, review and analyze the information collected, and co-develop the strategic plan.



An environmental scan of substance use trends in Ontario and Grey Bruce was conducted by Grey Bruce Public Health. A Strategic Planning Session Pre-reading Package that included the results of the research were shared with all participants in advance of the session.