

2024 WA State Permanent Supportive Survey Housing Perceptions and Community Health Executive Summary



In the 2024 Washington State Permanent Supportive Housing Perceptions and Community Health (PerCH) Survey, 188 residents of permanent supportive housing (PSH) programs shared their experiences within PSH on topics such as overdose, perceptions of substance use policies, and quality of community relationships. 115 of these participants also reported on their personal substance use patterns and needs. The face-to-face surveys were conducted in February-July 2024 through nine PSH organizations across 10 counties in WA State.

This is the first known survey of its kind in WA State to engage PSH residents on substance use and related topics.

About the participants

Demographics and characteristics of PerCH survey respondents n=188					
Gender n=186 (multiple responses allowed)	n	%	Race/ethnicity n=186 (multiple)	n	%
Man	116	62%	White	121	64%
Woman	65	35%	White only	99	54%
Refuse to answer	3	2%	Race/ethnicity other than white only	83	46%
Another gender	2	2%	American Indian/Alaska Native	35	19%
Transgender woman	1	1%	Black/African American	28	15%
Age n=188			Latino/Hispanic	20	11%
23-29	6	3%	Asian/South Asian	7	4%
30-39	25	13%	Another not listed	7	4%
40-49	36	19%	Native Hawaiian/Pacific Islander	6	3%
50-59	60	32%	Refuse to answer	3	2%
60-69	50	27%	Length of time lived in building n=187		
70-76	8	4%	0-11 months	49	26%
Refuse to answer	2	1%	12-23 months	66	35%
Not sure	1	1%	24-59 months	49	26%
U.S. military service n=170			60-156 months	23	12%
Served on active-duty U.S. Armed Forces, military reserves, or National Guard	41	24%	Cellphone access n=186		
			Has access to a working cellphone	15	82%

Citation: Petersky S, Banta-Green CJ. [Results from the 2024 WA State Permanent Supportive Housing Perceptions and Community Health Survey](#). Seattle, WA: Addictions, Drug & Alcohol Institute, Department of Psychiatry & Behavioral Sciences, School of Medicine, University of Washington, September 2024.

Key results

Substance use and overdose in the building

- 50% felt there was **“a lot” of drug use in their building**. 34% agreed that **staff openly discussed safer or reduced drug use** with residents.
- 33% **had witnessed an opioid overdose** in their building in the past 3 months.
- 79% said **they were “very likely” to ask staff for help when witnessing an overdose** in the building and nearly half (49%) said they could access naloxone from front desk staff.
- Among participants who used opioids in the past week, 15% said they were **always alone when using opioids in their apartment** in the last 30 days. Others reported using alone most of the time (25%) or some of the time (40%).

Community connection and “life needs”

- Most felt they **have a friend in the building** (74%) **or in the community** (63%) with whom they could spend time.
- 43% felt they are **given opportunities to help make rules and programs** that affect them.
- Participants reported the **“top needs in their life right now”** as financial (21%), moving to different housing (17%), health care (13%), and employment (12%).

Personal substance use

- 58% **reported using drugs or alcohol in the last week**, including cannabis. 14% were **currently receiving methadone, buprenorphine, or naltrexone**.
- 80% of those who reported past week opioid use (n=20) and 68% of those who reported past week stimulant use (n=37) **were interested in reducing or stopping** their use of these drugs.
- Among participants who had used opioids in the past week or who had been prescribed medications for opioid use disorder (MOUD) in the past year, 75% said they were **interested in receiving MOUD from a health care provider in the building or at a mobile clinic parked outside the building**.
- 76% of those who were asked about their interest in safe supply (n=37) said they would **prefer a safe supply of opioids over the opioids or the medications for opioid use disorder they are currently using**.

PSH providers can use these findings to:

- Engage with residents to develop overdose prevention and response strategies, especially ones to address the risks of solitary substance use.
- Review and revise policies with collaborative rulemaking to balance building security with resident autonomy, social integration, and safety.
- Support ongoing training for building staff to deepen their confidence in engaging residents who use drugs.
- Explore ways to integrate more accessible and varied treatment options within housing settings.