

Perceptions of Substance Use in Permanent Supportive Housing: Results from the 2024 WA State PerCH Staff Survey



Saul Petersky; Caleb J. Banta-Green, PhD, MPH, MSW

Key Findings

- A brief survey was completed by 28 staff members working in Permanent Supportive Housing (PSH) programs, reporting their perceptions of resident substance use, and staff approaches to substance use, within their buildings. A longer, complementary survey was completed by 181 residents in the same buildings.
- 75% of staff perceived “a lot” of substance use in their buildings, compared to 57% of residents.
- 93% of staff agreed that building staff openly discuss safer or reduced drug use with residents, compared to 40% of residents.
- 30% of staff agreed that residents lose housing for using drugs in the building, compared to 45% of residents.
- 36% of staff agreed that drug use is mostly ignored by staff unless it causes safety or property damage issues, compared to 50% of residents.

Background

The [2024 WA State PSH Perceptions and Community Health \(PerCH\) Survey](#)¹ explored experiences of people with histories of homelessness and a variety of drug use patterns, including abstinence, who are currently living in PSH. This exploratory, cross-sectional survey documented demographics and characteristics of survey participants, overdose response experiences, perceptions of substance use policies, quality of community relationships, and participants’ personal substance use patterns and needs.

The PerCH Survey builds on previous client data collection collaborations between the Addictions, Drug & Alcohol Institute (ADAI) and WA State syringe services programs (SSPs) including [the biennial survey of SSP participants](#).²

A brief optional staff survey was conducted in conjunction with the PerCH resident survey to explore potential discrepancies between staff and resident perceptions of drug use and engagement in harm reduction practices in PSH. In the [2021 ADAI survey of housing program staff](#) in WA State,³ housing staff expressed many challenges in addressing substance use among residents including difficulty in balancing needs between residents who use drugs and residents who are trying to pursue abstinence. Housing staff indicated greater knowledge and comfort supporting care needs related to opioids and alcohol than stimulants in the 2021 survey.

Methods

The 2024 staff survey was distributed to PerCH partner sites via REDCap electronic data capture system after the resident PerCH survey was completed. Staff members eligible to participate in the survey included those working onsite at Permanent Supportive Housing (PSH) sites at the time of PerCH survey administration. Staff with direct service roles were eligible including front desk staff, case managers, and supervisors.

Fliers with information on the staff survey were distributed to partner sites immediately after resident survey administration. The fliers included a QR code/URL link to the survey and instructions on how to participate.

Participation was voluntary, and no personally identifiable information was collected. The survey was self-administered. Participants could respond “not sure” or refuse to answer any question on the survey.

The survey included four parallel questions from the resident PerCH survey on perceptions of substance use and staff approaches to substance use within the partner site. The survey included two questions about staff perceptions of the level of stimulant and opioid use in the building: More than three quarters (76%-100%), More than half (51%-75%), More than a quarter (26%-50%), Less than a quarter (1%-25%), or None (0%).

The survey also included an open-ended question: “Do you have feedback about how the PerCH [resident] survey went at your building?”

The results from the staff survey were compared with results from the resident survey. The resident survey used face-to-face data collection methods, with surveys administered by University of Washington research staff and volunteers at partner sites. Participants were recruited on-site, often with a sign-up sheet available on the day of data collection. Surveys were conducted in private or semi-private spaces, such as conference rooms or offices, and were verbally administered. Data were collected electronically using REDCap. Please see the full [WA State PerCH Survey report](#) for detailed descriptions of the resident survey design, results, discussion, limitations, and conclusions.

At least one staff member from each partner site participated in the survey, except for one site where no staff members completed the survey. Consequently, comparative results from the resident survey exclude data from residents at the site without staff survey participation.

Descriptive data analysis was conducted using REDCap, Tableau Desktop, and Microsoft Excel.

Results

A total of 28 staff surveys were completed across 12 buildings in 9 counties. Appendix I has a map of staff surveys by Behavioral Health-Administrative Service Organization (BH-ASO).

Table 1. Number of PerCH resident and staff surveys collected				
PerCH partner sites	Organizations	Number of units in partner sites	Resident surveys completed	Staff surveys completed
12	9, including anonymous organization(s)	737	181	28

Perceptions of substance use

Most staff reported moderate to high levels of perceived substance use within the buildings. 75% believed there was “a lot” of drug use in the building, and 7% reported “moderate” drug use. Fewer responded “a little” (16%), and zero staff responded that there was no drug use in their buildings (Figure 1).

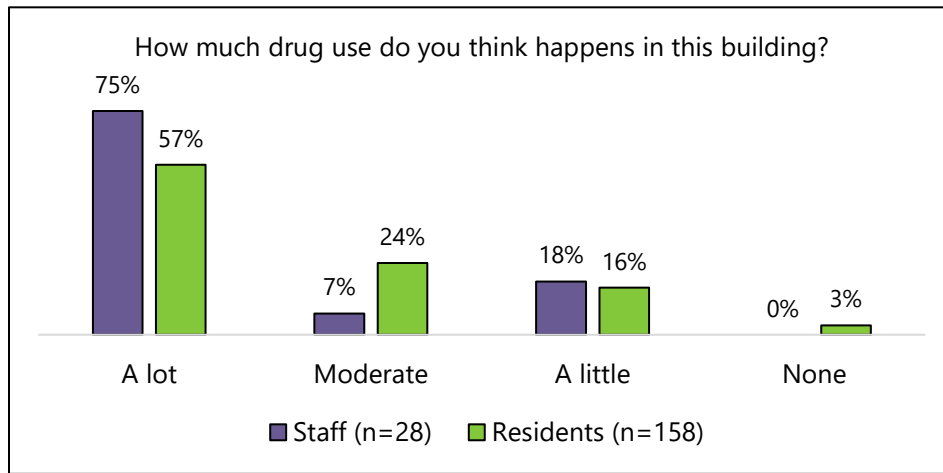


Figure 1. Perception of building drug use, excludes refuse to answer and not sure

48% of staff perceived that more than a quarter of residents in their buildings used stimulants (e.g. methamphetamine, crack/cocaine) (Figure 2).

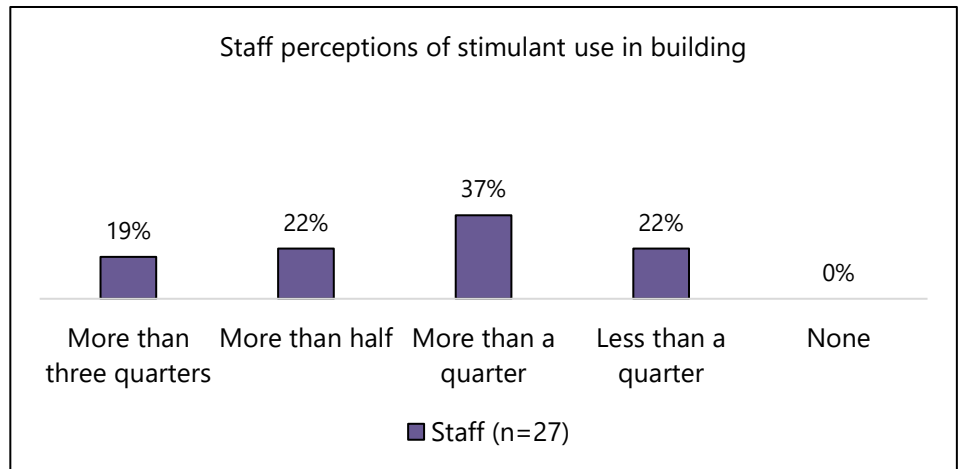


Figure 2. Perception of stimulant use, excludes refuse to answer and not sure

71% of staff perceived that more than a quarter of residents in their buildings used opioids (e.g. fentanyl, heroin) (Figure 3).

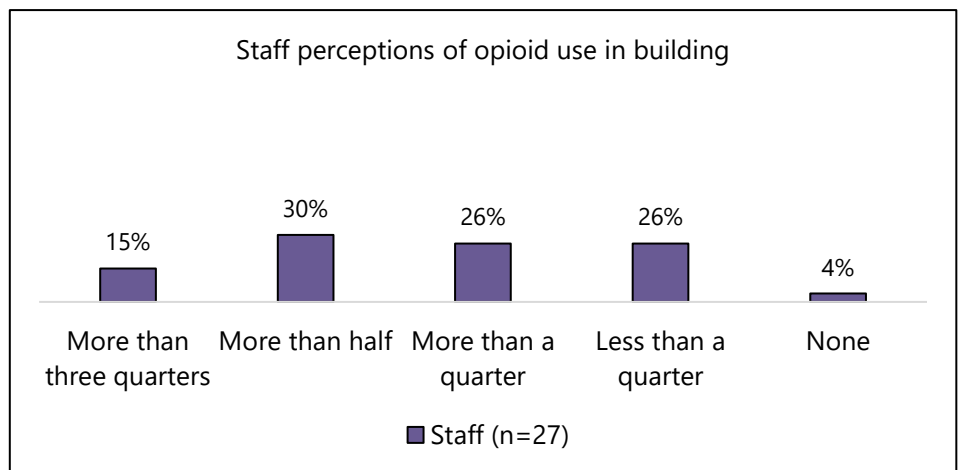


Figure 3. Perception of opioid use, excludes refuse to answer and not sure

Perceptions of staff approaches to substance use

43% of staff strongly agreed that building staff openly discuss safer or reduced drug use with residents, compared to 13% of residents. 50% of staff agreed with this statement, compared to 27% of residents. No staff disagreed with this statement, compared to 52% of residents (Figure 4).

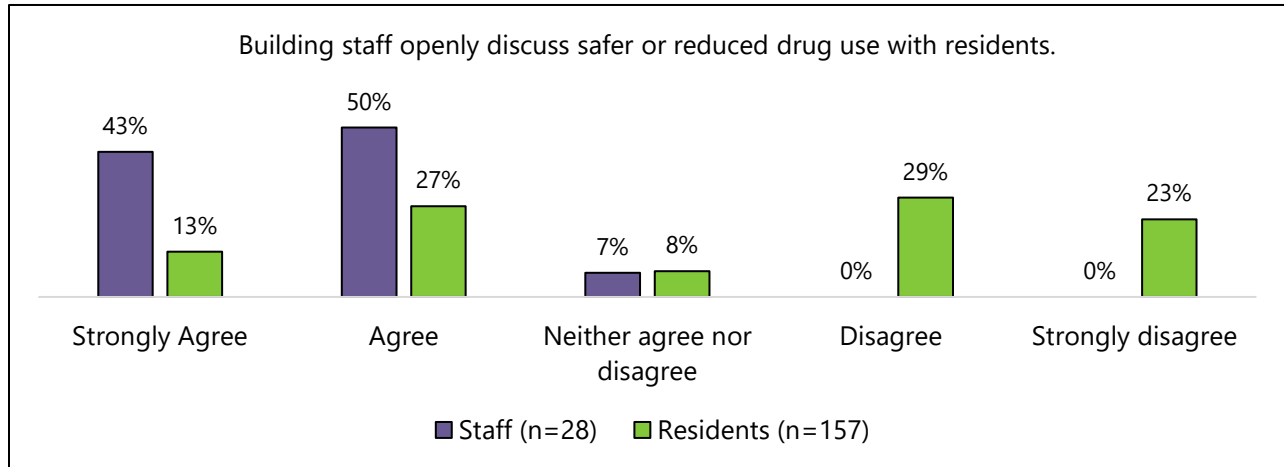


Figure 4. Level of agreement, perceptions of staff open discussion of drug use, excludes not sure and refuse to answer

11% of staff strongly agreed that residents lose housing for using drugs in their buildings, compared to 20% of residents. 19% of staff agreed with this statement, compared to 25% of residents. 59% of staff disagreed with this statement, compared to 44% of residents (Figure 5).

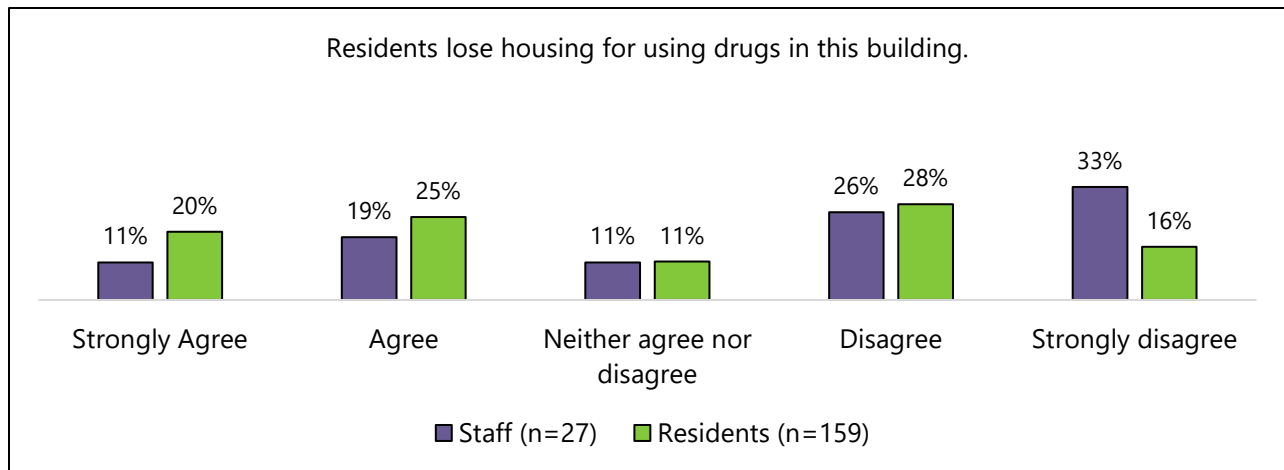


Figure 5. Level of agreement, perceptions of residents losing housing for using drugs, excludes not sure and refuse to answer

7% of staff strongly agreed that drug use is mostly ignored by staff unless it causes safety or property damage issues, compared to 20% of residents. 29% of staff agreed with this statement, compared to 30% of residents. 50% disagreed with this statement, compared to 40% of residents (Figure 6).

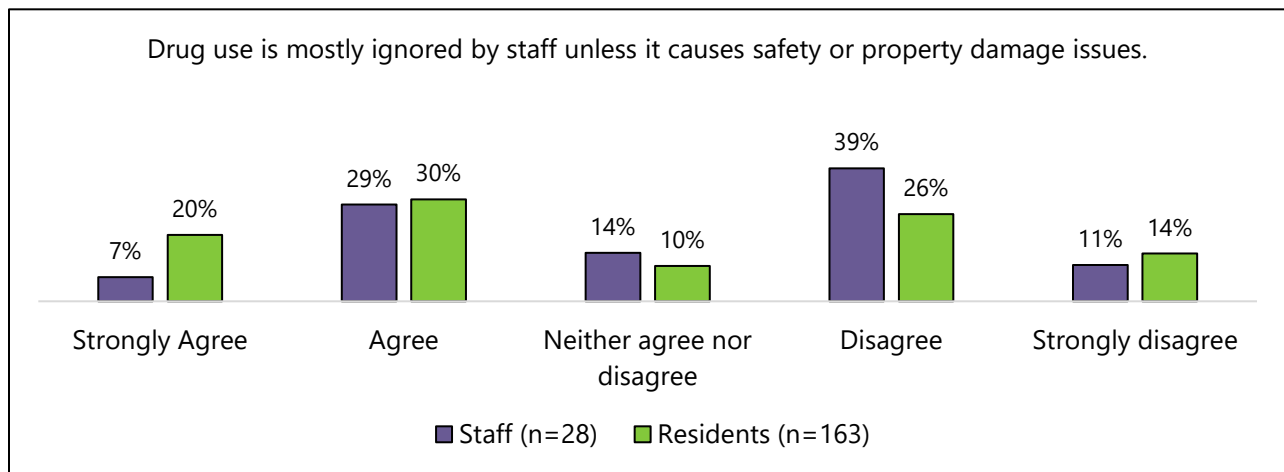


Figure 6. Level of agreement, perceptions of staff ignoring drug use, excludes not sure and refuse to answer

Staff feedback on resident survey

Staff provided feedback to research staff on how the resident survey went. Staff feedback on the resident survey was overwhelmingly positive, with several staff noting the survey was well-conducted. Staff reported residents actively participated in the survey and appreciated the opportunity to provide feedback. Staff noted the professional and respectful handling of the survey and that residents appeared eager and happy to contribute. One staff member noted confusion about sign-up procedures for the residents to complete the survey.

Discussion

Perceptions of substance use

Most staff reported high levels of perceived substance use, with 75% of staff perceiving “a lot” of substance use in their buildings, compared to 57% of residents.

The [2021 ADAI survey of housing program staff](#) found that staff felt less comfortable and knowledgeable about stimulant use than opioids (n=48). 64% of participants in the 2021 ADAI survey of housing program staff wanted more training related to substance use, 63% wanted more training on the chronic or long-term mental health consequences of methamphetamine use, and 58% wanted more training on fentanyl.

In recent years, staff may have also increasingly witnessed the severe and visible impacts of fentanyl,⁴ including its high potency and association with accidental overdoses.^{5,6} In 2023, [279 \(21%\) of overdose deaths in King County, WA occurred among people living in a location operated or subsidized by governmental or social service agency](#), including PSH.⁷ This increase in the number and proportion of opioid overdoses at PSH sites may contribute to staff overestimating the prevalence of opioid use among residents, which may not accurately reflect actual resident substance use patterns.

Staff may also overestimate substance use because they attribute negative resident behaviors to substance use rather than behavioral health symptoms. Operating from a diagnostic perspective, housing staff may pathologize behavioral health symptoms, which can result in exaggerated perceptions of drug use among residents.⁸

Apparent differences should be interpreted cautiously as the number of staff surveys overall and from each building were modest, so small numbers could lead to less precise estimates. Also, different staff roles may have different

perspectives, literally and figuratively, on substance use; responses could be based on their direct observation or general perceptions.

The potentially differing perceptions of substance use between staff and resident survey participants demonstrate the need for increased investment in training and support for WA State PSH staff to accurately assess substance use, stay informed about evolving drug use patterns among residents, and differentiate substance use from behavioral health symptoms.

Perceptions of staff approaches to substance use

The staff survey results suggest that disparities exist between staff and resident perceptions of how substance use is approached within PerCH partner sites.

Harm reduction, as applied in PSH, focuses on strategies that aim to reduce the harms of substance use without requiring abstinence for residents to receive housing support. Some PSH programs may combine these approaches, such as adopting flexible zero-tolerance policies where staff encourage open discussions about safer or reduced substance use while still promoting a substance-free environment.

93% of staff agreed that building staff openly discuss safer or reduced drug use with residents, compared to 40% of residents, suggesting that staff may believe they are engaging in harm reduction conversations more consistently than residents perceive. It is also possible that staff who responded to the survey were more interested in substance use and health issues and may not represent all PSH staff. Residents' perceptions of harm reduction are influenced by how staff implement these practices.⁹ Residents' willingness to engage openly about their substance use may be impacted by perceptions that housing staff are judgmental or insufficiently understanding of the complexities of substance use.¹⁰ Additionally, in the context of PerCH survey results, residents who do not use drugs or alcohol may not recognize staff's efforts in harm reduction conversations due to their limited exposure to these discussions.

A zero-tolerance approach to substance use in PSH may refer to strict policies that prohibit any form of substance use on-site, with potential consequences such as eviction for using drugs or alcohol. Some zero-tolerance policies may prohibit illegal substance use (e.g., methamphetamine, fentanyl), some may include all substances (including cannabis or alcohol), and some may focus on the enforcement of smoking substances indoors and/or away from building entrances.

The differences in perceptions from staff and residents about residents losing housing for drug use may also point to inconsistencies in policy enforcement. 30% of staff agreed that residents lose housing for using drugs in the building, compared to 45% of residents. Perceptions of inconsistent implementation of zero-tolerance policies can undermine residents' sense of housing stability because of the unpredictable enforcement of these policies.¹¹

36% of staff agreed that drug use is mostly ignored by staff unless it causes safety or property damage issues, compared to 50% of residents, suggesting inconsistencies in staff and resident perceptions of "don't ask, don't tell" approaches to substance use in their programs.

While some supportive housing residents may prefer zero tolerance or "don't ask, don't tell" approaches to substance use,^{12,13} inconsistent implementation of substance use policies can lead to increased tensions within supportive housing environments. When residents feel forced to hide their substance use, they may engage in unsafe practices such as using alone or in hidden areas, increasing the risk of fatal overdoses.^{14,15} Residents working on recovery goals around substance use might feel unsupported by visible drug use. Residents who use drugs might feel stigmatized or at risk of losing housing due to punitive policies. Conversely, housing retention can be improved for PSH residents who are living in buildings that have substance use policies that align with their individual needs.^{16,17}

Additional supports to consider: Peer counselors and resident engagement

In Washington State, [Certified Peer Counselors \(CPCs\) are people with lived experience](#) of mental health or substance use disorders who are trained to support others in similar recovery journeys. They work as part of behavioral health teams to bridge gaps between clients and providers, enhance treatment engagement, and advocate for self-determination while connecting clients to necessary resources.¹⁸

Research on the role of peer workers in PSH have demonstrated significant reductions in substance use-related harms and improved overall well-being among participants by fostering a sense of trust and relatability in PSH environments that traditional staff often struggle to achieve with residents.^{19,20} Studies of tenant overdose response organizers in single-resident occupancy (SRO) housing have demonstrated the potential of empowering residents to design and implement harm reduction policies and interventions, resulting in higher-fidelity overdose response, stronger mutual aid, enhanced tenant-staff rapport, securing access to harm reduction supplies, helping residents feel more secure in their housing, and countering anxiety around inconsistent policy enforcement.^{21,22,23} Peer support workers, including professional staff and tenants involved in mutual aid, can help normalize conversations around substance use, encouraging residents who use drugs to seek support.

Implementing peer support programs that engage people who use drugs can be highly beneficial, but there are several drawbacks and considerations to keep in mind. Peer support workers may face significant emotional strain and burnout, especially when frequently exposed to overdose situations or witnessing trauma among peers.²² Peer workers often face challenges in accessing the necessary resources to support their roles effectively, such as harm reduction supplies, insufficient funding for staffing support, and lack of buy-in from housing management.^{24,25} Additionally, without standardized training and clearly defined responsibilities, peer workers may struggle to navigate their roles, leading to potential conflicts or misunderstandings within care teams.²⁰ If peers are not fully accepted by staff or management, their role may be undervalued, and their integration into formal care teams can be challenging.²³

While the PerCH survey did not assess residents' or staff's interest in peer counselors for addressing substance use, the positive outcomes of peer-led interventions suggest that integrating and adequately supporting peer counseling programs in PSH could help bridge the gap between staff and resident perceptions of substance use and improve staff approaches to substance use within Washington State PSH settings.

Limitations

The staff survey had only 28 participants across 12 buildings, which is a relatively small sample size that cannot fully capture the range of staff experiences and perceptions across all PSH sites. This limited representation can affect the generalizability of the findings and may not accurately reflect the broader staff perspectives across various housing settings. Comparisons were not formally tested and should not be interpreted as precise measures of differences. Additionally, the results from the staff survey overrepresented responses from certain buildings compared to participation in the resident survey.

Staff who chose to participate might have had stronger opinions or experiences related to substance use in their buildings compared to those who did not participate. The survey did not collect detailed demographic information or specify the roles of staff participants beyond general service roles (e.g., front desk staff, case managers, supervisors). This lack of detail limits the ability to explore how perceptions might differ based on specific staff positions, experiences, or demographic factors, which could provide more nuanced insights into the staff-resident dynamics.

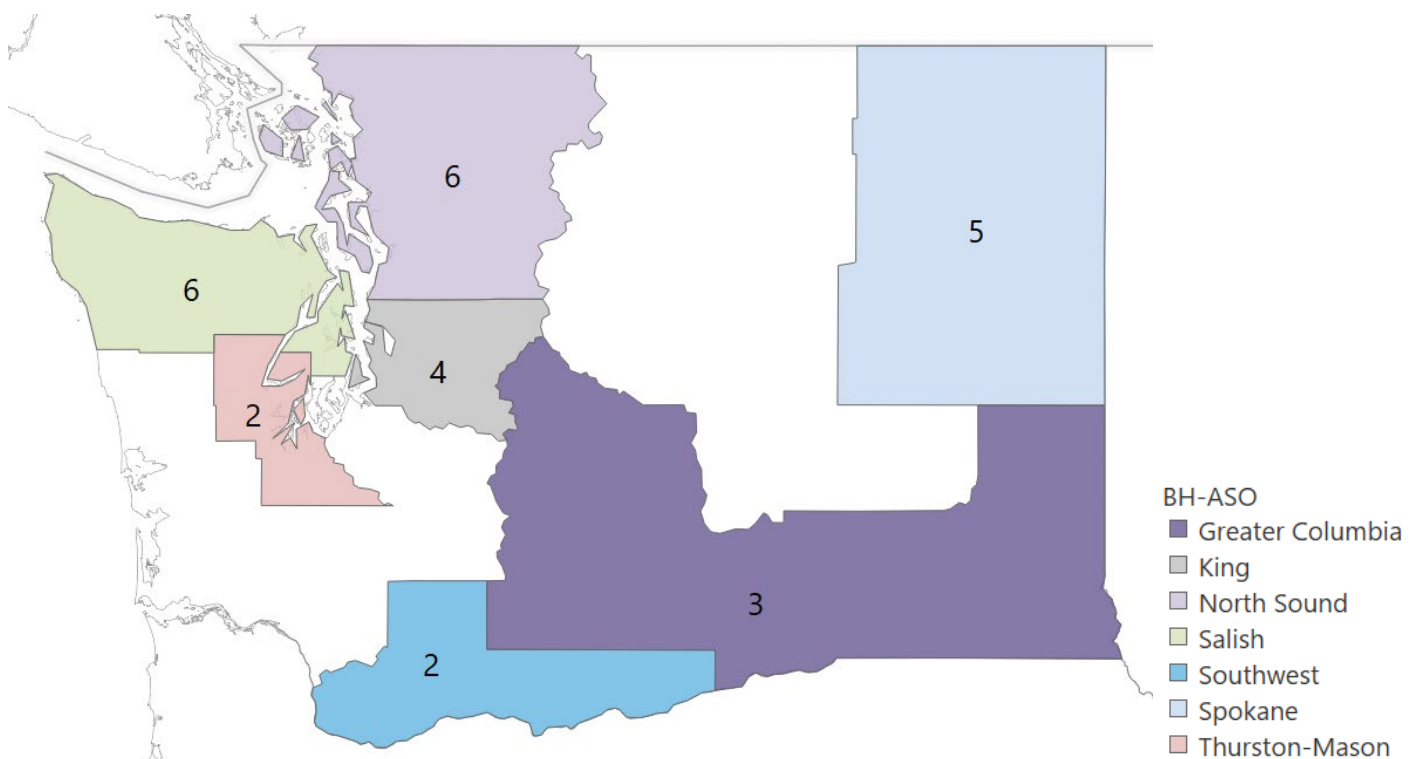
The staff survey was self-administered electronically, while the resident survey was conducted face-to-face by University of Washington research staff. These different data collection methods could influence how questions were interpreted and how honestly participants responded, possibly contributing to the discrepancies observed between staff and resident perceptions. For example, research staff and data collection volunteers were trained to clarify that

“drug use” included both cannabis and alcohol, while the electronic survey on REDCap did not provide opportunities for clarification on the scope of survey questions.

Conclusions

The staff survey from the PerCH study provides several insights around perceptions of substance use and staff approaches within WA PSH. One key finding is the apparent gap between staff and resident perceptions of substance use prevalence. The survey also revealed positive aspects of staff engagement: staff members believed that they were actively involved in discussing harm reduction practices, with 93% believing they frequently engaged in conversations about safer substance use with residents. Both the PerCH staff and resident surveys indicated a need for ongoing training for PSH staff on substance use related topics and the development of strategies to consistently implement policies addressing substance use among residents.

Appendix I: PerCH Staff Surveys by Behavioral Health-Administrative Service Organizations (BH-ASOs)



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