

Housing program staff want more training to address substance use among residents



Alison Newman, MPH, Susan Kingston

Key Findings:

- Housing providers implement a number of onsite harm reduction strategies and behavioral health services to support both residents who use substances and those pursuing abstinence.
- The greatest challenge to helping residents who use substances is a significant lack of substance use and mental health treatment services in the community. Many programs are interested in providing more of these services onsite or through telehealth.
- Housing staff report feeling more knowledgeable and comfortable working with residents who use alcohol and/or opioids than those who use stimulants.
- Housing staff want more training related to methamphetamine, providing culturally-adapted services, emotional support for staff, and secondary caregiver trauma.

Introduction

Housing providers in Washington State serve many people who use substances and/or who are pursuing recovery from substance use. These individuals often have complex emotional, physical, and social needs that can be challenging to address within housing programs. To learn more about the needs of housing professionals to work with these residents, the University of Washington Addictions, Drug & Alcohol Institute (ADA I) conducted an anonymous, online survey in September 2021 among housing providers across the state. The objectives of this survey were to:

- Identify the successes and challenges staff have in addressing substance use among their residents.
- Determine how knowledgeable and comfortable staff feel in working with substance use.
- Identify topics for training and technical assistance related to substance use.

Who responded

We received 48 valid responses from staff of housing programs from ten counties (Benton, Chelan, Clark, Island, Jefferson, King, Kitsap, Kittitas, Snohomish, Yakima). Respondents served in a range of professional roles and came from several types and sizes of housing programs with different approaches towards illegal drug use among residents (Table 1). Because this was a convenience sample of providers, the findings are unlikely to represent all providers statewide.

Table 1. Survey respondents and their housing programs

Primary staff role*			Type of housing program*			Number of residents		
Case management	21	44%	Permanent supportive housing	17	35%	0-9	10	21%
Supervisor/program manager	15	31%	Overnight/short-term shelter	17	35%	10-19	8	17%
Daily resident support	15	31%	Transitional housing	16	33%	20-49	11	23%
Mental health or substance use counseling	4	8%	Recovery housing	13	27%	50-99	10	21%
Other	13	27%	Other	12	25%	100+	5	10%

*multiple responses allowed		missing	4	8%
What best describes your building's approach to illegal drug use among residents?				
"Harm reduction policy"	Staff actively engage with residents to encourage safer or reduced use, manage behaviors, and mitigate property damage.	20	42%	
"Zero tolerance policy"	Resident will lose housing for using drugs or being under the influence onsite.	13	27%	
"Don't ask. Don't tell"	Drug use happens but is largely overlooked unless there are behavior or property damage issues.	4	8%	
Other		11	23%	

Respondents also perceived that opioid use, methamphetamine use, and serious mental illness were prevalent among substantial majorities of residents (Table 2).

Table 2. How many residents in your building:

	Some residents	Many residents
use opioids	35%	41%
use methamphetamine	35%	42%
have a serious mental health issue	38%	55%

Onsite tools and strategies

Most respondents said their buildings **provided service referrals** including help getting into substance use disorder (SUD) treatment (68%) and help getting into mental health treatment (64%). Some provided **onsite harm reduction tools and other supports** such as harm reduction or recovery support groups (63%) and naloxone (62%). Thirty-four percent (34%) of programs provided on-site syringe exchange and/or disposal and 28% provided print materials on safer drug use and overdose prevention. A minority of programs provided **onsite mental health counseling** (26%) and/or **substance use counseling** (19%).

While most programs relied on community referrals to get support services for residents, respondents identified a **range of services they wanted to offer onsite**, including mental health counseling (64%), substance use counseling (59%), harm reduction counseling (50%), and recovery support groups (50%). As an alternative to onsite counseling services, many respondents felt it would be feasible to connect residents to virtual counseling services through onsite computers (Figure 1).

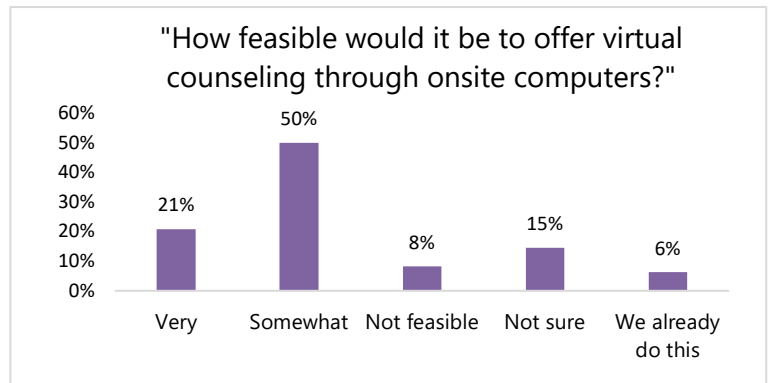


Figure 1. Feasibility of virtual counseling in housing programs

About one-third (31%) said they provide **culturally-adapted services** (as defined by the respondent) in their building and slightly more (40%) said they referred residents to local organizations for cultural support. About 12% of respondents felt their housing program was unable to address specific cultural needs of residents.

Successes - what works well

Respondents were asked what worked well in their housing programs to address substance use among residents. The most predominate theme in their open-ended responses was the **importance of developing trusting relationships with residents**.

...very consistent follow-up with residents and keeping an open door to any conversation related to their drug use....and being a cheerleader to encourage them to continue their progress.

Other keys to success included onsite harm reduction and recovery support services, peer-led supports, and a robust network of service partners and referral processes. A number of respondents also found it helpful to have (and consistently enforce) clear rules about substance use; one respondent said a “firm consequence matrix” helped promote resident accountability.

Challenges

According to respondents, the most demanding challenges in addressing substance use among residents are a **significant lack of behavioral health services** and the difficulty in accessing the few services that do exist, especially for residents who have very complex needs.

There is a massive shortage of drug treatment options...it is also difficult to impossible to transition from recovery housing to permanent, supportive housing if someone isn't able to achieve self-sufficiency.

Other challenges included the wide availability and easy access to drugs inside and outside the building, the inclination of many residents to isolate from staff and other residents, especially during Covid, and the difficulty in balancing needs between residents who use drugs and those who are trying to pursue abstinence.

We have several drug dealers in our building, so there is easy and constant access to substances. This makes it challenging for other residents who are interested in abstinence.

Knowledge and comfort levels with substance use

Respondents were asked to rate their knowledge level on a range of substance use topics. Respondents were most knowledgeable about opioid overdose response, the SUD and mental health treatment systems, and treatment for opioid or alcohol use disorder. They expressed the lowest levels of knowledge about responding to stimulant overdose and harm reduction strategies and treatments for stimulant use (Figure 2).

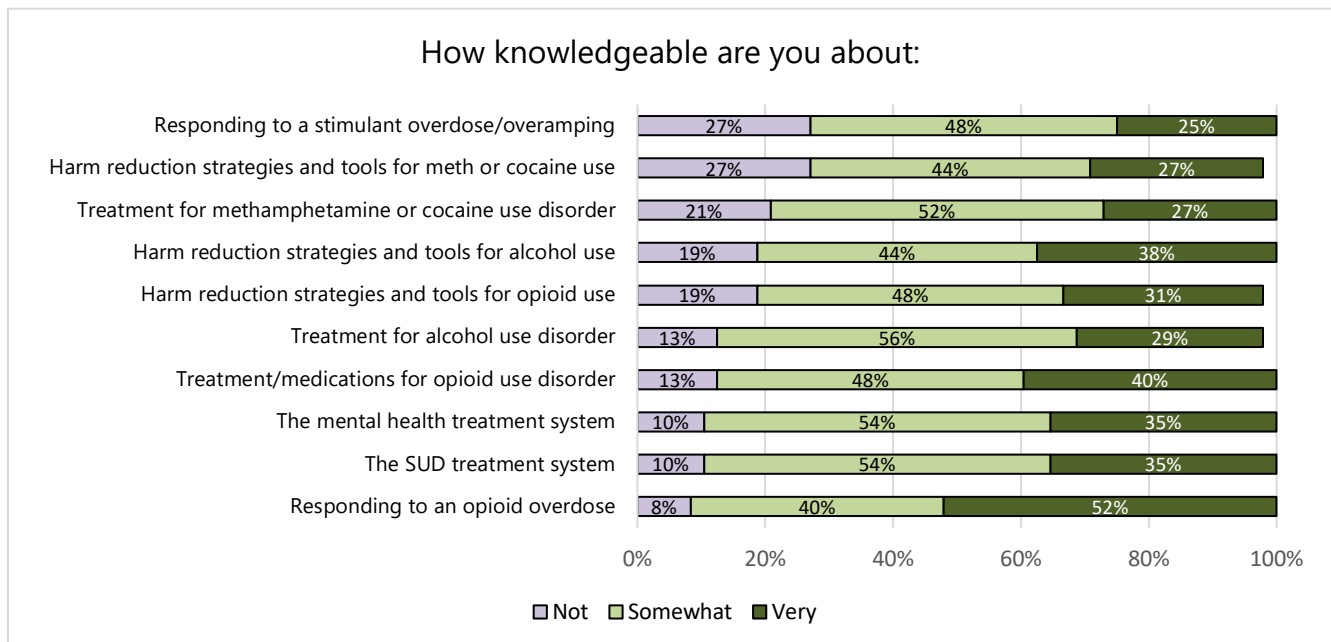


Figure 2. Knowledge level of housing program staff

Respondents were also asked to rate their comfort level (*comfortable, uncomfortable or neutral*) in working with different facets of substance use and mental health. The vast majority rated themselves as either comfortable or neutral with most areas. Figure 3 shows that **more people feel comfortable working with opioid and alcohol use and supporting abstinence than with stimulant use, harm reduction engagement, or managing acute psychiatric events**. These are parallel with areas where respondents also felt more or less knowledgeable.

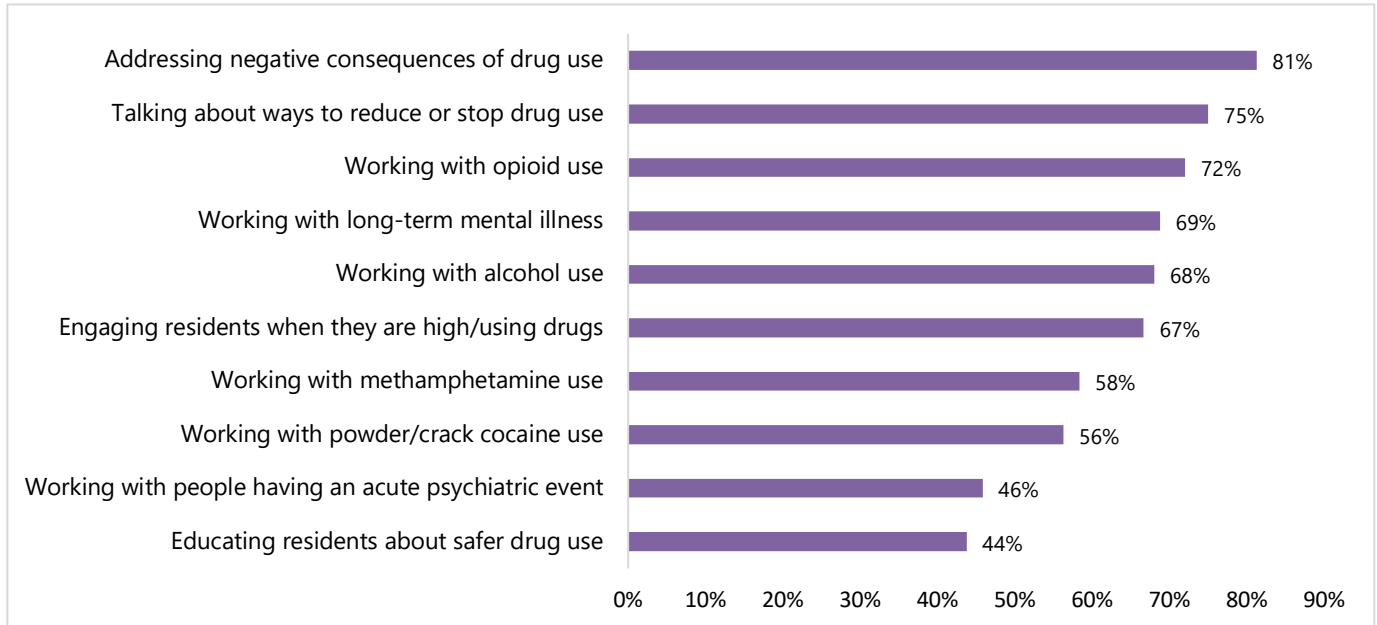


Figure 3. Percentage of staff who feel “comfortable” working with behavioral health issues

When comparing comfort levels with specific types of substances (Figure 4), **staff clearly felt less comfortable working with stimulants than with alcohol or opioids**.

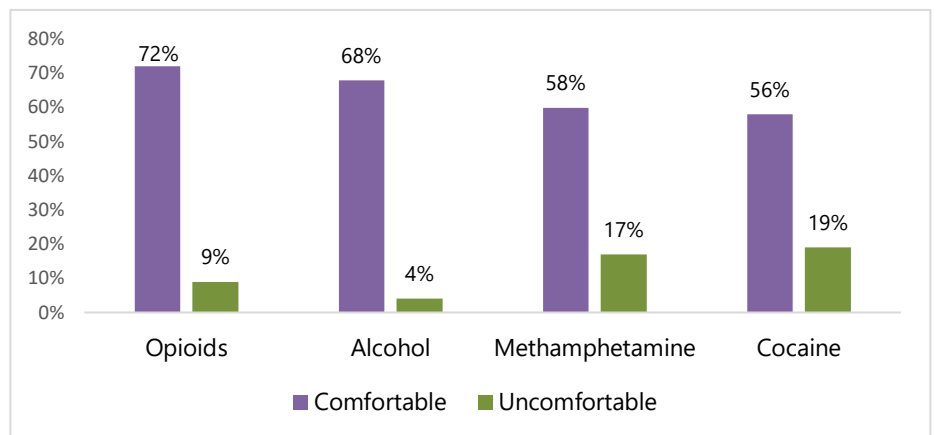


Figure 4. Comfort level working with different substances

Training needs

Respondents were asked if they would like training on a list of substance use topics (Table 4). The topics with the most interest related to stimulants, which is understandable given the self-reported lower levels of knowledge about stimulants. Nearly two-thirds (64%) said they wanted training related to substance use. Other topics with high interest included emotional support for staff and secondary caregiver trauma (65%), culturally-adapted services (64%), and fentanyl (58%).

Table 4: "I would like more training on..."

Stimulant-related topics	
Chronic or long-term mental health consequences of methamphetamine use	63%
Acute mental health consequences of methamphetamine use	58%
Preventing and responding to a stimulant overdose/"overamping"	58%
Working with people who use methamphetamine	56%
Stimulant use disorder treatment	44%
Opioid-related topics	
Fentanyl	58%
Preventing and responding to an opioid overdose	44%
Working with people who use opioids	40%
Opioid use disorder treatment	33%
Other topics	
Emotional support for staff/secondary caregiver trauma	65%
Adapting or developing services to be culturally-relevant	64%
Supporting people in recovery	52%
Talking with residents about suspected or problematic drug use	48%
Harm reduction strategies for injecting/smoking drugs	44%
Harm reduction strategies for alcohol	40%
Alcohol use disorder treatment	38%

Recommendations

- Provide immediate and comprehensive training for all types of housing providers on stimulant use and strategies for engaging and supporting residents who use stimulants and those in recovery from stimulant use disorder.
- Learn more from housing clients about their own needs and interests in behavioral health, substance use disorder, and harm reduction services and onsite supports. Inquire about how to provide these services and supports in ways that are culturally relevant.
- Identify resources and partners to strengthen training and technical supports for housing providers across the state. Be sure to emphasize emotional support for housing staff who are doing challenging work in challenging conditions.
- Stable housing is crucial for individuals to successfully address their substance use and mental health needs. Harm reduction and treatment services are essential to helping individuals obtain and remain in stable housing. Continue to strengthen connections and partnerships across these systems to develop more onsite services and/ innovative service models.

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