COLLECTION OF PROMISING PRACTICES ON SUBSTANCE USE DISORDER

ABSTRACT

Substance use disorders (SUDs) often affect residents of public housing due to intersecting community-level risk factors. This report examines national data and qualitative findings from the National Center for Health in Public Housing's (NCHPH) technical assistance activities to identify key challenges, strategies, and promising practices used by health centers to address SUDs. Findings underscore the critical role of Public Housing Primary Care (PHPC) programs in delivering integrated, accessible SUD services for medically underserved populations.

National Center for Health in Public Housing

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Introduction

Substance Use Disorder (SUD) is a condition in which an individual experiences uncontrolled use of substances regardless of the harmful consequences it may cause, also known as a drug addiction.[1] SUD often involves tobacco, alcohol misuse, illicit drug use, and misuse of prescription medications.[2] Repeated drug use affects the brain by increasing dopamine levels and creating temporary feelings of pleasure, but the problem begins when the brain becomes dependent on these substances to achieve the same or higher feelings of pleasure. [3] When the use of these substances is continuous and becomes uncontrolled it leads to the disruption of normal brain function such as learning judgement, decision-making, stress management, memory, and behavior.[4]

Over the last two decades the number of SUD deaths in the United States has increased dramatically by approximately 520% from 1999 to 2023.[5] In 2023, close to 69% of all overdose deaths involved synthetic opioids, mostly illegally made fentanyl and fentanyl analogs.[6] In terms of drug use, results from the 2024 National Survey on Drug Use and Health stated that among people aged 12 years or older in the United States, 58.3% (168.0 million people) used tobacco, vaped nicotine, used alcohol, or used an illicit drug in the past month.[7] Some individuals are more likely to experience a substance use disorder such as medically underserved populations including individuals living in public housing communities.

To help health centers understand and overcome barriers in providing effective substance use services, this report highlights the heightened risk of SUD among residents of public housing and provides health centers with strategies to better support this medically underserved population. By summarizing key challenges and strategies this report aims to equip PHPC health centers with promising practices that can improve patient outcomes.

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[1]Substance Abuse and Mental Health Services Administration. (n.d.). *What is substance use disorder?* https://www.samhsa.gov/substance-use/what-is-sud

[2] StatPearls Publishing. (2024). *Substance use disorder*. In StatPearls. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/books/NBK587176/

[3] Substance Abuse and Mental Health Services Administration. (n.d.). *What is substance use disorder?* https://www.samhsa.gov/substance-use/what-is-sud

[4] Ibid.

[5] Centers for Disease Control and Prevention. (n.d.). *About overdose prevention*. https://www.cdc.gov/overdose-prevention/about/index.html

[6] Ibid.

[7] Substance Abuse and Mental Health Services Administration. (2024). *2024 National Survey on Drug Use and Health: Annual national report*. https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf

Residents of Public Housing and SUDs

Residents living in public housing experience higher rates of poverty, unemployment, and financial instability which are risk factors for SUD. Higher economic stress increases psychological distress, and coping-related substance use like heavy drinking, smoking, and uncontrolled use of illicit drugs.[8] Residents of public housing are also more likely to experience Adverse Childhood Experiences (ACES) and other types of trauma like community violence, abuse, and exposure to other individuals with mental health and substance use problems, which are strongly associated with initiation of substance use, substance escalation and relapse.[9] They also often face limited access to health care and SUD treatment with existing transportation barriers, underinsurance, and long waiting times for behavioral and addiction services. However, health centers play a significant role in bridging the gap between behavioral health services and these medically underserved populations experiencing SUDs.

The Role of Health Centers and SUDs

Community health centers play a central role in addressing SUDs by serving as accessible, trusted, and integrated points of care that combine early identification, evidence-based treatment, behavioral health integration, health promotion, and improve access to non-clinical needs for medically underserved populations. Health centers have served as an integral part in addressing the opioid epidemic that has affected millions of Americans.[10] In 2016, 28% (388) of health centers provided SUD services which was a 20% increase from 2010.[11] Though increases in SUD services have been reported, the National Center for Health Workforce Analysis (NCHWA) projects shortages in 2038 for many key behavioral health occupations such as addiction counselors, mental health counselors, psychologists and more, contributing further to limited access to behavioral and mental health services among health center patients.[12] This is why having a deeper understanding of the most recent health center needs is important as well as what patients are experiencing with SUDs, specifically those living in public housing communities.

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[8] Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). *Opioid crisis: No easy fix to its social and economic determinants*. American Journal of Public Health, 108(2), 182–186. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.304187

[9] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study*. American Journal of Preventive Medicine, 14(4), 245–258. https://pmc.ncbi.nlm.nih.gov/articles/PMC6220625/

[10] Kaiser Family Foundation. (2019). *The role of community health centers in addressing the opioid epidemic*. https://www.kff.org/medicaid/the-role-of-community-health-centers-in-addressing-the-opioid-epidemic/

[11] Ibid.

[12] Health Resources and Services Administration. (n.d.). *Projecting health workforce supply and demand*. https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand

Health Center Patient Experiences and Substance Use

Figure 1. 2022 Health Center Patient Survey – Substance Use Category

Substance use in the 2022 Health Center Patient Survey	All other Housing (%)	95% CI *	All HUD-assisted (%) **	95% CI	P ***	Public Housing (%)	95% CI	P
Ever used cocaine	14.7	12.2-17.6	21.4	14.5-30.6	0.023	23.5	14.0-36.6	0.73
Ever uses amphetamine-type stimulants	11.9	9.3-15.2	12.1	7.5-19.1	0.58	10.4	5.7-18.3	0.56
Ever used inhalants	3.6	2.6-4.9	4.3	1.7-10.2	0.69	5.7	13.5-21.2	0.59
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08
Ever used hallucinogens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65

Notes:
* CI: Confidence Interval
** All HUD-assisted: Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs
*** P: P-value

A recent analysis conducted by NCHPH on the 2022 Health Center Patient Survey showed that patients living in public housing and HUD-assisted housing, (including Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs), generally report similar or higher lifetime substance use compared with patients in other housing status. As shown in Figure 1, the lifetime use of cocaine is higher among Public Housing (23.5%) and HUD-assisted patients overall (21.4%) compared with those in other housing (14.7%), indicating a meaningful difference at the broader HUD-assisted level.

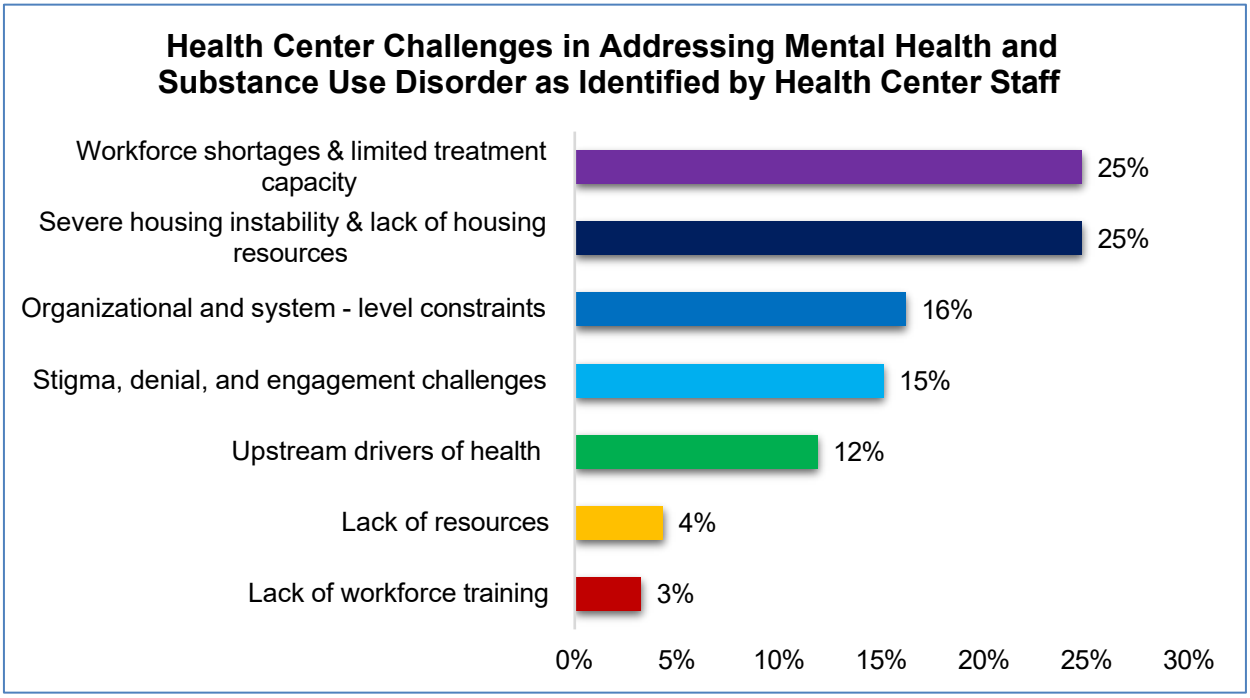
For most other substances including amphetamine-type stimulants, inhalants, opioids, injection drug use, and marijuana, the prevalence estimates among public housing residents are comparable to or slightly higher than those in other housing categories. Moreover, marijuana remains the most reported substance across all housing types. Overall, these findings suggest that residents of HUD-assisted and public housing experience at least comparable substance use risk, reinforcing the need for accessible, integrated SUD services within health centers serving public housing communities.

Methodology

For the purpose of this report, NCHPH conducted a qualitative analysis of challenges and strategies related to SUDs as reported by health center staff who participated in live technical assistance activities. Post-evaluation data was collected from five technical assistance activities between 2023 and 2025 hosted by NCHPH, including four webinars and one community of practice consisting of four sessions. Respondents were screened to include only individuals working in health centers, and non–health center responses were excluded. All eligible responses were consolidated into a single de-identified dataset and analyzed using thematic analysis. Two research analysts independently reviewed the data, developed seven coding categories, and resolved discrepancies through consensus. Descriptive percentages for each theme were calculated using Excel.

Findings from Technical Assistance Activities

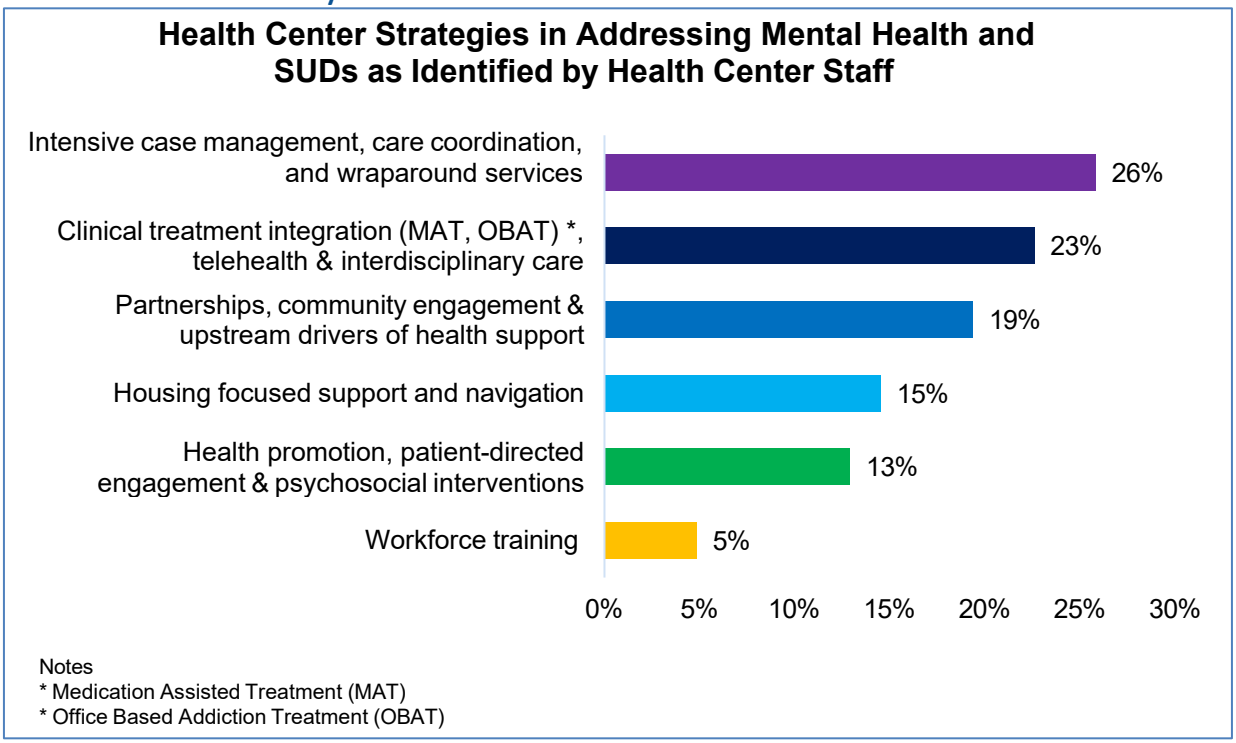
Figure 2. Challenges in Addressing Mental Health and SUDs



Health center staff reported that the most significant challenges in addressing mental health and SUDs are workforce shortages and limited treatment capacity (25%) and severe housing instability and lack of housing resources (25%), highlighting the combined impact of clinical capacity constraints and unmet non-clinical needs on patient care. Additional barriers included organizational and system-level constraints (16%), such as fragmented referral processes and limited cross-sector coordination, and stigma, denial, and patient engagement challenges (15%), which impede screening, treatment initiation, and retention. Less frequently cited challenges included upstream drivers of health (12%),

general resource limitations (4%), and training needs (3%), suggesting that while education and resources remain important, health center staff view workforce capacity, housing stability, and system-level barriers as the primary obstacles to effectively addressing mental health and SUDs.

Figure 3. Health Center Strategies in Addressing Mental Health and SUDs as Identified by Health Center Staff



Health center staff most frequently identified intensive case management, care coordination, and wraparound services (26%) as key strategies for addressing mental health and SUDs, emphasizing the importance of sustained, individualized support for patients with complex clinical and community level needs. This was followed by clinical treatment integration including medication-assisted treatment (MAT/OBAT), telehealth, and interdisciplinary care (23%), reflecting the value of integrated, team-based models in improving access and continuity of care. Staff also highlighted partnerships, community engagement, and support for upstream drivers of health (19%), as well as housing-focused support and navigation (15%), underscoring the role of cross-sector collaboration and housing stability in effective treatment and recovery. Health promotion, patient-centered engagement, and psychosocial interventions (13%) were also commonly cited, while workforce training (5%) was identified less frequently, suggesting that health centers prioritize care coordination, integration, and community-based support as primary strategies for addressing mental health and SUDs.

Promising Practices in Addressing SUDs among PHPCs

According to the Health Center Resource Clearinghouse, a promising practice is defined as an innovative practice that health centers have adopted, resulting in improved operations or patient health. Generally, these promising practices have evidence of effectiveness on a small-scale and have the potential to generate actionable data on a large scale.[13] The following are some examples of promising practices that NCHPH has identified on SUD services in health centers.

Supportive Treatment Empowering Personal Success (STEPS)

Health Center: El Dorado Community Health Centers (EDCHC) – Placerville, CA

EDCHC is a health center located in the rural areas of Placerville, CA and provides services to more than 11,000 patients annually. EDCHC has successfully developed and expanded a comprehensive medication for opioid use disorder (MOUD) program called **Supportive Treatment Empowering Personal Success (STEPS)**. Initially, this program evolved from implementation in a primary care-based complex care clinic into an interdisciplinary behavioral health service that now serves hundreds of patients with opioids and other SUDs. The program's major achievements include building strong community partnerships through the **Coalition for Overdose Prevention and Education** (COPE) to increase local treatment capacity, create formal referral pathways, and support cross-organizational training and shared care standards. Overall, this program has increased access to buprenorphine prescribing, an opioid medication to treat opioid use disorder (OUD), and enhanced community education efforts to improve engagement in treatment.[14]

Image source: EDCHC

[13] Health Center Resource Clearinghouse. (n.d.). *Promising practices*. https://www.healthcenterinfo.org/resources/promising%20practices.php

[14] Center for Health Care Strategies. (n.d.). *El Dorado Community Health Centers: Addressing the opioid epidemic in rural California through community partnerships*. https://www.chcs.org/resource/el-dorado-community-health-centers-addressing-the-opioid-epidemic-in-rural-california-through-community-partnerships/

VIP's Opioid Treatment Program (OTP)

Health Center: VIP Community Services – Bronx, NY

VIP Community Services' Opioid Treatment Program (OTP) in the Bronx provides comprehensive MOUD using both methadone and buprenorphine, helping individuals manage withdrawal symptoms, reduce illicit opioid use, and stay engaged in treatment, with supportive services such as individual and family counseling, group sessions, peer support, medical care, case management, and broader community supports to promote recovery. The program has expanded access through innovations like a **Mobile Medication Unit (MMU)**, the first of its kind in New York State which delivers evidence-based treatment services through community partnerships in settings such as shelters and residential SUD programs, thereby reducing access barriers for medically underserved populations. VIP's model is part of a larger, integrated service portfolio that includes outpatient and residential treatment, peer-led overdose prevention, and supportive care, reflecting the organization's longstanding commitment to responsive, patient-directed care for individuals with OUD.[15]

Image source: VIP Community Services

[15] VIP Community Services. (n.d.). *Opioid treatment program*. https://www.vipservices.org/opioidtreatmentprogram/

Outpatient Substance Use Treatment Program

Health Center: Whitman Walker Health – Washington, DC

Whitman-Walker Health has developed a comprehensive, **Outpatient Substance Use Treatment (Co-OP)** program that integrates evidence-based SUD care within a broader primary care and behavioral health model serving medically underserved populations. The program's major achievements include providing low-barrier, patient-centered outpatient treatment that combines substance use counseling, mental health services, and primary care coordination, with a strong emphasis on overdoes prevention, trauma-informed care and improving access to care. The program is designed to support individuals with co-occurring mental health conditions and complex health-related needs and is closely aligned with Whitman-Walker's longstanding mission to serve communities affected by HIV, poverty, and behavioral health gaps in health care services.[16]

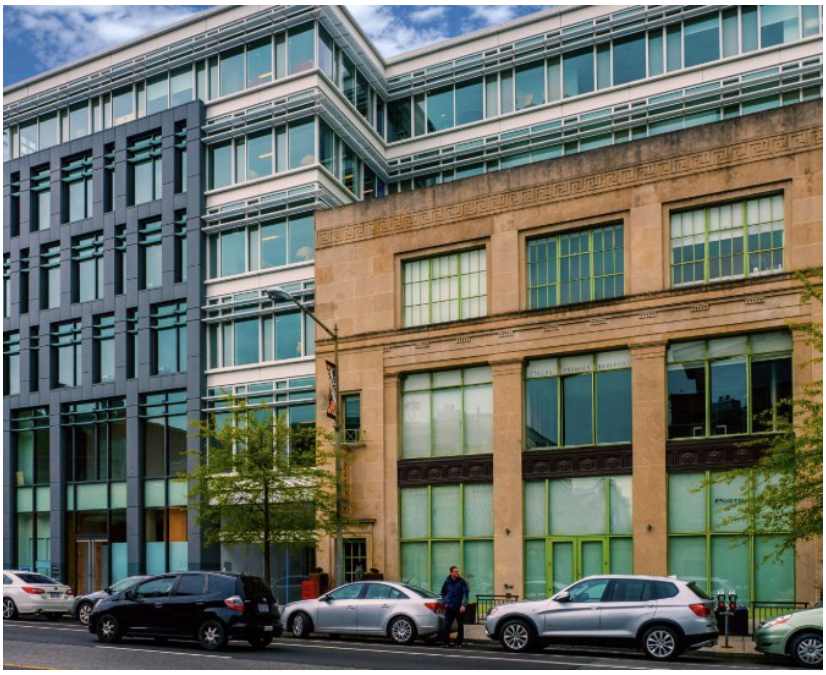


Image source: Whitman Walker

[16] Whitman-Walker Health. (n.d.). *Outpatient substance use treatment*. https://www.whitman-walker.org/health-services/behavioral-health/outpatient-substance-use-treatment/

Community Care Behavioral Health & Wellness Center (CCBHWC)

Health Center: La Maestra Community Health Centers – San Diego, CA

La Maestra's **Community Care Behavioral Health & Wellness Center** provides integrated, outpatient mental health and SUD services within a comprehensive, responsive care model serving low-income communities. Key achievements include delivering coordinated behavioral health, SUD treatment, case management, and supportive services alongside primary care and health-related needs, with a strong emphasis on patient-directed and whole-person care. The program is designed to address co-occurring mental health and substance use needs while reducing access barriers through integrated service delivery and multilingual, tailored approaches.[17]

Additionally, La Maestra's **Wellness Clinics for Youth** focuses on early intervention, prevention, and treatment of behavioral health and substance use issues among children, adolescents, and young adults. The program integrates mental health counseling, substance use prevention and treatment, primary care coordination, and family-centered supports in youth-friendly settings that emphasize safety and trust. Key achievements include addressing behavioral health needs early in the life course, reducing stigma through accessible community-based care, and supporting long-term wellbeing by engaging youth and families before conditions escalate into more severe mental health or SUDs.[18]

Image source: La Maestra Community Health Centers

[17] La Maestra Community Health Centers. (n.d.). *Community Care Behavioral Health & Wellness Center*. https://lamaestra.org/index.php/ccbhwc/

[18] La Maestra Community Health Centers. (n.d.). *Wellness clinics for youth*. https://lamaestra.org/index.php/wellness-clinics-for-youth/

Conclusion

In conclusion, this report demonstrates that residents of public housing experience substance use risks that are comparable to or higher than those of other populations, driven by intersecting economic, systemic, and access-related factors. Findings from health center staff highlight that workforce shortages, housing instability, and system-level barriers continue to limit effective SUD care, while integrated treatment models, care coordination, and community partnerships offer promising solutions. Together, the evidence and examples presented underscore the critical role of PHPC health centers in expanding access to integrated, and patient-directed SUD services for medically underserved communities.

Disclaimer

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