

# Substance use in long-term care: A systematic review of provider challenges, perceptions, and opportunities

Saul A. Petersky, SUDPT, MSW Candidate, University of Washington, School of Social Work | Contact: [saul@saulpetersky.com](mailto:saul@saulpetersky.com) | Winter 2025 Independent Study | Advisor: Stacey De Fries, MSW, LICSW

This systematic review synthesizes findings from 15 empirical studies published between 2010 and 2024, examining the challenges, perceptions, and opportunities experienced by providers serving **people who use drugs (PWUD)** in **long-term care (LTC)** settings. The findings offer insights to inform social work policy and practice.

## INTRODUCTION

Substance use in LTC, including skilled nursing facilities (SNFs), nursing homes, and home health settings, is a growing concern for social workers and for public health:

- Between 2002 and 2023, lifetime illicit substance use for people over 50 rose from 15% to 28% (excluding cannabis).
- LTC demographics are shifting younger, and younger people in LTC are more likely to have a substance use disorder (SUD) compared to older adults in LTC.
- Veterans with histories of homelessness in nursing homes tend to be younger and have higher rates of SUD than their previously housed peers.
- People with opioid use disorder are less likely to be admitted to higher-rated skilled nursing facilities.
- In Washington State, 1 in 10 Aging and Long-Term Support Administration (AL TSA) clients over age 65, and 1 in 4 under 65, have a SUD.

## METHODS

- Boolean searches conducted in PAIS, CINAHL, PubMed, PsycInfo, Web of Science, and PsycArticles.
- Inclusion criteria: studies addressed provider experiences or institutional policies related to substance use LTC.
- Qualitative and quantitative studies were included; data were synthesized thematically using narrative analysis.

## KEY FINDINGS

### Theme 1: Challenges

- Most LTC systems don't have clear protocols for responding to substance use and decisions often vary by staff.
- Few staff receive training on overdose response or medications for opioid use disorder, like suboxone or methadone.
- Negative perceptions of PWUD were more common in understaffed LTC facilities.
- Poor coordination with outside providers and limited transportation options create gaps in care.

### Theme 2: Perceptions

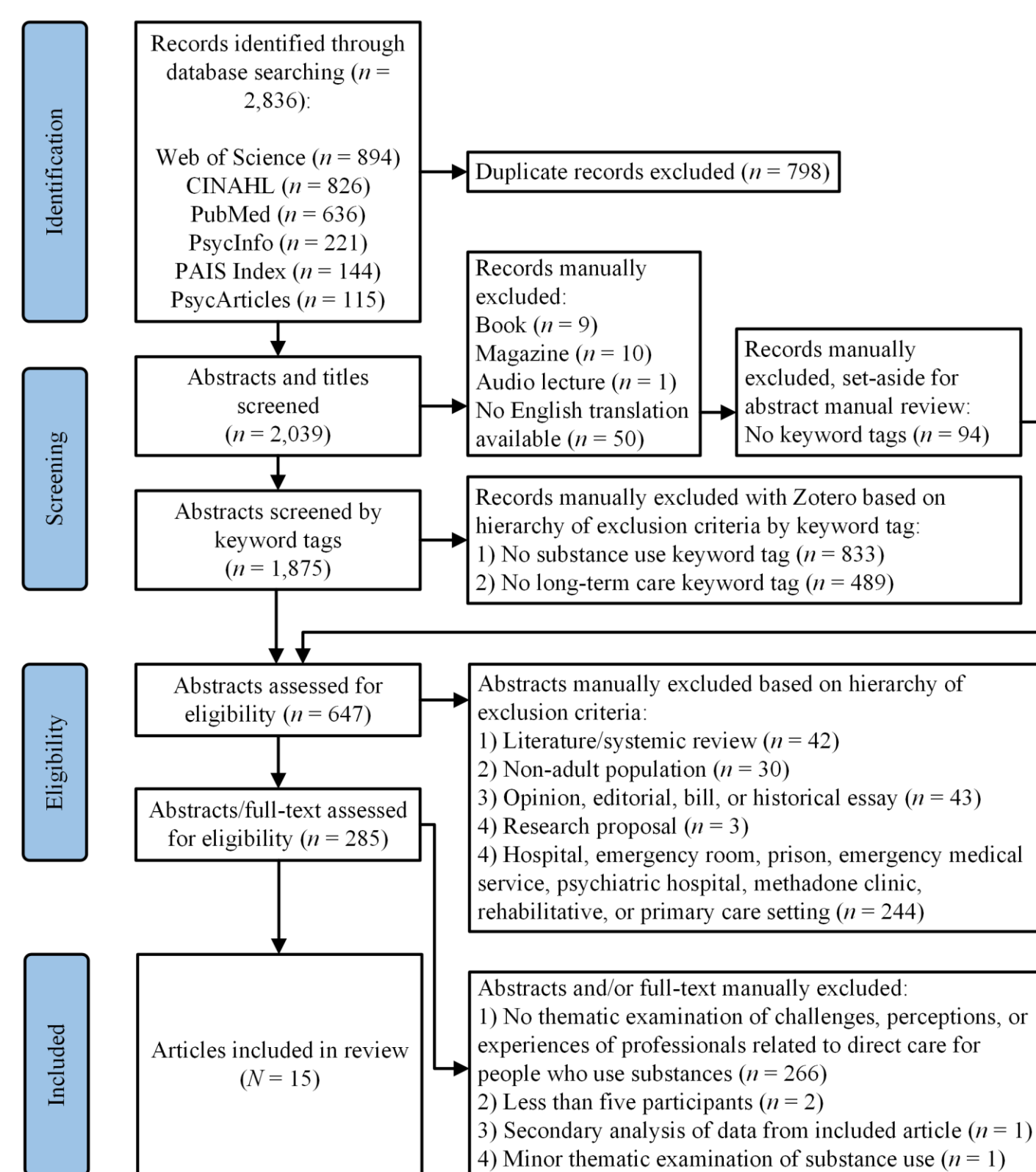
- Perceptions depend on the age of the patient and what substance they use.
- Alcohol use among older adults is sometimes normalized; younger residents using opioids/stimulants are more likely to be labeled disruptive or untreatable.
- Without formal policies, personal bias influences care decisions.
- These dynamics lead to inconsistent treatment of SUD and reduced autonomy for PWUD in LTC.

### Theme 3: Opportunities

- Programs with formal substance use policies, assessments, and external partnerships report better outcomes.
- Staff who receive harm reduction or trauma-informed training are more confident working with PWUD.
- Relationship-based, non-abstinence models improve engagement with PWUD.
- Partnering with external addiction services or using telehealth expands access to SUD treatment in LTC.

## PRISMA DIAGRAM

Figure 1. PRISMA flow diagram outlining the identification, screening, eligibility, and inclusion process for articles in this review.



## DISCUSSION AND CONCLUSION

- Challenges are institutional. The absence of substance use policies and inadequate staff training reflect organizational ambivalence.
- Policies prioritize liability over care for PWUD.
- Care for PWUD in LTC is reactive and punitive.
- Facilities admit patients with SUD without the resources to meet their needs, burdening under-prepared staff. High patient-to-staff ratios and poor interprofessional coordination leave frontline workers with minimal support.
- Provider perceptions reinforce structural stigma.
- Staff experience moral injury when they know what care is needed but are unable to deliver it.
- Opportunities lie in structural and relational transformation in care for PWUD in LTC.
- More research is needed on provider experiences with substance use in LTC. Most included studies used qualitative designs with small, non-random samples. Research should investigate the conditions that reinforce stigma within LTC, especially how perceived moral worth influences provider attitudes and care decisions.

## IMPLICATIONS FOR SOCIAL WORK

- Collaborate with administrators to develop internal substance use policies and offer staff training grounded in evidence-based practices for SUD.
- Lead participatory approaches that include PWUD in shaping LTC policies and care models.
- Support budget proposals to reduce home healthcare case manager and home health care aide caseloads.
- Advocate for higher Medicaid reimbursement for LTC direct services and investment in LTC workforce development around SUD training.

For full reference list, please scan QR code.

Articles included in systematic review: Bach et al. (2024), Cabin (2021), de Graaf et al. (2023b), Elswick et al. (2024), Emiliussen et al. (2021), Jakobsen et al. (2024), Johannessen et al. (2021), Jönson et al. (2022), Karlsson & Gunnarsson (2018), Laws et al. (2022), Lemke & Schaefer (2012) Moscato & Varescon (2018), Moyo et al. (2024b), White et al. (2015), Yang et al. (2023).

