

Insights from the Field: Considering the Impact of Aging & Substance Use in our Practice

Julie Kerkhof RN BScN GNC(C)

Nursing Week 2026 - RNAO



Julie Kerkhof RN BScN GNC(C)



- A Registered Nurse for 30 years, with a focus solely on the care of the older adult throughout her nursing career.
- Initially working within Long Term Care and teaching in the Practical Nursing program at Georgian College (Orangeville campus).
- Julie later transitioned into primary care, working within a Family Health Team as their Geriatric Nurse, navigating Memory Clinic's, Geriatrician & Geriatric Psychiatry clinics, before she moved into community care.
- Julie currently is the Geriatric Addictions Clinician with the Behavioural Supports Ontario (BSO) team for Waterloo-Wellington. This community outreach role supports older adults and their caregivers, throughout the region, impacted by substance use.
- Alongside this, she is currently trying her hand as a Longitudinal Facilitator with McMaster University (Waterloo campus), in the Professional Competencies Program for first year medical students.



St. Joseph's
HEALTH CENTRE GUELPH
Unstoppable Compassion





Objectives



- 1) Context: Aging & Substance Use
- 2) The Awareness Project
- 3) Contemplation, Confabulation, Capacity & the Caregiver





Context

Aging & Substance Use

Aging is...

A series of complex changes,

These changes are both gradual & cumulative,

Are heavily influenced by our environment,
our lifestyle and any disease(s),

Creating enormous individual variations.

(Ebersole & Hess, 2001)



Some Considerations Re: Aging

Social

- Changes to our role in the family
- Our societal & community roles shift
- Downsizing of home
- > Exposures to loss/grief
- Economic impact of above
- SDOH (over the life course)

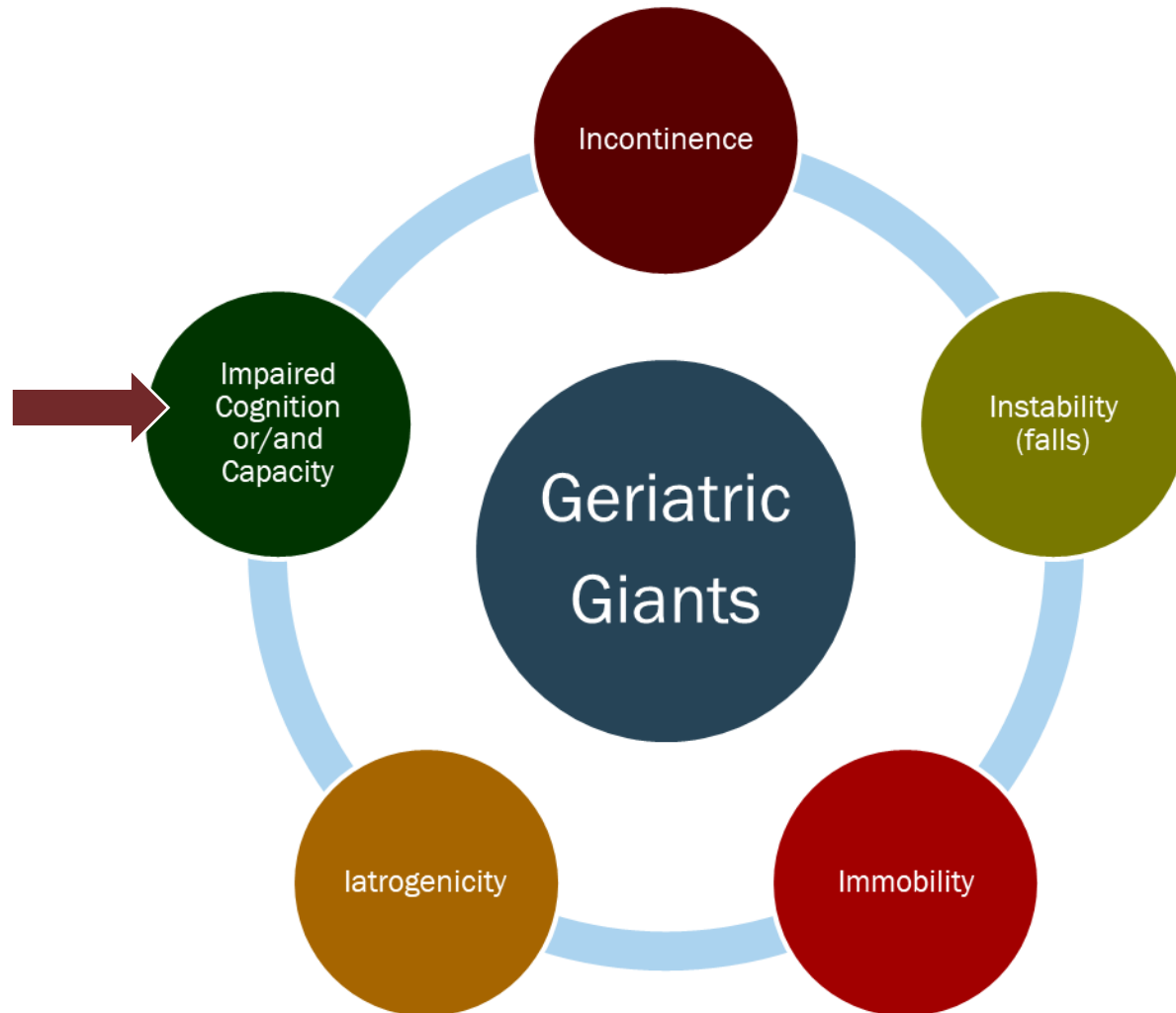
Physical

- Reduction in kidney function
- Metabolism slows
- Fat > Muscle
- Brain atrophy → slowed central processing
- Sensory changes

Functional

- Shifts in Occupation; economic & emotional impact
- > Likelihood of disease/s leading to;
- Direct impact on functioning (IADL's & BADL's)

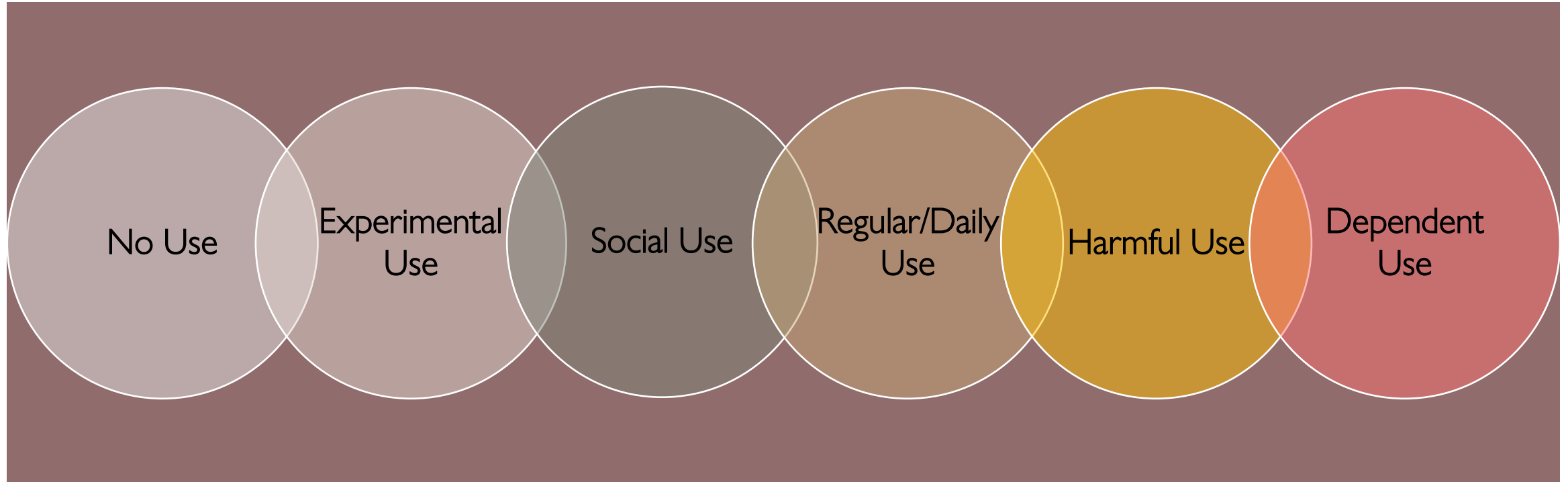
Geriatric Giants



With age-related changes, certain categories of conditions **emerge** that have direct impact on ones' morbidity & mortality.

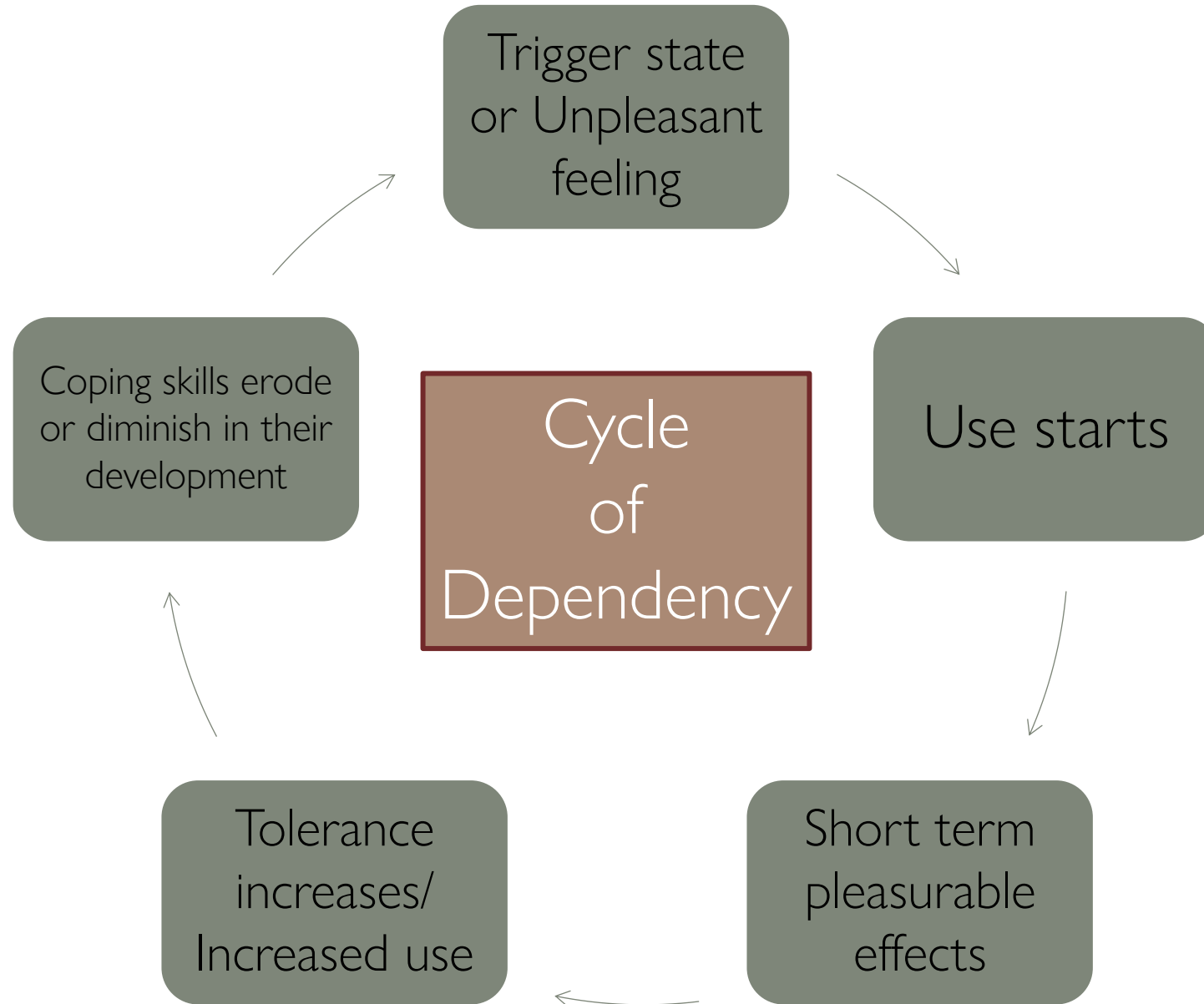
(Freedman & Nicolle, 2020)

Substance Use



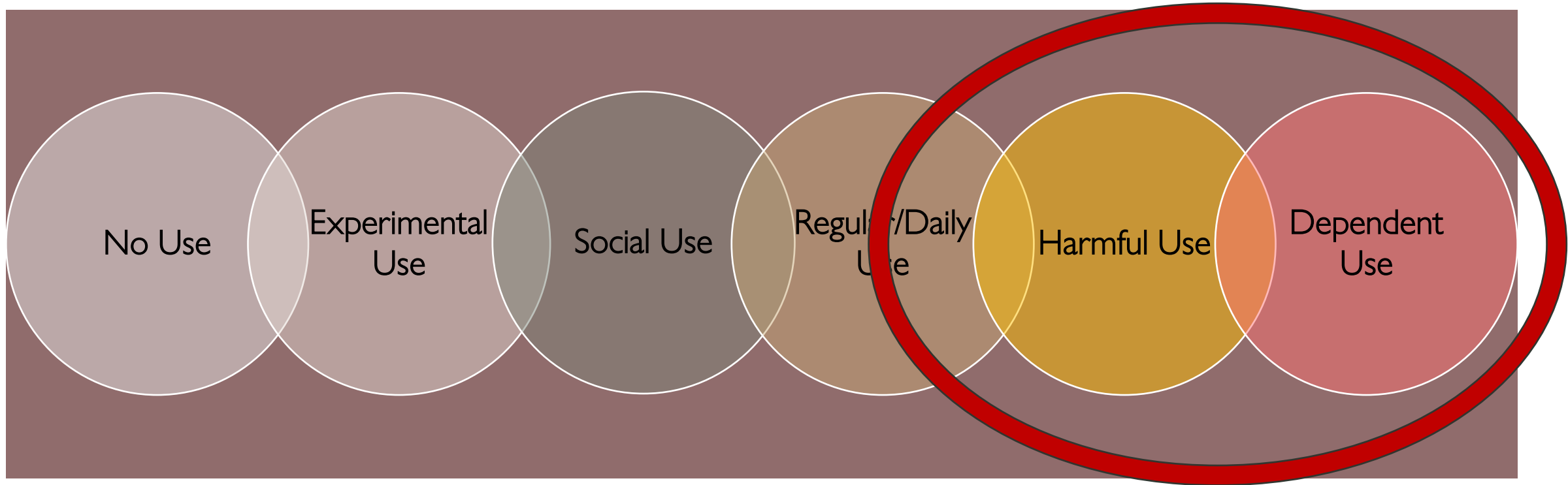
Refers to the ingestion or administration of psychoactive substance(s). Can be beneficial or harmful, depending on the substance/s used, quantity, frequency, method and context of use.

(RNAO, 2015)



(Stonehenge TC: Addictions 101, 2018)

Substance Use Disorder (SUD)



DSM V: Substance Use Disorder (SUD) Is a cluster of **cognitive, behavioural** and **physiological** symptoms, indicating that the individual continues using substances despite significant problems directly related to the substance use. (APA 2013 & RAO 2015)

Canadian Guidelines for Older Adults

The cluster of symptoms also corresponds to changes in the brains' chemistry and function, shifting one's perception of the substance.

(CCSMH/ODU, 2019, Page 10)

Canadian Guidelines on
Opioid Use Disorder
Among Older Adults
2019

Canadian Guidelines on
Alcohol Use Disorder Among
Older Adults
2019

Canadian Guidelines on
Cannabis Use Disorder
Among Older Adults
2019

Canadian Guidelines on
Benzodiazepine Receptor Agonist
Use Disorder Among Older Adults
2019

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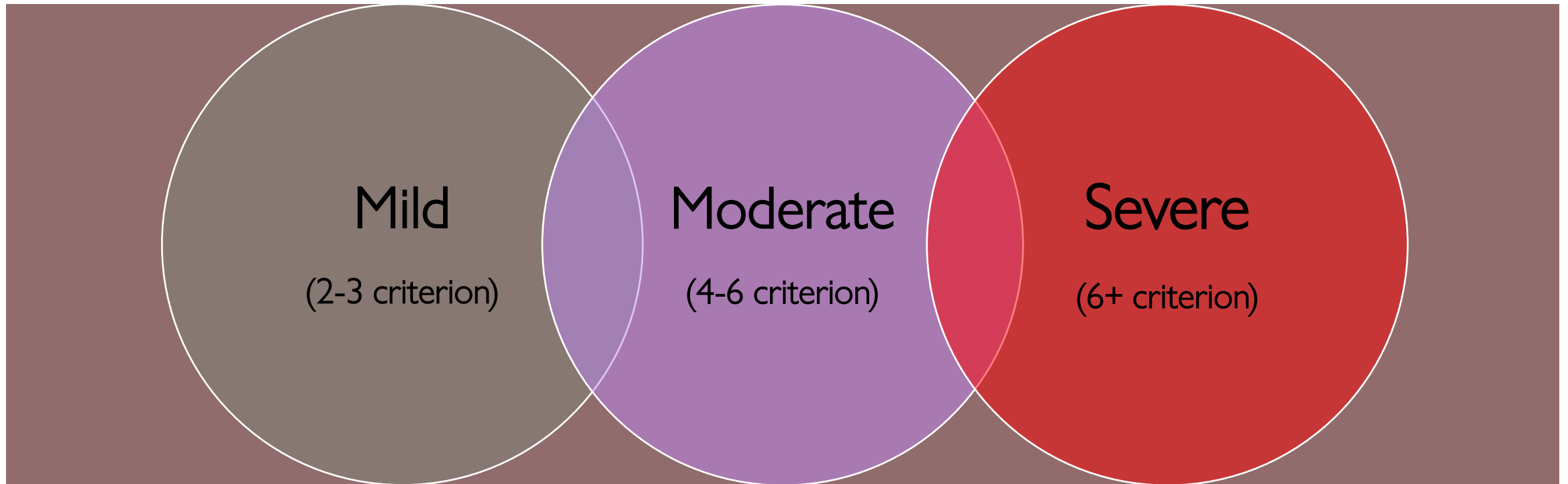
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ccsmh.ca

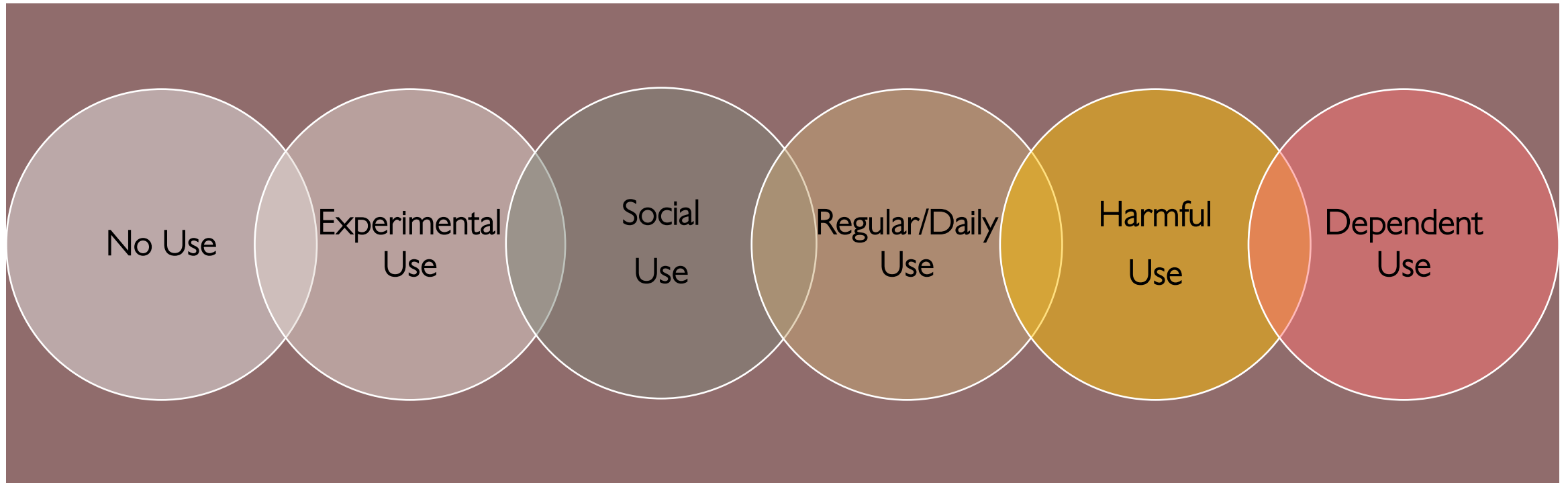


The Spectrum of a SUD



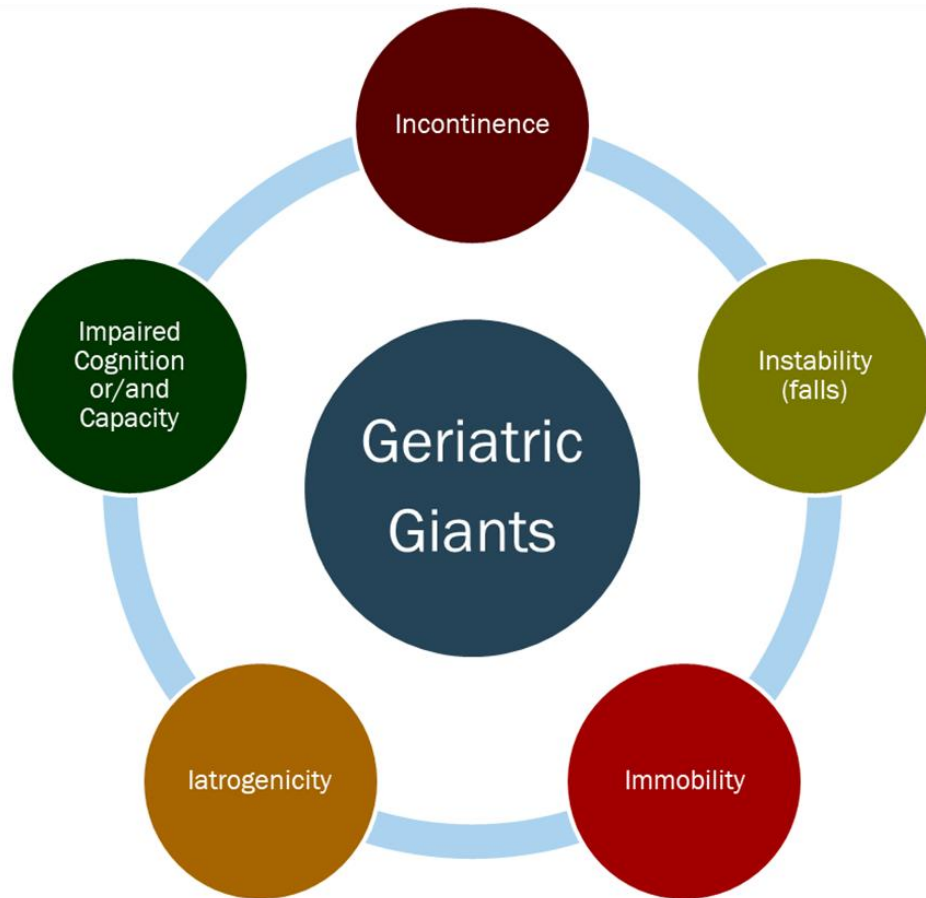
“Criterion” encompass concerns related to one’s
a) impaired control, b) risky use, c) social impairments and d) pharmacological effects.

The Continuum Of Substance Use



Take a moment to reflect re: **Internal bias** associated with persons who use substances...
at what part along the continuum does your impression of that person change?

Aging Considerations & Substances

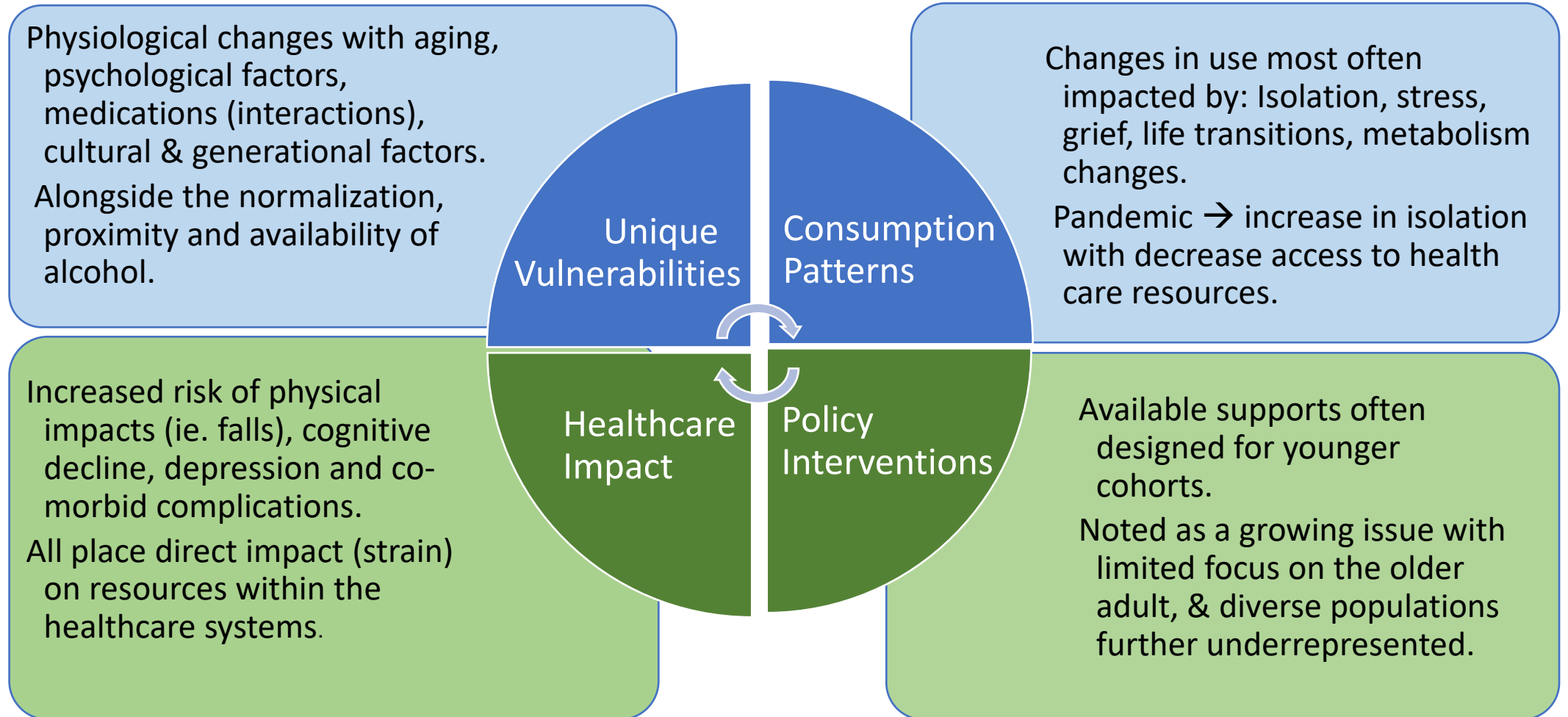


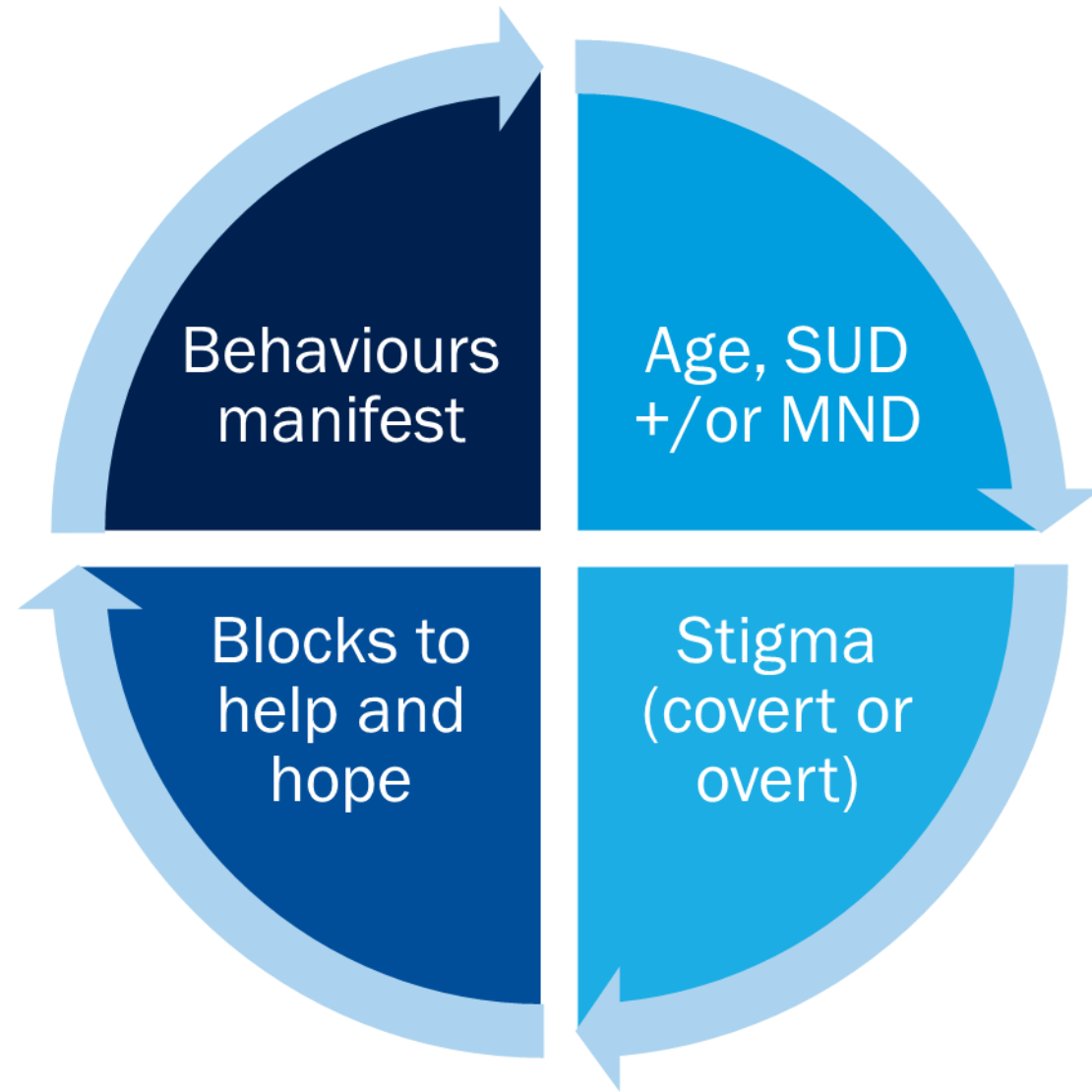
Literature Review:

Why Focus On Alcohol?

- Alcohol remains the **most commonly used** substance among those aged 65 and older (Kuerbis et al., 2014).
- The frequency of daily, or almost daily, alcohol use peaks in the 65–74-year age group, and is almost three times as high as the frequency in the 15–54-year age group (Statistics Canada, 2016).
- Reported problem drinking rates range from 1-22% (Woodruff et al., 2009), and even as high as 32% of older adults (Kuerbis, 2020).

Major Themes from the Literature Review





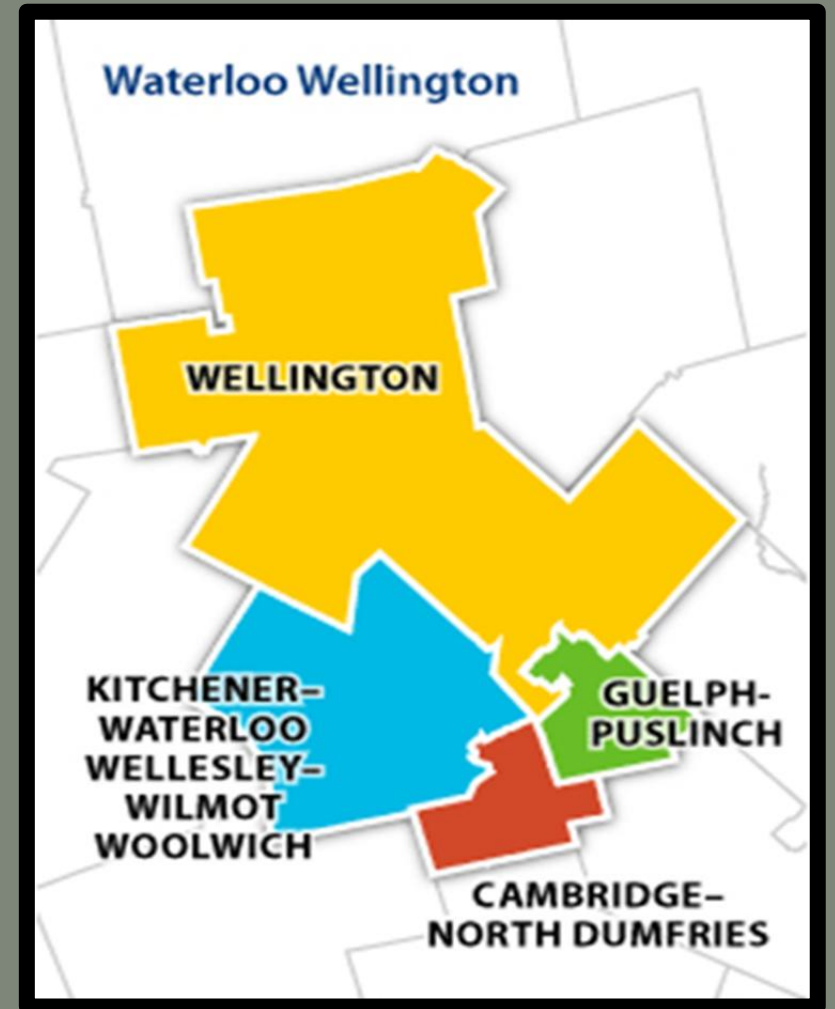


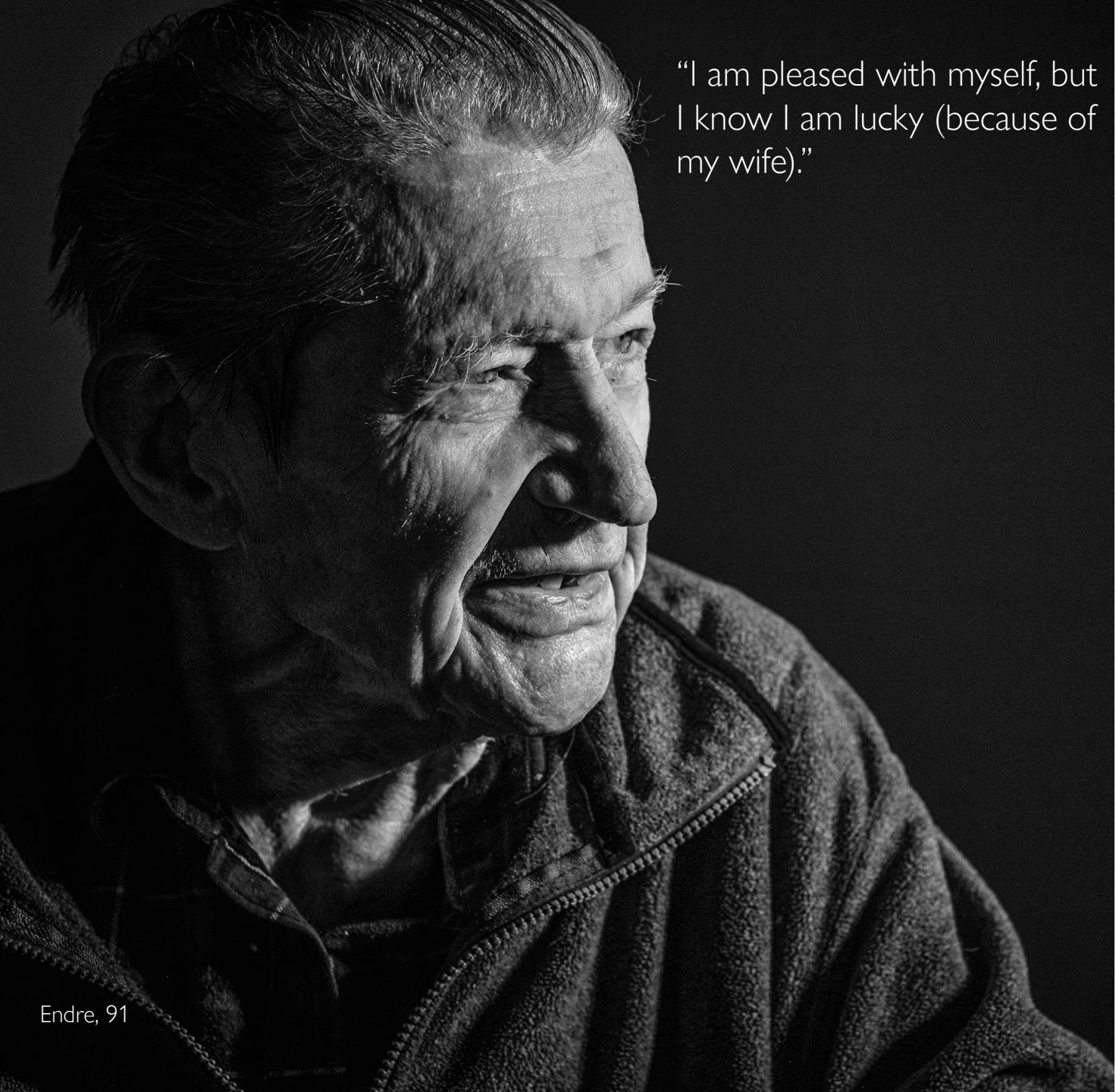
Awareness Project

Recognizing Stigma, Highlighting Relational Care

Region of Waterloo- Wellington

Older Adult and Substance Use Working Group of Waterloo Wellington





“I am pleased with myself, but I know I am lucky (because of my wife).”

Older Adults and Substance Use Awareness Project

WWOAC

Older Adults and Substance
Use Working Group of WW



“My only roadblock is me.”

Joe, 68

Project Journey

- Idea brought to working group
- Working group collaborated to develop concepts
- Proposals, Leadership and Privacy reviews
- Guidance Documents
- Recruitment of Participants
- Consent, Photography Sessions/Interviews
- Collaborative Poster Design
- Feedback from frontline
- Appreciation Event
- Soft-launch preliminary conversations
- Launch: Distribution and posting

“We need to hear
others’ stories.
You are not
responsible for
your illness, but
responsible for
your recovery.”

Grace Ibrahima, 79






“Be respectful,
truthful and honest.”



Barbara, 74

“It’s not about willpower.
More it’s about
understanding and being
patient with yourself and
deriving strength from
living with all your
complexities.”

A black and white photograph showing a close-up of a person's hands covering their face. The person's hair is short and graying. The lighting is dramatic, highlighting the texture of the skin and the fabric of a dark, patterned shirt. The overall mood is somber and evocative of hidden struggles.

For all of us who live
with the silent stigma

- Co-designed poster shining a light on the humanity of the local older adults pictured.
- Sharing varied experiences and perspectives.
- Invitation to reflect on the stigma of substance use, and how it impacts older adults; in our families, our friendships and our communities.
- **Call to action:** Start a conversation, build compassionate communities

See me for who I am.

My journey as an older adult with substance use.



Photography by Bruno Kerkhof





Insights from the Field

Contemplation, Confabulation, Capacity & the Caregiver(s)

What I've learned along the way...

Julie Kerkhof RN BScN GNC(C) (she/her)

Geriatric Addictions Clinician

(nurse outreach)

Community Responsive Behaviour Team
(CRBT) of Waterloo Wellington

Part of; Behavioural Supports Ontario
(BSO)



Who (or what) is driving the bus?

Contemplation

Contemplation is one component (in the Stages of Change), necessary for change to even be considered.

Confabulation

How someone may verbalize to you, what they believe to be factual & true.

Capacity

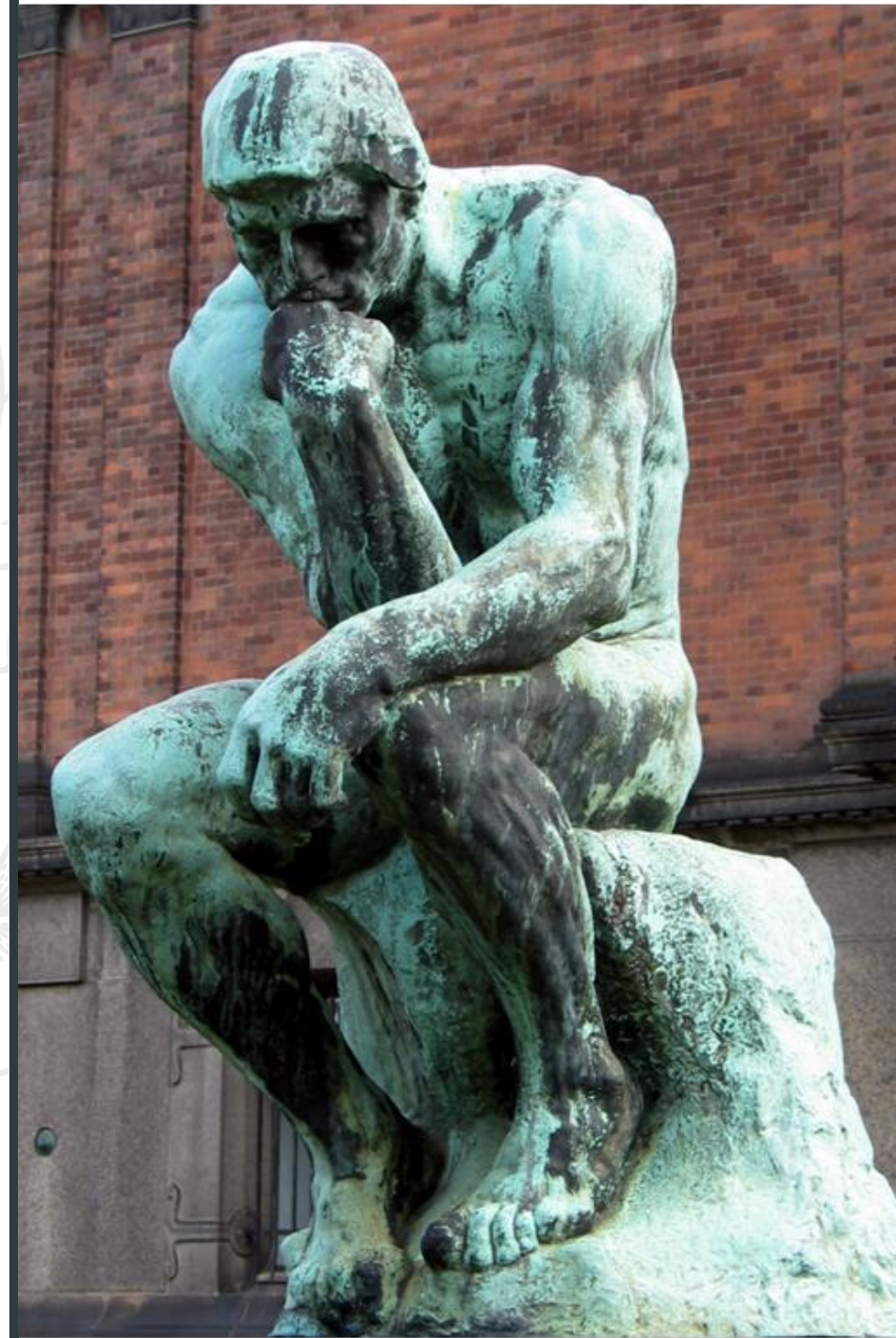
A person's *ability* to understand & their *ability* to appreciate their current life/care decisions.

Contemplation



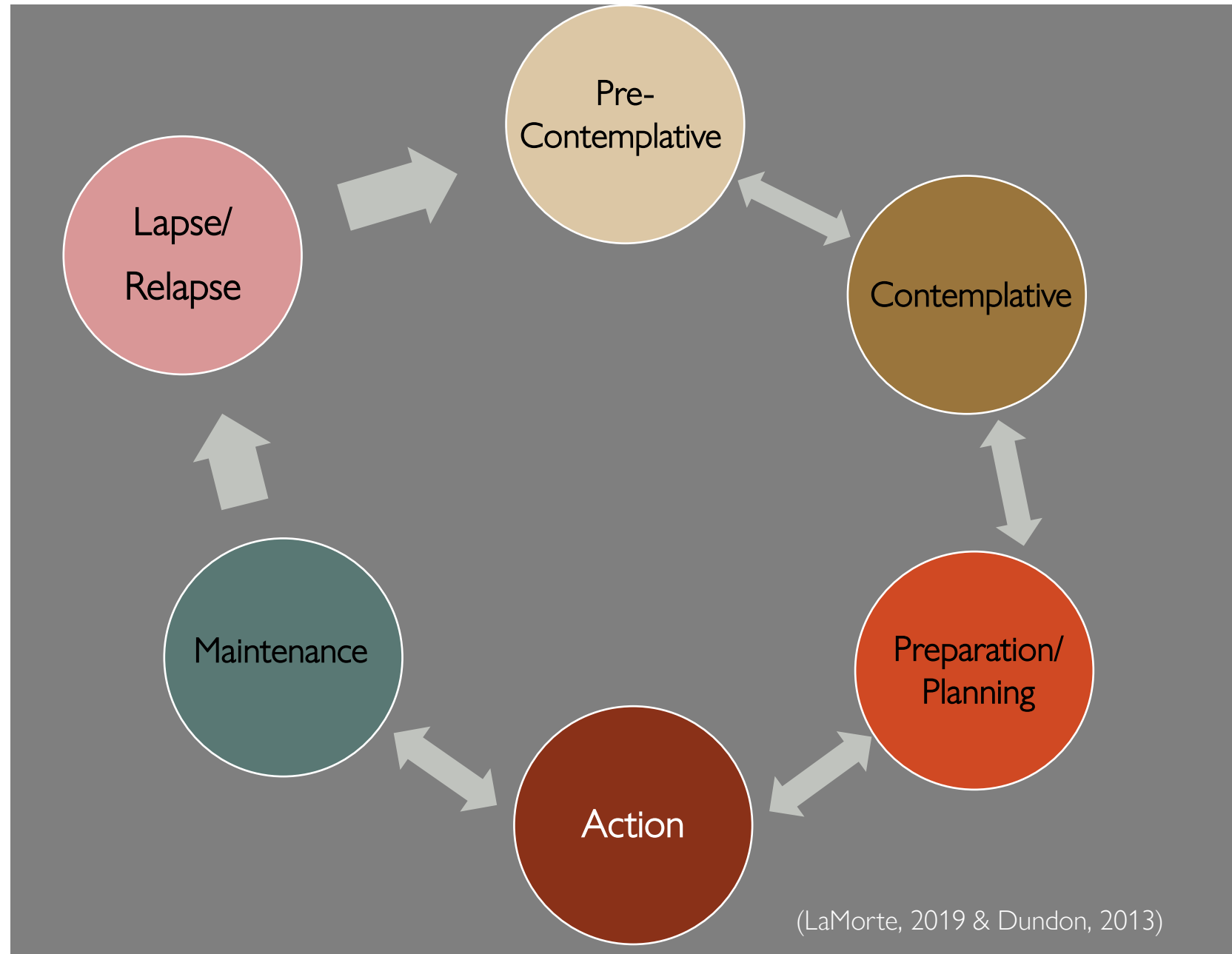
Thinking about change.

Aware a problem exists, but no commitment
to action.



Stages Of Change

- How do we know what stage someone is in?
- What is stage matching & Why is this important?
- How does the righting reflex impact our assessment?
- Who's change are we referring to?





Confabulation

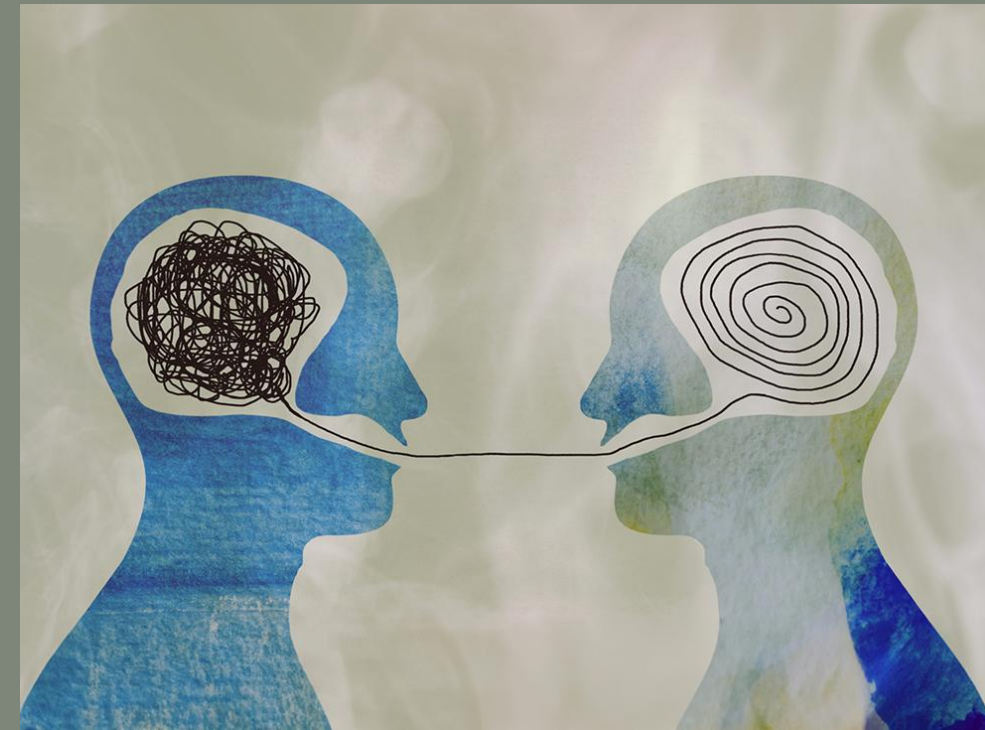


What is it?

Where do we find confabulation?

Why do we need to recognize it?

Confabulation



- How someone may verbalize to you, what they believe to be factual & true.
- Often observed in persons with dementia.

Wernicke Encephalopathy (WE) & Korsakoff Syndrome (KS)

Wernicke's encephalopathy (WE): is an acute neurological disorder, precipitated by thiamine deficiency, characterized by the clinical triad of ophthalmoplegia, ataxia and confusion (Sachdeva et al., 2016).

Korsakoff's syndrome (KS): is a long-term outcome of WE and includes a syndrome of profound memory impairment (Sachdeva et al., 2016), “which include anterograde amnesia [inability to form new memory] and retrograde amnesia [lose memories from your past], executive dysfunction, **confabulation**, apathy, as well as affective and social-cognitive impairments” (Arts, Walvoort & Kessels, 2017).

→ Commonly referred to as Wernicke-Korsakoff Syndrome (WKS).

Similarities in Human Behaviour

Substance Use Disorder:

Behaviours associated with SUD generally serve the function of **protecting a primary coping strategy** (ie. using that substance), and may include;

- Dishonesty/lying (re: stigma & accountability avoidance)
- Manipulation
- Risk taking
- Disengagement
- Survival priorities

(Stonehenge TC, Addictions 101, 2018)

Major Neurocognitive Disorder:

Behaviour and changes **commonly attributed** to Dementia may include;

- STM losses/forgetful
- Difficulty doing familiar tasks
- Impaired judgement
- Apathy/loss of initiative
- Changes in mood
- Disorientation
- Confabulation

(Alzheimer Society, Top 10 Warning Signs of Dementia)

How to Recognize Confabulation

Assess/Compare Over Time

One assessment at one time will likely not be enough to capture the confabulation.

&

Do you have a fulsome understanding of their medical hx & functioning?

Corroborate Your Intel

Look to family & friends of the client, what are they sharing with you? Is it vastly different than what the client is telling you?

Other clinician's assessments:

- OT/PT/SW etc.
- Specialists– for diagnostic clarification.
- Community partners in care

Trust Your Gut

Is what you are seeing/assessing & hearing from the other clinicians/supports, aligning with what the client is “telling you”?

Capacity



What do you do in your practice to help determine *your* understanding and appreciating of a *client's* capacity?





Capacity

“Ontario law assumes that adults are capable of making decisions until it is proven they are not capable.

A person is incapable of making a decision if they **do not understand the information relevant to the decision or don't understand the consequences of making or not making it, or both.**

People can be capable of making one kind of decision, but not another, and their ability to make decisions can change over time.”

www.ontario.ca/page/mental-capacity

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Building Relationships & Understanding

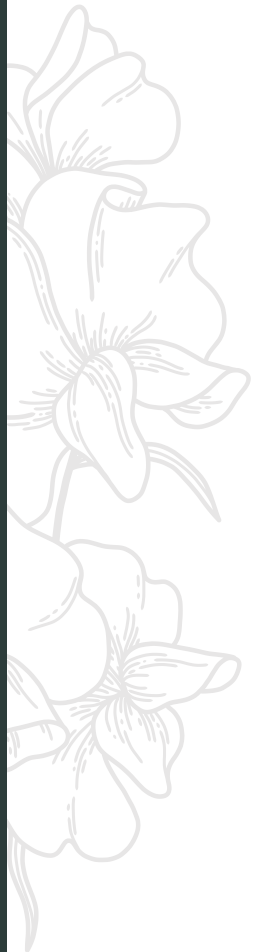
Its really about building
Our Capacity!

Our relationships with each other as clinicians, across sectors and disciplines in health care.

Alongside our ability to build relationships with our clients (and their families, if/when applicable),

Helps us to better understand & appreciate each perspective.





The Caregiver



Or the absence of one.

The complexity of one.

The power of one.

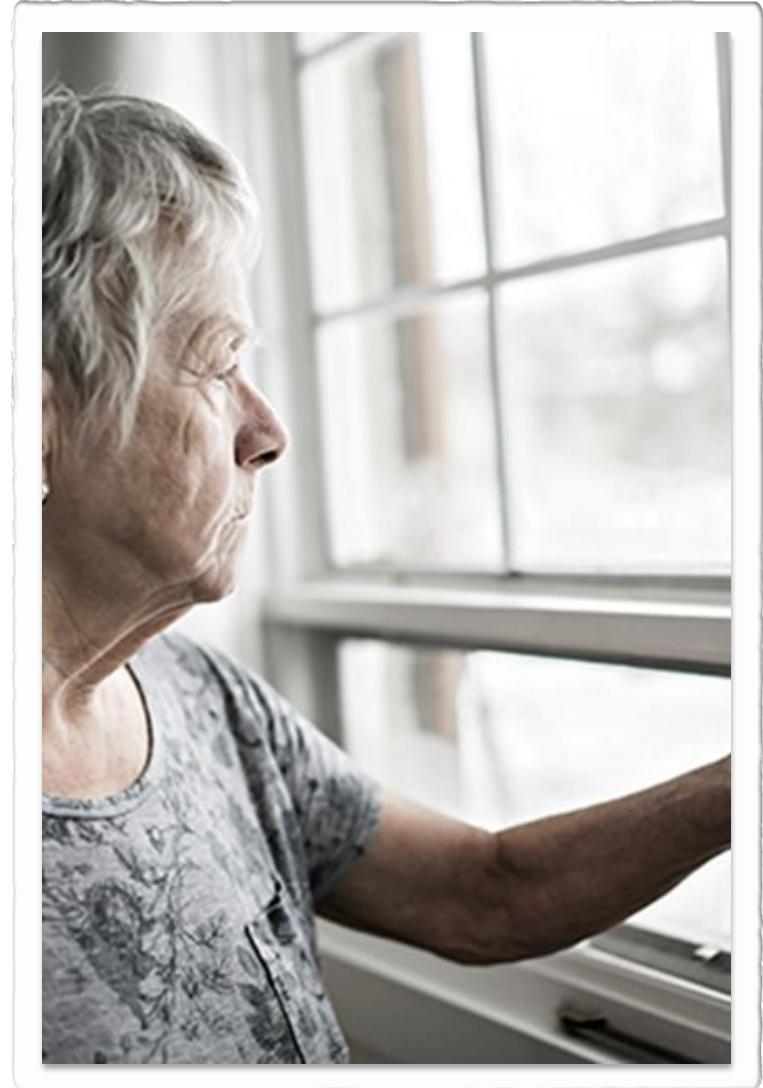
Case Study

Ms. D., 64-year-old female client, living alone in apartment, estranged from all family members for several years, severe AUD with ongoing and active use, appears ++ pre-contemplative re her SU. There is **no** dx on file supporting any cognitive impairment.

Numerous ER visits and hospital admissions over the last 3-4 years, often a result of apprehension (Form 1 or 2), d/t Failure to Thrive/Cope, or, d/t falling with/out injury.

Each admission client is deemed capable by the acute care team and psychiatry – for both her care decisions & re: finances/property, and is always discharged back to her apartment, where she often refuses formal external supports.

Eviction now pending d/t repeated squalor and arrears, she is now back in hospital under your care.





Considerations

How Empowered Nurses Save Lives

Sum Up: Intersecting Considerations



Psychoactive Substances

- Continuum of SU vs. Spectrum of SUD
- Factors involved in the evolution & sustainability of a substance dependency
- Literature on Older Adults & Alcohol



Age Related Changes

- Consider the enormous individual variation of aging in and of itself
- Impact of the Geriatric Giants
- Cognitive considerations (3-D's)



The Four C's

- Who or what is driving the bus?
- How do we know this to be true?
- Should they be? Why/Why not?
- Where & how do we go from here?

As Nurses, we are well positioned

- In society & communities
- Within various sectors of our healthcare system
- Amongst & beside our healthcare colleagues/partners
- At the patient 'bedside'



See me for who I am.

My journey as an older adult with substance use.



Shines a light on;

- The idea of Relational Care and how seeing the person can help dismantle stigma,
- The concept/awareness of the Righting Reflex,
- The opportunity to start a conversation, no matter where and how small,
- The realization that we are not alone on this journey,
- Hope.

Link to find copies of this poster and more information on this initiative:

[Older Adults and Substance Use Awareness Project – Wellington Guelph Drug Strategy](#)

Thank you

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Geriatric Addictions Clinician (nurse outreach)

Community Responsive Behaviour Team (CRBT) of Waterloo Wellington

Part of; Behavioural Supports Ontario (BSO)

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WHEN IT COMES TO SUBSTANCE USE DISORDERS **WORDS MATTER.**



1 IN 10 CANADIANS, FROM ALL WALKS OF LIFE, ARE STRUGGLING WITH PROBLEMATIC SUBSTANCE USE TODAY.*



83% EXPERIENCED BARRIERS TO RECOVERY.*

STIGMA IS A MAJOR BARRIER TO SEEKING HELP AND TO SUSTAINING RECOVERY. THE WORDS WE USE OFTEN CONTRIBUTE TO THIS STIGMA.

SUBSTANCE USE DISORDER IS A **HEALTH CONDITION** AND SHOULD BE TREATED LIKE ONE.

IT IS NOT A CHOICE.

BUT IT CAN BE TREATED SUCCESSFULLY, PARTICULARLY WHEN WE MOVE FROM STIGMATIZING LANGUAGE TO WORDS THAT SHOW UNDERSTANDING AND COMPASSION

WORDS MATTER. USE THEM WISELY.

JOIN THE **CONVERSATION**

#WORDSMATTER

* CCSA: LIFE IN RECOVERY FROM ADDICTION IN CANADA, MAY 2017



Evidence. Engagement. Impact.

© Canadian Centre on Substance Use and Addiction 2017

(CCSA, 2017)

#StigmaEndsWithMe

You can make a difference.



Help end stigma surrounding people who use substances by using person-first language in your day-to-day life.



Talk with your friends, family and colleagues about how they can help too by starting conversations at the dinner table or bus stop, or by encouraging a workplace to introduce a person-first language policy.



Join the conversation online with the hashtag **#StigmaEndsWithMe**.

Tell friends on Facebook and Twitter that stigma around substance use hurts, and we can help change this in the words we choose to use and the attitudes we hold.



Over half of Canadians suffering from substance use disorders say that stigma is a major barrier to their well-being. We can help break down these barriers by changing the words we choose to use.
#StigmaEndsWithMe  

The words we use help shape other people's experiences. Let's create the reality we want by choosing words related to substance use that are compassionate and respect people's dignity.
#StigmaEndsWithMe  

Substance use disorders aren't a choice, they are a health condition. Take the first step to ending stigma by eliminating biased words from your day-to-day life.
#StigmaEndsWithMe  



(CCSA, 2019)