



Supporting Children after a Drug-Related Loss

A Guide for Parents
and Caregivers



Introduction

In the United States, deaths by drug overdose are at an all-time high. Opioid overdoses have increased significantly, surpassing those by car accidents and firearms (CDC.gov). Opioids constitute a class of drugs that includes pain relievers legally available by prescription, synthetic drugs such as fentanyl, as well as illegal drugs such as heroin. This dramatic increase has impacted American life from rural communities to large urban centers, regardless of income status, gender, or race.

Overdose death is sudden and complicated by nature and can create feelings such as: guilt, shame, worry, isolation, confusion and questions of “why.” As adults try to comprehend such a difficult and heartbreaking loss, children, too, may struggle with understanding. How does one begin to explain overdose loss to children? This pamphlet addresses some ways in which children and teens grieve differently than adults, and suggests appropriate language to use when sharing information and addressing their questions, tips on how to communicate this loss with others outside the home, and possible ways to honor a loved one’s memory.



Grief After Death by Overdose

Grief is a normal response to loss, impacting us physically, emotionally, mentally, spiritually, and socially. While we can experience collective grief, each person will have a unique grief response based on the relationship with the individual who died. Transforming one's grief and fully integrating the loss into one's life does not follow a set process or timetable.

Not unlike other types of grief, those who have lost a loved one to overdose commonly experience a range of mixed feelings from anger, sadness, guilt, regret, and fear, to love and happiness. However, after overdose death, families, including children and teens, often experience higher degrees of stigma, guilt, shame, blame, and the questions of "Why?" Substance use disorders (SUDs) are complex diseases and not moral failings or character defects. However, society's misperceptions and lack of understanding remain. These misperceptions contribute to families' isolation and to both a perceived and real lack of support.

Like other stigmatized losses, loved ones may believe that the death could have been prevented and dwell on what they could have done differently. Children and teens can also struggle with these mixed emotions, whether or not they were exposed to their loved one's addiction.





Grief is impacted by age and developmental stage as well as children's own personalities, their relationship to the deceased, circumstances of the death, and cultural factors. As children mature, they become curious about different parts of the death story and revisit the loss from their changing perspective. This is in part because as the brain continues to develop, the ability to grasp complex information constantly changes. Initially, some children may appear unaffected by loss and simply return to their activities. This does not mean that they are not concerned with what you said—they simply need time to absorb and process the information, a little at a time. As children develop, especially as teens, they may become more interested in the complicated issues.

After a loss, **infants** most need routine, physical comforting, and patience. They cannot understand death and have no words but may sense that others are upset or that there are changes in the household.

Grief Impact by Age

Preschool children do not understand the permanence of death and with “magical thinking” believe their thoughts and wishes can cause things to happen. Preschool children tend to carry grief in their bodies, often experiencing stomach aches. Feelings are often expressed in behaviors, and they appear to go in and out of grief, processing a little bit at a time.

Elementary school-aged children have some understanding of the finality of death, though bits of “magical thinking” may remain. Children may wonder if their thoughts or actions contributed to the death, asking and re-asking questions.

Tweens, children ages 10 to 12, mostly understand the finality of death. Tweens may worry about other important people in their lives dying and need continued reassurance that they will be okay. Adults can help by being patient, accepting variable moods and helping them label and express feelings.

Teen years are a time for growing independence. Teens understand the finality of death and have a more complex understanding of death and loss. As teens are experiencing an emotional struggle between independence and dependence, they may be more likely to talk with someone outside the family. Teens may worry about their own or others’ deaths. Adults can help by accepting the fluctuating moods and encouraging teens to express themselves through outlets such as art, sports, writing, drama, and music.

Preparing for the Conversation



So, how to begin? No one plans for the day when they will need to broach this sensitive conversation with a child. There is no script, but there are some things that may help. Think of an initial conversation as one that is laying the groundwork, allowing the child to ask questions and exploring what the child is thinking. This is not the time to share all of the available information about the death but is rather a start, a beginning conversation. Some children may have heard the terms “overdose” or “drug-related death,” but many have not.

Well-meaning adults are sometimes tempted to “protect” children and avoid the truth when talking about overdose death. Children will inevitably discover the cause of death of close family members and friends, and it is best to hear information first from the adults they trust. Adults can reassure children in these moments and listen to their concerns.

**Telling “the truth” does not mean
sharing all the information at once.**



Here are a few things to consider when preparing for a difficult conversation about the death:

1.

Take care of yourself first: Consider the airplane analogy— put on your own oxygen mask before placing one on your child. Take a couple of deep breaths and give yourself time to collect your thoughts.

2.

Think about the conversation in terms of building blocks: Telling “the truth” does not mean sharing all the information at once. This foundation of truth can be built upon during future conversations.

3.

Name your feelings, but try to keep them in check: When we are processing difficult news, we will experience waves of feelings; after all, we are human. Name your feeling, e.g. “I am feeling very sad right now,” but stay as calm as possible and take breaks when needed.

The Conversation

Keep language clear:

Try to use language that is appropriate to your child's age, level of understanding, and previous knowledge of the situation.

- Younger children need a more concrete explanation of death and overdose: "Death means the body has stopped working," and "An overdose is when someone takes too much of a drug or the wrong drug, and it makes their body stop working."
- Offer as much clarity as possible around drugs of abuse versus medicine that the doctor prescribes for medical needs. For example, with a prescription drug overdose, "Joe used more of the medication than the doctor prescribed or was safe to use." An addiction is an "invisible disease that causes a person to use more (alcohol or other drugs) than is safe and can end in death." The words "drug," "medicine," and even "substance" can be unclear. Clarify that not all medicine is addictive or bad for us, and that it is important to never take someone else's prescribed medication. Teenagers can understand more of the subtleties of language, but you must still keep it clear.



Talk about the person who died in a caring and respectful way:

“Your aunt died by an overdose, but this does not define who she was.” Just as a period does not define a sentence, the cause of death does not define a person. He or she is not “an overdose,” but a person who died by an overdose.


Avoid assigning fault and blame:

Underline that it is not anyone’s fault that this person died—and that the death is certainly not the child’s fault. Remember that in the course of normal development, children experience “magical thinking” which sometimes leads them to see a death as their fault.

Guide children in learning to share appropriately:

Just like with any other death, children may need guidance on how to share what has happened with others. Let them know that sharing does not necessarily mean telling everything—it is their choice what to share and what to keep private.





Not everyone who dies a drug-related death has struggled with addiction, also known as substance use disorder (SUD), but many have. If so, it is important to acknowledge the addiction and how it may have impacted the child's life.

- Addiction has multiple causes and is unique to each individual, but factors of genetics, personality, environment, exposure, and past trauma all play a role. In adult terms, it is a chronic relapsing brain disease, and in children's terms, it is an illness that impacts the brain and behavior, but it can be treated. Young children may be told that treating addiction is like getting sticky gum out of your hair. It is very difficult to do, taking a lot of time and effort. Another helpful image is that of a fish stuck on a hook—though every fish wants to get “unhooked,” it is a very difficult and frustrating task.
- Addiction “hijacks” or controls the brain and can make people do or say things that they don't actually mean. It is important to underline that the child did not cause the addiction and explain that sometimes those who have an addiction say things and behave in ways that can be hurtful. In other words, try to separate the person from the disease and also separate the children from the cause.

Additional Guidelines to Explain Addiction's Impact

- Children growing up in homes with a family member who struggles with addiction can experience a confusing array of emotions. They can be both very protective and loyal to their family member and also resentful and hurt. Often they are reluctant to open up due to the fear of sharing a long-held family secret or of feeling shame and embarrassment. Acknowledging this conflict, and that multiple feelings can be experienced at the same time, can be helpful.



The Seven Cs of Addiction, from the National Association for Children of Alcoholics, is a helpful tool for your discussion of addiction with your child:

1. I didn't **Cause** it.
2. I can't **Cure** it.
3. I can't **Control** it.
4. I can **Care** for myself
5. By **Communicating** my feelings,
6. Making healthy **Choices**
7. By **Celebrating** myself.

What's Next



Practice self-care: Since grief after a traumatic loss impacts us comprehensively, it is important to take time for self-care and model self-care for your child or teen. This can mean drinking plenty of water, eating nourishing meals, and getting regular exercise. It can also mean being gentle with yourself about not having all of the answers and giving yourself permission to grieve alongside the people you love.

Assist children in sharing what happened: It is not a secret how a loved one dies, but it is the child's choice how much—or how little—to share. Your child may want to rehearse what they want to say before returning to school. Be it “my uncle died of an overdose,” “my mom died suddenly,” or “I don't want to talk about it right now,” all are possibilities. Help your children find their own words. Teens may need some guidance on what they want to share—and what they may not want to share—on social media.

Stick to routines: This is easier said than done, but try to keep daily basics such as mealtimes and school activities as routine as possible for children and teens. This structure creates a sense of safety and support at a time when many assumptions and expectations about the world have been disrupted.

Invite dialogue: It is important to engage with the children about how they are feeling and thinking about the person who died. Children and teens need to make sense of the death and embrace their feelings as much as adults do. Avoid shutting down feelings with comments like, “Your loved one wouldn’t want you to be sad.” Instead, reassure them that it is OK to feel any emotion and share with you if they choose. Avoid trying to make sense of the loss for a child or teen with blanket statements like, “They are in a better place now.” Instead, invite curiosity and questioning. Even when we do not have the answers, it is reasonable to share that you do not know and ask, “What do you think?”

Share memories: In everyday conversation, it is important to share stories and pictures about the person who died. We also acknowledge that difficult memories can be more prominent, given the loved one’s history with substance use. Exploring both challenging and positive memories can help adults and children choose what they wish to let go and what they want to remember. Families can choose to keep a memory journal, scrapbook, or photo album to capture all the ways the person lived. This is helpful for younger children who will be relying on older siblings and adults to share the narrative about the loved one’s life for years to come.

Create rituals: Rituals can serve many purposes in the grieving process, such as acknowledging the reality of the loss, offering a space for a shared experience to remember their loved one in unique ways, and making meaning out of the loss. Discuss as a family or community how to honor the memory of your loved one. Many find comfort in memorial services or in doing special activities on the person’s birthday or anniversary of the death. Others may choose to create a memorial fund in the person’s name, become involved in drug use prevention/treatment efforts, or find other ways of making meaning of their loved one’s journey.

There are a variety of resources available for grief support and making meaning out of the loss through education and advocacy. Consider the list below or search within your local community as resources change.



Grief Recovery After a Substance Passing (GRASP) @ grasphelp.org

GRASP support groups exist throughout the United States for those grieving a substance-related death.

International Overdose Awareness Day @ overdoseday.com

International Overdose Awareness Day is committed to providing a platform to acknowledge the grief felt by families and friends who have lost a loved one to overdose. Events are held August 31st of each year, throughout the world.

Angels of Addictions @ angelsfaddictions.org

A non-profit organization that raises awareness of the heroin epidemic in the United States and the stigma of losing a loved one to overdose. Provides portraits of loved ones and also scholarships for students who want to work in addiction recovery and art therapy.

Broken No More @ broken-no-more.org

Broken No More is an organization formed by families and friends of those living with a substance use disorder and those who have experienced the loss of a loved one from a drug overdose. Broken No More aims to inform drug policies and reduce the stigma of addiction and overdose. They offer helpful information and ways to get involved in activism.

Resources

What's Your Grief @ whatsyourgrief.com

A grief and bereavement blog that also includes articles specifically related to substance-related losses.

Al-Anon / Alateen and Nar-Anon @ nar-anon.org and al-anon.alateen.org

Finding support in 12-step programs can also be helpful to understand substance use and to find encouragement from other families.

Local hospice / support groups

Hospices typically offer bereavement services to families of hospice patients as well as to members of the community who have experienced loss. Counselors specialize in all types of traumatic grief and loss and can offer support, guidance, and resources for your family. Many hospices also offer special programs for children and teens, including support groups, workshops, and bereavement camps.

“The wound is the place
where the light enters you.”

—Jalaluddin Mevlana Rumi



“There is a sacredness in tears. They are not the mark of weakness, but of power.”

— Washington Irving

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