

The saddest trend: growing grief

In the midst of a worldwide alcohol and opioid epidemic, the numbers of families and friends who must deal with the aftermath of traumatic sudden loss is staggering. Josh Katz reported in the *New York Times* that, in 2016, more people under the age of 50 died from drug-related causes than cancer, war and traffic accidents. In 2016, drug overdoses killed more Americans than the 58,000 soldiers who died in the entire Vietnam War... the 55,000 Americans who died of car crashes at their peak in 1972... the 43,000 who died due to HIV-Aids during the epidemic peak in 1995... or the 40,000 who died of guns during the peak of those deaths in 1993 (Vox).

Where the US leads, will others follow? England and Wales registered 3,744 drug poisoning deaths involving legal and illegal drugs in 2016 - figures do not include other adverse effects of drugs such as anaphylactic shock, or other types of accidents such as drug driving. Europe reported 7,585 drug-induced deaths but relies on death certificates which might not reveal drugs' role.

That's not all... CNN reported that the US opioid crisis is only part of the drug abuse emergency. According to the Center for Disease Control, over 183,000 people died between 1999-2015 from prescription opioid abuse. Adding to that scary number is the National Institute on Alcohol Abuse & Alcoholism which found in 2012 that 5.9% of all global deaths were attributed to alcohol abuse. The UK had 7,327 alcohol-related deaths in 2016. This is eclipsed by an estimated 88,000 annual deaths in the US from alcohol-related causes.

Every person who dies of an overdose or other alcohol or drug related action was somebody's son or daughter, husband or wife, partner, brother, sister, mother or father, aunt, uncle, grandparent, friend, employer, employee, student, etc. For every person that dies suddenly and tragically there are at least 4 people directly affected by the loss. There are exponentially more worrying how to deal with this.

Having experienced 5 sudden deaths in my own life time, and worked with people who suffer traumatic loss, I know first-hand how challenging and debilitating sudden death can be. When those feelings are compounded by the death of someone who dies from an alcohol or other drugs overdose, feelings become conflicted and complex and healing takes on a new posture. Today, overdoses outnumber deaths from breast or prostate cancer. In fact, an overdose-related death occurs every 14 minutes – more than the number of US traffic fatalities each year.

What is different about this grief? Let's start by unpacking the experience of grief from alcohol or other drugs including overdoses, car accidents and the like. There is little academic research – death from overdose occurs outside hospital rooms, at home, in friends' houses, on couches, in bedrooms, in bathtubs, on pavements, in hotels and even in the street. These are not places where research normally takes place.

There were more drug-related deaths in 2016 than from the entire Vietnam war or the HIV/Aids epidemic at its height - and for everyone who died there are at least four people affected by the loss. Louise Stanger shows support.



About the author

Louise A Stanger EdD, LCSW, CIP, CDWF is a speaker, educator, clinician and interventionist who uses an invitational approach with complicated mental health, substance abuse, chronic pain and process addiction clients. Louise is published in the *Huffington Post*, *Journal of Alcohol Studies*, *Sober World* and other media. The *San Diego Business Journal* listed her as one of the "Top 10 Women Who Mean Business" and is considered by *Quit Alcohol* as one of the Top 10 Interventionists in the US. Foundations Recovery Network named her 2014 Fan Favorite Speaker. Louise's book *Falling Up: A Memoir of Renewal* is available on Amazon and *Learn to Thrive: An Intervention Handbook* on her website at www.allaboutinterventions.com.

There is still a stigma attached to addiction: that the person who died was not strong enough or good enough to stop abusing drugs. Also, unintentional injuries, homicides and other indirectly related incidents can occur from drug use. For families and loved ones, the stigma transcends to "I did not do enough" or "I'm a failure for letting this happen". Shame, prejudice and isolation are common emotions.

What do we know about grief and loss? People grieve in different ways. No two members of the family will grieve in the same way. Some might rejoice that their loved one is suffering no more while others could be angry or want to climb in a hole and not come out. They feel as if they've been branded with a Scarlet Letter that screams "I'm not good enough." And, like suicide – which I experienced as a young girl when my father took his life – people feel that somehow it could be prevented. "I could have done something to stop this from happening." Grief takes hold.

Grief has a number of drivers that fuel its presence. Let's begin with guilt. **Guilt** is the feeling that "I did something wrong". Below are common signs:

- ☞ I could have prevented the loss
- ☞ It's my fault that someone had an addiction, I could have done something
- ☞ There can be a sense of relief that this person does not have to suffer anymore
- ☞ Obsession over actions done or not done to support the person who suddenly dies.

Shame, another driver, comes in the cloak of "I am not good enough":

- ☞ It's my fault the person had an addiction, my family history says so
- ☞ I did not do enough to help
- ☞ It is my fault - I did too much, I always bailed him/her out
- ☞ You might feel too unworthy to mourn.

Blame is a way of dispelling uncomfortable feelings related to the death:

- ☞ Feigelman, Jordon, and Gorman in 2011 found a greater incidence of blame between parents who died of drug overdose as well as those who had children die from suicide
- ☞ We might blame the person who used drugs with the loved one
- ☞ We might blame the drug dealers, big pharma
- ☞ Self-blame for the person who developed a substance abuse disorder
- ☞ Self-blame for the person's death
- ☞ Blame might be thrown at the dead person
- ☞ Blame towards other family members for not taking action or prevention measures.

Stigma and isolation can be identified by:

- ☞ Feeling as if people can see inside your skin and know there is something wrong with you
 - ☞ Not wanting to show your face in public.
- When I returned baby supplies following the sudden death of my son Erik, I could feel the eyes of strangers on my back, judging me, as if they knew. Families whose children die from overdoses often feel like they are a piranha and yet they are left to take care of legal issues, cars, apartments, work, insurance, social security numbers, death certificates, and more.



➤ **People often don't know what to say.** This can be seen as disenfranchised grief, as if society says you do not have the right to grieve. One sees this phenomena in many different types of grief: the woman who miscarries a child or has a SIDS death and is told she can just have another child, the widow who is told she can remarry, the father you are told is not worth your tears.

Anxiety can show up in:

- Fear that the bereaved might do something drastic in their grief, start to abuse drugs, harm themselves, make themselves sick or similar acts
- Sleeplessness, lack of focus, absenteeism, etc.

Professionals have a duty of care. With so many families lost in their own private hell when they experience death from overdose, we as behavioural health care professionals – individual clinicians and treatment operators – must start to provide services which help the bereaved. We must be open and collaborative and join forces with local funeral directors as well. We must begin to:

- ① Realise that the news of someone's death by overdose **could be delivered dispassionately** over the phone, in person by law enforcement, or other local authority. Or the family might discover their loved one face down on the floor or in a bedroom or bathroom not breathing. We must realise that this is a traumatic event. The first person someone might deal with are hospitals, coroners' offices and funeral directors. Decisions will have to be made as to autopsies, burial plans and perhaps organ donation.

① **Understand that grief is different** for everyone. It's important to face the reality of how someone died and how you choose to honor them. Death is full of euphemisms like "loss" and "passed". Telling someone that your loved one is dead and that your heart hurts is a great start. In the immediacy of the moment, our defences come into play to protect you from the enormity of the situation as you begin to wrap your head around this loss. A myriad of emotions flood you while having to stay in the present and tackle daily life chores.

① **Seek wise counsel.** At first, law enforcement, hospital personnel, funeral directors, etc could be the first contact. Talk with a grief counsellor, spiritual leader, friends, someone you know who will listen and hear your heart. I often talk about "marble jar people" – those who won't mind if you call them in the middle of the night, who accept you no matter what. Reach out to your marble jar people and don't be surprised when a few fall off and new ones appear.

① **Follow your customs.** If it's a church service, a wake, sitting Shiva, planting prayer flags at the side of a mountain or other celebration, if you have a cultural custom of honouring the dead then do that. If money is an issue, Go Fund Me or local funeral directors might know of grants.

① In the beginning, **phone calls, mail and visitors can be overwhelming.** Bill collectors, drug dealers, using friends can reach out not knowing what has transpired. Hospital bills, social security



Meet the author

Louise Stanger will be presenting at Recovery Plus on World Drug Day 2018: RecoveryPlusDB.com

A longer version of this article, listing helpful resources, is available online at www.recoveryplusjournal.com/2018/02/opioid-deaths-and-family-griefs

cards, automobiles, storage sheds, work, even legal entanglements will require attention.

① **Remember: you do not have to answer the phone every time nor handle all mail** at once.

Take your time. Funeral homes can help with ordering death certificates (I suggest getting 10) and someone knowledgeable in these affairs can help you with necessities including wills.

① **Understand that life is inextricably tied to death.** Grief is normal, not pathological. It is normal to be sad, to feel depressed, even a bit crazy after the death of a loved one. Grieving Victorians used to wear black armbands for mourning and it is said this was to warn people: Beware - mad person. This imagery can help.

① **Understand the nature of substance abuse disorders** and remember that you are powerless over these substances. Find someone who will work that step with you. Like 12-Step groups, talking with someone else who has experienced a similar yet ultimately different experience is always helpful. There is an inherent bond with others whose loved one died from an overdose.

① **Know that there are good days and bad days.** If I think of all the days on which I had a loved one die suddenly and unexpectedly my calendar is full. For example, I remember 23 February, the day my son died of sudden infant death syndrome; every year on that day I think how old he would be; this year, he would be 37. I wonder what he would be like and thank him for being. On 20 April, or every easter my thoughts turn to my first husband and his sudden death. On 7 November, I think of how my father committed suicide from mental health and

addiction when I was only 7. I do something to celebrate them those days, compartmentalising the memories and thanking them for the time I had with them. I invite those whose loved ones died of overdose, sudden death to look back, look for goodness and celebrate that they did their best as loved ones. Think back on what you did together. Was it go out for ethnic food, play ball together, see a movie? Plan a celebration.

① **Clothing and other belongings.** Different cultures do different things. If you want to keep a small token – something that reminds of you of the person – do so. I suggest you not keep the room the same: it becomes challenging to move on. If you need help packing or giving away clothes, call your marble jar friend.

① Grief comes in waves like a tsunami of emotion. Breathe in and breathe out. This will pass and the temporary instability you feel passes, too. Your view of the world may become a bit darker and you may feel funny, awkward. Time does have a way of healing.

① **So many different things can trigger a grief response.** Grief is ruthless. Respect its ability to conjure feelings from a birthday, anniversary, holiday or engagement. If you know it's coming, plan a small tribute so dread is averted.

① **Know that you are a good person and you are enough.** You did the best that you could do.

① **Most of all understand that substance abuse is a disease,** and that you neither caused the disease nor could you cure your loved one.

① **Avoid people who are not helpers.** Death sometimes changes the landscape of friendships. Those who you thought you might count on can disappoint you while others come your way.

① **Finally, check out all support groups.**