

Journeys

Living with drug or alcohol-related bereavement



Adfam

Families, drugs and alcohol

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WHAT ARE DRUGS?

The term 'drugs' can be alarming and confusing. So it is important to know that you are not alone – there are many like you who are caught up in the sometimes tragic repercussions of drug taking.

The word 'drug' is used to refer to any substance that affects how we think or feel. This includes alcohol, tobacco and caffeine. It is also used to refer to a range of legal substances that people can misuse, such as prescription medicines. In this booklet, when we use the term 'drugs' we are referring to illegal drugs such as cannabis, ecstasy and heroin.

According to the Office of National Statistics, 3,674 people died of drug poisoning in England and Wales in 2015 in comparison to 2,747 people in 2010. 67% of these deaths were from misuse with illegal drugs. This upward trend is attributed to the sharp increase in heroin and morphine related deaths, particularly in men. These statistics do not include those who have died of drug related causes such as HIV and hepatitis C. In 2014, there were 8,697 alcohol-related deaths, and 65% of those were male. Although this is down from the peak in 2008, it is still up significantly from 1994 when there were 4,525 alcohol-related deaths.

For more information and publications on drugs and related issues, contact Adfam on 020 3817 9410, visit www.adfam.org.uk or ring the FRANK campaign helpline on 0800 77 66 00.

In 2015/16, around 1 in 12 (8.4%) adults aged 16 to 59 had taken an illicit drug in the last year. This equates to around 2.7 million people. Many will have done so recreationally, but some will have done so in the midst of a struggle with addiction – often with tragic consequences. This guide aims to help people who have lost loved ones through drug use, be they sons, daughters, parents, brothers, sisters, partners or friends.

WELCOME

The death of someone you love is emotionally devastating. Losing a loved one through drugs or alcohol can add a sense of immense isolation to this experience, as those around the bereaved person feel unable or ill-equipped to offer advice, comfort or support.

If you have recently lost a family member or a friend to drugs or alcohol, we hope this guide will be able to help you – and those around you – to cope with some of the issues you may face. Whether your loss was sudden or expected, we hope to support you in finding your way through the first few days, weeks or months of bereavement, and on your journey towards understanding and accepting what has happened.

We explore some of the emotional, physical and psychological aspects of drug-related bereavement, what grieving means, and look at practical ways of coping with it. We also look at how healing happens, and at some steps that you could take to allow yourself to move through your journey.

Most importantly this guide aims to show you that you are not alone. There are practical ways to let those around you know how they can help you, and there are professional organisations that are willing to offer information and support to help you come to terms with what's happened.

Bereavement, grief and healing are part of a journey, on which there are good and bad days. We hope the information on the following pages will help you through the bad days and help you accept the good – and eventually bring the positive

memories of your loved one into your new life.

In the stories featured, some names have been changed and models have been used in some instances to protect people's identities.



WHAT YOU MAY BE GOING THROUGH

In many cultures, bereavement is not an easy subject to talk about and many people try to avoid it. If you have been bereaved because of someone's drug or alcohol use, you may find it even more difficult when trying to express to others how you are feeling. The stigma that often surrounds drug and alcohol use may make you reluctant to talk openly and can make those around you feel awkward or at a loss to know what to say or how to help.

What you are going through now is a challenging journey towards healing and coming to terms with what has happened to you and your loved one. Sadly, it's a journey that others have made before you but it is one from which you can emerge with greater strength and understanding. You may feel isolated and lonely, which is often a natural response to losing someone. However, there are people willing to be there for you at this difficult time (see 'Where can I go for help?' on pages 20-21).

It is important to remember that everyone reacts differently when they experience a loss and there is no particular 'right' or 'wrong' way of feeling. Some people go through all the classic stages of grief, some experience a few or in a different sequence, and others may not show signs of grief at all.

Your journey may not necessarily end at a place of understanding, acceptance and positive memories. This can be particularly true if the relationship with the person who has died was difficult or if the context of the death was unexplained, traumatic or premature. In many cases, the time following a bereavement is mainly about finding a way to live more comfortably and cope better with things you may not be able to understand or accept. It is also about finding a way to live with difficult memories as well as good ones.

Whatever your own experience, it can be reassuring to know that there are people and organisations that you can turn to who can give you support if you need it. Whether you need someone to talk to who understands drug use, or someone to help with practical, legal or financial arrangements or some emotional support and advice in coming to terms with your bereavement, help is available (see 'Practical issues' pages 16-17).

WHEN A DEATH OCCURS

If you have recently lost a loved one to drugs or alcohol, you may be feeling numb and find it hard to believe what has happened, particularly if their death was sudden. You may have to deal with doctors, coroners, social services or the police, and some people can find this intrusive and distressing. Others find that, whilst stressful, dealing with the practicalities helps them in some way to find answers. Mentally, physically and emotionally you may be in turmoil – all of which, though difficult, is extremely natural.

Bereavement can bring a number of reactions, including anxiety. This can happen at any time and is a normal response to separation, but if the anxiety is severe or prolonged you should consult your GP.

In the early days after a bereavement, you may withdraw from friends and family and not want to talk. You may even hold them responsible for what has happened and take your anger out on them. Loss of appetite, weakness, digestive upsets and sleeplessness are common after someone dies, as are uncontrollable crying and feelings of panic and desperation.

Mentally you may feel confused and find it hard to concentrate – your thoughts are constantly with the person who has died. If you were particularly close to the person, you may not see the point of going on alone. All of these feelings are natural and, whilst it may be hard to imagine at this point, they will usually lessen in time.

THE CIRCUMSTANCES OF YOUR BEREAVEMENT

Your bereavement may have happened suddenly. Accidental overdoses can happen in a number of ways – mixing different drugs, returning to drugs after a break when the user's tolerance is low, or using drugs prescribed for someone else, are all frequent causes of fatal overdoses.

Maybe contaminated drugs, or the violence sometimes associated with drug or alcohol use, have claimed the life of your loved one. Whatever the cause, you will most likely be experiencing emotions ranging from shock, anger and disbelief to confusion and possibly self-blame.

If you are coping with a drug-related suicide, you may be going through one of the most complicated sets of emotions you ever face. A naturally overwhelming sense of loss may be compounded by feelings of guilt, shame, betrayal by the person who has died, and a flood of questions about why, where and how it happened (see 'Suicide, sudden death and grief', page 5).

If your loved one has lost a child or suffered a miscarriage as a result of their own drug or alcohol use, they may be deeply traumatised. Your own feelings can also be quite complex. You may feel blame and anger towards the drug or alcohol user, and this can sometimes undermine the sympathy you would feel if the child had been lost in different circumstances. It can also impact on your future relationship if left unchallenged, so you (and your loved one) may well want to speak to a trained counsellor as soon as possible after the death to help deal with these feelings (see 'Where can I go for help?' on pages 20-21).

Bereavement as a result of a long-term illness caused by drug or alcohol use may mean you have witnessed the person you care for deteriorate slowly.

If this is the case, you may have felt a sense of loss before your loved one actually passed away. Indeed, because grief is a response to loss, you may have already experienced such feelings when your loved one started to take drugs or drink heavily, whether they then became ill or not. Loss of hope of reconnecting with them can mean that you grieve for the person you perceived them to be, even though they are still alive. However, this doesn't necessarily make the loss any easier when they die. You may still experience guilt and responsibility, helplessness and anger. Thoughts such as 'I could have done more', or 'it's my fault', or 'if I'd been a better parent, this may not have happened' can be very common.

You may find that it is important to you to try to find an answer as to why this has happened. Often, you will come to see things differently as time passes. You may come to realise that your loved one's drug use and their death are the result of a complex set of factors, and no one person, event or circumstance is necessarily to blame. If you find that this doesn't happen, talking to a trained counsellor may help.

THE GRIEVING PROCESS

Grief is our response to loss and separation of all kinds, of which death is a particular one. Grieving is a natural process or journey (experienced by animals as well as people) and we go through it to adjust to a new world where someone significant has died but still lives on in memory, thoughts and feelings. Despite it being a natural response, people can be surprised and shocked at how deeply they can be affected as grief can involve our entire being including emotions, body, beliefs and thoughts. Some people expect that their grief will follow a set pattern but it can be more chaotic than this. There are four generally accepted phases of grief but everyone reacts differently. You may find that you experience them in a different order or that you fluctuate between the phases, sometimes minute-by-minute, day-by-day.

DEALING WITH THE SHOCK OF BEREAVEMENT, AND FACING WHAT HAS HAPPENED

To begin with, you may find you cannot accept the reality that someone has died. You might be in shock, feeling numb, particularly if your loved one died suddenly or in distressing circumstances. You may be unable to concentrate on issues such as registering the death or making funeral arrangements. However, some people find that having to deal with these practicalities helps them acknowledge what is happening.

EXPERIENCING THE PAIN OF GRIEF, AND DEALING WITH WHAT THE LOSS MEANS TO YOU

There are physical and mental aspects of grief. You may be feeling distracted and distant, be tearful much of the time and be troubled by images of what has happened. You may feel guilt, anger and sadness, perhaps lose your appetite, feel exhausted, and deeply isolated. Some people may feel

they are going mad – although they are not – but this acute phase usually passes. How you feel is not a matter of choice but you can choose how you cope with your feelings. If you are feeling swamped and having difficulty finding ways of coping, you may want to seek counselling.

ENTERING THE WORLD AGAIN, AND ADJUSTING TO YOUR NEW REALITY

As you start to come to terms with your grief you will begin to find meaningful but realistic ways to remember the person you have lost. However, if those around you seem to be ‘getting over’ the loss sooner than you expect, you may be frustrated at what you see as their diminishing support. Fear that you are losing this support, or indeed guilt due to feeling you are actually getting over your bereavement, may also affect you. Each of these phases are natural steps towards adjusting to your new reality.

INVESTING IN THE FUTURE

As time passes and the grieving phase begins to gradually subside, emotions usually become less intense and feelings of guilt and blame recede more and more. You will start to sleep and eat more, have more energy for socialising and greater interest in other people. You will begin to feel that life has more meaning again, and you may start to make plans for the future, bringing with you positive memories of the loved one you have lost. However, the grief is still there and intense feelings can sometimes resurface unexpectedly.

There is no right or wrong time to enter this final stage of grieving. Some people find that the first anniversary of the death can be a turning point; for others this will not be the case. Bereavement is a uniquely personal experience and it is important that each person affected by the death is allowed to deal with it in their own way.

RELATIONSHIPS WITH OTHERS AS YOU GRIEVE

Losing someone through their drug use is a traumatic experience, and it can also be difficult for those around you who are trying to help you cope. The circumstances of your bereavement may make you feel closer to, or further from, your family and friends. You may become angry – with yourself, with those around you, or even with the person you have lost.

Perhaps certain members of your family had a different attitude to the drug or alcohol use of the person who has died. Differing ideas about how to deal with a drug or alcohol problem can divide families, and if the person dies these divisions may temporarily deepen and affect how you begin to deal with your grief.

If relationships with those around you become difficult during the early days after bereavement, don't worry, this is natural. Everyone is finding their own answers and ways forward, and eventually you may find you all reach a level of acceptance or understanding about the bereavement.

SUICIDE, SUDDEN DEATH AND GRIEF

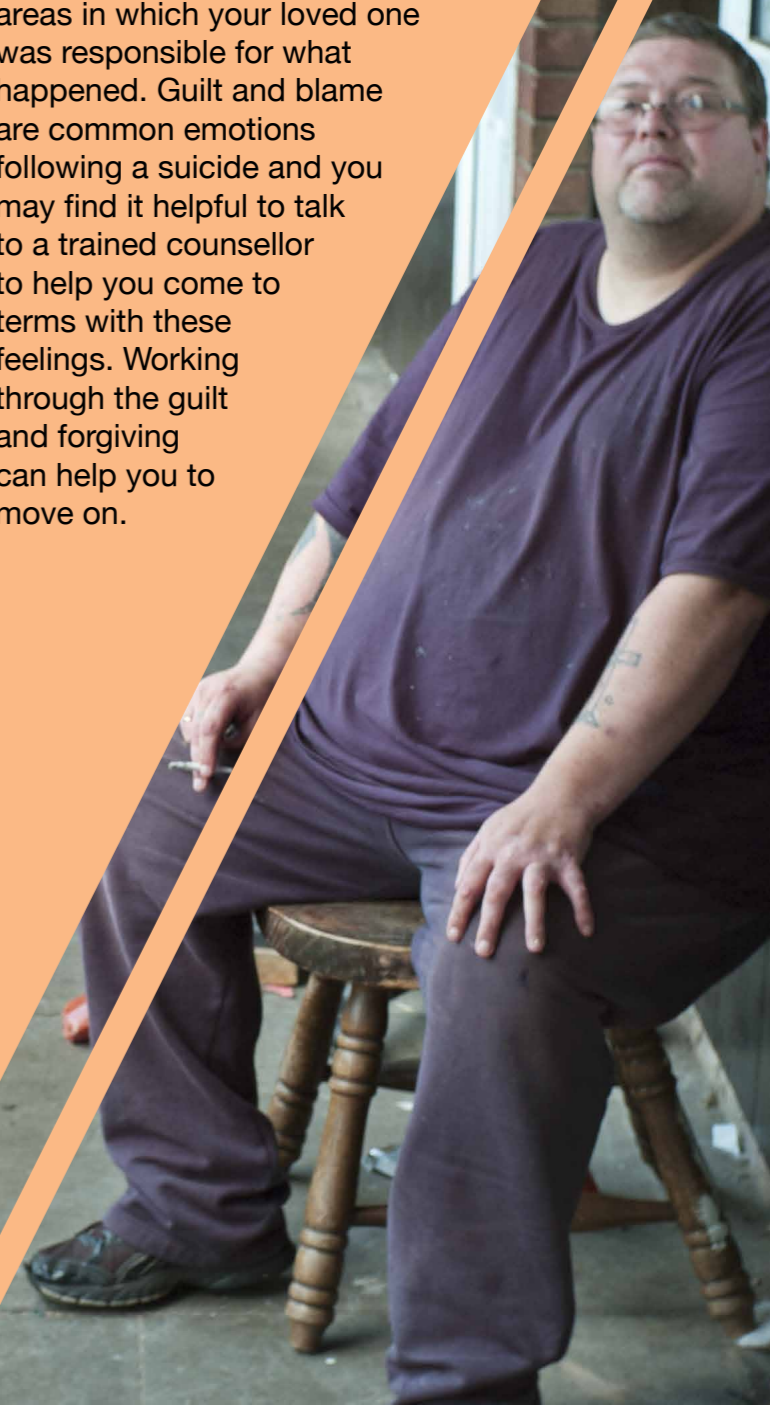
The nature of drug-related suicide or sudden death can make the reality of what happened particularly hard to accept. Such a loss may result in a desperate search for meaning and understanding. Common symptoms of grief following suicide include hollow feelings in the stomach, anxiety, panic attacks, flashbacks, trembling and tightness in the chest.

Guilt, anger and sadness – and perhaps the shame you might punish yourself with – can serve to isolate you, and make it even harder for others to reach you. It's important that you try to talk to family, friends and perhaps counsellors, and go over the circumstances of the death – and the suicide note, if there is one – as many times as you need to. If your loved one didn't leave a note, you may need to take time to talk about this too. Not knowing ‘why’ may have left

you with more unanswered questions and feelings to address.

It might be difficult to admit, or even to understand, but there may also be a sense of relief following a suicide. Relief is not an uncommon emotion – especially if you have been on a long journey through chronic depression or terminal illness with the person who has died. You may feel simultaneously devastated and relieved. Such contradictory emotions are often a part of bereavement.

Allow yourself to accept your feelings, and try to make sure you don't let guilt and blame take over your life – be realistic about what you really might have done differently, and what was beyond your power to change. You may also need to consider areas in which your loved one was responsible for what happened. Guilt and blame are common emotions following a suicide and you may find it helpful to talk to a trained counsellor to help you come to terms with these feelings. Working through the guilt and forgiving can help you to move on.





“
To be honest, I just thought
we would be together
forever.”

MICHELLE'S STORY

*Michelle and her husband both
regularly took amphetamines.
But he started to take heroin too.
Early one morning, Michelle came
downstairs to find him dead in the
front room.*

Michelle was 17 when she married Chris. Three years later, he came home one day with two weeks' supply of amphetamines to help her shed the extra pounds she had gained during her second pregnancy. After six weeks, she had reduced her weight but had become hooked. Two and a half years later, she started to inject – like Chris did. Soon, she was injecting up to 12 times a day.

Michelle remembers the day that would change her life forever. Chris had been working in the morning but when he came home “he was really off his face. I went to bed as I'd run out of amphetamines and I couldn't cope with him being like that.” At 6.30pm he brought the phone to her so she could say goodnight to their children, who were staying with Michelle's mother. “I was feeling rough – probably because I hadn't had a fix. Chris and I argued, he went downstairs and I went back to sleep. That was the last time I saw him alive.”

Michelle woke at 5am to find Chris's side of the bed empty. As she went down the stairs, she could see his body in the front room. “He was just lying there. He had overdosed three times before but I had always been there to call the ambulance. This time, it was too late.”

Michelle felt numb and spent the next two years bingeing on drugs to block out the pain. For nine months she lived upstairs on her own, unable to look after her children or face going into the front room. Eventually, she checked herself into rehab to clean up. “I don't think I started grieving until I had been through rehab. I remember crying a lot and having lots of strange dreams.”

Her son and daughter, aged eight and six, are now living back with Michelle and she is honest and open with them about what happened to their father and about her own drug use: “I don't want them thinking I lied to them.”

At 26, Michelle started to make contact with her family from whom she had become estranged because of her drug taking. She has completed a catering course, started an access course and is hoping to go to university.

“I have good and not so good days and it is not necessarily the days you would expect. Most people think the worst times are anniversaries and birthdays but that's not necessarily true. Sometimes, it is the little things that happen out of the blue that make you really upset.”

WHAT OTHERS MAY BE GOING THROUGH

It is likely that the person who has died will have other family and friends – some of whom you may not even know – who will also be going through bereavement. Like you, they will be finding their own path through their grief. You may not understand some of their behaviour but, if you can, it can help to try and put yourself in their shoes. In some ways, it can be a comfort to know that others are mourning your loved one and it can help to share your feelings and memories with each other.

THE EFFECT ON SIBLINGS

Brothers and sisters of young people who die as a result of drug or alcohol use may experience a wide range of emotions. They may feel angry at the sibling they have lost, judgmental about their drug or alcohol use and resentful of 'unfair' attention they may have had up to and after their death. They may also blame themselves or feel guilty about things said or unsaid, especially if relationships were strained. Some feel guilty that they are still alive while their sibling is dead. Like you, they need space and support to come to terms with what has happened and to express how they feel.

THE EFFECT ON CHILDREN AND ADOLESCENTS

Children tend to grieve in different ways from adults and may find it difficult to articulate how they are feeling. A young child may be confused about the meaning of death and find it difficult to accept its

permanence. Some may also think that the death is reversible and 'if they are good' the person will come back. They may have fears about their own safety and that of you, the rest of the family and their friends.

Bereaved young people can become very withdrawn and refuse to openly acknowledge their loss, sometimes acting nonchalantly so as to appear tough. They may feel an added sense of responsibility or get involved in risky activities such as taking drugs, binge drinking or having unsafe sex. Young people need to know that they are cared for still, that it is all right to be upset and that they are allowed to have fun and enjoy life again without guilt.

For a child, losing a parent in a drug or alcohol-related death will be harrowing and reactions may range from utter despair to outright denial. It is important to allow children to express their grief in whatever way they choose and to feel able to talk about the parent who has died. It is particularly difficult to lose a parent during the adolescent years. Young people are just beginning to explore their independence and find out who they are, and the death of a mother or father can disrupt this process.

GIVING SUPPORT

Adults sometimes try to protect children from the truth, especially in the case of a drug-related death or suicide. However, this can cause issues with trust if the child discovers later on what really happened. Try to be open and honest, don't assume that you know what they are feeling and try to answer their questions simply, using words they understand. Young children in particular can develop fears based on misunderstandings arising from the words that people use to describe death or the circumstances surrounding it. Offer as much comfort and

reassurance as you can. You will also need to think about whether they may like to see the body or go to the funeral, or whether they need help in finding a way to remember the person who has died.

Many people worry about how children will cope and sometimes feel they should seek professional help immediately after the death. Children and young people will have a range of reactions but usually these will gradually disappear. Keep a close eye on prolonged symptoms of a child's grief, which can include bed-wetting, tummy upsets and nightmares, as well as behavioural changes at school. If you are worried, talk to your GP (see pages 20-21 for organisations that can help too).

PARTNERS AND FRIENDS

The weeks immediately after a death can be a very difficult time for family relationships. It is not always clear who should take responsibility for practicalities, for instance, and conflicting feelings around the circumstances of death may mean tensions run very high. Grieving people are often unable to support each other; indeed, family members may deflect their anger at the death onto each other. As you all begin to make sense of what has happened, easier relations will probably return. Make the effort to encourage this, as keeping in touch with those who knew and loved the person who died will aid progress through your own grief journey.

Bereavement can also temporarily set you apart from friends and neighbours. For those trying to help you cope it is also a difficult time. Some people will not know how to comfort you, or even acknowledge what has happened, because of taboos surrounding death and drugs or alcohol. They may not want to offend or say the wrong thing, but

you may interpret this as rejection, or see it as a judgment on yourself or the person you have lost. While some may judge you, most people want to help – and you can enable them by letting them know you want to talk, or would like them to help you with practical matters.

Relationships with partners can often be affected following a bereavement as each person tries to deal with their emotions and feelings following the loss, often withdrawing into themselves. Men may tend to focus more on the practicalities and problem-solving, whilst women are sometimes more likely to express themselves emotionally. Just because one partner is not displaying signs of emotional distress, it doesn't mean that they are grieving less than the other. Try to accept that people show pain differently and keep channels of communication open. Whilst you both mourn your loss in your own way, you can be a valuable source of support and shared memories for each other.



“
I miss her, I wish she was
here.”

ANNETTE'S STORY

When her teenage daughter Lauren didn't come to see her as planned, Annette feared something terrible had happened. She found her alone in her flat, dead of a heroin overdose. She was just 16.

Annette thinks back to one of Lauren's diary entries: '18 December ...tried heroin, it's wicked'. "I was horrified. I couldn't believe my beautiful, intelligent girl was doing drugs: down and outs do drugs." Annette realised Lauren had left her diary out on purpose as she didn't know how else to tell her. Lauren was with a friend so Annette called her to come home and confronted her. "I didn't know what to do. I knew a bit about drugs – some of my friends did them – but really I knew nothing."

The doctor referred Lauren to a local drugs clinic for counselling. From the treatment options she chose hospital detox and moved back home in the meantime – the wait for her to start felt like ages. Annette discovered Lauren was stealing her jewellery, so started to give her money each day (£10-£40) to buy heroin. "I didn't want her to turn to crime or prostitution."

After Lauren was clean, Annette agreed she could move in with her boyfriend. She stopped going to school but was still studying for her GCSEs and decided she'd like to work in drugs education for children. But then, she started using again. "I asked her why? She said I didn't understand the craving."

Annette recalls the last time she saw Lauren: "We had lunch on the Wednesday – she had split with her boyfriend and was going to have to leave her flat. She said that if she had £100 she would buy a load of gear and die happy." Annette didn't think Lauren was serious so didn't worry when she didn't go home on the Friday. But, by Saturday morning, Lauren still hadn't appeared and, with a sick feeling in her stomach, Annette started looking for her. She found her alone in her flat; she had overdosed on heroin.

A couple of weeks after the funeral, Annette was approached by the press. "My ex-husband didn't want me to talk to them but I really wanted to. I was sure there must be other parents – ordinary mums like me – going through the same. Lots of parents contacted me and the coroner suggested starting a support group. I survived on adrenalin for a while."

For Annette, talking to others helps but, for four years, her two sons didn't talk to her. "My elder son didn't think I should help Lauren. He even resented the attention she got after she died." In retrospect, Annette feels she neglected them a little "but it was all-consuming. Grief also makes you selfish. I became angry when other people got upset, because I was trying to be strong."

At times she felt guilty for not crying but now feels it's important that people just express themselves, however they feel. "I've felt suicidal but I don't want to be sad all the time; Lauren wouldn't want that either."

MOVING THROUGH YOUR JOURNEY

MANAGING YOUR GRIEF

The days and weeks immediately following the death of someone you care for is often an extremely difficult time. During this stage of your grieving journey it will help to find ways of expressing how you feel – privately or with someone you feel safe discussing the circumstances of the death with. You may find that counselling helps. If strong feelings such as guilt, anger or horror remain unresolved it can delay your journey through the grieving process. There are certain things which you can do to create closure around even the most difficult death.

GIVING YOURSELF TIME

The most important thing is to give yourself time and space to grieve. ‘Getting on with your life’ too quickly may mean your true feelings stay deeply hidden. Try to focus on yourself and how you feel, however painful. You might find it helpful to begin a memory book or box about the person who has died or create a memorial that you can visit. Although it may not always be possible to separate the two, it can help you manage your grief if you can choose a time to grieve and a time to get on with everyday life. Some people find their faith challenged during bereavement but, if you have a spiritual practice, you may find regular prayer or meditation helpful.

ALLOWING YOURSELF TO TALK

Talking can be a great healer. This is particularly true when feelings are confused or contradictory. It can help you acknowledge your loss and eventually find a way of accepting it. Friends who are good listeners and are non-judgmental about the way in which the person died can be an invaluable source of support. You may find it sufficient to get support from

your friends and family; however, some may find it beneficial to seek counselling. If this is the case, organisations like the British Association for Counselling and Psychotherapy (see details on page 20) can put you in touch with an experienced counsellor who can help you work through your feelings. Or you may prefer to join a drug or alcohol related support group of people who have been there before you (you can find a database of these groups at www.adfam.org.uk/families/find_a_local_support_group or see contact details on page 21).

ACCEPTING OFFERS OF SUPPORT

Try to accept suitable offers of support – not just practical help in the early stages. Think of specific things that people can do when they ask. Having supportive people around you who you can rely on will also help you cope with the loneliness and isolation which often kicks in when your new day-to-day reality becomes apparent. Decide how much socialising you can cope with and tell people what you need, such as a regular invitation to dinner.

LOOKING AFTER YOUR HEALTH

Loss, and the grief that follows it, not only has an emotional impact but can also affect you physically. At first, you may find that your appetite changes, and you may have difficulty sleeping. Grief also affects the immune system, making you more vulnerable to illness, so it is important to try to look after your health. Try to eat a regular, balanced diet and get plenty of rest – even if you have difficulties actually getting to sleep. Make sure you keep in contact with other people as social support can help keep your immune system healthy. If you have any health concerns, make sure you talk to your doctor about them.

ENTERING THE WORLD AGAIN

Eventually, if you have allowed yourself to grieve fully, the most acute stages will usually pass and you will be ready to move forward. At some point you will realise that you no longer feel overwhelmingly sad about the person every single day and that you are ready to be part of the wider world again.

Your grieving journey is by no means over. You can still expect difficult and painful days and setbacks – now may be the time, for instance, when support systems fall away because people think you are ‘over it’. However, on the whole, you will start to see a possible future without the person who has died.

KEEPING GOOD MEMORIES ALIVE

Many people find that it is important to find ways of keeping their loved one’s memory alive. Anniversaries and birthdays will become a focus to affirm their life and honour your relationship. These will probably be sad times, but if you plan ahead how you intend to acknowledge them they can also be positive experiences.

You might decide to go to a place that was significant to you both – maybe the site of a family or holiday or trip – and take time to remember some of the experiences you had there together. Or you may find comfort in visiting their grave or a place that marks their burial or cremation. Some people find it helps to put some treasured mementos into a ‘memory box’ so that they can look through it from time to time, either alone or with family and friends.

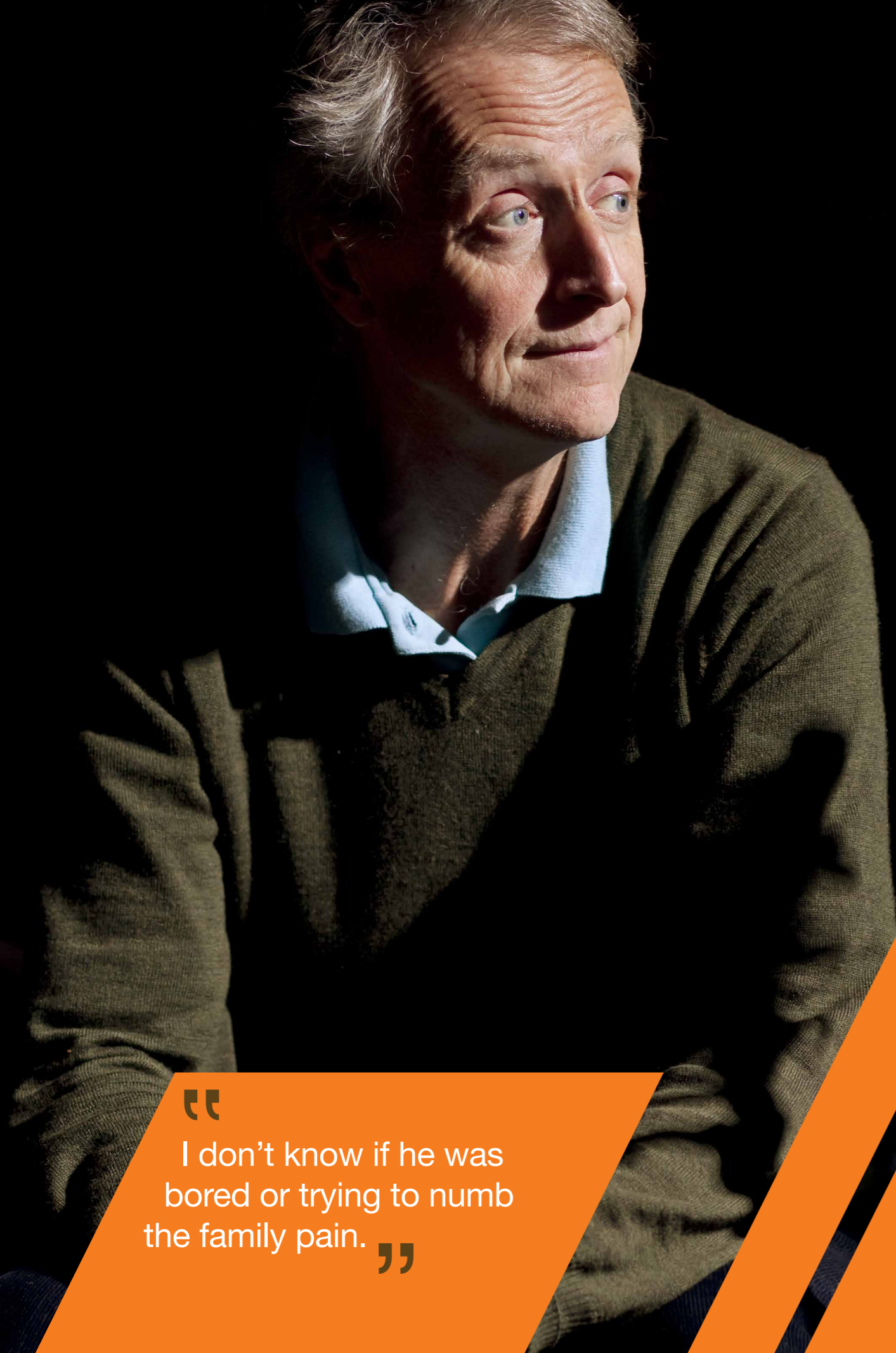
STARTING TO SOCIALISE AGAIN

Gradually you will find that you are dwelling less on the past and more on what the future looks like. You will have more energy and feel ready to accept social invitations as you begin to create a new life without the person who died. It’s time to reach out to old friends or start new activities. You may feel guilty having a good time again, which is not an uncommon reaction following a bereavement. However, if the feeling persists, you may want to consider talking to a trained counsellor. Booking a holiday or making plans without your loved one does not mean that they are forgotten.

OFFERING OTHERS SUPPORT AND ADVICE

Some people who have experienced drug or alcohol related loss find that getting involved in campaigning about the impact of drug or alcohol abuse (on teenagers for instance) or offering others support can be helpful. It may be a way of channelling unresolved feelings of guilt or anger or transforming mistakes you feel you may have made while the person was still alive. It is worth remembering that feelings that might appear to be negative or difficult can often be transformed into positive action.

If life has seemed hopeless and meaningless, you will probably slowly find that it starts to feel worth living again. This grieving journey will undoubtedly have been a difficult and painful one but hopefully you will feel stronger in yourself. Moving on doesn’t mean that you are ‘over’ the loss of your loved one – the loss is now very much part of who you are today – but it does mean that you can see a future that is possible without them.



“ I don't know if he was bored or trying to numb the family pain. ”

WILL'S STORY

On Saturday night, James was due to DJ at a friend's party. On Tuesday he was found dead, all dressed up and ready to go out, his records beside him. The coroner's verdict was cocaine poisoning.

Will and his younger brother James had a fractured upbringing. Their parents' marriage broke up acrimoniously when they were toddlers and their alcoholic father ran off with them. As a result of a court order, they were sent to boarding school and then went on to university, James on a scholarship to Oxford.

Their social paths often crossed. “We all did the odd line of coke at parties but James would go back to a mate's flat to smoke gear. Looking back, his death was a disaster waiting to happen.”

They were in their early twenties when their mother died of cancer. It tipped the scales for James; his relationship with his father deteriorated further and he began bingeing on crack then heroin, often disappearing for days. “I avoided confronting him because we'd just argue. I didn't want to judge, but it often came out like that.”

James tried to clean up through rehab, counselling and methadone maintenance. “He did this treatment once where they sedate you for 48 hours. The day he came round he was back out scoring.” Before he died, James had started group therapy and was thinking of having one-to-one sessions. He had a new relationship, was DJ-ing, writing and playing some of his own music.

“The weekend he died, he had called me on the Friday night saying that he was going to have a quiet weekend.” Four days later, James's flatmate found his body at their flat – he had injected crack cocaine. “He passed out, his head lolled back and he suffocated. At least, that's what was most likely; his flatmate removed a lot of evidence from the scene, thinking he was somehow ‘protecting’ James. Some said this bloke was protecting himself as he'd been dealing from the flat.”

For Will, part of the tragedy is that none of James's friends went to look for him, even though he was expected at the party. But, he admits, they probably assumed he was sleeping off a heavy session.

“The memory of James never goes away and I try to cherish the good things about him. Sometimes I laugh, knowing he would have understood what I am thinking or really ‘got’ a situation.”

Will feels that helping his own son to develop and keep his self-esteem is vitally important. “Hopefully he will grow up happy, healthy and balanced and if he ever gets curious about drugs, he'll approach it carefully. It makes me sad that he and James will never know each other.”

PRACTICAL ISSUES

When someone dies as a result of using drugs or alcohol, there are procedures that, whilst hard to face at such a distressing time, must be followed.

IF THE DEATH OCCURS IN HOSPITAL:

The hospital staff will contact the next of kin. This may be a relative but, in the case of an adult, this is not necessarily so. The hospital will keep the body in the hospital mortuary until the personal representative or executor (the person dealing with everything owned by the deceased – also known as an ‘administrator’ if there is no officially named executor or will) arranges for it to be taken away. Most funeral directors have a chapel of rest in which the deceased will be held until the funeral arrangements are made. Hospital staff will arrange for the nearest relative to collect the deceased’s possessions.

IF THE DEATH OCCURS ELSEWHERE:

Expected death

If the death was expected, contact the doctor who attended the deceased during their final days. If the doctor can certify the cause of death, you will receive:

- // A Medical Certificate that shows the cause of death (this is free of charge and will be in a sealed envelope addressed to the registrar)
- // A Formal Notice that states that the doctor has signed the Medical Certificate and tells you how to get the death registered – something you must do within five days.

If death followed illness from HIV or AIDS there may be special rules about handling

the body, but as AIDS is not a notifiable disease, the doctor doesn’t have to mention HIV or AIDS on the medical certificate. However, hepatitis is a notifiable disease, and should be disclosed. The Terrence Higgins Trust can advise on funeral arrangements if HIV or AIDS is an issue for you (see pages 20-21 for contact details).

Unexpected death

If you discover a body or the death is sudden or unexpected, you should contact:

- // The police, who will help find the people listed below if necessary
- // An ambulance (some people who are found may be in a state of deep unconsciousness rather than death)
- // The family doctor (if known)
- // The deceased’s nearest relative (if not yourself)
- // The deceased’s minister of religion (if appropriate)

THE CORONER

The Coroner is a doctor or lawyer responsible for investigating deaths in the following situations:

- // The deceased was not attended by a doctor during the last illness, or the doctor treating the deceased had not seen him or her either after death or within the 14 days before death
- // The death was violent or unnatural, or occurred under suspicious circumstances
- // The cause of death is not known or is uncertain
- // Death occurred in prison or police custody

If the death was following a natural illness but the doctors wish to know more about the cause of death, they may ask the relatives for permission to carry out a post-mortem examination of the body.

This should not delay the funeral. The Coroner may also arrange for a post-mortem. In this case, the consent of relatives is not needed, but they are entitled to be represented at the examination by a doctor.

If the death occurred in prison or police custody, you may wish to get additional advice on procedures and your rights. Contact INQUEST – an organisation which campaigns against deaths in custody and for changes in the Coroner’s Court system (see pages 20-21).

ARRANGING THE FUNERAL

Talk to friends to get advice on local funeral directors they could recommend. Funerals can be expensive, and even the simplest may cost at least £500. If this will be a struggle for you, you may qualify for a Social Fund Funeral Payment. Contact your social security office for a claim form, look for the Benefits Agency display advert in the business section of your local phone book, or visit www.direct.gov.uk.

DEALING WITH THE WILL

Wherever the death occurs, it is important to find out if the deceased left a will – and if so, who the executor is. The will says what should happen to the deceased’s money, property and possessions (known as the ‘estate’). The personal representative (or executor) is responsible for paying all the deceased’s debts, taxes and expenses – including funeral expenses – with money from the estate. Once this is done they can distribute the rest of the estate.

If you are a personal representative you may have to apply to ‘prove the will’ or, if there is no will, apply for ‘letters of administration’. This will give you permission to pay the bills and deal with the estate. For more information on how to do this, contact the Probate and Inheritance Tax Helpline on 0300 123 1072.

HELP DEALING WITH YOUR LOVED ONE’S HOME AND POSSESSIONS

Sorting out the possessions and home of the person you have lost can be an extremely upsetting process. As drug and alcohol users’ lives can often be chaotic this may also be difficult to arrange, especially if they lived in a rented bedsit, temporary accommodation or a squat. Their belongings may also have already been ‘disposed of’ by their friends. However, if you can arrange to do it, it can help prevent arguments later if people who knew the deceased have a say in what happens to their possessions and how they are distributed. If their possessions include drugs and related paraphernalia, they must be disposed of safely and legally. If you need extra help to clean the house, contact your local Environmental Health Department (see your local phone book for details or visit www.direct.gov.uk).

TALKING TO SOMEONE

When someone you love dies, you may need a lot of support and this can come from a number of sources. Friends and family may be able to provide practical help and/or emotional support. Organisations such as Cruse Bereavement Care, the Child Bereavement Trust, Survivors of Bereavement by Suicide and the Lesbian and Gay Bereavement Trust can also provide you with information and, in some cases, may be able to point you in the direction of trained bereavement counsellors (see pages 20-21).

SPIRITUAL AND RELIGIOUS HELP

Whether you practise a faith or not, there are spiritual and religious organisations who are willing to help you. Contact your nearest church, mosque, temple or synagogue for advice (see pages 20-21).



“
Could I have
done more?
”

MEGAN'S STORY

Megan's husband David died from cirrhosis of the liver, following a long battle with alcohol dependency.

Megan's husband David died from cirrhosis of the liver, following a long battle with alcohol dependency.

David's drinking began shortly after they first met in their early 20s, when he would often go out on a weekend and drink socially with his friends. Although David would often get very drunk, Megan thought this was normal behaviour for someone their age.

As they got older things began to escalate - David would drink heavily in the week, going out to the pub after work and coming home late. David would sometimes lie and say he was working late, but Megan could smell the alcohol under his breath.

His drinking got worse, and eventually he gave up trying to hide his alcohol consumption to Megan, arriving home with cans of high percentage lager and cider.

It became abundantly clear to Megan that David was an alcoholic. Whenever Megan would try and talk to him about it, he would refuse to listen and get angry instead.

David held down his job as a teacher and still had lots of friends – most of whom had no idea he had a problem with alcohol. Some would have seen him as a “functioning alcoholic”. Megan felt isolated and confused as she faced the chaos of David's drinking at home, watching him pull himself together every day and then go to work.

David did eventually lose his job – and it was then that Megan managed to persuade him it was time to get help. He started his recovery journey and received professional support. He vowed to Megan that things would be different and started attending Alcoholics Anonymous meetings.

However, three months later David started drinking again. This cycle repeated, with periods of abstinence followed by conflict and periods of heavier and heavier drinking. Eventually Megan was so exhausted by it all she ended the relationship to protect herself.

David moved in with his parents and within a few months was spending all day drinking. Megan intervened and tried to support David at a distance, encouraging him to reach out for help and offering to accompany him to appointments.

David did want to change but it just didn't happen. Soon after he was diagnosed with acute liver cirrhosis, leading to organ failure. A few months later he died in hospital, leaving Megan devastated and asking herself over and over again: ‘could I have done more?’.

WHERE CAN I GO FOR HELP?

Useful Organisations

BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY

Tel: 01455 883300
www.bacp.co.uk

CHILD BEREAVEMENT UK

Tel: 0800 02 888 40
www.childbereavementuk.org

CRUSE BEREAVEMENT CARE

Helpline: 0844 477 9400
Email: helpline@cruse.org.uk
www.crusebereavementcare.org.uk

DRUGSCIENCE

Objective information on drugs and drug harms

www.drugscience.org.uk

MIND (NATIONAL ASSOCIATION FOR MENTAL HEALTH)

www.mind.org.uk
Helpline: 0300 123 3393

NATIONAL ASSOCIATION OF CITIZENS ADVICE BUREAUX

Tel: 03444 111 444
(for Wales: 03444 77 20 20)
www.citizensadvice.org.uk
(for a comprehensive guide to what to do after a death visit www.adviceguide.org.uk)

SURVIVORS OF BEREAVEMENT BY SUICIDE (SOBS)

(support for those bereaved by suicide)

Helpline: 0300 111 5065
www.uk-sobs.org.uk

TALK TO FRANK

Helpline: 0300 123 6600
www.talktofrank.com

THE COMPASSIONATE FRIENDS

Helpline: 0345 123 2304
www.tcf.org.uk

THE SAMARITANS

Helpline: 116 123
www.samaritans.org

THE SOCIAL SERVICES DEPARTMENT OF YOUR LOCAL COUNCIL

(details available from www.direct.gov.uk)

THE TERRENCE HIGGINS TRUST

(counsels drug users with HIV and those bereaved by HIV/AIDS)

Helpline: 0808 802 1221
www.tht.org.uk

WINSTON'S WISH

(supports bereaved children and young people)

Helpline: 08452 03 04 05
www.winstonswish.org.uk

Faith and spiritual support

INTERFAITH DIRECTORY

For details of various religious organisations in your area

Tel: 020 7730 0410
www.interfaith.org.uk

JEWISH BEREAVEMENT COUNSELLING SERVICE

Free of charge to any member of the Jewish community

Tel: 020 8951 3881
www.jbcs.org.uk

UNITED SYNAGOGUE

Tel: 020 8343 8989
www.theus.org.uk

THE BRITISH HUMANIST ASSOCIATION

Can provide an officiant to conduct non-religious funerals

Tel: 020 7324 3060
www.humanism.org.uk

THE BUDDHIST SOCIETY

Can advise members of the Buddhist community on what to do when someone dies

Tel: 020 7834 5858
www.thebuddhistsociety.org

USEFUL PUBLICATIONS

- // 'The Death of a Child' and 'Understanding Bereaved Children and Young People'
The Child Bereavement Trust
- // A range of publications and resources for supporting bereaved children can be obtained from Winston's Wish.
- // 'Understanding Bereavement'
Published by MIND
- // 'Funerals without God'
Published by the British Humanist Association
- // 'What to do after a death in England and Wales'
Available from the Department of Work and Pensions at www.dwp.gov.uk
- // 'Bereaved by Addiction'
Available from the DrugFam website

SPECIAL THANKS TO:

- // Relatives of Drug Abusers (RODA)
- // Supporting parents of Drug Abusers (SPODA)
- // Survivors of Bereavement by Suicide (SOBS)
- // Winston's Wish
- // Child Bereavement Trust
- // Samaritans
- // Lauren's Link
- // Michelle, Annette, Will and Louisa who told their stories.

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Adfam

Families, drugs and alcohol

Adfam has a vision of a United Kingdom where no family facing problems because of drugs or alcohol, or concerned about the prevention of these problems, need go without help. Its aims are to raise awareness about, and to take action to alleviate, the problems, and potential problems, faced by such families.

If you require further help and information, Adfam produces a range of publications providing information for specific situations faced by families affected by drugs and alcohol. These are available either by calling Adfam on 020 3817 9410 or by visiting the Adfam website at www.adfam.org.uk. The website also holds a directory where families can access information about local support.

Adfam

the voice of families
affected by someone
else's drug or
alcohol use

www.adfam.org.uk