



Addictive Disorders - Families need support too
DRUGS • ALCOHOL • GAMBLING

Bereaved by **Addiction**

A BOOKLET FOR ANYONE BEREAVED THROUGH DRUG AND ALCOHOL USE

Contents

Foreword 1

Introduction 2

1. Bereavement: What is it? 3

2. Bereavement: The early days 7

3. Bereavement: Some ideas that might help you 13

4. Bereavement: Beyond the early days 20

5. Bereavement and children 25

6. Drug and alcohol related deaths not caused by addiction 27

7. Understanding drug and alcohol use 28

8. Official procedures after an unexpected death 29

9. Some personal stories 33

10. Websites and helpful organisations 39



Foreword

When my son Nicholas died in February 2004 I was overwhelmed and unprepared for the emotional pain and confusion resulting from his death caused by drug addiction. Understanding and then accepting such a permanent and painful loss seemed impossible. For weeks I felt trapped and my life seemed on hold as if I was bound tightly in bubble wrap and unable to break free into the real world. I did not understand how to 'deal' with death, where to turn to for help and support, particularly for this type of bereavement: a mother and a family bereaved by addiction.



I will always be forever grateful for the support and kindness shown to me at the time which helped me through some very difficult and dark days ahead

Now many years on, having met so many other families, friends and carers from all over the UK and beyond who have also lost loved ones in this way, I am honoured to write the forward for this new DrugFAM Bereaved by Addiction Booklet. I hope that it will bring some comfort, support and practical help to those who find themselves confronting this most painful of journeys, and I would like to express my appreciation to the team who have worked so hard on the project.

My particular thanks go to Philippa Skinner who has worked with much dedication and commitment since autumn 2011 on the booklet. Philippa has invested a great deal of her time in trying to understand how we can integrate sadness and loss with learning to live positively and embracing what is good in our lives. Both Philippa and her husband Graeme know this journey intimately having lost their precious son Jim in this way in 2007 following a heroin overdose. Philippa's book 'See you Soon' published in 2012 is a mother's story of grief, drugs and ultimately hope. www.seeyousoon.me.uk

My thanks also go to Peter Cartwright, a specialist bereavement counsellor who has made a very valuable contribution to this booklet, as well as helping DrugFAM in many different ways. As a consummate professional, Peter has worked with families affected by drug and alcohol use since 1999. He has brought his wealth of experience to DrugFAM over the past five years, training our staff and volunteers and as co-author of this booklet.

Thank you too to everyone who gave their feedback after last year's conference. This was invaluable and much appreciated. The authors were able to integrate the helpful comments into the booklet.

The graphics for this booklet were provided by Andy Day, also a bereaved father. Thank you to Andy for his time and thoughtfulness in bringing the right tone to this work.

Finally I want to thank Anna O'Connell who has contributed significantly to the booklet. Anna is a bereavement support listener for DrugFAM and currently training as a health psychologist.

Philippa, Graeme, Peter and Anna are part of our DrugFAM bereaved by addiction support team and contribute significantly to our annual Bereaved by Addiction Conference every October.

Elizabeth Burton-Phillips

Founder DrugFAM www.drugfam.co.uk

Author 'Mum, can you lend me twenty quid? What drugs did to my family'

Introduction

This booklet is for anyone bereaved through drug or alcohol use, including parents, siblings, partners, grandparents, children, friends or anyone else. Through reading it, we hope you will find some ways to help you handle this difficult time a little more easily, and that you will realise you are not alone.

All of us at DrugFam are really sorry to hear about your loss. Many of us have also lost loved ones through drugs or alcohol and though we can't know what you're going through since your story will be unique, we would like to share a few ideas about what bereavement is and why and how it affects us so deeply. We also consider some of the specific difficulties often faced by those bereaved by drugs or alcohol.

We hope you can find something in what follows which might help you to cope a little more easily and not feel so alone over the next months. Nothing can lessen your pain at this time but, it can help to know that you are not alone and there is hope for the future.

This is an information booklet. Though we hope you will find much that is helpful, and some useful pointers, it is general in nature and painful issues are dealt with very briefly. Some parts may resonate with you and others may not. Perhaps you can think of it as somewhere to start as you wonder where and how to find the help you need in the months ahead.

Dip in and out of what follows, as suits you. You may well find it hard to concentrate or take in information just now. Ignore the bits that don't feel relevant at the moment and do whatever helps you most.

Chapter 1

Bereavement: What is it?

Bereavement is the process or journey we go through as we adjust to the loss of someone we love and feel connected to.

When you lose someone you love you don't forget about them. You continue to remember them, to have feelings about them and even to talk to them. Your relationship with them continues beyond their death. However, this relationship needs to change from being one with the actual person to being one with your memory of them. The journey you go through to adjust from a 'person to person' relationship to an internal one with your memory of that person is a useful description of bereavement.

Bereavement is a normal part of life and the majority of bereaved people cope and eventually adjust to their new situation, though it typically takes time. Usually, specialist help won't be needed. However, drug and alcohol related deaths often have many complicating factors and for this reason, you may well feel the need of specialist support to help you deal with your situation.

There is no right or wrong way for you to experience bereavement. Everyone develops their own way of grieving and every bereavement we have is different from the others, so each bereavement is a unique experience. However, there are patterns that seem to occur and people often find similar things help them to cope and move through their bereavement.

Bereavement is an experience that involves your whole being

- Your emotions: sadness, anxiety, shock, guilt, anger.
- Your body: low energy, loss of appetite, disturbed sleep, fatigue, dry mouth.
- Your behaviour: being absent minded, searching for or seeing the person you have lost, visiting places of significance, social withdrawal or attempting to deny what has happened in any number of ways.
- Your thoughts and beliefs: disbelief, confusion, preoccupation, hallucinations, existential crisis.

Your bereavement will take its own time. There are no short cuts. Eventually, you'll regain your balance and feel better than you do now. However, your life will have changed, so you will be somewhat different. Sometimes this is referred to as 'finding a new normal'. As well as this, feelings of bereavement can temporarily come back even many years later, such as when visiting your loved one's grave, reading an old letter or on a special anniversary such as a birthday.

Other ways of thinking about bereavement

We often use the term 'bereavement' to refer to life events other than loss by death. Bereavement can also refer to the process or journey you go through to adjust to the loss of something of value, such as your health or your job, an important life role like being a parent, or even the loss of treasured possessions, such as your family photos being lost or stolen.

You can also have feelings of bereavement when you are separated from someone or something for a period of time. Here, though the loss is temporary, there may still be painful emotions to work through.

Secondary Loss

In addition to being bereaved by the death of a loved one, you may also experience what are sometimes called 'secondary losses'. These are further losses that arise because of the death. For example, if you have lost a child you may also have lost the possibility of having grandchildren, or there may be children who have not only lost their parent but also the parenting they would have had from that mother or father.

You will need to grieve for any secondary losses you may have had and cope with practical difficulties that arise from those losses.

Grieving before the death

Like most people who are bereaved through drug or alcohol use you probably knew that the person who died had got into difficulty with one or both of these before they died (however, if this is not your experience you might want to skip this section and go straight to 'Finding out about the death').

Your
bereavement
will take its
own time.
There are no
short cuts

The idea that you may have begun grieving before the death of someone may seem strange. However, given that bereavement is what happens when we lose someone or something of value, it follows that you may have been already grieving losses before the person died. For example, families often say that it is as if the person they knew before drug or alcohol use became a problem has 'died' and their loved one has become someone they don't recognise. Sometimes this is called a 'double bereavement' - first, over the years, the loved person has changed so much it is hard to remember what they were like and then after their death, there is the pain of the actual bereavement.

You may also have begun to grieve in anticipation of the death, just as you may when someone you love is suffering from a terminal illness. Many people bereaved through drug or alcohol use say that the death seemed to be inevitable. This can be particularly true where someone died through suicide and had made repeated attempts before succeeding.

You might also have been grieving before the death because you had lost your hopes and expectations for the person who used drugs or alcohol. For example, perhaps you had lost hope that they would stop using, or you lost your natural expectations for them such as academic success, a good job, fulfilling relationships, or having a family.

Lastly, you may have been grieving for the loss of 'normal' family life, of money or possessions that were stolen, of Christmases and other significant dates when someone was absent or behaved disruptively or disturbingly.

...your
experience of
grieving
before the
death is
normal ...

In all of these situations your experience of grieving before the death is normal and is an inevitable consequence of problematic drug or alcohol use. These losses needed to be grieved for in the same way as any other: emotions expressed, adjustment to a new reality, and becoming reconciled, as far as is possible, to what is left unsaid, unfinished or unresolved before someone died.

Finding out about the death

As with any death it is usual to feel shock when you first find out. Even when you knew someone was likely to die, when it actually happens it is still a terrible shock. If you didn't expect it, or didn't even know the person had a problem with drug or alcohol use and all that went with it, shock is an inevitable reaction.

Feelings of confusion and incomprehension are common too. Drug or alcohol use can be hard to understand, the circumstances of the death may be unclear and these are not 'natural' deaths. Inevitably, it can be really difficult for you to make sense of it all.

You are also likely to feel deeply distressed. This is especially true if the death occurred in traumatic, painful or lonely circumstances.

Perhaps you have already had to cope with multiple traumatic incidents while your loved one was alive, and now, after their death, you may be more than shocked, you might actually be traumatised. The risk of this is higher if you found the body of your loved one or tried to resuscitate them. However, people can be also traumatised by simply knowing that someone they loved went through a lonely, painful or frightening death. Trauma is something you may not understand so we have included the following information to explain more.

What is trauma and how can you recover?

Trauma is a severe emotional shock that affects the body and mind and can follow an experience that you perceived as overwhelmingly frightening.

When you experience a severe shock or fright your body's survival response may be automatically activated to protect you. This is a normal response to an event that is extremely distressing and abnormal. It is an automatic response not unlike a reflex, so is out of your conscious control. This survival response is sometimes called the 'flight or fight' response but, in trauma is actually a 'flight, fight or freeze' response. Your brain instantly decides you can't survive by running away or taking 'flight', you can't 'fight' your way out of this situation either, so it is best to 'freeze'. This is a state of altered reality where time slows down so, you can take your time about what to do next and you feel no fear or pain. The price you pay for such a useful survival response is that once this 'freezing' has been switched on it can be slow to switch off. You may continue to experience flashbacks, nightmares, intrusive thoughts about what happened, emotional numbness, difficulty sleeping and feeling overly alert, anxious or aggressive as your body is triggered back in to 'flight, fight or freeze'. It is as if a part of you hasn't got that it is over and that you survived.

All of these reactions can be part of normal bereavement; however, it is important that you see your doctor if you find these unpleasant experiences continue for more than a month or two, or three at most. With the right help, such as trauma counselling, you can learn to cope with trauma and your 'emergency survival response' switches off again. Bear in mind that any medication that your doctor gives you for trauma will only help you to cope with the symptoms and won't cure it. If you are suffering from trauma, you will need lots of support but, you can recover.

Trauma is a
severe
emotional
shock that
affects the body
and mind

Chapter 2

Bereavement: The early days

There is no set pattern to bereavement. The circumstances of the death, what else is happening in your life and your own ways of grieving will all affect your bereavement. Below we explain some of the more typical experiences you might be having.

The first few days to a week or two

In those first few days you may have had a period of feeling strangely numb and withdrawn. You may have found it hard to believe the news is true and be in a state of denial; perhaps it felt as though all of this was just a bad dream and any minute your loved one would walk through the door. This is like the 'lull before the storm' and may be the body's way of giving you time to prepare and deal with practical things before the emotional intensity of grieving starts.

You or others close to the person who died will need to make a decision about whether to view him or her. This is a very significant choice. You might find it distressing or shocking or you might find it brings you a sense of relief to see him or her at peace... or even both feelings at the same time. This might be the last chance to say goodbye and other important things. Do think carefully about this decision. It is a good idea to go with someone who can support you.

You may find you are unable to concentrate on anything at this stage. For a while it might feel as if you have become a different person to your normal self. Feeling so disorientated or disorganised is distressing; it will pass but, it takes time.

You may also have unexpectedly found you felt something like relief, which may then lead to you feeling guilty. However, the years of enduring the chaotic behaviour associated with drug or alcohol use have finally come to an end, as has living with the constant fear that one day your loved one would die. If you see it that way, then relief, along with the many other reactions you'll have to the death, is to be expected and is not something to feel guilty about. People have reported thoughts such as:

- I'm relieved that the drug/alcohol use has stopped now.
- I don't need to worry now and the chaos is over.
- He/she looked at peace for the first time in years.

To feel relieved that you no longer have to cope with the difficult and painful experiences associated with addiction, or to feel glad that someone is at peace, are normal, healthy and inevitable reactions. Although guilt is often part of bereavement, you have no need to feel guilty for these natural reactions. On top of all this you are likely to be experiencing many other emotions too, including great sadness.

Acute grief

After this 'lull' usually comes the 'storm', which is a prolonged period of powerful grief. Typically you'll experience overwhelming emotions including deep sadness, anger, anxiety, guilt and loneliness; bodily reactions like loss of appetite, tearfulness, disturbed sleep, low energy and dry mouth; thoughts such as endlessly going over what happened, asking yourself 'why' or 'if only' and remembering the past.

You may well find this acute phase distressing, frightening and disorientating. In fact, it is not uncommon to fear you are 'going mad' as the barrage of emotions sweep over you. Remember, grief is powerful and that is why you feel so bad at the moment.

As difficult as this time is, you may have periods that are oddly calm or seem normal in the midst of it. As well as this, some people bereaved through drug or alcohol use can find that coping with the death wasn't as bad as they had feared whilst the person was still alive.

It is quite natural if at this overwhelming time you find it hard to feel for other people's problems which might seem quite insignificant to you, compared to your grief. You haven't suddenly become uncaring; it's just that right now you are unable to cope with anything else.

Lastly, you may feel you wouldn't choose for your life to be how it was before the person died, because of the devastating impact that drug or alcohol use

For a while it
might feel as if
you have
become a
different
person to your
normal self

have had on your life (although you would still want to have the person back again, healthy and well if that were possible).

This period of acute grief usually lasts for many months, and may well be longer in a major bereavement, such as the one you are experiencing.

We really want to encourage you to take care of yourself during this very difficult time. It is not unusual for newly bereaved people to be more vulnerable to falling ill, so try to look after your physical needs as well as your emotions. For some help and advice on how to care for yourself, see the section 'Coping with bereavement.'

Coming to terms with the way someone died

At this time you may be beginning to come to terms with the circumstances of the death, including what happened leading up to it, the way the person died and the events that followed immediately after. All these circumstances can increase the difficulties you have as you cope with your bereavement. Below are examples of some of the extra difficulties you might face:

- Fearing the death was traumatic, painful or lonely, and that your loved one suffered.
- Believing you could have prevented the death.
- Believing the death could have been prevented by other people.
- Not knowing much about the circumstances of the death; there are unanswered questions and you feel information may have been withheld from you.
- Where someone died 'before their time' and didn't get to complete their full life cycle. It is easier to come to terms with an ageing relative dying after a long and fulfilled life, than it is for someone whose life ended prematurely and wasn't fulfilled in the ways you had hoped for. Drug and alcohol related deaths are usually like this, so they tend to produce more complicated and severe bereavements.
- Where the death was a suicide. The knowledge that someone chose to end their life and that they chose to leave you is particularly difficult to come to terms with.
- Where the body has not been found or cannot be given to you because of legal or medical proceedings. The 'relocation' of someone's body, to a grave for example, and having a funeral are important parts of bereavement. Not being able to do these is distressing and often 'holds up' your bereavement.

It is not unusual
for newly
bereaved people
to be more
vulnerable to
falling ill

Delaying the intense period of grief

As suggested above, in some situations the acute phase of grief may be put 'on hold' by the bereaved person. This may happen where you do not have the

body of your loved one and are therefore unable to have a ‘proper funeral’ and say goodbye formally. Other situations might include waiting for the results of an autopsy or for the Coroner’s inquest. There may be other major life events you are dealing with at the same time, such as pregnancy, important exams, or caring for another relative.

All of these things may subconsciously make you feel you don’t have time or energy to grieve just now and it can come as a shock when strong feelings of grief then hit you sometime after the actual death.

Other things that might be happening

Drug and alcohol related deaths can result in many other difficulties too. Any one of these would probably be very demanding at the best of times and are particularly stressful and distressing when you are also coping with your own grief. Some examples are:

- **Other people not fully understanding what has happened.**

You might find that friends, neighbours or colleagues at work don’t appreciate how significant and difficult this death has been for you. Worse still, they may judge or criticise your situation, or you may feel afraid that they will be judgemental if they knew the cause of death. Regrettably, some people may have more sympathy for someone whose relative died through an illness such as cancer rather than through drug or alcohol use, even though the loss is equally devastating. Judgement or the fear of judgement can lead to you feeling isolated, stigmatised and that somehow your situation is less valid than that of other bereaved people. This can make it very difficult for you to speak about your loss. Some people have felt so stigmatised by the nature of the death that they feel they have lost the right to speak. At DrugFam we understand the enormity of your loss and do not judge either the person who died or those like yourself who are affected by their death. Look for support from people who do understand and avoid those who don’t. Lastly, if your work place doesn’t understand your needs at this time, it is possible to seek employment advice from the Citizen’s Advice Bureau, see www.adviceguide.org.uk.

- **The difficulty of telling other people what has happened.**

This might be the first time you tell relatives or friends that the person who died was a drug or alcohol user, information which may produce shocked or resentful reactions. You may well find it very difficult to talk about and it might be easier to write to people rather than speaking to them. It may be a good idea to produce a single letter on a computer to save you having to speak to lots of people or write it out many times. Ask others to share the workload and say when you have reached your limit.

Judgement or
the fear of
judgement
can lead to
you feeling
isolated

The attitude of professionals can feel negligent, judgemental or unsupportive in drug or alcohol related deaths

- **Dealing with practical matters.**

This may include clearing away your loved one's personal effects, putting their affairs in order, being executor for their will or looking after children who no longer have a parent. This is a difficult time and there are many things to sort out. It can be helpful to keep a pen and pad handy so you can write down what you have done and what needs to be done anything to help you feel a bit more in control in these demanding days and weeks.

This booklet is too limited to cover every practical matter you may be dealing with. However, we really want to encourage you to get as much help as you can at what is already a very difficult time. The Citizen's Advice Bureau is a good start. Ask other family members for help and say when you have reached your limit. You will find more information in the chapter, 'Official procedures after an unexpected death' below.

- **Intrusion by the media.**

Drug related deaths are often reported in a sensationalised, judgemental and insensitive way. Often the media soon lose interest and move on to the next story but, occasionally the intrusion can get really bad. In the unlikely event that this happens to you, consider living away from home for a while and getting legal help.

- **Contact with unfamiliar professionals such as the police, paramedics, hospital staff, the Coroner, undertakers, or other officials.**

Sometimes the attitude of professionals can feel negligent, judgemental or unsupportive in drug or alcohol related deaths; for example, you may feel the police judge your relative unfavourably because they were a drug or alcohol user or that paramedics didn't try hard enough to save them. In addition to this, you will need to deal with the coroner and wait for an inquest. This is probably a very unfamiliar situation for you and it can be hard to know where to find helpful advice. It might be several months or even years before the legal process is completed. The knowledge that there are unpleasant and stressful experiences to be endured make the experience of bereavement even more gruelling.

Shame and Stigma

A common theme running through much of this is the sense of stigmatisation and shame that those bereaved by drugs or alcohol often feel. We can feel we are somehow unacceptable and this can cause us to want to withdraw from other people. This clearly adds further distress at what is already a very distressing time. Many of us at DrugFam know this feeling and we want to emphasize that we believe you have nothing to be ashamed of.

However, it can feel unbearable if you are on the receiving end of someone else's judgement, or to hear a drug user dismissed as 'just a junkie'. For this reason we encourage you to remember it is always your choice how much information you give to anyone, friend, acquaintance or work colleague, about your loved one's cause of death. If you do experience difficulties in your work place advice is available via the Citizens' Advice Bureau.

In light of the above, it is easy to see how taking good care of yourself and paying attention to how you cope with these difficulties is particularly important. We have therefore included the next section to help you. We have also included sections on practical information at the end of this booklet.

It is always your choice how much information you give to anyone, friend, acquaintance or work colleague, about your loved one's cause of death



Chapter 3

Bereavement: Some ideas that might help you

Some ideas that might help you

We suggest that you give yourself time to step back and consider how you are coping. It may also be a good idea to revisit how you are coping from time to time because bereavement changes over the months and so will your circumstances.

To help you think about this, we offer three questions that you might want to ask yourself. After these we offer you ideas that others have found helpful. Lastly, there is information about bereavement counselling.

1. What resources do you have to help you in your bereavement and are they enough?

By 'resources' we mean all those things that you do that help and all the things others do that help too. The more effective your resources and the more of them you have, then the better equipped you are to grieve and to manage life's challenges.

Do you have enough resources? If not, see the Support Pyramid a few pages on and ideas others have found helpful.

Examples of resources include:

- talking to yourself in a compassionate, empathic and nurturing way, such as saying to yourself, 'All I really have to do today is breathe' or 'I will survive'.
- being able to nourish and care for your body: for

example, taking care of your need to eat well, get exercise, rest and relax.

- being able to make sense of your emotions, allowing yourself to feel them and express them effectively (as far as seems manageable for you at any one moment).
- being able to ask for help and do so without embarrassment or guilt.
- having people who can help you with practical things.
- having people who you feel comfortable talking to.
- being able to choose and to manage when to grieve and when to get on with the rest of your life.
- distracting yourself from your grief for a while. For example, putting time aside to watch a silly film or a light sitcom.
- taking one day at a time, don't look to the future yet.
- talking to the person who died.
- remembering the death doesn't take away what was good before the death.
- remembering you don't have to be the strong one in this case. It is okay at this time to delegate. Accept help, particularly in practical ways like home cooked food parcels/admin over funeral etc. People like to feel needed.

The more
effective your
resources the
better equipped
you are to
grieve and to
manage life's
challenges

2. What are your past experiences of separation and loss?

People who have had difficult or traumatic experiences in the past, whether of death, separation or abandonment, are more likely to find it hard to cope with later bereavements. This may be particularly relevant where these past experiences were in childhood or not grieved for effectively at the time. For example, the death of, or separation from a parent in childhood, can lead to more severe bereavements in adulthood. This is because these difficult or traumatic experiences can be re-stimulated by a loss in later life.

Do you consider that you have such a history? There is help available to help you make sense of what has happened to you. Seriously consider looking for additional support, such as that provided by a good bereavement counsellor.

3. What other circumstances are you dealing with, which might affect your grieving?

Whatever is going on in the rest of your life will have a significant impact upon your bereavement. Ask yourself about the following:

- Do you have additional major stresses in your life, such as poor housing, being in debt, unemployment, imprisonment, being in a violent or abusive relationship or having caring responsibilities for others, etc?
- Are there 'secondary losses' that have occurred because of the death, such as losing the income from the person who died or possibly losing the family home?

Bereavement is one of the most stressful, demanding and exhausting experiences we can have

- Are you living in a culture or country that is different from your own where it is harder for you to find the support you need?
- Have you lost your faith or started to seriously doubt your religious beliefs as a result of the death? (Your religious beliefs can also be very supportive at this time too).
- A death often means very different things to family members and those family members grieve in their own ways too. Is there the risk of family conflict or disagreement over such differences?

If you are coping with any of these, as well as your bereavement, then we want to encourage you to get any extra help and support you need.

Adding to the resources that will help you

The following section covers a range of ideas and resources that other bereaved people have found helpful. We want to encourage you to pick out the ones that appeal to you and have a go at using them. See if you can make something useful out of it to help you cope better. Like any new skill, you will probably need to practice and modify the ideas before they become really effective. However, if they are not enough and everything feels too hard to deal with, we urge you to get some professional help; see your GP or find a good bereavement counsellor. We say more about that at the end of this section.

Being a 'good friend' to yourself

We all talk to ourselves. Many people talk to themselves in a way that is critical, harsh, unforgiving and even rude. Think for a moment how many friends you would have if you spoke to them in the way you talk to yourself? Bereavement is one of the most stressful, demanding and exhausting experiences we can have. This is the time in your life when you most need to be a 'good friend' to yourself. Consider how you would treat your best friend or a close family member if they were going through what you are. You would probably give them compassion, care, respect and kindness. Have this attitude towards yourself at this difficult, painful and stressful time.

Managing your bereavement

Here we suggest 2 ideas you might find helpful.

1. 'Putting it in a box' when you've had enough.

This is a tool to control when to grieve and when to get on with the rest of life. It helps people to know that their bereavement can be managed and that they can choose when and how they do it. However, during acute periods of grief this may not work so well. You will need to practise this before you find it effective.

Using all your senses, create an image for your bereavement. Now imagine

putting it in a box or other container, again using all your senses. Then imagine closing the box and sealing or locking it. Next, imagine putting it up on a shelf, knowing it is safely out of the way, leaving you free for a while to get on with your life. It can help to close your eyes while you imagine all this. Be assured that you can take down and open the box up again when you choose to and express your grief.

If the emotions or thoughts associated with bereavement come back before you are ready to deal with them, gently imagine yourself putting your bereavement back in the box and up on the shelf again, knowing you can take it down again when you choose. You may need to repeat this a few times before it'll stay there.

Regularly take the box down, open it up and 'take out' the bereavement at a time and place that is safe and convenient for you. This tool is about managing when to grieve, not about putting it away forever! At some point grief needs expressing and doesn't go away. When you do take your box down and give time to your grieving you might find the following ideas help you to engage with your memories and emotions:

- **Writing to the person who has died.**

Another way to help you get in touch with your grief is to write a letter to the person who died. This can be helpful as a way to say things you didn't get to say, to say 'goodbye', to record precious memories, to say what you miss about them, to say what you still find difficult about them and what you still love about them.

- **A 'memory box', photos and other triggers to grieving.**

You might find it helpful to have objects that remind you of the person who has died to get in touch with your thoughts and emotions. You could use these with the 'box' described above at those times when it feels right to express your grief. This can include a box of possessions, photos, items of clothing, or anything that is significant to you.

- **Listening to music.**

Some people find certain pieces of music a useful way to get into the right mood to grieve.

2. The Support Pyramid – Adding to the support that you have

The following is a little paper and pen exercise to explore the support that you have. It works well with the question at the beginning of this section: 'What resources do you have to help you cope and are they enough?' It is called the Support Pyramid. Support means anything that helps you cope with the challenges in life and comes from four sources:

This is the
time in your
life when you
most need to
be a 'good
friend' to
yourself

Usually the more challenging something feels, the greater the support we need

1. Within Ourselves.

For example:

- being a good friend to ourselves.
- forgiving ourselves when we make a mistake.
- rewarding ourselves for achievements.
- taking care of our body's needs such as sleep, healthy diet, exercise.
- making time for ourselves to express our feelings.
- talking to ourselves in a helpful and compassionate way.
- accepting when we are trying to achieve too much and doing less.
- giving ourselves a treat to say 'well done'.

2. Emotional support from other people.

For example:

- talking to people who care about us when we find life difficult or painful.
- being with people who encourage us and enjoy our successes.
- someone who we can discuss a problem with.
- Facebook groups. You might want to set up a group to commemorate or celebrate the person who died.
- talking with others who have experienced a death through drug or alcohol use.

People bereaved through drug or alcohol use often report that they found unexpected sources of support from others. What seemed to matter was that the person had some understanding of drug and alcohol use and was someone they felt comfortable talking to.

3. Social Support from other people.

For example:

- Doing things with people where we distract ourselves from bereavement to have a break from it.
- Spending time with people who take us as we are and who we enjoy being with; people who make us laugh or who we can do things we find enjoyable with... art class, cinema, football, eating out etc.

4. Organisations who offer support.

For example:

- DrugFam.
- Local bereavement services, such as Cruse Bereavement Care.
- There are many organisations that offer specialist support and we have listed several at the end of this booklet.

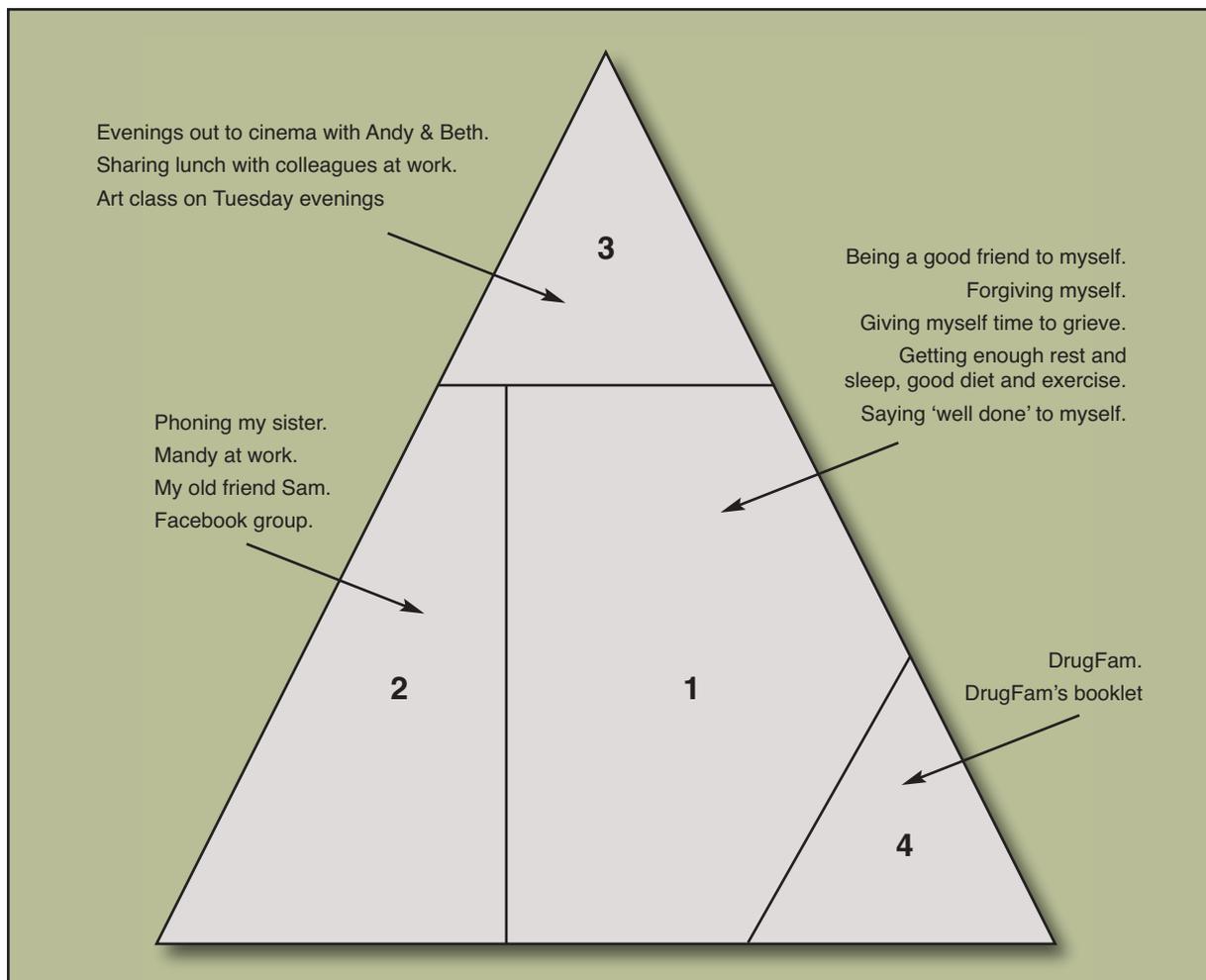
Usually the more challenging something feels, the greater the support we need. When we are challenged deeply by a major bereavement and are well supported, the challenge, though still daunting, can become more manageable.

Now spend some time thinking about all the support you have from these four sources. Next, draw a triangle that represents the size of all the support you have. Then divide the triangle into four parts, each representing the proportion of support you have from each source. Make some notes next to your drawing listing all the sources of support you may have from every source. Here is an example of a Support Pyramid:

Now draw a new triangle on a new piece of paper. This triangle represents the amount of support you consider you need to help you with your bereavement. Next divide it into four to represent the proportions of each source you consider you need.

Lastly, compare the two pyramids and notice how they are different. This will tell you where you need to develop your support. We encourage you to let yourself have that support. A good bereavement counsellor can help you to do this if you struggle with it.

(With thanks to Jim Kuykendall, bereavement specialist, for the ideas of The Memory Box and The Support Pyramids.)



Bereavement counselling

Good counselling is about so much more than someone just listening to you talk! A competent bereavement counsellor will enable you to help you make sense of what is happening, grieve effectively, cope better and, in time rebuild your life. As with any profession individual counsellors vary; some are better trained, some have more experience and some just feel right and are a better 'fit' with us than others. We therefore want to encourage you to:

- Select your counsellor carefully and find out how well trained and experienced they are in bereavement work.
- Check they have some understanding of drug or alcohol use and the ways that it can complicate your bereavement.
- Ask yourself if you feel comfortable talking to them, whether they understand the circumstances of your bereavement, and whether you trust them enough to engage in counselling. Consider changing your counsellor if you are not finding the relationship helpful.

You can find free or low cost counselling from a bereavement counselling service, like Cruse Bereavement Care, by looking on your local Council's website, asking at the library or Citizen's Advice Bureau, or asking your doctor.

You can find private counselling, which you will have to pay for, by looking on the British Association for Counselling and Psychotherapy's website www.bacp.co.uk or on the Counselling Directory website www.counselling-directory.org.uk.

Lastly, remember that bereavement counselling is not a 'quick fix'. You might find it helps straight away or you might find, to your dismay, that you feel somewhat worse, as you lay your feelings out and examine them. If this happens then a good counsellor will help you to keep it manageable. You may need to stick with it because it generally takes time to be effective.

Medication

There is no medication designed for bereavement. However, some doctors are willing to prescribe medications like anti-depressants, sleeping pills and minor tranquillisers. These may provide temporary relief from the symptoms of depression, sleeplessness or anxiety. However, they do not 'cure' these and you will still need to grieve for the loss of your loved one.

We believe it is a personal choice whether you want to take medication or not. We want to encourage you to make an informed choice whether to take medication or not, where you balance the short term relief from distressing symptoms with the potential side effects and risks of medication. Your doctor and pharmacist can help you here.

Chapter 4

Bereavement: Beyond the early days

As time goes by you'll notice that your bereavement changes. The intense emotions become less frequent, you find that your mind is not so dominated by thoughts of your loss and that there are times when you are able to focus on other things. Gradually these times will increase and what has been called 'a new normality' begins to emerge. This expression holds the idea that though your life has changed and will never be the same, you are in the process of building a new kind of life; it may be not the one you would have chosen but, one that is gradually becoming more familiar to you.

However, you will revisit your earlier feelings of bereavement from time to time; there will be days when suddenly you feel the intense pain again almost as if the loss has just happened. Some 'triggers' or 'trip wires' that may set off feelings of acute bereavement again, even years after the actual event, are listed below:

- Significant dates such as birthdays, Christmas and other anniversaries.
- Suddenly glimpsing someone who looks rather like the person you lost.
- Being reminded of the events of their death, maybe through watching a film or a news report.
- Looking back through some of their personal possessions that you have kept, or

rediscovering an item at the back of a cupboard that has special associations for you.

Sometimes it is hard to know why you feel bereft again. The emotions just come back- you don't always need a reason. At times like these it is important that you take care of yourself. Remind yourself of what helped you before, remember that it will become easier again, no need to be anxious about looking for support if you need to.

You may also find that the secondary losses become important. For example, you might feel upset when others talk about grandchildren that are on the way, when you have lost this hope, or perhaps someone is talking about being the best man at a brother's wedding and you have lost the chance to ever fulfil such a role. Triggered emotions such as these can be just as significant and painful in their own way, as facing up to the original loss.

Feeling depressed

Feeling depressed is a normal aspect of bereavement. It is not always easy to distinguish between the inevitable sadness that follows bereavement and being depressed. Being depressed is having a low mood that persists over time and leads to a disrupted or impaired ability to function normally. Additionally, people tend to have a loss of energy, fatigue, thoughts of death, poor concentration, feelings of worthlessness or guilt, too much or too little sleep, and a loss of interest or pleasure in life.

It has been suggested a person may feel depressed when they believe their situation is hopeless and they feel powerless to change it. This belief is replayed over and over again in their mind, resulting in repeating negative thought patterns that may lead to the symptoms described above.

It is perfectly normal to feel desperation and helplessness after a loved one dies. He or she isn't coming back and there is nothing you can do about it. Also, there may be much to cope with that feels overwhelming. Therefore, it is no wonder that you may suffer from a depressed mood and emotions for a time. This usually lifts after a while, often within a few months. It may well be a good idea to talk to your doctor about your feelings and they can assess whether you need further help. It might also be a good time to consider counselling.

On top of everything, you may also feel depressed because of financial, housing or other practical problems that have arisen as a result of the death. In these situations, practical resolution of the difficulties, wherever possible, may be the most effective way to lift your mood. Again, we urge you to look for support from organisations such as the Citizens' Advice Bureau, see www.adviceguide.org.uk.

though your life
has changed
and will never
be the same,
you are in the
process of
building a new
kind of life

‘Unfinished business’

The expression ‘unfinished business’ is sometimes used to describe all those things which have been left uncompleted or irresolvable after any death and particularly one that was sudden and unexpected.

Sadly, drug or alcohol related deaths often leave us with a sense of things done or not done that can’t be altered. You may find you have repetitive or cyclical thoughts about your loved one, your relationship with them and the way they died. Along with these thoughts often come difficult and painful emotions such as guilt, anger and sadness. Here are some examples of the confused feelings and emotions which leave us with a sense of ‘unfinished business’:

- Like many people bereaved through drug or alcohol use you probably didn’t get a chance to say goodbye to the person who died. This alone can leave us with profound feelings of anxiety or sadness.
- Maybe there are things that were said or done that cannot now be resolved or apologised for. You may feel guilt and deep regret. Remember that people who are addicted often justify their drug or alcohol use, or avoid responsibility for it, by blaming others. Perhaps you were manipulated into feeling guilty by your loved one? Remember that whatever you did or didn’t do it was not your fault that someone used drugs or alcohol; the choice to use was the responsibility of your loved one alone.
- Perhaps you wonder what might have happened if you or someone else had done things differently.
- Perhaps you keep asking yourself ‘why’ and try to make sense of what happened.
- You may both love the person who died and at the same time hate aspects of how they behaved and things they did or said. Grieving for both the loved and the hated aspects is complicated and difficult, leaving you feeling very confused or guilty.
- You may feel anxious or angry at the thought that they might have chosen not to come back to you even if they could, such as when someone committed suicide.
- You may feel upset that the funeral rites followed were not in step with your own cultural and religious expectations. Perhaps you felt excluded and kept at a distance.
- Perhaps you feel ambiguous about the death. For example, maybe your relative had a history of severe mental health difficulties, or their addiction had caused you to live through many chaotic and demanding years. As a result, though you are grieving deeply, you also have some feelings of relief.
- Perhaps you or another family member might now be expected to care for the children of the person who died. You are likely to have strong feelings about this unexpected and unlooked for role, however much you love the children involved.

drug or alcohol
related deaths
often leave us
with a sense of
things done or
not done that
can’t be
altered

eventually,
perhaps after a
long time, you
will feel more
hopeful again

- Often a drug or alcohol related death doesn't follow the 'natural order of life', where we assume parents will die before their children. If you are in such a situation, you may find that your bereavement will be triggered by events such as attending the wedding of a young person of a similar age, or hearing that a young person has passed their exams or graduated from university. Then, on top of everything you may feel guilty for feeling upset or sad, when really you believe you should be celebrating someone else's success.

It is very natural to try to resolve such issues by repetitively running them over and over in your mind. This is a normal part of bereavement and, as stated above, drug and alcohol related bereavements often result in more unfinished business than usual. This tends to complicate and prolong your bereavement, and adds to what needs to be worked through. You might find it helpful to look at issues such as these with a counsellor who is skilled in such work.

Hope and the future

Losing a loved one through drug or alcohol use is a devastating experience. It may be the worst thing that has happened or will happen to you in your life. It is not surprising if you fear that you'll never get over the death, cannot imagine having a 'normal' life again and feel no hope for the future. It can feel very hard to think about the future when each day is a struggle to get through. Even after so-called 'uncomplicated bereavement', for example one where the person who died was of great age and in poor health, it can be difficult at times to imagine returning to normal again.

However, eventually, perhaps after a long time, you will feel more hopeful again and also come to see that it is possible to have a meaningful and satisfying future, though not the one you had imagined for yourself before all this happened.

Below we share with you some of the ways this might happen:

Finding renewed purpose for your life.

Bereavement is a combination of both facing the reality and enormity of your loss and pain, and learning that it is possible to live a fulfilling life again one day. It can be helpful to think that the life you go on to lead without your loved one will be your best memorial to them. Thus, though the death is a bad thing that has happened and nothing can change that, you can still achieve good things.

Finding meaning and creating sense from the senseless.

You will probably find that you have a need to try and make some sense of your loss. We seem to have a compulsion to bring things together into some kind of coherent story that means something to us. Without this an

experience is not just senseless but, almost impossible to live with. You will have your own story which will be important to you and over time you will find ways of weaving your loss into your continuing life story.

Bereavement can be an experience that over time holds within it the potential for gain and for your personal growth.

It can be the crisis that leads someone to seek help and through this face other personal difficulties they have not dealt with before. For example, getting to complete the grieving for previous losses in life. Through surviving this experience, you may find you feel stronger and more confident and develop new ways to cope with life's difficulties that help in the future. In loss there can also be gain. 'If I survived this I can survive anything'.

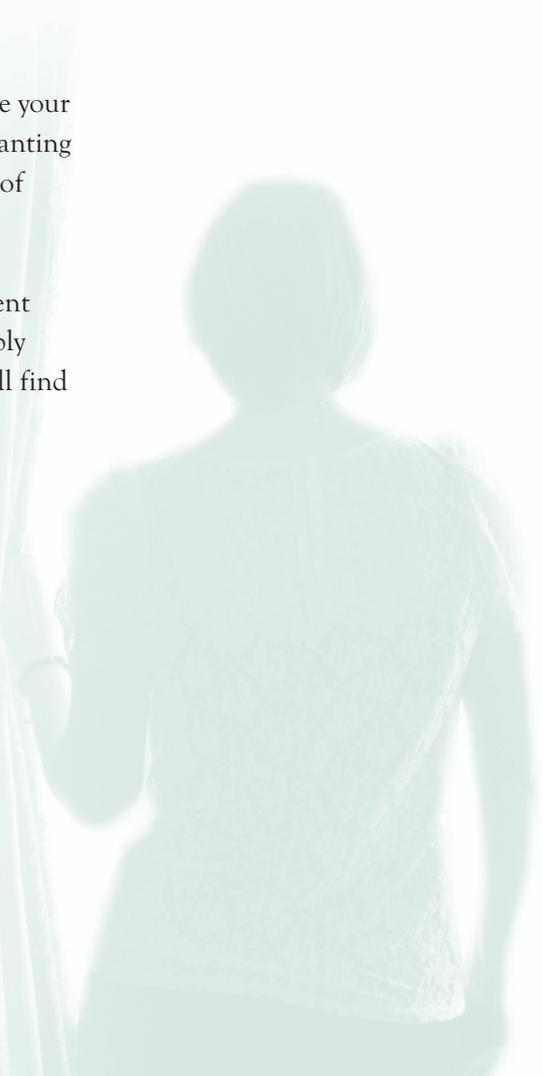
Often bereaved people want something 'good' to come out of something so 'bad'.

One person might start to volunteer for a charity that is linked to the cause of their loved one's death. Other examples are erecting a park bench or other memorial, doing a fund raising event or having an annual ceremony or social event to remember the person. What matters of course is doing something that seems significant, meaningful and manageable to you.

An affirmation of your own life.

Like many bereaved people you may find that through losing a loved one your own life is affirmed. There can be recognition that life is short and of wanting to make the most of it, or a sense of 'I owe it to them to make the most of mine'.

All of this takes time, years even, and as with other aspects of bereavement there is no right or wrong way. As you reflect, talk with others, and simply remember happier times and what your loved one meant to you, you will find your own ways of healing and rebuilding your life.



Chapter 5

Bereavement and children

In a short booklet like this it is not possible to cover all aspects of bereavement in depth. However, it is important to remember that children and young people need to go through bereavement too. There are specialist support organisations that can give you more information about the issues that children and young people face in bereavement such as the Child Death Helpline, Compassionate Friends, Care for the Family, Daisy's Dream, Twinless Twins and Winston's Wish (see the chapter on websites and useful organisations).

Here we highlight just a few brief points:

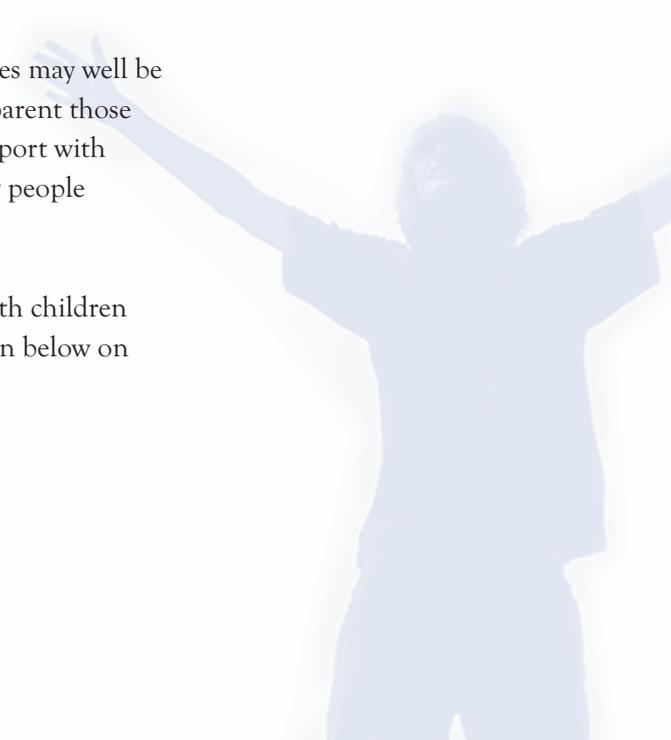
- Children and teenagers don't 'get over it more quickly' and it may not be better to keep them away from the rituals and ceremonies of death, such as a funeral. By the time you read this it is likely you may have already had a funeral and if you felt it was best to keep the children at home, don't worry. Perhaps you could think of other ways you could create a ritual for them which would help them to feel included. Include them in any decisions about this and respect their wishes.
- Children, particularly younger ones, can really struggle to make sense of what death means and this can complicate their bereavements. You may find they ask you lots of impossible to answer questions. It's best to be as honest as you can, always remembering the child's age and ability to understand. On the positive side, hard though it

keep in communication with teachers,
GPs and others who are involved in their
care and development

is, it is good that they are talking. Be as patient as you can. Alternatively, you may find they don't talk much or seem more concerned about other aspects of their life such as what happened to their rabbit. Again, don't worry; they are just trying to get their head round difficult experiences.

- The death of a parent or a sibling has profound implications for the future social, emotional and practical development of a child or teenager. Do keep in communication with teachers, GPs and others who are involved in their care and development. Where the child was cared for by a drug or alcohol user they may have already experienced neglect, abandonment or rejection, which again can complicate their bereavement.
- As children have limited understanding of the world beyond themselves and their immediate concerns they may see the death as being their fault. They can fear they did something naughty which made it happen and blame themselves. This is particularly true of younger children. Needless to say it is important that you reassure them the death was not their fault.
- Remember that the adults in children and young peoples' lives may well be grieving themselves. At this time they are probably less able to parent those children and young people, and may be less able to provide support with bereavement. Needless to say this can leave children and young people vulnerable at what is a very difficult time.

We encourage you to get specialist guidance and support for both children and teenagers, and for yourself as a parent/carer. See the Section below on organisations that can help.



Drug and alcohol related deaths not caused by addiction

It is not always the case that a person who died through drug or alcohol use was addicted. If this is your situation, you may find it painful if other people assume that your relative or friend was an 'addict', as you may feel this is a label that carries shame and stigma (at DrugFam we do not believe there is anything shameful about addiction). Other ways in which drugs and alcohol can result in death are:

- Using drugs again after a period of abstinence, taking the amount used in the past and accidentally overdosing as tolerance to the substance has dropped.
- Accidents associated with drug or alcohol use; for example, road traffic accidents caused by drink driving.
- People who have a condition like epilepsy have an increased risk of a seizure if they drink alcohol heavily.
- Young people may die as a result of experimenting with very dangerous drugs such as lighter fuel or heroin just once.
- Binge drinking excessive alcohol that results in 'overdose' and death.
- Illnesses such as hepatitis C that may have been contracted years ago through drug or alcohol use that had long since been recovered from.
- Death through suicide. Organisations such as Survivors Of Bereavement by Suicide (SOBS) offer specialist support (see Chapter 10 for details).

Whatever your situation and the events that have led up to your loss it is helpful to remember that your relative or friend was a loved person with their own life story and circumstances that eventually, for whatever reason, culminated in their death. They are always more than an 'addict' or 'alcoholic'.

If you have read this far, we hope you have found something to help you and that rings true, at least in parts, with your own feelings and situation. We are now moving on to more factual information about drug and alcohol use.

Understanding drug and alcohol use

We thought that you might find it helpful to know more about addiction to drugs and alcohol to help you make sense of what happened to the person who died. However, you might find you don't want or feel able to think about these things at the moment. You will know when you feel ready. If it's unhelpful for now, please leave out this section.

According to the NHS website, addiction 'means not having control over doing, taking or using something harmful. You can't control how you use whatever you are addicted to and you become dependent on it to get through each day.'

Typically this can include

- an increase in drug/alcohol use over time.
- a growing preoccupation with drug/alcohol use.
- a perceived loss of control over drug/alcohol use.
- continuing to use addictive substances despite the negative consequences for themselves and for others.
- seemingly being unaware of the consequences of using addictive substances and, even when aware, still having difficulty in controlling or stopping drug/alcohol use.

There are many theories about the causes of addiction. At DrugFam we often hear how families blame themselves for their loved one's drug or alcohol use. Whilst this is a common belief we do not believe it to be true. Whatever a family did or didn't do, it is always the responsibility of the individual to start using drugs or alcohol and to keep doing so. Whilst addiction means not having control over using, as noted above, it is also true that people can and do choose to stop using. This is a paradox! See

www.nhs.uk/conditions/addictions for more information and several useful websites which might help you to understand more about addictions.

Official procedures after an unexpected death

Bereavement by addiction is difficult to cope with and is likely to have a profound impact on your family, friends and relationships. You may feel out of control, and even sidelined by the police and other professionals who can appear to take over. There will be many things pressing on your mind. We hope by including the factual information that follows, you may find that you have some of the answers to your questions at this difficult time, without needing to search for them. The section will briefly explain what happens after the death, including some of the terms that may be used and comments about the experience by those who have been bereaved through drug or alcohol use. The quality of service and communications with professionals involved can affect memories of the death, influencing grieving and long-term health.

There are specialist support organisations that can give you more information about official procedures like Inquest (www.inquest.org.uk) and Survivors Of Bereavement by Suicide (www.uk-sobs.org.uk). Also the Ministry of Justice produces a good booklet on Coroners and Inquests, (www.justice.gov.uk/downloads/burials-and-coroners/guide-charter-coroner.pdf).

Immediately after the death

All unexpected or 'acute' deaths, such as suspected overdoses, suicides and homicides, are subject to an official investigation involving multiple agencies. The term SUI (serious untoward incident) may be used in cases involving violence or self-harm. This is a very stressful time for families and confusion may arise as you try to make sense of complex procedures whilst in shock.

The Police, Coroner and Investigation

The scene of the death will be secured before the investigation and the Coroner (an independent judicial official employed by the local authority) will be informed of the death. The duty sergeant who will lead the investigation will attend the scene and may request that the Coroner's Officer is also present. A scene log will be created, photographs of the deceased and the scene may be taken, and items, such as drugs paraphernalia and personal possessions, may be removed.

The police will determine whether a crime has been committed and collect and record evidence for the Coroner's inquest. The Coroner has a statutory duty to investigate all unexpected deaths and hold an inquest to determine the cause of death and to certify the death.

The next of kin will be informed in person, and an 'appropriate' relative/carer will be required to identify the deceased. This is an extremely difficult thing to do and if possible it is advisable to take a friend or relative to support you if this job falls to you.

At some point you may be required to give the police or Coroner's officer a statement to help with the investigation. This may not happen immediately and it is a good idea to keep a note of the name(s) of the officer(s) that you are dealing with.

You may be asked for permission for information relating to the death to be used in official reports.

What some people have said:

There is often a lack of appreciation of how difficult the situation is to deal with and limited understanding of the nature of drug and alcohol use, or of addiction, and the impact that it has had on your family.

Although most professionals have good intentions, they can sometimes appear to be unsupportive and insensitive. This may be in contrast to previous contact you have had. When the next of kin is the contact for the police, this can add to distress and dissatisfaction with the investigation. Some felt the investigation was given a low priority due to the cause of death, which was seen in delays in the collection of third party statements. Some feel that because their loss is associated with drug or alcohol use they are stigmatized.

These experiences of dealing with professionals are personal and your interactions may differ and be more positive.

The Post-Mortem

The coroner will arrange for a post-mortem to be conducted either by a local pathologist or, if there is evidence that the death was linked to a criminal act, by a Home Office forensic pathologist. Although your consent is not required, if you object to a post mortem for religious reasons, you should discuss this with the Coroner's office. The report produced will provide factual, detailed information about the exact cause of death. Families who request to see a copy of the report often find the impersonality of the way it is written upsetting.

An interim death certificate is issued and the body is released allowing you to hold your loved one's funeral.

You may feel
sidelined by
the police and
other
professionals
who can
appear to
take over

The Toxicology Report

Post-mortem samples of blood, bile and urine are analysed to determine if alcohol, drugs, medications or volatile substances are contributory to the death.

Drugs commonly tested for include:

Amphetamines

Benzodiazepine drugs (e.g. diazepam and temazepam)

Benzoylcegonine (the chemical cocaine becomes when the body has broken it down)

Cannabinoids (the constituents of cannabis)

Chemically based drugs such as antidepressants

Dextropropoxyphene (e.g. co-proxamol) and antihistamines

Methadone

Methamphetamine (e.g. 'crystal meth')

3,4-methylenedioxymethylamphetamine (MDMA, 'Ecstasy') and related compounds

Opiate drugs (e.g. morphine and heroin)

The report produced is of a technical nature intended for use by professionals. You may request a copy but may find the style and content distressing.

The Inquest

(See www.justice.gov.uk/downloads/burials-and-coroners/guide-charter-coroner.pdf for information on coroners and inquests).

When the coroner is satisfied that the police investigation is complete and the post-mortem and toxicology reports have been received, the inquest, a legal inquiry into the cause and circumstance of death, can be held. This often takes several months to be scheduled and many families find it hard to understand why it takes so long. There may be a variety of reasons such as the need for a lengthy investigation or simply because it is a busy Coroner's office.

Deaths that occur in police custody or prison are also subject to an inquest but, are more likely to involve a jury.

The inquest is open to the public and the media may be present. Witnesses may be called. As an interested party you have the right to question these witnesses on issues relating to the medical cause or circumstances of the death. This must be arranged with the Coroner's officer in advance.

Once a verdict has been reached the death can be registered with the Registrar of Births, Deaths and Marriages, in the locality where the death occurred, and a death certificate obtained.

Time to really
look after
yourself and
find the support
you need

Some common anxieties about the inquest procedure felt by relatives and friends

- Waiting for the inquest, uncertainty surrounding the procedure and anticipation of what will be revealed, is distressing.
- Not knowing when the inquest will be held makes grieving difficult. Preoccupation with the death, constant worrying about how you will get through the inquest and fears of lack of support and increased feelings of isolation are not uncommon
- Believing that the cause of death makes scheduling of the inquest low-priority
- Feeling that little advice, support or explanation has been made available.
- Feelings of shock and distress knowing the body has been dissected and handled by professionals; hearing details of the body and its organs being discussed in the Inquest.

Uncertainty
surrounding
the procedure
and anticipation
of what will be
revealed, is
distressing

Anticipating and attending an inquest is very stressful. It is a time to really look after yourself and find the support you need.

What happens when your loved one dies abroad?

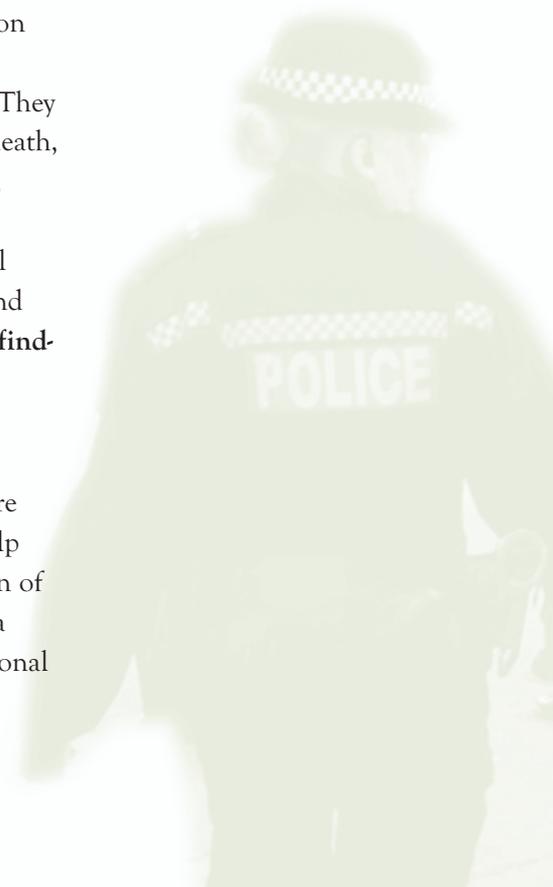
Being informed about the death

When the death has been reported to the British Consulate in the locality where the death occurred, the police will inform the next of kin if they are in the UK. If you are informed of the death by another party, you should contact the Foreign and Commonwealth Office (FCO) 24-hour helpline on 020 7008 1500. The staff will liaise with the Consulate staff abroad on your behalf on issues such as whether the body is to be returned to the UK or buried/cremated overseas and who will be paying any expenses occurred. They will also provide information on inquest procedures, how to register the death, obtain a death certificate and get the necessary paperwork for the funeral, whether that is to be at home or abroad.

If you are abroad when informed of the death, contact details for the local Embassy, High Commission or Consulate can be found on the Foreign and Commonwealth web site at www.fco.gov.uk/en/travel-and-living-abroad/find-an-embassy.

Bringing the body home

This can take some time and can only be done once local investigations are completed, which may include a post-mortem. The British Consul can help with obtaining the required documentation: a certified English translation of the death certificate, authorisation for the body to leave the country and a certificate of embalming. If costs such as hospital bills, use of an international funeral director and bringing the body back to the UK are not covered by insurance, you will be liable for this.



The Coroner, in the locality that the funeral will be held, must be informed of the death, allowing a decision to be made on whether an inquest or further investigations are required.

Having the funeral abroad

British Consul staff can help with sorting out the paperwork, finding a funeral director and ensuring that local regulations are adhered to.

Coping with a death that happens overseas can raise additional complications, beyond the bureaucratic ones. You may find it helpful to look for personal support as well as the official support that is available.

Chapter 9

Some personal stories

We have asked a few people to add a few words about their own experiences. Every situation is so different and we thought it would be useful to highlight that when it comes to bereavement through drugs or alcohol, there is no single story, just as there isn't in any other kind of bereavement. Thank you to all who have contributed.

Life after Dave

by **Sam Meech**

Nothing will ever prepare you for that knock on the door, for me that dreadful moment came in the early hours of 30th May 2009. I opened the door to a WPC and my heart sank because I knew that she was coming to confirm my worst fears that my little brother was dead!

My brother Dave had been trying to overcome his substance misuse for a number of years and during this time it had had a devastating effect on our family. I remained in contact with him through his darkest moments and through the good times too. I forever lived in the hope that one day he would work out what he needed to do to recover. That night my hopes and dreams for him had been cruelly taken away with one pure dose of heroin.

My initial reaction was one of disbelief; I questioned the WPC at length as to how they had identified him, stupid little things that would perhaps mean that it had all been a terrible mistake. Once I began to accept the truth, I went almost in to a state of denial because I knew that was the only way that I would cope with all of the things to come, telling the other members of the family, dealing with the police, speaking to the coroner, post mortem results, the funeral, and eventually the inquest.

The weeks that followed went with a blur and I would swing between sadness, anger, frustration and guilt that I hadn't been able to do more to help him, even though deep down I knew there was nothing I could have done to prevent his sudden death.

Two years on and I still miss him every day, Now when I remember him I smile, remember the good times and thank God for the wonderful 32 years that I got to share with him. I no longer dwell on the past but look forward to the future helping others who are in similar situations through the voluntary work I undertake via the family and friends network.

There is life after the death of a loved one from substance misuse; it is just different.

What I think others may be thinking, and probably are, because I did

by Graeme Skinner

(Lifted from a piece written for 'Grieving dads', a US website).

After a burglary I can go out and buy a new TV to replace the stolen one, with a new for old household insurance policy, leaving me mostly with a nasty feeling of being violated. Someone has had the cheek to break into my sanctuary and take what is mine. I know that if I had left the door open then I would carry at least some of the blame, even if grudgingly.

Bereavement is a form of robbery. My life has been broken into and messed up in a big way. When death robbed me, nothing could have prepared me for the unleashing of a cocktail of feelings that followed. Shaken, stirred and spilt all over the floor. This time there was no policy to cover the loss. On top of that the feelings were complicated by a so called 'shameful death'. I can only speak from my own experience of losing our son to heroin, aged 21. There is a



street in Birmingham called “Needless Alley” and that phrase comes to mind. His death was so needless. “Heroin? Whatever took you down that road, son?” I ask, for the first I knew of heroin in his life was to receive the night-time phone call to say he had died. “He died of shame”, we were told by a caring friend who knew him well, and she was right. Jim had been found in possession of heroin by the police, and it seems he took more of it to cope with the shame of discovery. It took his life.

Suddenly I thought that others may be thinking bad of me as a parent in the same way I had, at least subconsciously, thought of similar families before heroin had kicked my door down and became a squatter in my life. Even if others were kind enough to reassure me that they didn’t think anything of the sort, in reality I knew what the real landscape looked like. In seminars I have led, I ask for word associations that come to mind when people think about heroin users. Phrases like, “Scum, loser, thief...” come tumbling out. Even if those who know me don’t think it, the fact is that drugs stigma and shame are thickly spread through our societies worldwide. This feeling of stigma and shame seemed to be heightened for me as a church pastor.

My response? To talk about it. I find myself sitting on the ‘mourning bench’ with many others who also want to hide from the associated stigma of a shameful death. My hope is that talking about the issues and sharing together will be of some comfort.

To my beautiful daughter

Anon

There are a million things I miss about you Sam. Remembering them is a painful indulgence but one I can’t help allowing myself sometimes. I miss the way you used to walk up behind me when I was busy in the kitchen and put your arms around my waist and your chin on my shoulder. Sometimes you just gave me a kiss and we’d both enjoy the moment, sometimes you’d dig your chin into my shoulder and make me laugh, trapped between you and the sink or worktop, unable to continue the task in hand while the dinner burned or the hot tap was running and I was powerless to do anything about it. Not knowing which it was going to be almost always used to reduce me to fits of laughter the minute I felt you approaching. I smile when I think of things like that. You had an amazing sense of humour. You loved to walk past me and knock me onto a chair or bed, as long as you knew it was a soft landing. And I’d start to fall apart when I saw you coming because I knew what to expect and that I couldn’t do anything to stop you. I’d tell you that you were

beautiful and you'd say 'no mum, you're beautiful' and that would go on for ages.

You were such a lovely little girl, so pretty and endearing, everyone took to you straight away. We'd always been extremely close; I'd never doubted your love for me when you were very young. If anything upset me it would make you cry. When you were about 12 you promised you'd never do anything to hurt me. Your teenage years proved that wrong but no matter how bad things became, when you came back, became you again, it was always instantly forgotten, and I always thought the bad times were over for good as soon as the good times came back.

You were only about four when your Dad and I split up. I really believed that as long as you had consistency you'd be fine and for years I thought I'd got it right. Someone described me as 'the perfect mum', I really did try to do everything by the book, never missing a school assembly, taking time to be with just you and your sister but I suppose by the time I'd had another baby, remarried and was holding down a full-time job I was stretched too far. You were so easy-going, a home-bird, someone I could rely on when your older sister and baby brother were at their most demanding. I saw you slipping away, knew you weren't getting the best influences but like all parents of teenagers, I knew there was nothing I could do. Before I knew it you'd left me to join your older sister at your Dad's, where no-one would ask to see your homework diary, check your toothbrush or make sure you went to school. I didn't think you'd stay away for long, I don't think you did to begin with. We were both wrong. It seems freedom is more appealing than anything when you're young.

Keeping contact with you became increasingly difficult; you changed so much when you left home. I did what I'm good at, hid my pain, carried on, waited for things to improve and tried my best to show that I cared. Sometimes your visits were lovely, you were you. We'd light the fire and eat salmon en crouete and watch films. Sometimes you were like a stranger that hated everything about me and I'd want to take you straight back to your Dad's. I think you would have left for University without even saying goodbye if I hadn't tracked you down and taken you out for supper.

Your three years away were a roller coaster. Long silences, all my 'phone calls and text messages ignored until sometimes in desperation I'd text 'Ring Me' – just to make you think something may be wrong, so I could hear your voice. And then suddenly a long, funny letter in the post or equally long, daft message on the answer 'phone and I was happy. All was well. All would be well. My strategy was just to be there, a constant source of love and support whenever you needed it until the day when the bad times just didn't happen anymore. When you would be mine again? I was always yours.



I still find it hard to believe that you left me but I know that it wasn't you who made that decision and committed the act. I know because the folders given to me at your graduation opened my naïve eyes to what lay behind the extremes of behaviour that defined your teenage years and the paranoia, dysmorphia and anxiety that dominated the last weeks of your life. Thinly veiled in your Creative Writing Degree coursework were references to joints smoked in the playground at senior school, at the exact time your behaviour changed so dramatically. The thing that amazes me most of all is my oblivion, denial – what is it? What is it that makes parents so blind to the obvious? Perhaps the benefit of hindsight is the biggest curse but I know that I didn't see what I could never imagine to be true.

There are a million things I miss about you Sam. I miss your big smile, tracing my finger over your profile and your lovely button nose, watching old black and white films with you, singing hymns from a hymn book we 'borrowed' when I married your step-dad, the lisp you had when you were little and the weird things you used to come out with when we said prayers at night.

There are things I wish I hadn't missed. Maybe it would still have been too late, even after the very first joint. But maybe I'd still be feeling your head on my shoulder.

The same person who wrote 'To my beautiful daughter', also wrote this poem.

I laid my baby down

*In the calm and still of early hours,
gentle as the first spring flowers,
soft and perfect olive skin -
dark brown eyes that let me in
to an innocent, angelic soul
who's separation made me whole.
Blessed to have you in my care
I took you home to show you where
our life would start, the journey through
watching, weaning, loving you.
As evening fell, in softest gown
I gently laid my baby down.*

*Kisses, cuddles, bedtime prayers,
crawling, walking, climbing stairs.
Fairies, Santa, starlight wish,
catching hamsters, rabbits, fish.*

*Childhood illness, wakeful nights,
play dates, picnics, water fights,
mud pies, time for dolly's tea,
hide and seek, 'you can't catch me'.
Stories, rhymes, shiny shoes,
milk teeth, parties, playground blues.
And in the blinking of an eye
I watched the wonderful slip by
as teenage girl with sullen frown
came and laid my baby down.*

*Disappearing into school,
aloof and distant, cunning, cool.
Pulling 'til we tore apart,
heedless of my broken heart.
Rare glimpses of the child I'd see,
seeking love, security,*

slipping quickly through my hand -
 stolen moments, golden sand.
 Secrecy – a stranger now, returns a livid stare
 at reminders of the bond that we once shared.
 Pacing floors, waiting, shouting -
 listening, loving, hoping, doubting.
 Surly boys, secret girls, start to hang around
 and taking what they came for, laid my baby down.

Yet through the years of wild extremes
 hope found harbour in my dreams
 and with the love all mothers know
 I held it close, could not let go.
 College took you miles away, to independence, space,
 'phone calls, letters, photos - smiling, happy face.
 Tide was turning and in relief
 my heart was filled with fresh belief.
 Exotic holiday you shared,
 chance to show how much we cared.
 Then Christmas as a family
 brought joy so long unknown to me.
 My aching arms once more around
 the baby they'd laid softly down.

But somewhere in the shadow years,
 you'd ventured to my deepest fears,
 acts of teen rebellion
 the hidden cause of damage done.
 And in the depths of dark despair,
 you held on tight, beyond repair,
 short bursts of joy, intense elation -
 brief respite in your isolation.
 And a delicate but shattered mind,
 fragile soul, loving, kind,
 seeing no way back, heeded the voice
 that lead you to your final choice.
 In measured lengths of ice-blue gown
 a stranger laid my baby down.

Shocked, confused and in denial,
 feeling judged - without a trial.
 Pitying smiles surrounding me -
 the woman no-one wants to be
 and for whom, despite the devastation,
 some could not hide their condemnation.
 Through pain that tears the soul apart
 shattered dreams, broken heart,
 loving family and friends
 willed the suffering to end.
 And where you played now stands the tree
 we planted in your memory,
 the sea the perfect resting ground -
 my baby's ashes drifting down.

Doctors offered sleeping pills
 the panacea for all ills,
 as if in oblivion we find
 restoration, peace of mind.
 But in that tunnel, dark as night
 a constant, gentle guiding light,
 pure love and kindness waiting there
 to hear a mother's desperate prayer.
 As fears and tears ebb away,
 fresh purpose grows now, day- by-day,
 in Grace renewed to journey on
 until I follow where you've gone,
 until these arms once more surround
 the baby they laid softly down.

Helpful Books

“Mum, can you lend me Twenty Quid?” Elizabeth Burton-Phillips

“See You Soon” Philippa Skinner

Chapter 10

Websites and helpful organisations

Below are a number of specialist organisations that can support you. Please be aware that although the contact details are correct at the time of publication of this booklet, some changes may have occurred since.

Care for the Family

Support for bereaved parents, men and women widowed young, single parents, marriage, parenting.

Tel: 029 2081 0800 Email: mail@cff.org.uk

www.careforthefamily.org.uk

Child Death Helpline

Supports anyone affected by the death of a child of any age, from pre-birth to adult, under any circumstances, however recently or long ago.

Helpline: 0800 282986. Also 0808 800 6019 (free for ALL mobiles)

The helpline is open every day throughout the year.

Every evening 19.00 - 22.00. Monday to Friday 10.00 - 13.00

Tuesday and Wednesday 13.00 to 16.00

www.childdeathhelpline.org.uk

Child Bereavement UK

Child Bereavement UK supports families and educates professionals when a baby or child dies or is dying, or when a child is facing bereavement.

Tel: 01494 568900

www.childbereavement.org.uk/

Citizens Advice Bureau

Advice and information on practical aspects of death, funerals and wills, as well as many other issues.

www.citizensadvice.org.uk

The Compassionate Friends

A charitable organisation of bereaved parents, siblings and grandparents dedicated to the support and care of other bereaved parents, siblings, and grandparents who have suffered the death of a child/children.

Helpline: 0845 1 23 23 04: available for support and information daily from 10.00 - 16.00 and 19.00 - 22.00

www.tcf.org.uk

Cruse Bereavement Care

This charity provides bereavement counselling, advice, information and social contact through its headquarters and local branches to anyone who has suffered bereavement by death irrespective of age, race, religion, gender or sexual preference. The service can be accessed directly or by third party referral and there is no timeframe in terms of how long ago the bereavement occurred.

National telephone helpline: 0844 477 9400 is open for calls from 9.30 to 5pm on working days.

www.crusebereavementcare.org.uk

Daisy's Dream

Supports children and their families affected by both life threatening illness and bereavement in and around Berkshire.

Tel: 0118 934 2604 Email: info@daisysdream.org.uk

www.daisysdream.org.uk

Grandparents Plus

Grandparents Plus is the national charity which champions the vital role of grandparents and the wider family in children's lives - especially when they take on the caring role in difficult family circumstances.

www.grandparentsplus.org.uk

FACTS Health Centre

Offer counselling, advice and support if someone has died after being ill from AIDS.

FACTS Health Centre

126 Sheen Road, Richmond, Surrey TW9 1UR

Tel: 020 8348 9195

The Foundation for the Study of Infant Deaths

The Foundation for the Study of Infant Deaths (FSID) is the UK's leading baby charity working to prevent sudden deaths and promote health. FSID funds research, supports bereaved families and promotes safe baby care advice.

Helpline: 0808 802 6868 Email: helpline@fsid.org.uk

INQUEST UK

INQUEST is a charity that provides a free advice service to bereaved people on contentious deaths and their investigation with a particular focus on deaths in custody. Casework also informs our research, parliamentary, campaigning and policy work.

www.inquest.org.uk

LGBT Bereavement Helpline

Offers support and advice to lesbians, gay men, bisexuals and transgender people who have been bereaved

Helpline: 020 7403 5969 (Every Tuesday and Thursday evening, 7.30 to 10pm)

www.londonfriend.org.uk/bereavementhelpline

The Miscarriage Association

This organisation offer support and information on all aspects of pregnancy loss (miscarriage up to 24 weeks and ectopic pregnancy).

Tel: 01924 200 799

www.miscarriageassociation.org.uk

National Association of Widows

Support, friendship and understanding men and women who have lost their partners through bereavement.

Tel: 0845 838 2261 Email: info@nawidows.org.uk

www.nawidows.org.uk

Road Peace

The United Kingdom's national charity for road crash victims provides support to those bereaved or injured in a road crash.

Tel: 020 8964 1021

www.roadpeace.org

The Samaritans

Someone you can talk to 24/7 who will give you emotional support. There are over 180 branches in the UK

Tel: 08457 90 90 90

www.samaritans.org.uk

SAMM

Support after murder and manslaughter

Tel: 0845 872 3440 Email: samm.national@gmail.com

www.samm.org.uk

SSAFA Forces Help

National charity helping serving and ex-Service men, women and their families in need.

Tel: 020 7403 8783

www.ssafa.org.uk

Survivors Of Bereavement by Suicide (formerly SOBS)

Exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend

National Helpline: 0844 561 6855, 9am to 9pm every day

www.uk-sobs.org.uk

The Stillbirth and Neonatal Death Society (SANDS)

Offers support to parents bereaved through pregnancy loss, stillbirth or neonatal death.

Helpline: 020 7436 5881

www.uk-sands.org

Terrence Higgins Trust

Support around HIV and AIDS

Helpline: 0808 802 1221

www.tht.org.uk

Twinless Twins

Provides a safe and compassionate community for twins, and other multiples, to experience healing, understanding, and a desire to help others cope with the loss of their twin. Based in the USA.

www.twinlesstwins.org

Winston's Wish

The charity for bereaved children. The Winston's Wish is a national helpline offering support, information and guidance to all those caring for a child or young person who has been bereaved. It is staffed by people with extensive experience, who have up-to-date knowledge of supporting bereaved children and their families.

Helpline: 08452 03 04 05

www.winstonswish.org.uk

Notes:

Notes:

Are you affected by someone else's use or misuse of drugs or alcohol?

WE OFFER 6 PILLARS OF SUPPORT:

Don't be on your own,
pick up the phone...

Specific support for 18-30
year olds sponsored by The
Amy Winehouse Foundation

Bereavement Support Groups

Email support

Telephone
support

Confidential
one to one support

Befriending

Opportunity to attend our
Annual Bereaved by Addiction
Conference



Don't be on your own,
pick up the phone...

CONTACT US
0300 888 3853
(9am -9pm)
7 days a week

www.drugfam.co.uk
bereavement@drugfam.co.uk

DrugFAM offers the following support services to those bereaved by addiction:

- Telephone bereavement support
- Email bereavement support
- One to one support
- Local home befriending visits
- Being part of a Sunday afternoon support group (every 4-6 weeks)
- Opportunity to attend our Annual National Bereaved by Addiction Conference (the first Saturday in October)
- Signposting to therapeutic counselling
- For those further down the grief journey who wish to support others there are opportunities to be trained and supported to help others in our support groups
- Alternatively you may wish to support us 'behind the scene' to help improve our resources and information so they are current, helpful and informative on our website.

Head office:

DrugFAM
Oakley Hall,
8 Castle Street,
High Wycombe,
HP13 6RF

Registered Charity No. 1123316