

Gone too Soon



Navigating grief and loss
as a result of substance use

At First

Nothing makes sense.
You think you won't survive.
Somewhere deep down you know the reality,
but on the surface it is unbelievable, unbelievable.

You may sense a small relief as now the worst imaginable has happened.
There will be no more unrelenting, debilitating worry,
but then there's guilt at the sense of relief.

You sleep away the days or you can't sleep,
you question your god, your own intelligence, your memory,
you may lose your appetite or the will to even drink water,
you feel exhausted all the time,
you feel out of control, ungrounded,
or you may wish for total control over your environment.

All these things, and sometimes all at once.

Then

You want everything back to the way it was – house clean and orderly, work, bills, laundry
but you find you have a new job now: obituary, funeral plans, condolence cards, visitors,
the loved one's possessions, official business with the hospital, the coroner, the police.
Grief may hide behind the door for a moment or an hour,
but it never walks away.

—*Leslie McBain*



About this Handbook

This handbook was written by the BC Centre on Substance Use in collaboration with the BC Bereavement Helpline and the Affected Persons Liaison with the BC Coroners Service. The handbook was created with the guidance of Leslie McBain and Jennifer Woodside, who generously shared their stories and experiences and what they wish they had known in the immediate days after they lost children to drug-related harms, as well as what they wished they had known in the months and years after.

The BC Centre on Substance Use

The BC Centre on Substance Use (BCCSU) is a new provincially networked resource with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction. The BCCSU's focus is on three strategic areas including research and evaluation, education and training, and clinical care guidance. With the support of the province of British Columbia, the BCCSU aims to help establish world leading educational, research and public health, and clinical practices across the spectrum of substance use. Although physically located in Vancouver, the BCCSU is a provincially networked resource for researchers, educators, and care providers as well as people who use substances, family advocates, support groups, and the recovery community.

Acknowledgements

The BC Centre on Substance Use would like to thank Leslie McBain for sharing her story and experience and guiding the creation of this handbook; Jennifer Woodside and Emily Chase for sharing their stories; and the BCCSU Family Member and Caregiver Representatives Committee for their support and close review of the document. The BCCSU also wishes to thank the following individuals for their contributions to the development and completion of the handbook: Aubrey Baldock and Jessica Lowe for sharing their considerable knowledge and experience in supporting bereaved individuals; Josey Ross for primary research and writing assistance and Katie Mai for additional writing support and coordination; Kenneth Tupper for supervision and editorial support; and Kevin Hollett for design support. Antoinette Gravel-Ouellette of Stronger Together Canada for the provincial revisions.

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Introduction

If you're reading this, you have likely just lost someone you love to an overdose or other harms from opioid, alcohol, or other substance use. Nothing can undo the tragedy, devastation, and pain of this loss, but you are not alone. In the following pages, you will find some of the emotions and responses you may experience, tips to take care of yourself, and practical considerations in the wake of this tragedy. You will also find stories from people who have lost loved ones.

Some of the information in this booklet might not feel relevant or helpful to you. The booklet as a whole may feel overwhelming right now. We encourage you to take what works and leave what doesn't. There might just be one section that is useful now.

Reactions to trauma and loss

Everyone reacts to trauma and loss differently and there is no right or wrong way to react. You will likely notice that you are having both physical and emotional reactions. These reactions may come and go and they may be different from minute-to-minute and day-to-day. You may be surprised by the strength of your reactions, but it might help to remember that we grieve intensely because we loved intensely.

Physical reactions

Physical reactions to grief, trauma, and loss may include:

- Aches and pain, especially in back or chest
- Changes in sleep patterns—inability to sleep or over-sleeping
- Fatigue
- Feeling paralyzed, unable to function
- Changes in eating patterns—lack of appetite, nausea, binge-eating
- Increased use of alcohol or other drugs

Emotional reactions

Emotional reactions to grief, trauma, and loss may include:

- Shock
- Disbelief
- Anxiety
- Irritability or restlessness
- Anger and/or rage
- Emotional numbing (feeling nothing)
- Urges to hurt yourself
- Depression
- Trouble concentrating or remembering
- Sadness
- Feeling overwhelmed
- Panic attacks
- Feeling disconnected from your body
- Shame
- Dreams that your loved one is still with you
- Guilt
- Suicidal thoughts
- Desire for revenge or punishment
- Worry about burdening other people
- Loneliness
- Needing to avoid places, people, or memories associated with the death
- Relief

Although these feelings can be very unpleasant and may even feel scary, these are all very normal ways that we respond to traumatic events, grief, and loss. Many of these reactions are ways that your mind and body try to make sense of what happened and try to take care of you.

Responding to difficult emotions

The feelings you have in the days and weeks after your loss may feel overwhelming. They may feel so intense that you think you can't survive them. You can. But you might need some help navigating these intense and painful emotions. Below are some strategies for experiencing difficult emotions in general, and some strategies for specific emotions as well.

Let your body feel what it needs to feel

Some people try to fight big, painful emotions. They might try to fight this by keeping really busy, by using alcohol or other drugs to numb their emotions, or by pushing the feelings down and ignoring it. Although these all make sense, fighting the big emotions can cause more pain than actually feeling the painful emotion in the first place.

Some people find themselves afraid of feeling whatever emotions are coming up, afraid that they will be overwhelmed or that the pain will never stop. The truth is, there's no getting around feeling the feelings. If you keep pushing it down you might find it leaks out in unexpected ways, being angry at your loved ones for no reason or yelling at the grocery checkout person. If you find yourself continually pushing your emotions down, one way to let yourself feel big emotions is to set a timer for five minutes, with a plan for after. Find a safe, quiet place where you can be alone, and let yourself feel whatever you need to feel for five minutes and then do something to distract or comfort yourself—make some tea or go for a walk.

"These coping mechanisms are ways that we try to sooth ourselves and reassert control over our lives."

Although emotions like grief, sadness, and anger can be very large and painful, they tend to come in waves, lessening in intensity if you let yourself sit with it and experience what comes.

If the emotions you're experiencing feel like too much, it's okay to take a break. Using grounding skills might help calm you down (see page 15). Once you've calmed down a bit, you can do something comforting or distracting.

Set a regular "date" with yourself

Some people might find it helpful to set a regular date to check in with their feelings—maybe once a week. Find some time and space where you can be alone and let yourself feel whatever you need to feel. Especially for people who tend to make themselves busy and focus on "getting stuff done" in the face of grief, letting yourself have space to uncover the feelings below can be very helpful.

When you set a date with yourself, it's important to also have a plan for after and to have a plan in

case the emotions that come up are bigger and more painful than you expected. Having a friend you can call or even a crisis line number can be helpful. A list of crisis and support lines can be found here: Mental Health Helpline: Telehealth Ontario 1-866-797-0000 or Connex Ontario 1-866-531-2600.

Anger

Anger is a very common response to losing a loved one to an overdose. You might feel angry at the world, angry at the substance, or angry at the person who sold the substance to your loved one. You might also feel angry at the system that you feel let your loved one down. You might even feel angry at your loved one.

It can feel scary and confusing to have such a strong emotion, especially if anger is a new emotion for you. Anger is a normal, healthy response to losing someone you love. Here are some ways people express their anger:

“Anger is a normal, healthy response to losing someone you love.”

- Talk to a therapist, other mental health professional, or spiritual counsellor
- Talk to a trusted friend or family member
- Make art—paint, draw, or write about your anger
- Exercise—walk, run, lift weights, swim
- Punch a pillow
- Listen to loud, angry music
- Yell or scream

Panic attacks

A panic attack is the sudden onset of intense fear or discomfort. Panic attacks can be really scary—so scary that you might think you’re having a heart attack or other health emergency. Even though it might feel like you’re dying, it’s important to know that a panic attack won’t literally kill you. Panic attacks can include:

- Rapid heartbeat or pounding heart
- Trembling or shaking
- Shortness of breath
- Feeling like you’re choking
- Chest pain
- Dizziness or light-headedness
- Nausea or diarrhea

- Sweating
- Feeling out of control

Even though it might feel like it will last forever, most panic attacks reach their maximum intensity within 10 minutes or less and then start to subside.

Using grounding skills can help calm you down enough to prevent a panic attack or to help you come out of one once it's started.

“Sometimes the hurt can feel so big and overwhelming that you want any way to stop feeling it.”

Suicidal thoughts

Thoughts of suicide are not uncommon when faced with a devastating loss. Sometimes the hurt can feel so big and overwhelming that you want any way to stop feeling it. Other times it can feel like the one thing you have control over.

Suicidal thoughts should be taken seriously. If you are worried that you might hurt yourself, call a crisis line or a trusted friend or family member. For 24/7 crisis support call Crisis Service Canada at (833) 456-4566 or contact: www.suicidepreventionontario.ca/need-help/crisis-resources.

Negative coping mechanisms

You might find yourself engaging in coping mechanisms that concern you (for example, drinking more than usual, taking medications other than as prescribed, or binge eating). You should know that these are common responses when something awful happens.

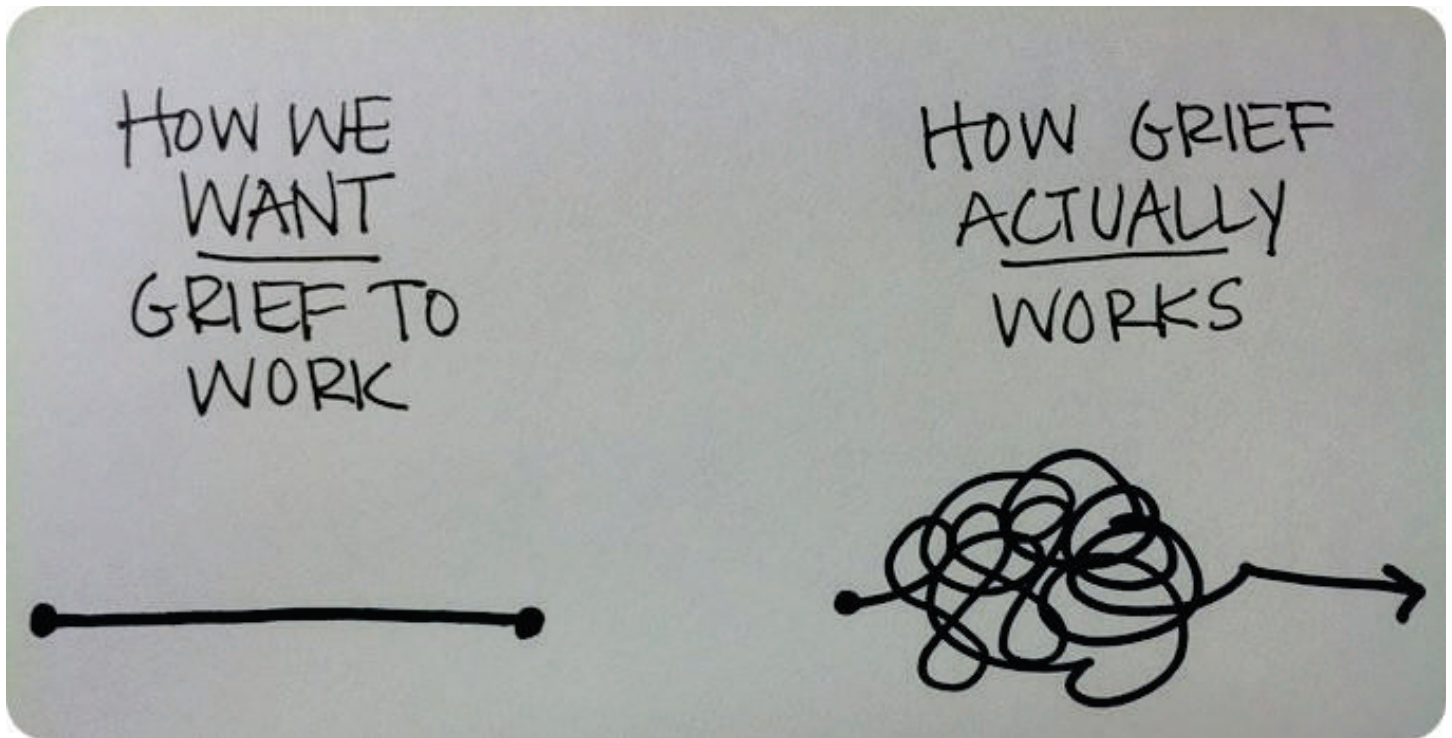
These coping mechanisms are ways that we try to sooth ourselves and reassert control over our lives. They may not be the coping strategies we'd wish for, but they might be the best ones we have in the moment. If that is the case, you can try working through the self-care strategies on page 9. Getting help through a counsellor and/or support groups might also help you come up with new coping strategies that feel better.

How long will I feel like this?

There is no timetable or schedule for grief. For some, the pain will soften over time. For others, they'll find they have longer periods of less pain in between bouts of great pain. No matter how your experience of pain shifts over time, you will never forget your loved one (nor would you want to). It's important to know and remember that grief recovery is not linear. You will move up and down the scale of intensity, experiencing disbelief, anger, acceptance, and other emotional and physical reactions.

This is a new normal. That doesn't mean that it is okay or that it doesn't hurt. But it is your new reality. Life will never be the same again. Gradually the intense pain will subside in frequency and you will have longer period of less intense pain. You will survive what you thought would be unsurvivable. The path will be challenging at times, but you will find a way to deal with the pain and grief.

Give yourself time and space to do this. There is no map, there are no stages that you must attain. Grief is unique to each individual. Life will be different. It may seem impossible to believe this after such a heartbreaking loss but gradually you will find a way to honour your loved one and a way to be more at peace with yourself.



Source: Unknown

Grieving together

There are as many different ways of grieving as there are people—each person will grieve a little differently. Where one person may get very inward-focused and spend a lot of time alone and crying, another may find they want to be constantly surrounded by people, focusing on remembering the good times with the person they've lost. Sometimes this can cause confusion and even resentment if someone's way of grieving is significantly different from yours—you might even wonder if they're grieving "properly." The grieving process and grief rituals will also vary by cultural background and family traditions.

As much as possible, try to remember that each person will grieve in the way that is best for them, even if it looks very different from how you are grieving. Although you might find yourself feeling resentful of someone who is grieving very differently, try to remember that they are hurting too and stay in touch with them.

You may also find yourself feeling anger or resentment for things that another person did or did not do when your loved one was alive. Although this is a very natural response, most people already have regrets and guilt over things they did or did not do and will not be helped by hearing about the things you wish they'd done differently. Similarly, if someone is putting blame, anger, or resentment on you, remember that they are grieving and trying to make sense of their loss. You don't have to accept or agree with the blame or anger they place on you.

When grieving, one of the best things you can do is ask for help. Tell your family, friends, or other loved ones what you need them to do and be specific.

Self-care

Self-care can be understood as practices, routines, and boundaries that we do to limit stress, meet our own needs, and nurture our physical and mental health. Your self-care needs will change day by day and month by month, and your ability to meet your needs may also change.

Early days

You may feel, besides huge grief, a sense of being in a dream, being disconnected from the rest of the world – nothing seems very concrete or grounded. You have had a major shock to your system. Self-care includes letting yourself sit and do nothing at all as long as you are able.

Be aware of the energy grief and shock take. You may be tired most of the time at first. Rest. Drink lots of fluids, eat light comforting nutritious meals, and sleep. Sleep is restorative and is a good coping mechanism. Sleep when you need/want to, not when you “should.”

Ask your family to treat you gently. Tell them that you will survive this, that life won't be the same, but you will again find meaning and joy, even if it seems impossible now. If possible have one or two people who can take care of you (answering the phone, receiving guests, preparing meals, household chores, child care).

Be prepared for the roller coaster of emotions. Don't guilt yourself when you are feeling alright or even having a laugh. It is normal and good for you. You may feel a sense of relief that you no longer have to wait for the worst possible news. It has already come.

Find a counsellor as soon as possible. This will allow you a safe space to grieve and rage, while also learning healthy coping strategies. See page 17 for more information on how to find counselling, including financially accessible options.

Be aware of the energy it takes to have a lot of visitors. Be honest when you need visitors to depart—you are allowed to set the boundaries you need. You might say something like, “Thank you but I just need some time alone today.”. People will understand.

Keep a journal, or just a pad of paper and a pen nearby. Write it all down. Keep in mind, no one else has to read your writings. It is for you alone.

Have a corner of your living space for photos, flowers, and important objects (a key ring, a piece of jewelry, anything your loved one had that is meaningful to you).

Prepare yourself for possible well-meaning but hurtful comments from friends and family. Many people don't know how to talk about loss and death and may say exactly the wrong thing. Remembering their good intent may help take some of the sting out of what they've just said.

If possible, don't return to work until you feel you are ready to meet the world again. If you must return, try to have a chat with your employer, supervisor, and/or colleagues about your present capacity. Your mind may not be fully present at your work.

Spirituality and meditation

If you have a spiritual or religious practice, try to take solace through that practice, whether that is at home, in nature, or at church, temple, mosque, or other place of worship. This loss is about heart and spirit.

Grounding skills

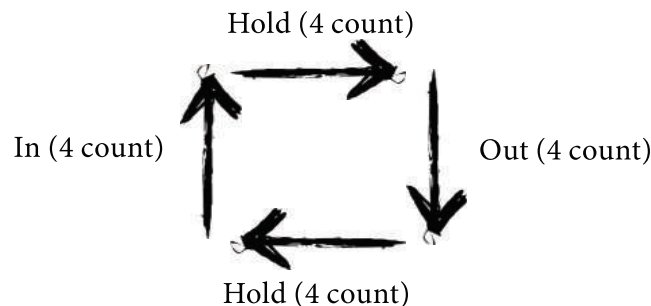
Very strong emotions can feel overwhelming, like you're out of control and can't trust your body. Grounding skills help us to calm down and come back into our bodies. Different strategies will work for different people at different times. Having a list of possible activities can help prepare you and lessen the fear and anxiety associated with extreme emotions. Here are some grounding skills that might help:

- 5-4-3-2-1

This exercise helps you reconnect with your senses and come back into your body. First, look around and notice five things you see (this booklet, a lamp, a mug of tea, etc.), then notice five things you hear (sounds of traffic, people in the next room talking, etc.), and then notice five things you can feel (the chair beneath your legs, this booklet in your hand, the blanket on your lap, etc.). Then do the same exercise, counting down four of each, then three of each, two, and one.

- Go for a walk, do some gentle stretching, or go for a swim if you think it will help bring you back into your body.
- Pet an animal, matching your breath to theirs.
- Sit up straight, plant your feet flat on the floor, and breathe deeply and slowly.
- Try square breathing

In your head, draw a square as you breathe. In for four counts, hold for four counts, out for four counts, and then hold for four counts. The slow breathing will help slow your breath and heartrate, calming your body, while drawing the shape will help distract your brain. Repeat until you are feeling calmer.



- Hold a piece of ice in your hand.
- Sniff a strong smell like peppermint or other essential oils.
- Bite into a lemon or grapefruit—the sourness and strong sensation can help bring you back into the present moment.
- Ask a friend or loved one to talk to you; having a normal conversation can be soothing.
- Turn on loud music.
- Use your hand or ask a friend or loved one to squeeze your arm tightly over and over. This can help bring you back into your body.

Self-care

Other examples of self-care include:

- Getting enough sleep
- Eating enough nutritious food
- Having enough down time
- Setting healthy boundaries
- Spending time with friends
- Getting outside into nature
- Doing an activity or hobby you enjoy
- Creating nourishing rituals and routines
- Moving in a way that feels good
- Eating your favourite food
- Spending time with pets
- Therapy or counselling
- Taking necessary medications
- Writing in a journal
- Exercising or other physical activity

Some people, especially people who spend a lot of time taking care of others, feel guilty about taking time that is just for them, but it is an integral part of healing and taking care of yourself.

After 12-18 months

Grief doesn't magically end after 6 months or a year. It does, however, at some point lose some of its intensity. After some time has passed and you have emerged from the initial shock and destabilization of loss (which may take months or years), you may find different challenges arising, as well as different needs and opportunities emerging.

Some people who have lost a loved one to drug-related harms find themselves wanting to learn

everything there is to know about addiction, alcohol and other drugs, and drug policies. Some people take that education and apply it to advocacy, working to increase access to treatment, to change laws, or to support others who have lost someone to drug-related harms. There are many organizations that do advocacy to prevent drug-related harms. These include Moms Stop the Harm (www.momsstoptheharm.com), and From Grief to Action (www.fromgriefftoaction.com).

Although the day-to-day grief you're experiencing may feel less sharp and overwhelming, there are certain days that will be very difficult. These days include the anniversary of your loved one's death, their birthday, and other meaningful days like holidays.

"Grief doesn't magically end after six months or a year."

Planning for these days is important. A ritual of candles and family, a walk in nature, engaging with your faith practice, visiting a grave or other resting place can all help acknowledge the day in a meaningful way. Some people find these days very somber and difficult, while others want to celebrate the life of their loved one. This might look like going somewhere you know they loved, sharing your favourite memories, or going out for their favourite meal. There is no right way to spend these days, and it may take some time to figure out what feels best for you.

Some people find the holiday season especially difficult. There can be a lot of pressure to feel the "Christmas spirit" or "holiday cheer." It may feel like there is a lot of pressure to celebrate in the "right" way, especially if you don't want to celebrate at all. It is up to you how, how much, and even if you celebrate at all. You may choose to skip the holidays this year, to have a quiet celebration, or to build a new tradition that honours the person you've lost.

Above all, it's important to remember that there are no timelines for grief. Grieving is not a linear process, rather it's a messy process that can look wildly different from day to day and month to month.

Practical considerations

There are several practical matters which must be attended to when a loved one dies, some specific to an overdose death. Some or all of these may need to be dealt with, depending on the circumstances and your relationship to the person who died. The following sections won't answer all of your questions, but will give you an overview of the tasks that may need to be done in the days and weeks after a loved one dies.

Police

Police investigations run parallel to coroner investigations, meaning that the coroner's death investigation is separate from any investigation that police may pursue.

You may or may not find yourself having much interaction with the police. Some people who have lost a loved one due to drug-related harms find themselves very frustrated with the police and the amount of information they are given. It can be hard to get information from the police, due to the slow speed at which many investigations move, officer workloads, shiftwork schedules, and, unfortunately, due to the police being inundated with similar deaths during the opioid overdose crisis.

If you are working with one, the victim services worker may be able to help you get information. Otherwise, you can call the non-emergency line of the municipality in which the death occurred, giving the police file number, and asking to be put through to the investigating officer. If you haven't been given a police file number, you should be able to get it by phoning the non-emergency line or asking the victim services worker, if you are working with one.

Some people who were at the scene of the death have unfortunately experienced the police preventing them from seeing the body of their loved one until the coroner comes. While this can be very painful, it may be helpful to know that the police were following protocol which requires preserving the scene until the coroner comes in order to maintain the integrity of the investigation.

Coroner

The coroner is responsible for investigating all sudden, unnatural, unexplained, and unattended deaths. This includes overdose deaths.

The coroner is responsible for determining the identity of the person who died; when, where, how and by what means they died. The coroner is also responsible for classifying the death (natural, accidental, homicide, suicide, or undetermined); and making recommendations where necessary in order to improve public safety and prevent similar deaths in the future.

Coroners are authorized, by the Coroner's Act, to take possession of the deceased person's body in order to conduct any necessary examinations in order to determine who died; and when,

where, how and by what means the person died. They are also authorized to enter and inspect spaces believed to be relevant to the death and to inspect, copy, and seize records relating to the deceased person or the circumstances of their death.

Unfortunately, coroners' investigations often take many months to complete. This is often due to the time needed to gather and analyze relevant information, such as reports from external agencies (like toxicology and pathology).

The majority of overdose deaths will conclude with a Coroner's Report, which will include the identity of the person who died; when, where, how and by what means they died; the classification of death; and possibly recommendations to prevent similar deaths in the future. Coroner's Reports are considered public documents, which means that anyone can request a copy as long as they are able to provide the name of the deceased person.

If you have questions regarding your loved one's death investigation and aren't sure who to speak with, you can contact the Regional Office where the death occurred and ask to be connected to the investigating coroner. Office of the Chief Coroner Forms: https://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/Forms/OCC_forms.html
Phone: 416 326-5000 Toll free: 1-866-517-0571

Death certificate

A death certificate will be issued by the Vital Statistics Agency. It is used to provide proof of death, for example, when cancelling a CareCard or driver's license or to settle insurance. It will be sent to the funeral home to be given to the family. If you need additional or replacement copies, they can be ordered directly through the Vital Statistics Agency: <https://www.ontario.ca/page/how-get-copy-ontario-death-certificate-online>

Social assistance for burial

If the family can't afford death care costs contact:

Social Assistance for Burial: <https://basicfunerals.ca/social-services/>
Phone: 1-877-229-7077

They offer financial assistance, regardless of whether the person who died was receiving income or disability assistance or not. The legal representative (usually the closest relative, for example, a spouse, adult child, or parent) can apply for the funeral cost supplement, or the death care provider (for example, funeral home) can make a referral.

If the person who died is a First Nations person who usually lives on reserve, Indigenous and Northern Affairs Canada can provide assistance to the legal representative with death care planning and managing the deceased's estate. More information can be found here: <https://www.aadnc-aandc.gc.ca/eng/1100100032357/1100100032361#chp3>

If the person who died is a current serving member of the Canadian Armed Forces, you may be able to get financial assistance for death care services. More information can be found online here: <http://www.forces.gc.ca/en/caf-community-benefits-ill-injured-deceased/guide/page#funeral>. Additional information on policies, services, and resources can be found through the Military Family Resource Centre: <https://www.cafconnection.ca/National/Programs-Services/For-Families-of-the-Fallen/Shoulder-to-Shoulder.aspx> or 604-225-2520, ext. 2518.

If the person who died is a veteran, the Last Post Fund ensures that eligible veterans receive dignified death care services. More information can be found at: <http://www.lastpostfund.ca/EN/funeral.php> or 1-800-465-7113.

Death announcements

Death announcements inform people of the passing of your loved one and any plans for a funeral or other memorial service. Death announcements are often shared in local newspapers. They may also be used to inform family and friends of the passing of your loved one. Often, death announcements sent to friends and family are more informal and may include more information than what would be published in a newspaper. Many people find it helpful to include in the death announcement how their loved one died. Including that your loved one died due to drug-related harms can help prevent rumours from spreading and prevent a feeling of needing to keep secrets. Being open about how your loved one died can also help dismantle the stigma associated with addiction.

If you are working with a funeral provider, they can help you with the preparation and placing of an obituary. An example obituary follows:

It is with great sadness that we announce the sudden passing of our son, Joe Smith, on August 1, 2018 in Vancouver, B.C. Born on February 1st, 1991, Joe was just 27 years old when he died. Joe is survived by his mother, An Nguyen, his father John Smith, his partner Neha Singh, his brother, Tyler, his niece Janie and nephew Travis, many aunts, uncles, grandparents, and friends.

Joe struggled with substance use disorder for several years after being medicated for a sports injury. Joe died from an accidental drug overdose. He was very committed to the need for recovery, and entered treatment several times.

Joe was an avid hockey player, skateboarder, and snowboarder. He worked as a welder and was admired by his colleagues for his skills and work ethic. Joe was a favorite uncle to his nieces and nephews for his ability to be the silliest adult in the room. He loved animals, especially his dog Buddy who would race beside him at the skate park.

We will remember Joe for the loving and warm person he was. He will always live in our hearts and memories as a bright light. He will be forever missed.

A celebration of life will be held at Ocean View Memorial Chapel on May 18th, 2018.

In lieu of flowers, donations made be made in Joe's name to Sports Across Borders.

Tips for writing an obituary:

- Give birth and death dates
- Name close relatives
- Consider describing the passing as sudden and accidental (if appropriate)
- Describing the circumstances of your loved one's passing is an opportunity to dismantle the stigma associated with addiction and prevent rumours. Options include:
 - o Struggled with substance use disorder
 - o Experimented with drugs and inadvertently consumed a toxic drug
 - o Inadvertently consumed a toxic drug
 - o You may choose to name fentanyl, if it was a cause of your loved one's passing
- Include your loved one's story, including accessing treatment and/or wanting to attain recovery
 - o You may wish to include barriers your loved one faced, including being unable to access the services they needed
- Describe your loved one and what will be missed, for example, that they were loving, skilled, compassionate, artistic, or any other characteristics and trait you would like them to be remembered as
- Have a family member or close friend check your writing for facts and grammar before submitting it to newspapers, community or church bulletin, Facebook, or any other places
- Make sure that relatives and close friends are informed of the passing before publishing the obituary

Planning a funeral

Death care planning is incredibly personal and involves making decisions about how and where to lay the deceased to rest, as well as practical considerations such as cost and types of services. Costs will vary considerably, depending on what choices you make. Decisions for funerals and death care should be informed by your needs, your religious beliefs and customs, and personal desires for how to remember and celebrate the life of the loved one you have lost. Depending on your customs and wishes, someone close to the deceased may want to deliver a eulogy. If this is the case, it may be helpful to have a friend help write it. More information on planning a funeral, the costs associated, and a directory of service providers can be found here: Ontario Funeral Association https://www.ofsa.org/find_a_funeral_home.

A eulogy is a speech or written tribute to a loved one, often given at funerals and other types of memorials. Eulogies are often given by family members, friends, or clergy, depending on religious customs and the wishes of the deceased person (if known) or the family. In many cases it will be quite obvious who should give a eulogy (a close sibling or best friend, for example), in other cases, there may be multiple people who would like to speak. Depending on religious customs, multiple speakers is fine. For those who were very close to the deceased (for example, a romantic partner), giving a eulogy may be too difficult and another person may be a better candidate. When writing a eulogy, try to keep it brief (between 2 and 5 minutes). Make it personal, sharing stories and things you loved about the person who passed. Keep your eulogy positive, while also sharing and recognizing your loved one's humanity—you don't have to share an idealized version of your loved one.

Important notifications

There are several services, organizations, and people who will need to be notified of the passing of your loved one. Notifications should be made within the first 24-48 hours to the following:

- Employer and/or school
- Landlord (if they rented housing)

Most of these notifications don't need to be done immediately and can wait until you're able. You can also have someone else make these phone calls if you're not feeling up to it. These include:

- Bank—in order to close their accounts
- Pension Plan
- Medical Service Plan (MSP)
- ICBC (driver's license or BC ID card)
- Vehicle registration and insurance
- Passport Canada
- Clubs, organizations, and churches
- Credit bureaus (Equifax and TransUnion)

Taking bereavement leave

Under the Canada Labour Code, everyone is entitled to bereavement leave when a member of their immediate family dies. Unionized employees may have access to additional benefits as outlined in their collective agreement.

For the purposes of bereavement leave, the following are included in "immediate family":

- Spouse or common-law partner
- Father and mother (and their spouse or common-law partner)
- Children
- Children of the spouse or common-law partner
- Grandchildren

- Brothers and sisters
- Grandmother and grandfather
- Father and mother of the spouse or common-law partner (and their spouse or common-law partner)
- Any relative who lived with the person who died

If the person who died was a member of your immediate family, you are entitled to leave work on any normal working day within three days of the death and receive pay, as long as you have been continuously employed for three consecutive months. If you haven't been at that job for three straight months, you are entitled to leave work without pay. The maximum number of days of bereavement leave you are entitled to is three.

Executing a will

An executor is a person or company named in a will who is tasked with ensuring the directions in the will are completed. This includes gathering any assets, paying any debts, and dividing what remains among the beneficiaries (the people named in the will to inherit the estate).

Although you may have been named executor of the will, it is up to you to decide if you want to and are up to it. Acting as an executor can be stressful, hard, and take considerable time. Once you start dealing with estate assets you are bound by law to finish the job, so it is important to consider whether you are able and willing to take on this responsibility.

If you agree to be the executor, consider hiring a lawyer and an accountant. They can help you with paperwork, fulfilling your duties, and properly filing tax returns.

Other responsibilities for an executor include:

- Making funeral arrangements
- Confirming that it is the last will—you may be able to do this through the Vital Statistics Agency
- Probating the will—this is the process of having a court rule that a will is valid
- Cancelling all credit and debit cards and subscriptions
- Making sure that the estate is safe (for example, changing the locks on the apartment, putting valuables in a safe place, and getting a vacancy permit for home insurance if needed)
- Notifying all potential beneficiaries

Additional information on the responsibilities of an executor can be found on the Canadian Bar Association, and Ontario's public guardianship: <https://www.ontario.ca/page/office-public-guardian-and-trustee>.

If a person named as an executor is unable or unwilling and there is no one else willing and able to administer the will, the Public Guardian and Trustee of Ontario may provide this service. Additional information can be found here: <https://www.ontario.ca/page/office-public-guardian-and-trustee>

Survivor's pension

The legal spouse or common-law partner of the person who died may be eligible for a survivor's pension through the Canada Pension Plan. Spouses or common-law partners are not eligible to receive a survivor's pension if they are under 35 years of age at the time of their partner's death, unless they have a disability or a dependent child with the deceased person. Additional information and application forms can be found on the Government of Canada's website at: <https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-survivor-pension.html>.

There may be other payments that the estate and/or surviving family members may be eligible for. These include Employment Insurance payments, children's benefits, allowance for the survivor, and other possible benefits. More information can be found at: <https://www.canada.ca/en/employment-social-development/services/benefits/family/death.html>.

Social considerations

How to inform family members and other loved ones

Try to use simple, plain language. When hearing about the death of a loved one for the first time, people may not be able to take in or retain very much information. You may need to repeat yourself, and it may be helpful to confirm that they understand what you have told them.

Ideally you can find a private space, have plenty of time, and prevent any interruptions from happening. Rehearsing beforehand can help you figure out which words you want to use. If the person becomes very upset and you can't stay with them, ask if there is someone who can come be with them.

"It is up to you how many conversations you want or are able to have."

Lots of people, even those who know and love someone who uses alcohol or other drugs, have absorbed negative stereotypes and stigma about people who use alcohol or other drugs. This might include the idea that addiction is a choice or that the person who died is responsible for their death. People with these beliefs might not respond the way you expected, they might even say hurtful things about you or the person you lost. Try not to take these statements personally. Remind yourself that our society teaches us many untrue and harmful stereotypes and myths about people who use alcohol or other drugs, and that unlearning these things takes time.

It is up to you how many conversations you want or are able to have and who you want to have these conversations with. It may feel impossible to have these conversations over and over again, and it may be a relief to ask someone like a friend or sibling to inform others about your loved one's death.

Talking to children about death

Like everyone else, children feel and express their grief in different ways. This will depend on the child's personality, their age, how close they were to the person who died, and the support they receive in the days and weeks after.

When telling a child that someone they know has died, use simple and clear words. Depending on their age, they may not understand right away and need this to be explained many times. Some children will have many questions, while others may seem to not react at all.

Like adults, many children have learned negative stereotypes and myths about substance use and people who use alcohol or other drugs. Even if the child in front of you hasn't learned these negative stereotypes and myths, depending on their age, it's likely that some of their friends and classmates have. Talking to the child about stigma and myths can help remove the sting if they hear negative statements from other children (or adults) about their loved one.

The big emotions that come with loss are hard for everyone, but can be especially hard for kids, who may not have language for what they're feeling. Naming their emotions and sharing your own can help them find the words for what they're experiencing.

Talking about changes in routine and explaining funerals and rituals can help your child understand what is going on.

You can help your child remember their loved one by talking about them, sharing stories and memories, and making art about the person they've lost.

Social media

It is likely that your loved one has one or more email and social media accounts (like Facebook, Twitter, or Instagram). If you have access to their social media accounts, you may wish to make a post about their death to inform those who may not learn of their death otherwise. It should be noted, however, that some social media platforms may have rules prohibiting non-account holders from accessing accounts. Each different platform has different rules and protocols for when a person dies. For example, Facebook will either delete their account or convert it into a memorial page. Your loved one may have already indicated which of those two choices they would like to Facebook, or you may have to make that decision by contacting Facebook through their help section. Most platforms will not provide passwords to allow you to access your loved one's account, but will delete the account if provided with a request and a death notification or obituary, and sometimes other additional documents. Some platforms may provide content from a deceased user's account in certain circumstances (i.e. Google). You can find information on managing or deleting accounts on each platform's "help" page.

Get support

For some people, their instinctive response to pain and loss is to isolate themselves. Others may find themselves feeling isolated due to the stigma associated with drug use and the responses they receive when they talk about having lost a loved one to substance use-related harms such as overdose. You don't have to grieve alone and may find it very helpful to talk to a professional or to others who have experienced similar losses.

"You don't have to grieve alone."

Support groups

Support groups for people who have lost a loved one due to harms from substance use exist both in person and online.

"You don't have to grieve alone."

For on-line Moms Stop The Harm support groups please see:
www.momsstoptheharm.com/healing-hearts

The Compassionate Friends is an international, non-profit, peer support organization, offering friendship, understanding, grief education and HOPE for the future to all families who are grieving the death of a child at any age, from any cause: <https://tcfcanada.net/chapters/ontario/>

Counsellors

Find a counsellor who you feel comfortable with, ideally someone who specializes in both substance use and grief counselling.

Ask for help

Friends or family can help with practical considerations. Consider asking for help with cooking, cleaning, childcare, and other tasks. If your friends don't know how to help, consider asking them to read the following section.

Supporting a friend or family member through loss

If you're reading this section, you may be searching for ways to support a loved one who has just lost someone they love to drug-related harms. You may have been asked to read this section by your loved one. That's okay. Many people feel unprepared to talk about death and grief and worry that they will say or do the wrong thing.

Some things are more helpful to hear in the days after the death of a loved one. These are straightforward statements that express your sympathy and help to make this new painful reality real. These might include statements like, "I'm so sorry to hear about [name] dying", or "I'm so sorry [name] is gone." When possible, try to match their language. For example, if your friend says that their loved one "passed away" then use that language. If they say that their loved one has died, use that language.

Just as there are helpful things you can say, there are also things that are not helpful. These generally include things that are meant to give meaning to their loved one's death. Examples include, "It's meant to be", "It was God's will", "[name] is in a better place/with Jesus/with the angels", or "They lead a full life." Although these are meant to give comfort, many people report finding them unhelpful and even painful.

In the days, weeks, and months after a loss, there are several very practical things you can do to support your loved one. This may include cooking for them, going grocery shopping, or ordering take-out, since cooking can feel impossible in the days after a huge loss. It may also include providing child care so they can attend to practical matters (like funeral arrangements), attend counselling, or sleep. Other things you can do might include walking the dog, doing the laundry, or helping them pay bills and set up appointments. It's important, when you offer help, to be very specific with what you're offering. For example, offering to mow the lawn, bring over a casserole, or clean the house. Making a vague offer or asking them to let you know if they need anything, while well intentioned, is unlikely to result in them asking for what they need, as they may be too overwhelmed to be able to identify and ask for what they need.

Many people express comfort and shared grief through touch, like giving hugs or patting someone on the back. However, all this touch can be overwhelming and may be unwanted. It is best to ask first

"Grief does not operate on a timetable."

rather than assuming that they want a hug. It's also really important to consider time and place when you talk to people. For example, asking about a loved one's death at the grocery store is likely to bring up difficult emotions they weren't planning to experience while running errands.

Although the grief, shock, and pain will get less acute as time passes, it's important to remember that grief does not operate on a timetable and your loved one won't be "better" after 3 or 6 months. This loss will always be with them, but the first months and even years can feel incredibly destabilizing. While your own sense of loss may decrease as time goes by, those who were very close to the person who died (for example, their parents, children, siblings, and romantic partners), may experience shock and intense grief for a long time. Continuing to offer support after the first days and weeks is one of the most important things you can do. As others go on with their lives, it can feel like people have forgotten about the person who died. By continuing to offer support and love, you help show that you know how monumental this loss is. Holidays and anniversaries can be especially painful after losing a loved one. Offering extra support around birthdays, winter holidays, and marriage or death anniversaries is important.

While you no doubt have your own ideas and beliefs about death, it's important to remember that each person has their own ideas and beliefs about death, and relationship to faith, religion, and spirituality. What you find comforting may not be comforting to your friend or loved one. It's best to follow their lead when talking about spirituality, religion, faith, and finding meaning in death.

Stories of loss and healing

Leslie's story

The night I learned that my son was dead was, and will be, the worst of my life. I am certain that nothing will ever compare to this pain.

Nothing we do in this moment, aside from hurting ourselves or others, is wrong. I screamed the word 'no' for hours until my voice was gone. I sat in silent shock while a police officer and the victim services person (close friends, as we live in a small community) sat in our small living room and spoke softly, about what, I have no idea.

Somehow I realized when I got myself to bed that this was the first night I would not awaken at 2 AM wondering where my son Jordan was. Exhausted and mentally sick, I fell asleep for 10 hours, and did not even turn over.

The morning brought shock and numbness. I was a zombie, shuffling to the bathroom, getting a coffee, going back to bed. I have no recollection of my husband being there, but he must have been on the same trajectory. The disbelief lasts for a very long time. I cried in gasps, I wept softly, I yelled at the sky. I continued to say the word 'no'. I slept 15 hours out of every 24 for a long time.

The few days, weeks, and months after losing a child are otherworldly. I welcomed visitors and the lovely food they brought but I had no other sense of emotion or connection. I felt like a person made of stone and alternately, cloud. I was not in control of anything around me. Family arrived from all over, friends were scattered through my days.

"What is death?", I asked myself over and over. My boy, my only child, had vanished from the planet.

I dealt with the police, the coroner, the funeral home. I ordered a wicker basket for a green burial. Somehow I was able to rise to the occasion of the burial and the memorial. I had written an obituary, submitted it to the local paper, explaining that his was a drug-related death. I did the eulogy and spoke of Jordan's struggles with the hungry ghost. Only the grief that surrounded me made Jordan's death real. I had to console people, I had to respond to awful questions and difficult comments ("It's God's plan" is one of the worst along with 'Everything happens for a reason'). I had to keep my act together in public. I had a frightening new identity – I was the unthinkable – a mother who had lost a child.

We must not only deal with the brutal loss, we must redefine ourselves. Who am I if I am not Jordan's mother? Being a mother was my job. I often felt guilty in this job because I loved it so much. Others might have to work at jobs they hated, or not have enough work and scramble to keep the home together. They might have other children, demanding partners, so many difficult life situations. But me, I had one child, time, resources, a solid family, art, friends and

motherhood. I spearheaded many initiatives for kids in our small community. I was involved at the school being the Parent Advisory Council chair for 5 years.

My son and I raised funds and built a mobile skate park. We spent weekends going from one skate park to another on Vancouver Island. I was a child advocate, I was a serious mother. We allowed Jordan a lot of freedom, maybe too much. And here begin the questions and the guilt. Where did we go wrong? What signs did we miss? Why didn't we do more, why, why, why? This sense of guilt goes on for a long time. Maybe forever. But it diminishes with time too. As parents, we do the very best we can at any given moment. Often we think that our best is not good enough. And when we lose a child to drug-related harms, we are sure of it. This thinking hurts us, and while I can say that it is something we must let go of, I can also say we almost never do. We learn to live with it.

Which brings me to this: We will not get over our grief, we will not go through our grief. Our grief becomes part of who we are. Living with the pain slowly becomes the new normal. If we are lucky we will find a counsellor or a support system that will keep us safe and moving forward. Over a period of time which is different for everyone, the pain softens and becomes a room in our heart. The door to this room must stay open. We must visit it and work with it regularly. If we shut the door, the pain may leak out in unexpected and unhealthy ways.

We all have opinions on the worst days, the best days, the best and worst years on this path. Unquestionably the anniversary of our loved one's death is the worst day of the year. It is good to plan the day – a ritual of candles and family, church, a walk in nature, placing flowers, something that acknowledges in a meaningful way the transition. You will find a way.

As I write this, it has been 3 ½ years since Jordan died. I do not go a week without tears. There is a place inside me that carries the weight of a headstone. But I am stronger for it. And occasionally now I find moments of joy.

Mary's story

Spring 2020

March 3rd, 2020, around 8 pm, my daughter Sophie texts me: "Love you lots." I text back, "That's a nice text to get! I love you lots too." Then she signs off with a blowing-kiss emoji. Just a little while earlier, I will learn, she had texted her drug dealer to thank him for the fentanyl that has taken away her pain. She is feeling good at this moment, really good. I can't make sense of this. I once took a single Percoset I'd been prescribed after surgery and hated the high so much I couldn't wait for it to subside. But my daughter has had to live in a very different body than I do; she was always at risk for addiction. I couldn't even get addicted to cigarettes as a teen. In this regard, I am oddly lucky.

It is a gift, but I feel uneasy when I get her warm, sweet text. I know how desperate she has been to find effective treatments for the chronic physical and emotional pain caused by her depression, anxiety and PTSD. It crosses my mind that she is signing off permanently, but I push that thought aside. It is not unusual for her to send a random message of love to me. After many challenging years - all of them since she was about six, in fact - we are in a very good place as mother and daughter. I have finally gotten the hang of supporting her unconditionally. For several months, she has been as abundant with her appreciation as she was previously with her anger.

The police reach me around 8 am the following morning. I crumbled and wailed. I haven't wailed like this since my mother died 30 years ago. I don't know how I'm ever going to stop, or stand up and support my own weight. But eventually I do. I have to make a series of excruciating phone calls over the next couple of hours. Whenever I say the words, "My daughter has died," I leave my body and hear myself talking from some distance. It is disconcerting but I assume this phenomenon will pass, and after that first day, it does. I fall asleep in the afternoon. I will sleep a lot in the coming days, my body and brain involuntarily but mercifully shutting down at regular intervals. I am so grateful for this stress response.

For a week, I can't stop wondering what my daughter felt when the second dose of fentanyl hit her system. I can't stop myself from Googling in search of what I want to be true. Let it have been instant, my mind repeats. Evidence suggests it was - her chair overturned, her food and drink spilled. She had taken lamb chops out of the freezer to thaw. She must have intended to cook them the next day. She must have intended to be here to cook them the next day.

Part 2 - Winter 2021

Twenty-one months have passed. I still have what I call “grief attacks,” because that's what they are. The smallest thing can trigger them, or nothing at all. I am at liberty to give in to them (because I don't have a proper job). I let myself sink, knowing my next sleep will probably reset my brain and bring relief.

I tell everyone. I say her name. I bring her up in conversation. I don't expect people to know what to say, but I want to make it clear Sophie is still a huge part of me and always will be. I happen to have been born without an ounce of spirituality, which tests my patience for platitudes and social media memes, but I know people mean well. The one analogy I relate to is this: grief is a big hole/mass in our bodies that never shrinks, but we have the capacity to grow around it.

Susan's story

Sometime during my life, I acquired a belief that every person deserves compassion, to be heard and to matter. I acquired this belief along with many other core beliefs/values through my early family life, my work, life experiences and more specifically in raising my boys as a single parent in Thunder Bay. I also had to learn a valuable yet tragic lesson that life is fragile and it can change in a heartbeat. Not everyone has the same belief system and I remember, the one thing that my son said to me repeatedly during his times in hospitals, detox centers, treatment facilities and living on the streets was that “no one cares, no one looks at me like I matter, and I feel like a throw away person”. No one should ever feel like that, no one should be looked at like they are invisible, they are loved, they have families, friends and they do matter.

Nothing prepares us for the impact that our children will have on our lives. From the moment they come into our life we somehow love them unconditionally, and they in return, love us. The normal course of life is parents grow old and the children grow up, live productive and fulfilling lives. Like many, I always wanted this “fairy tale” for my children, but most of all I wanted them to be happy.

My life as a parent began on August 13, 1992, when my little angel came into my life. Life with Zach was special. He loved to entertain, laugh, and make others laugh. He was passionate about filming, music, and his friends.

He fished, cooked, and enjoyed the life we want for our children. Growing up, my son was a very well-adjusted, energetic, and a sensitive child. He participated in school activities, played hockey at the outdoor rinks, and had numerous friends.

Zach struggled with many things and as a mom you wished that love was all that was needed; sometimes that is all we can give. I treasure the close relationship I shared with Zach; he and I shared a lot over the years and I often found Zach telling me everything; sometimes I would say “too much information Zach” – there were times the saying, ignorance is bliss, would apply.

Zach had childhood trauma inflicted on him by my ex-husband and medical problems which turned him to pain medications at the age of 16. Zach endured a lot of medical issues from the time he was 15 to 18 - he had neurosurgery at Sick Kids and then again at St. Michael's in Toronto.

Over the course of a year, my son had undergone some drastic changes in his personality. Zach was a typical teenage boy with a girlfriend, a lot of friends, and a great sense of humour. He was a boy who loved hockey, skateboarding, he had 2 jobs and was awarded a grant of \$10,000 from United Way to film a comparison and contrast video of youth in Thunder Bay. I am not sure exactly when it started but Zach began to use drugs. Zach suffered from substance use disorder and PTSD for a long time; too long.

On June 3, 2019, at the age of 26, he lost that battle, and I lost my beautiful boy, Zachary, to Carfentanil poisoning. On June 3rd a police officer visited my home at 3:05 pm. She told me my son was dead. After that I went numb. I know she talked more but I was not listening. Although I was functioning, I was numb. I think I was numb for a long time after that. In fact, when the second Christmas came around without my boy, I had to ask what we did that first Christmas we lost Zach or his first birthday.

On June 3, 2019, I changed the lens I used to see my life through. I am not the same person I was before that date. I remained silent in my grief for a long time and was searching for something to do with it and looking for someone else who shared this pain. I have always been an advocate for my boys, and I lost that passion for a while. Standing alone, the cold bites at my cheeks and the thin air is hard to breathe. Somehow this invigorates me. I once again begin my ascent. Grief, it is never ending – it is life changing and this mountain I will need to continue to climb. I joined groups online and ended my memberships to many of them as they just did not fit my new lens. I found “MSTH” and felt the most comfortable here, I feel heard and validated. Reading everyone's stories and hearing others experiencing a similar grief to mine. My loss was traumatic, and it still lingers within and erupts at different unpredictable times. It comes and goes uncontrollably and changes me every time. Ask any parent what if something unbelievably tragic happened to one of your children? I can tell you one thing, guilt or helplessness lingers within our thoughts about whether there was something that you could have done to stop it, avoid it or done something different to change it? Was there a choice that you could make over again and do something different? For the first couple of years after Zach's death, I ruminated over every past decision I had made and have now come to terms that I do not have that type of power to change anything now.

They say grief has stages and others say we get closure from our loss. I am not certain if mine has stages, or I will ever get closure. I do know I have found my voice as I look at my grief now as a mountain climb. I visualize myself as step by step I climb my mountain of the grief I have after Zach's death. I reach the top of this mountain at times and raise my flag to claim my tearful victory. I reflect on my journey. This journey I have taken up my metaphoric mountain. I face forward at the summit; my flag planted. I gaze in awe at what surrounds me. Standing alone, the cold bites at my cheeks and the thin air is hard to breathe. Somehow this invigorates me. I once again begin my ascent. Grief, it is never ending – it is life changing and this mountain I will need to continue to climb.

"In a sense everything that exists to climb. All evolution is a climbing towards a higher form. Climbing for life as it reaches towards the consciousness, towards the spirit. We have always honored the high places because we sense them to be the homes of gods. In the mountains there is the promise of... something unexplainable. A higher place of awareness, a spirit that soars. So, we climb... and in climbing there is more than a metaphor; there is a means of discovery." -- Rob Parker

Carolyn's story

Carolyn shared her story with Mary Fairhurst Breen, seven months after the death of her daughter Dayna, aged thirty-one. Carolyn lives in Thunder Bay, Ontario.

Mary:

Tell me about your daughter.

Carolyn:

Dayna was a spitfire. She was a sister to two brothers that she adored and a mom and dad that loved her and miss her terribly. She was energetic from day one, a ton of fun and hilarious. She had the gift of gab, and could find humour in any situation. She was an established hairstylist, following in my footsteps. She had a blast doing the hair of Special Olympic athletes one year, and was a support person to a disabled little girl named Jessica. She traveled the world and had all kinds of adventures. She fit a lot into her very short life. She had plenty of friends and was an aunty to many of her friends' children.

Our house is so quiet without her. Coming home from a few weeks away, I really felt her absence. The reality of it hit me all over again.

Dayna had been rebuilding her life, living with a friend who had experienced violence and hardship. They were committed to supporting each other in their substance use recovery. Like many others who struggle with addiction, Dayne had immense compassion for other people.

Mary:

How did Dayna's problems with substance use start?

Carolyn:

She had an addictive personality, looking back on it now. She had severe ADHD, which made school hard for her and created many problems, including trauma. She was on medication for it for a while, which really helped, but she let it lapse and didn't have consistent medical care. For an ADHD person like Dayna, it was all about fun, fun, fun. She would party all weekend then sleep until work on Tuesday. It became clear that she had a cocaine problem. We addressed it with her, but she wasn't ready to face it yet. Finally things got out of control, and she agreed to private treatment - a gift from her parents. She initially did well, but living independently was too lonely and far too difficult without her family, friends and support system nearby.

She was sober for nine months, worked extremely hard and was doing amazing. She was back to doing hair again, and was looking forward to seeing her psychologist, after a lengthy assessment. She was excited to finally have someone that understood how much she needed to go back on ADHD medication. The weekend before her appointment, she attended a concert and the devil reappeared on her shoulder. She contacted a drug dealer from her darkest days, who sold her cocaine laced with fentanyl. She died on the floor while he slept like a baby, a narcan kit within reach. He was arrested, but with no room in the jails, it's catch and release.

Dayna and her roommate had talked a lot about harm reduction and the need to supervise one another if relapse was inevitable. But fentanyl is unforgiving; using these days is like playing Russian roulette.

We felt more could have been done to investigate. Often these overdoses are dismissed as “just” another addict. We are checking into many avenues to follow up, as well as to help raise awareness. I'd like the opportunity to make a victim impact statement. Meanwhile, I do what I can to explain that addiction is an illness. My healing involves moving ahead with advocacy work. I've set up a foundation to build a treatment centre with after care for young women. Dayna had all the support in the world, and still lost her battle. I want to help the people who don't have a loving mum and family that are always there waiting to hear the words, "I'm ready for help."

Produced in partnership by:



Special thanks to the Vancouver Foundation for their support of the BC Centre on Substance Use community engagement work.



Cover photo by Benedicto de Jesus on Unsplash.

