

Parental Overdose and Grieving Children

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Children who have lost a parent to overdose **represent a group that is both large and vulnerable**. Preliminary data gathered by the Allegheny County Dept. of Human Services shows that about [50% of residents](#) who died last year from opioid-involved overdoses were parents. Over 1,000 youth in the region have lost a parent to an overdose. These numbers represent Pittsburgh, PA, and its surrounding communities, but can be seen as a microcosm of any American city struck by the overdose epidemic.

[Alienation on Top of Grief](#)

The lives of children who lose a parent are forever changed, whether toddler or teen. In the aftermath of a parental death involving opioids, children

experience unique challenges to wellbeing, even compared to their bereaved peers. **There are distinct characteristics that set deaths from overdose apart** from those caused by car accidents or cancer.

The stigma of addiction creates [“disenfranchised grief,”](#) a grief insufficiently recognized by society. In the car accident comparison, neighbors and friends would see the parent and their child as victims. When the cause of death is related to drugs, blame is placed on the parent who is perceived as bringing misfortune upon themselves. The compassion extended to surviving family members therefore decreases and offers of support may be limited.

Disenfranchised grief influences a child’s internal grieving process. He or she may have held complicated feelings about their parent, and those aspects can feel dauntingly unresolved. When friends, family, teachers, clergy, and other potential sources of support communicate disapproval of the deceased parent, it can be harder for the child to find safe outlets to explore and express his or her feelings.

The Consequences of Not Helping

The tragedy of parental death—especially unexpected death—influences a life for a long time, negatively impacting mental health. The [Burden of Bereavement Study](#) found that the unexpected death of a parent was associated with higher rates of **depression, both shortly after the death and at various time points within the next five years.** These outcomes were found even when adjusting for higher-than-average levels of risk and psychopathology within the family before the parent died. And other effects play out over time besides depression: compared to a control group, children whose parents died unexpectedly had higher rates of suicidality, negative life events, and reduced functioning at work and in relationships.

On a local level, data from the Allegheny County DHS suggest increased likelihood of **involvement in the criminal justice system.** Children who lost a parent to overdose were more likely to appear in court over the next couple

years than their peers. That included both adolescents charged in juvenile court and youth of all ages who were victims of neglect or abuse. Either involvement produces further risk factors for that child down the line.

These outcomes are not a guarantee. For anyone processing loss, support from both loved ones and professionals can foster resilience. It is possible to help children who are mourning a parent lost to overdose.

Providing Support

The Allegheny County DHS reported looked at the utilization of **mental health services**, which can assist children in building healthy coping mechanisms. No more than 10% of children were receiving any kind of publicly funded mental health service at any given time during the two years following an opioid-involved parental death. Caregivers need opportunities to connect young family members with much-needed professional support, which means service providers that are affordable, easy to get to, and hire folks with relevant specialized experience.

The number of children placed out of home (with relatives or in the foster care system) is growing. **About 37% of the time children are removed from their parents, substance use is a contributing factor.** Because these parents are at high-risk of overdose, grief resources need to be available that speak specifically to children's grandparents, other relatives, or foster parents. Some support groups, including Al-Anon, can help relatives process their own grief.

Social workers, school staff, and anyone else who works with children can give them the opportunity to express themselves. If you're interested in techniques, I suggest viewing the webinar [Supporting Children Who Lose Parents to Accidental Overdose](#). It includes a detailed list of ways that grieving youth may think and behave and what a clinician can do to help them build coping skills and feel understood and supported. Talking through complicated feelings with an adult who listens and affirms can be very valuable.

There's More to Say

If you're interested in strategies for speaking with a bereaved young person or want to hear more about the evaluation data gathered in Allegheny County, the [webinar mentioned above](#) contains both. There are also a number of professional organizations that aim to directly help grieving people and also the professionals who work with them. [Eluna](#) focuses specifically on grief and addiction, and [The Dougy Center](#) or [The Center for Loss & Life Transition](#) can also provide relevant reading materials or training events.

At any age, grief cannot be cured or fixed. There is no "best" or "normal" timeline for the sometimes incapacitating aftermath of loss. But we can try to understand and to offer support and compassion to people as they process their difficult and valid emotions.

Resources

["Resources for Supporting Bereaved Children,"](#) compiled by Cindy Grindle, LCSW