



Family Grief and Loss Experiences Following Unintentional Lethal Overdose

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Quick Takes

- Unintentional overdose deaths are common and can have significant and lasting emotional effects on those left behind.
- Family members frequently experience overwhelming shame, guilt, self-blame, secrecy, and stigma related to the death.
- Family access to broad support and treatment networks is crucial in working through the grief and trauma related to the event.
- Family members each have unique needs based upon their relationship with the deceased, other family members, and their personal coping mechanisms.
- The bereavement process can be impeded by lack of support, societal stigma, and chaotic emotions that can occur following an overdose death

Case Study:

Matthew, a 23-year-old male with opioid use disorder (OUD) and complex PTSD, passed away suddenly from an opioid overdose. The youngest of three, he was described by his mother as “quiet and sensitive,” but was seen by his father as a “weak boy with no ambition” and was subjected to verbal, emotional, and physical abuse. By age 15, his father had him performing physical labor beyond his capabilities for the family business, which led to injuries and chronic pain. At age 16, he received opioids (oxycodone) for the first time and soon experienced physiological tolerance. Eventually, he began to seek even higher doses from his prescriber, and when this was declined, sought the medication from illicit sources.

The loss of one or more family members to unintentional overdose is all too common. Between 1999 and 2020 over one million Americans died from unintentional overdose¹ and these deaths impacted many others including the spouses, parents, siblings, and children of the deceased. A recent study estimated that 1.4 million children in the United States lost one or more close family members to overdose as of 2019.² With approximately a half million overdose deaths since then,³ the growing number of children and other relatives affected is almost unfathomable.

Although the literature on family response to overdose death is limited^{4,5} it is closely related to the impact of suicide on family members,⁶ and the experiences and processes following these sudden and unexpected deaths follow similar patterns.⁷ This QuickNote uses both literature bases to highlight family grief complexities and stigma’s negative impact, and provide helpful resources for families and treatment providers to mitigate the impact of these tragic events.

Case Study Continued:

Matthew was diagnosed at age 18 with an opioid use disorder (OUD) and received inpatient withdrawal management followed by outpatient counseling and buprenorphine. It was recommended that family be involved in his treatment, but he declined. His mother was frustrated with confidentiality guidelines that prevented her from being informed of his treatment, despite him living at home. His father was not a strong believer in treatment and felt his son should just quit using and get on with his life. Each blamed the other for Matthew's OUD, with his father indicating that his mother had "coddled" him and his mother indicating that his father was "a bully."

Family discord and mutual blame for substance use disorder (SUD) are common, as are differing views about approaches to treatment, or the value of treatment itself. Professionals should attempt to engage the family in treatment, educate them on OUD and evidence-based treatments, and address any stigmatized views. Ongoing family discord is associated with lower treatment retention and higher substance use rates,⁸ and does not portend well for family mutual support in the event of overdose death.

Case Study Continued:

For five years, Matthew was only episodically adherent to treatment, with frequent relapses on prescription and illicit opioids and multiple episodes of residential treatment. After his final residential treatment, he fractured two ribs at work and went to the ER. The ER physician was aware of Matthew's buprenorphine treatment from checking the state's prescription drug monitoring program. He emphasized that that Matthew's rib pain could be successfully managed with non-steroidal anti-inflammatory drugs and modification of his buprenorphine regimen. The ER physician indicated that with Matthew's permission, he would discuss this with buprenorphine prescriber and that Matthew should follow up with the OUD provider the following day. Instead, Matthew sought illicit fentanyl and dropped out of SUD treatment. Several weeks later, his sister found him unresponsive in the bathroom of the family home. His mother administered naloxone and CPR prior to the arrival of emergency medical services, but despite best efforts, he failed to respond and was pronounced dead.

Families of those with OUD are often aware of the risk of fatal overdose, but despite this, it still doesn't lessen the shock and trauma nor change the fact that its experience is different than a death due to "natural causes."^{9,10} The stigma of unintentional overdose death can cause intense shame and secrecy related to the stigma of substance use disorders.¹¹ Multiple other emotions, such as anger, confusion, and profound sorrow, occur^{10,12} often accompanied by intense guilt and self-blame, which that can impede the grieving and healing process.^{13,14,15}

Grief is complex and involves many emotions. Individual family members have unique and personal grief reactions that differ in timing and duration based on their connection to the deceased, which can sometimes contribute to misunderstandings, tension and strain within the family.^{15,16} One detached family member may feel relief. Another may experience guilt for using drugs with the deceased, and yet another may fixate on the death's details in an attempt to find blame.¹⁶ These emotions are not fixed; family members often "cycle" through them unpredictably.^{15,16} Professionals must identify and explain these phenomena to bereaved families to foster mutual support through their grief.

"The grief I felt was beyond shattering. It was as if my entire being was made of crushed glass, with every breath and every movement unthinkably painful."¹⁷

- KAREN WALLACE BARTELT, describing her grief following the overdose death of her son (2024)

Extended family and friends often offer less support to families of those who die of unintentional overdose than to those who die of “natural causes.” This stems from result of the stigmatized belief that SUD and overdoses are “self-inflicted,” and substance-related deaths are also “self-inflicted” and less deserving of sympathy, essentially disenfranchising the families of their grief.^{7,13,18,19} Insensitive statements that suggesting that the family lacks a “right” to grieve are common.¹⁴ Nearly half of affected family members and close friends face derogatory remarks including dehumanizing labels, unspoken and implicit stigma, blaming of the deceased, and insinuations that the death was the only and the “best outcome.”¹⁰ Such remarks add to the burden of a family that is already emotionally fragile, potentially isolating them and depriving them of needed assistance.^{10,14}

Conversely, positive connections from friends and extended family that offer empathetic and understanding voices can help in numerous ways, such as reducing shame, validating suffering, and minimizing stigma, thereby lessening their overall burden and tendency to maintain secrecy.^{10,14} The brain imprints trauma memories deeply; traumatic event are firmly imprinted in memory, and the connection and support during this time has lasting results. Table 1 lists practical ways to support grieving families using the River Peer Grief Support Model.²¹

Table 1. River Peer Grief Support Model (Peer Support Community Partners)²¹

https://pscpc.squarespace.com/river-in-depth	
Relate	Grieving people need to know that they’re not alone, both at a societal level and as individuals.
Invite	Grieving people need to know their stories are welcome.
Validate	People’s reactions while grieving are understood.
Empower	Grieving people can find their way.
Reassure	Grief is a process.

Case Study Continued:

After Matthew’s death, his family faced a tumultuous period of grief. They attended regular family therapy sessions and support groups, which provided a safe space to express feelings. Over several years, they processed their grief, contemplated their relationships, and bonded through therapy. They found forgiveness and strength, and learned healthier ways to interact and cope. The siblings, who had been detached, began supporting each other which helped the family heal and move forward.

Families often benefit from professional help to address complex emotions following an overdose death, both immediately and in the weeks and months that follow.^{9,10} As grief responses are not linear, families affected often benefit from support groups, grief counseling, family therapy, and individual treatment tailored to their individual needs.¹⁰ Healing is slow and incremental. The strategies in Table 2 can help families to be patient as they adjust to a different reality.

Table 2. Supporting Families Following Lethal Overdose

<ul style="list-style-type: none"> • Develop an overdose postvention team/program like LOSS for suicide postvention <ul style="list-style-type: none"> » Develop a grief support packet like SAVE for suicide postvention » Train those who've previously experienced overdose deaths to offer peer support to others <ul style="list-style-type: none"> » Form peer-led crisis support groups for families who have experienced overdose
<ul style="list-style-type: none"> • Create grief spaces for families when an overdose occurs in hospitals
<ul style="list-style-type: none"> • Create agency guidelines for provider support of families after overdose deaths (Yule, 2019)
<ul style="list-style-type: none"> • Offer education/training for students on overdose deaths and family support
<ul style="list-style-type: none"> • Provide community education/workshops to reduce stigma
<ul style="list-style-type: none"> • Fund additional research/grants on family experience post-overdose

Case Study Continued:

Matthew's treatment providers experienced their own their own grief and trauma after his death (See [November 2024 Clinical QuickNote](#)).²¹ Reflecting on his treatment, they saw a need to better address trauma experiences in their patients. Organizational training and support they received from their organization helped them advance their skill set and manage their emotions, which enabled them to support Matthew's family and help them through this difficult time.

The loss of someone due to unintentional overdose touches the lives of thousands of families in the United States each year. The death is sometimes met with misunderstanding and stigmatizing comments by friends, neighbors and other relatives. Often these comments are well-intentioned, but they are hurtful and contribute to the family feeling ostracized and alone in their grief. The loss will always be with them, but supportive and caring friends, support groups and professional assistance can help families deal with their grief and move forward in their own lives following loss.

<h3>For Additional Information on This Topic</h3>	<ul style="list-style-type: none"> • Survivors Resources: Offers support groups, crisis response, grief counsel and other services after overdose death • Grief recovery after Substance Abuse Passing (GRASP): Provides in person or virtual support groups nationally • International Overdose Awareness Day: Annual global event raising awareness and reducing stigma of overdose deaths • Substance Abuse and Mental Health Services Administration (SAMHSA): 1-800-662-HELP (4357) National Helpline free and confidential, 24/7 treatment referral and information services • National Alliance on Mental Illness (NAMI): Family Support Group: Peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition—and non-crisis NAMI help-line 1-800-950-6264.
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<h3>Upcoming Trainings on Substance Use Disorders</h3>	<ul style="list-style-type: none"> • Ohio Substance use Disorders Center of Excellence. Multiple trainings on various topics in coming months, throughout Ohio and online • Ohio Alcohol and Substance Use (AUD/SUD) ECHO. Northeastern Ohio Medical University. 1st and 3rd Fridays of each Month at 7 AM (Virtual) • Ohio's 2025 Mental Health and Addiction Conference. Ohio Association of Behavioral Health Authorities. June 9-10, 2025. Hyatt Regency, Columbus. OH. • Addiction Studies Institute. Ohio State University. June 25-27, 2025. Ohio State University Fawcett Center, Columbus, OH.
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At the SUD COE, we are committed to bringing you resources and trainings that meet your needs in providing care to patients with substance use disorders. Please let us know what suggestions you have for improving Clinical QuickNotes, or topics that you would like addressed by clicking [QUICKNOTES feedback](#).

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This QuickNote is an overview only and is not intended to be the sole resource for family support after opioid overdose death. The reader is encouraged to seek additional information from sources listed in “For Additional Information on This Topic.”