Talking to kids about an overdose death

The death of any loved one or friend can bring with it many different and unexpected emotions. However, when someone dies from an overdose the connection to substance use disorder (SUD) and associated stigma can create additional layers of complex emotions, making the death especially difficult to talk about and process.

> “Just as a period does not define a sentence, the cause of death does not define a person.” - Sarah Montgomery, LCSW-C and Joy McCrady, MS, LGPC, NCC

What makes an overdose different?



Overdose deaths are commonly associated with SUD, a chronic condition that can impact how someone acts and interacts with other people. Before the death of the person with SUD, family members and friends may have experienced months or years of difficult interactions with their loved one. For this reason, unexpected emotions may arise during the grieving process. Family and friends may feel:

- **Anger and frustration** because the person who died continued to use drugs despite the negative impact on their life.
- **Guilt** because they wonder if they could have done more to help.
- **Relief** because they do not have to worry about their loved one anymore.

Even if a person living with SUD has not died from an overdose, family members may experience anticipatory grief. This type of grief occurs when people process and accept a potential loss before it happens. It can connect to death or other types of loss. Read more about this type of grief on Extension's Anticipatory Grief webpage.

In addition to these complicated emotions, there is also the layer of social stigma surrounding drug use and overdose. Though the general public is beginning to view SUD as a chronic disease as opposed to a "moral failing". This stigma can even extend to someone's death. Like deaths from suicide, an overdose death can be viewed as something someone chose as opposed to the result of a disease. It may also be unclear whether the overdose was intentional or accidental.

Each of these layers can make it difficult to talk about what happened with children and help them process the death.

How to approach talking with your child

Be sure to explain the role SUD played in the overdose

While avoiding the topic of SUD in relation to the overdose death might feel easier, it is important to provide your child with this information. Your child may also feel like you lied about the death and lose trust in you or other family members. How open you are about the role of drugs or alcohol now could affect how open your child is with their own use of drugs and alcohol in the future.

How to discuss substance use disorder (SUD)

SUD is not a disease that a child can easily see. As you explain what happened, it might be helpful to explain that SUD changes how the brain works, causing people to feel really bad if they do not take the drug or medication.

> Example: *"The brain can get sick like the rest of your body. [Loved one]'s brain got sick with a disease called substance use disorder that made it hard for them to go through each day without drugs or alcohol."*

Emphasize that the child is not responsible for the choices and actions of the person who died. This point may be especially important when a child's parent overdoses.

How to discuss overdose death

Express your emotions during your explanation.

Encourage your child to ask questions.

The questions your child asks are a good way to gauge what they are ready to hear. As noted by the American Addiction Centers: “If the children are old enough to ask questions, they are old enough to hear the answers.”

Use clear language (“passed away” is not as direct as “died”).

> Example: *“Uncle John died last night. Died means his body doesn’t work anymore. He can’t breathe, he is not alive like he used to be.”*

Don’t feel the need to share all of the information at once.

Though it’s important to explain what happened with your child, it might not be appropriate to go into too much detail at first. Consider your child’s age when discussing the overdose. The Pathways Center for Grief and Loss grieving resource suggests the following guidelines based on age:

- **Three to five years old:** Stick to the basics, but be clear about what happened. Be ready to explain death (“the body stops working”) and to answer the same questions multiple times.
- **Six to eight years old:** Be ready to offer reassurance, and look for signs of “magical thinking” where children believe something they did caused the loved one to die. Children may also not understand that death cannot be reversed and you may have to explain that it’s permanent.
- **Nine to twelve years old:** Continue to remind your child that you are there to support them as they may worry about being abandoned.
- **Teenagers:** It’s important to share most of the information with the teenager because they likely have some knowledge about drugs. Approach the conversation like you are talking to an adult.

988 Suicide & Mental Health Lifeline

If you or someone you know is struggling with a mental health crisis, call or text 988 or chat at 988lifeline.org for support and resources.

Further resources

These are big conversations to have with your child. If you feel you need support for the conversation or need support processing the death yourself, reach out for support from a counselor or one of the resources below:

National Child Traumatic Stress Network:

- Grief Information for Parents and Caregivers PDF Resource
- How to Help Your Child After a Sibling's Death from SUD or Overdose PDF Resource
- "Ready to Remember: Jeremy's Journey of Hope and Healing" Video

Doughy Grief Center Podcast: Grief Out Loud

This podcast also has many episodes around helping children grieve that may be valuable as well.

- Podcast Episode: Grieving An Overdose (Part 1 of 3) - The Death Of A Brother
- Podcast Episode: Grieving An Overdose (Part 2 of 3) - The Loss Of A Child
- Podcast Episode: Grieving An Overdose (Part 3 of 3) - A Teen's Perspective

This webpage is based on materials from the Pathways Center for Grief and Loss, Our House Grief and Support Center, Sarah Montgomery LCSW-C and Joy McCrady, MS, LGPC, NCC, and the USC Rossier School of Education.