

Difficult conversations:

A guide for funeral directors addressing
deaths due by drug overdose



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Introduction

Preventable deaths from overdose have been increasing in Minnesota over the last several decades, an unfortunate trend that you or your community have most likely been impacted by. Thousands of Minnesotans have died from overdose and many more have been effected by these losses. Many times, families that have lost a loved one to overdose experience stigma or are fearful of being treated differently. Stigma is the discrimination directed towards someone because of an event or characteristic that is thought of negatively by others. Stigma can lead to feelings of shame, isolation, and being undeserving of care and support.

Funeral directors are an invaluable resource in communities, and play a very important role in supporting those bereaved by overdose loss. Funeral directors guide loved ones through some of the most difficult days of their lives and support them to start a healthy grieving process. There are many grief support resources available to support survivors of unexpected loss, but a compassionate funeral director can be one of those important resources. A funeral director can help survivors of these losses to understand there is no shame in overdose, they are worthy of support, and there is hope for acceptance and healing.

Beyond the many different, important ways funeral directors support families, they can play a crucial role as community leaders that develop networks of support and avenues for change. Helping to write obituaries, connecting with faith leaders, and lending grief expertise to schools, and other community organizations is influential for a community's healing. Community efforts to address grief and provide supports can help to prevent additional loss from overdose.

Substance Use and Overdose in Minnesota

Drug overdose and substance use disorder in general has affected many Minnesotans and their families. Drug overdose deaths per year among Minnesota residents increased from 384 in 2010 to 636 in 2018.¹ From 2010 to 2018, opioid-involved deaths increased by 535 % from 54 to 343 opioid overdose deaths.¹ The impact of substance use disorder extends beyond individuals, impacting families, friends, businesses and communities. Substance use and overdose affects many Minnesotans, and preventing substance use and overdose requires unique partnerships. By becoming familiar with substance misuse prevention work, funeral directors can gain a better understanding of the state's substance use and overdose crisis and effectively support their community.

In their work, funeral directors have seen the ravaging effects of substance use and overdose on their communities. Substance use disorder and recovery has many terms that maybe unfamiliar to funeral directors. This section will give you some background on the terminology, the extent of the problem, and what you can do to help families in their time of need.

As funeral directors are among the first to have conversations with families following the loss of a love one to an overdose death, they are in a unique position to play a vital role in prevention work. Becoming knowledgeable of substance use terminology and familiarizing yourself with

the state's overdose trends is one of the ways that funeral directors can support the prevention work.

Substance use disorder is a preventable and treatable medical condition that affects one's behavior and often leads to an inability to control the use of prescription medications or illegal substances. Long term use of prescription medication or illegal substances can lead to an individual becoming dependent on a substance. Opioids are a class of highly addictive drugs that are prescribed to manage pain. Prescription opioids are commonly referred to as pain relievers because they are often prescribed for pain. Prescription opioids include hydrocodone, oxycodone, morphine, methadone, and fentanyl. Heroin is an illegal opioid. When one becomes dependent on opioids, this condition is referred to as opioid use disorder.

Psychostimulants, more commonly known as stimulants, are a category of drugs that increase energy and attention and decrease appetite. They can be found as either a commonly-prescribed medication or as illegal drugs. Dextroamphetamine (brand name Adderall) and methylphenidate (brand name Ritalin) are commonly prescribed psychostimulants that are sometimes misused. Consuming prescription stimulants and illicit stimulants together increases one's risk of developing substance dependency; which increases an individual risk of an accidental overdose.

Polysubstance use occurs when one consumes a mix of any two or more substances. Recent drug trends in Minnesota have shown an increase in polysubstance use. Polysubstance use increases one's risk of experiencing an overdose. Prescription medications, illegal opioids like heroin and methamphetamine, and synthetic opioids are the drugs commonly involved in polysubstance use.

Risk of Overdose

Drug overdoses are most commonly found to be an accidental death. Some overdoses are intentional and these types of deaths are classified as suicides. However, it is not always clear if an overdose is intentional.

There are many factors that can lead to an accidental overdose. Taking prescription medications other than as prescribed is referred to as the misuse of prescription medications. Consuming prescription medications without a prescription is often referred to as the misuse of prescription medications. Misuse of prescription medications increases one's risk of becoming dependent on opioids. Being dependent on either prescription opioids or illicit opioids can lead to one developing a high tolerance, and this increases the risk of an overdose death.

A group of people at a higher risk for overdose are those involved with the justice system. The justice involved population includes individuals that have just been released from county detention centers or prison. Another group that is at risk of an accidental overdose includes individuals that have been abstinent from substance use. Individuals from both groups experience overdose death in greater numbers because they have a low tolerance for any substance.

Common Experiences of Loss from an Unexpected Death

Grief stemming from a loss from overdose can be complex for survivors. It is common for survivors to feel guilt, shame, blame, fear, and isolation following a loss from overdose. These same feelings are common for people who lose loved ones to other causes of death, but survivors of overdose loss can face additional burden from stigma and reluctance to openly discuss the death with others. A funeral director's understanding of these feelings can help when supporting these families, listening, and normalizing some of the emotions they are feeling as common.

Examples of statements you might hear someone experiencing one of these emotions make:

Guilt: "I feel horrible that I didn't do more to help them or recognize they were struggling."

Shame: "I am a really bad friend for not noticing something was wrong. What will others think of me for not seeing that they were struggling?"

Self-blame: "I should have checked in on them more and connected them with a therapist."

Guilt

As overdose is a type of preventable death, it is common for survivors to feel guilt at not being able to stop these deaths. When someone feels guilty about a loss, they are probably regretting not doing something that they feel could have prevented the death. Survivors might feel guilty that they missed warning signs or will feel like they could have done more to support the decedent. Guilt can be especially prevalent when the decedent has used means available in the home, such as prescription medications belonging to a different family member. Based on feelings of guilt, survivors can feel responsible for the loss and feel that it is their fault that their loved one passed away.

Tips for supporting and acknowledging feelings of guilt:

A funeral director will not be able to convince a survivor that the death is not their fault or responsibility, but the funeral director can listen compassionately. A funeral director can acknowledge how difficult these feelings must be by saying things like "it sounds like these emotions would be very hard to carry."

Shame

Survivors of overdose loss may feel like they have to keep the cause of death a secret due to feelings of shame. By keeping the cause of death private, the bereaved might think that they are protecting themselves or the decedent from being stigmatized or feeling shame. Shame is closely related to stigma.

Stigma is the root of shame. Shame is a feeling that comes from our perception that others will think that an action, or lack of action, was the wrong thing to do. Stigma can be subtle, like a friend appearing uncomfortable discussing the accidental overdose death, or it can be very overt like an old friend no longer answering the survivor's phone calls after an overdose death.

Tips for supporting and acknowledging feelings of shame:

The funeral director can reduce feelings of shame and stigma best by engaging survivors the same as they would any other client. This equal treatment helps the survivors to feel that they are not being judged or treated differently because of how their loved one died.

Blame

When a person dies from an overdose, the survivors might blame themselves or the decedent for the death. Sometimes, blame can lead to obsessive thoughts over actions that were done, actions that weren't done, and what could have been done differently. Survivors might blame family members, friends, or others for not preventing the death. For example, if a person who used drugs was with another person when they experienced an overdose, the survivor might blame the other person for not doing enough to save their loved one's life. The survivor might also blame the person who died for using substances or not seeking help for their mental health. These feelings of blame can at times lead to feelings of guilt or anger as well.

Tips for supporting and acknowledging feelings of blame:

Similar to feelings of guilt, funeral directors will not be able to convince a survivor that the death is not their fault or help them find something to blame for the death. Funeral directors should listen empathically and acknowledge how difficult it must be to have these feelings. A funeral director can say "I hear you saying that you are struggling with some of your feelings."

Fear

When a loved one dies unexpectedly, the survivors of this sudden loss can feel fearful that they or someone else they love will die unexpectedly as well. It is common to feel fear and anxiety that other people that struggle with substance use could overdose. It is natural to feel fear and anxiety after losing someone suddenly. This can be very difficult for survivors to process as these emotions are not frequently discussed as a part of the grieving process.

Tips for supporting and acknowledging feelings of fear:

Funeral directors can acknowledge that fear and anxiety are commonly experienced emotions following any death, but especially a sudden death. It is not the funeral director's role to diagnose or treat anxiety issues, rather the funeral director's role is to listen and provide connection to grief support or mental health resources if the survivor expresses an

interest. The funeral director can offer that the survivor can contact them at a later date for resources if they are not ready at the time of the conversation. For example, a funeral director could say “I understand that there is a lot going on right now. I will be here to give you information whenever you are ready.”

Isolation

Survivors of suicide loss may experience heightened feelings and experiences of isolation. Changes in social connections could occur if a survivor’s feelings of shame or depression lead them to isolate from support networks. Grief can also lead to self-isolation and turning inward or feeling uncomfortable spending time with others.

Tips for supporting and acknowledging feelings of isolation:

A funeral director can encourage connection with supportive people and the community, beginning with supporting the survivor planning a memorial service. A funeral director can share the benefits of personal connection during times of grief. They can refer survivors to grief support groups in their community or to online grief support resources. A funeral director could say, “I hear that you are feeling alone right now. It can be helpful to spend time with family, friends, or others who have experienced this type of loss.”

Anger

When someone dies from an overdose, the survivors might be angry with the person who passed away. The survivor could feel upset that the person who died did not seek help or chose to end their life. The survivor could also feel anger that the person who died has abandoned them or did not care about them. Anger could also be directed at themselves if they feel that they did not do enough to notice their loved one was struggling. Anger is an uncomfortable emotion that the bereaved might not be expecting. Feelings of anger can sometimes be unintentionally directed towards the funeral director.

Tips for supporting and acknowledging feelings of anger:

Funeral directors can support survivors by letting them express their anger freely and non-judgmentally. Funeral directors can acknowledge anger is an emotion felt by many survivors of an accidental overdose. As the survivor is mourning, it is important the funeral director recognize and remember that any anger directed towards them is not intended to be hurtful.

Denial

When someone dies from an overdose, it is not always clear if the death was intentional or unintentional. Uncertainty around the intention of the death can cause survivors to feel unsettled or confused. Survivors might be seeking answers to questions that cannot be answered. When a death has been ruled an overdose by a coroner, the survivors might deny

this as the cause of death. Denial can stem from feelings of guilt that they did not recognize their loved one was struggling with substance use. People may experience denial that the death was indeed an overdose. Instead, they might say that the cause of death was something else.

Tips for supporting and acknowledging feelings of denial:

It is not the role of a funeral director to convince survivors of the cause of death. A funeral director can create a safe space for grieving where the survivors can process the death in their own way. People may experience denial that the death was indeed an overdose. Instead, they might say that the cause of death was something else. A funeral director can be prepared to acknowledge that some might not agree with the cause of death. A funeral director could say “Some people might not be ready or able to accept that this happened.”

Relief

A survivor could feel relief that their loved one is no longer suffering from addiction; they might feel guilty about feeling any emotion other than sadness. If a survivor was invested in supporting the decedent and had been spending time and energy helping them, the survivor might feel relief at no longer having to worry about their loved one. Feeling relief after someone passes away is actually quite common and is experienced after the passing of someone who has been perceived to be suffering, such as a person with cancer or a chronic illness.

Tips for supporting and acknowledging feelings of relief:

A funeral director can use empathic listening and acknowledge that it is understandable that the survivors feels this way. A funeral director can acknowledge that certain feelings that appear unexpectedly or seem inappropriate can be surprising for survivors but is normal.

Supporting Survivors

A funeral director is often one of the first people that a survivor of overdose loss will interact with outside of family, medical personnel, and law enforcement. Funeral directors can support survivors by providing the opportunity to discuss the loss openly without fear of judgement, be an empathetic listener, and build a narrative of hope and resilience by being thoughtful in the language that is used in conversations.

Language to Use When Speaking with Survivors

The way in which we talk about deaths by overdose matters. If used positively, our language can help reduce the stigma often experienced by people who die by overdose. It may be helpful to review examples of the [language of substance use disorder](#) .

The table below shows some examples of language to use to help reduce stigma and make families feel more comfortable discussing an overdose. Some words and terms have a negative

connotation that can increase feelings of shame or guilt while other words are more neutral to use in conversation.

Commonly used language	A better choice	Why?
“They died of a drug habit.”	“They had a substance use disorder.” “They had a drug addiction.”	The term “habit” might undermine that substance use is a serious disease and people cannot simply choose to stop using.
“They were an addict.”	“They were a person with a substance use disorder.”	The word “addict” limits the identity of the person to just their substance use instead of a person experiencing a mental health problem.

Having the Conversation

It can be helpful for funeral directors to create a space for survivors to discuss the loss if they are ready. Survivors of these losses might want to discuss the death with others right away, while others will not be interested in doing this, and still others will want someone to just listen. The table below has some examples of what survivors might say when they want to talk and when they just want to be heard. Some common phrases survivors might use are listed below with ideas for how you can respond to start these conversations.

Survivor:	Response:
“I just don’t really know what to feel right now. I am in shock and never expected this.”	“It must be difficult to process everything that has happened.” or “It is understandable that you feel this way.”
“I have a lot of things I want to say, but I don’t know where to start.”	“I am here for you and will listen if you want to talk, or we can just sit together.”
“I am nervous to tell anyone what happened. What if they judge me or think I didn’t do enough?”	“I’m hearing you say that you are nervous about being judged. I am here to support you and will not judge anything you say or choose to share.”

Listening Empathetically

Survivors of overdose loss frequently report that what is most helpful is having someone that just listens to them without judgement, interruption, or advice-giving. Sometimes what survivors need is someone to hold space with them, meaning someone that can sit calmly with them without having a conversation at all. Feeling like another person cares enough to be with them, listen while they speak, and understand what they are saying can help a survivor by reducing feelings of isolation or that they do not matter. The Crisis Prevention Institute provides [tips for empathic listening](#).

Empathic listening is a skill that takes time and practice to develop. Most likely, funeral directors already have these skills that have been honed during years of supporting loved ones through losses. Empathic listening is a form of active listening during which the listener will pay close attention to body language, inflection, eye contact, and the language being used to more fully understand what is being said, both verbally and emotionally.

Continued Support

Grief does not follow a specific timeline and looks different for everyone. In American culture, it is common for loved ones to hold a funeral within a week after the death which involves quite a bit of work to plan funeral services, notify friends and families, and process initial feelings of shock, loss, and grief. During this time of mourning and funeral planning, loved ones are often receiving a great deal of support from family, friends, and colleagues. However, once the funeral services are completed, these systems of support can diminish. This period of time following a funeral is when survivors of overdose loss may begin feeling new types of grief after the initial response to the death.

Survivors of overdose loss may not be ready to discuss the loss during the short period of time they are frequently interacting with a funeral director. While a funeral director is not able to be a grief counselor in the long term or provide intensive supports to survivors, a funeral director could offer to check-in with loved ones after a funeral service to provide an opportunity for empathic listening, showing support, and offering to connect to other resources such as a grief support professional or group.

A funeral director can play an important role in providing information on and connections to grief resources in their area. Grief resources can include meeting with a grief support professional, such as a therapist, meeting in a group setting, reading books, or watching videos. A list of some grief support resources for survivors of overdose loss are included at the end of this guide for you to share.

Recognizing the need for continued support and how difficult it can be for survivors to take the first step of reaching out, a funeral director could help connecting to grief resources by making the connection between a person needing services and another service provider (called a warm handoff). For example, if a person expresses an interest in meeting with a grief counselor, the funeral director could offer to make a call to a grief counselor with the person. Making the call together can be supportive for the person seeking support and can make them feel more

comfortable connecting with a stranger if someone they already know and trust (the funeral director) is the one to make the connection.

Funeral directors can support connecting people to grief resources by making a connection themselves to counselors and groups in their area. Funeral directors could meet with grief counselors to learn about the services they provide and how to make a referral. They can use the information they learn to make connections more easily between the bereaved and service providers. Funeral directors could ask if it is appropriate to attend meetings of grief support groups in their area to learn about the different styles of these groups. Funeral directors could make a suggestion for a grief group to the bereaved that seems in line with the type of support the bereaved is looking for.

Culturally Specific Grief Services and Resources

In Minnesota, mental health providers of color are underrepresented, especially outside of the metro area. This underrepresentation can make it difficult for people to find grief supports that are culturally specific. Culturally specific services are those that are informed by cultural perspectives, views, preferences, and language. Culturally specific grief resources can be just as important to the healing process as faith specific resources. Culturally specific resources and services may be held in a culturally meaningful space, in a specific language, or incorporate cultural traditions.

As experienced funeral directors, you are most likely already aware of the value of culturally specific mourning and funerary traditions, rituals, and ways of expressing grief. If a family is not able to have the types of mourning rituals that are typical in their culture, the funeral director can work closely with the family to determine what type of services or memorials would be most appropriate for them to honor their loved one.

A funeral director can support families connecting with culturally specific grief resources by learning more about what culturally specific services look like, discovering if there are providers in the area that speak different languages or identify as members of a cultural community, and acknowledging the value of working with a provider or group that shares a culture.

A Funeral Director's Role in Community Overdose Prevention

Preventing substance misuse and overdose requires a multi-sector collaboration. Funeral directors are an invaluable resource in communities, and they can play a vital role by sharing overdose prevention resources with families that have lost a loved one to an overdose death. Prevention efforts such as naloxone training and sharing [local disposal sites](#) are two types of prevention work that funeral directors can support. This section will provide information on overdose resources that funeral directors can share with grieving families.

Naloxone

Naloxone, also commonly known as Narcan[®], is a medication that temporarily reverses an opioid overdose. Anyone can access naloxone without a prescription at most pharmacies, including all Walgreens and CVS pharmacies. The [Rural Aids Action Network](#) offers naloxone education and kits in St. Cloud, Mankato, Duluth, Moorhead, and Grand Rapids. Another way to obtain naloxone is through the [Steve Rummler HOPE Network](#). This organization offers virtual naloxone training and kits free of charge for anyone across the state. Following a virtual naloxone training, individuals can pick up a lifesaving kit by visiting a publicly accessible pick-up site, called a [Naloxone Access Point](#).

Funeral directors can provide naloxone information directly to loved ones who ask or share that they are worried about others at-risk of an overdose. Funeral directors can make naloxone information available at the funeral home so that people could learn more about this lifesaving drug and how to access it as needed. Funeral directors can improve naloxone access to bereaved families by offering trainings in communities or supporting the work of harm reduction organizations. Lastly, funeral directors can support families in locating a [pharmacy](#) that participates in the [Minnesota Opiate Antagonist Protocol](#).

Medication Disposal Sites

Properly and safely disposing of medications can help prevent misuse, diversion and accidental poisonings. People can dispose of unused or expired prescriptions for no charge at a safe disposal site. Most sites will take prescription, over-the-counter, and pet medicines. Locate a safe disposal site by visiting the Minnesota Pollution Control Agency's [searchable collection site map](#).

Funeral directors can offer bereaved families safe disposal bags to discard any unused medications. Local public health or law enforcement might be able to provide these disposal bags free of charge. Funeral directors can also locate the nearest medication disposal site in your community and keep a list of these locations in your funeral home to provide to families if needed.

Overdose Resources

- Access naloxone training and where to get Naloxone/Narcan through the [Steve Rummler Hope Foundation](#).
- The [Rural Aids Action Network](#) offers naloxone kits, syringe exchange services, case management, and support groups in St. Cloud, Mankato, Duluth, Moorhead, and Grand Rapids.

- The [Valhalla Place](#) offers harm reduction services and substance use disorder treatment in the metro area.
- Access an outreach handout on how to access [harm reduction & overdose prevention](#) information and from the Minnesota Department of Health.
- [Find a list of pharmacies participating in the Minnesota Pharmacy Syringe Access Initiative.](#)
- Find harm reduction resources near you through the [National Harm Reduction Coalition.](#)
- For more information on overdose prevention community efforts, visit the [National Overdose Prevention Network Resource Library.](#)
- Learn more about the language of substance use recovery through the [Addictionary](#) created by the [Recovery Research Institute.](#)

References

1. DeLaquil, M., Giesel, S., & Wright, N. (2020). *Drug overdose deaths among Minnesota residents, 2000-2018*. Retrieved from <https://www.health.state.mn.us/communities/opioids/documents/2018overdosedearthreport.pdf>

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