



STRONGER TOGETHER

COMMUNITY PRIORITIES TO ADDRESS ISSUES RELATED
TO SUBSTANCE USE AND ADDICTION IN VANCOUVER
COASTAL HEALTH

**NDINGS FROM FAMILY-LED
IALOGUES IN POWELL RIVER,
RITISH COLUMBIA**

additional territories of Tla'amin Nation

April 3-5, 2019

Stronger Together: Navigating the Personal Impacts of Substance Use
COMMUNITY DIALOGUES SUMMARY REPORT
Powell River, BC | April 3- April 5, 2019

We gratefully acknowledge the Tla'amin Nation, on whose traditional and ancestral lands these events took place.

INTRODUCTION

Background

In the context of the provincial illicit drug overdose crisis over the past two years, too many communities have been personally and tragically affected by drug-related harms. There is an urgent need for stakeholders impacted by a public health crisis of this magnitude to lead and inform overdose response and substance use treatment initiatives. The family members of people who use drugs, in particular, are an important, but undervalued, resource for the health system. They hold a wealth of knowledge on how the system can be improved to support their loved ones, particularly those who are at highest risk of fatal overdose (people using alone due to stigma). Similarly, bereaved families have substantial insights on what systemic improvements could have prevented their loved ones' deaths. However, families have historically been excluded from key decision-making in our province, particularly around substance use services.

Stronger Together is a series of family-led dialogue and learning sessions taking place in nine communities across British Columbia in 2018-19, in partnership with local and regional stakeholders. The primary objectives of the project are to:

- 1) Mobilize family and service provider knowledge to identify local challenges and barriers for people who use drugs, inform service provision, and improve pathways to treatment and care in Island Health and across British Columbia.
- 2) Build resilience and increase family members' capacity to support their loved ones by offering tools and resources and fostering local connections.
- 3) Build local community capacity to support families impacted by addiction and the overdose crisis through the delivery of learning sessions for people interested in running support groups.

In collaboration with Vancouver Coastal Health, Powell River, BC was selected as one of the nine host communities. The City of Vancouver contributed additional funds of \$10,000 to host Stronger Together sessions within Vancouver.

This report is a culmination of the wisdom and insights offered by families and service providers in Powell River, BC. We hope that what follows will lead to the development of locally-relevant, actionable solutions within each of your systems, in partnership with these key knowledge holders.

Host Agencies

The **British Columbia Centre on Substance Use (BCCSU)** is a provincially networked resource in British Columbia 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.

The **British Columbia Bereavement Helpline (BCBH)** is a provincial leader in providing education, support, advocacy, networking, and information resources for the bereaved, their caregivers, and professionals. The BCBH is committed to assisting the bereaved and their caregivers in coping and managing grief, and recognizes the unique factors that come with a sudden death due to substance use. In addition to a helpline, the BCBH provides support programming for the bereaved and training for community members to establish support groups.

Parents Forever is a professionally supported, mutual support group for parents and other family members of adults (18 years of age and up) suffering from addiction. The group meets two times per month in Vancouver, BC (unceded Coast Salish territories) for the past 19 years.

Moms Stop the Harm (MSTH) is a network of Canadian families whose loved ones have struggled with substance use or have died from drug-related harms. MSTH aims to advocate, educate, and expand supports for families affected by substance use. They call for an end to the failed war on drugs and embrace an approach that reduces harm and respects human rights.

The host agencies partnered closely with **Vancouver Coastal Health** to plan, implement, and identify recommendations and next steps following these sessions, including those relevant to Vancouver Coastal Health services, as well as **Powell River Community Action Team (CAT)**, **Tla'amin Health**, and **Canadian Mental Health Association – BC Division (CMHA-BC)** in planning and co-funding these sessions.

A Note on the Definition of “Family”

We acknowledge that not all families are biological or nuclear. To quote Island Health Authority, “Family, specifically family in relation to outpatient substance use service, was in all cases understood as being **defined by the person accessing services.**”¹

Limitations of the Report

The primary intent of Stronger Together is to hold space for families and affected others to gather, share dialogue, tools, and resources, and explore opportunities for mutually supporting one another through similar experiences. This is a report-back of what we heard from **some** family members and service

¹ McCune S., Pauly B., VanBoven, S. (2017). Disrupting Standard Mode: A Big Picture Story of Family Inclusion in Substance Use Services. Retrieved from: <https://www.uvic.ca/research/centres/cisur/assets/docs/report-family-inclusion-substance-use-services.pdf>

providers living and working in Powell River, BC through the process of dialogue. Please note that this is not a generalization of the entire community.

ACKNOWLEDGEMENTS

BCCSU, BCBH, MSTH and Parents Forever would like to sincerely thank the Province of BC through the Overdose Emergency Response Centre and Community Action Initiative for their significant contribution of \$75,000 to make these events possible across British Columbia. Thank you also to Canadian Mental Health Association – BC Division for their additional contribution of \$1,500 to support the continued capacity-building of communities.

The organizers also wish to thank the following individuals for their key contributions to these events in Powell River, BC: Chris VanVeen from Vancouver Coastal Health for their support of this initiative since its inception, for serving as a regional resource, and for moving the community's recommendations forward; Kathryn Colby from the Powell River CAT for their leadership and co-facilitation, event coordination, financial and in-kind contributions; Margaret Rossi and Mika Miyaoka from Tla'amin Health for their guidance, partnership, and support; Elder Doreen for sharing their wisdom and grounding us through difficult conversations; Parm Matharu for additional facilitation and meeting support.

Most of all, thank you to the participants who shared their deeply personal stories of struggle, grief, and loss, and inspiring us with your visions of a better system.

PROCESS

We convened six groups in Powell River. This included four dialogue sessions (2.5 hours each):

1. Families whose loved ones are actively using
2. Indigenous Families impacted by substance use
3. Families who have lost a loved one to substance use
4. Service providers interfacing with people who use drugs and their families

And two learning sessions (6 hours each):

1. Family Support Group Facilitator's Learning Session – for people interested in hosting support groups for families who are coping with their loved one's addiction
2. Grief & Loss Support Group Facilitator's Learning Session – for people interested in hosting support groups for families navigating grief and loss due to substance use

Each session was guided by three questions

1. What's not working well?
2. What's working well?
3. What are your highest hopes and biggest wishes for your community?

Each group committed to a set of community guidelines for engaging in dialogue:

- Make space, take space.
- Take breaks to support your wellness.
- What we say here, stays here. What we learn here, leaves here.
- We listen to learn rather than to respond or react.
- We gather in a spirit of mutual support and respect.



PARTICIPANTS

Total number of participants: 62

Dialogue session: Service providers supporting patients and families

Date: Wednesday, April 3, 2019

Participants: 19

From a variety of service organizations, including:

- Men's recovery home
- Indigenous organizations
- Intensive care management
- Public health/harm reduction
- Non-profit service agencies (counsellors)
- St. Johns Ambulance (paramedics)
- Hospice
- Community-led grief support group
- Shelter

Dialogue session: Indigenous families impacted by substance use

Date: Thursday, April 4, 2019

Participants: 15

Identified as:

- Parent (x3)
- Grandparent (x2)
- Partner (x2)
- Person in recovery (x6)
- Community member (x3)
- Service providers (x4)

*14 self-identified as Indigenous

Learning session: Supporting families with loved ones in active addiction

Date: Thursday, April 4, 2019

Participants: 12

Identified as:

- Service provider (x10)
- Family member (x2)

Dialogue session: Families with loved ones in active addiction

Date: Wednesday, April 3, 2019

Participants: 11

Identified as:

- Parent (x7)
- Grandparents (x1)
- Sibling (x3)
- Person in recovery (x2)
- Did not identify (x1)

Dialogue session: Families who have lost loved ones to substance use

Date: Friday, April 5, 2019

Participants: 4

Identified as:

- Parent (x3)
- Person using substances (x1)

Learning session: Grief and Loss Support Group Facilitation

Date: Friday, April 5, 2019

Participants: 17

Identified as:

- Service provider (x15)
- Family member (x2)

FINDINGS

The facilitated discussions surfaced a number of priority areas, challenges, and hopes for the future. What follows is a summary of key concerns and biggest hopes for the community from each dialogue session. Insights from participants appear throughout the report in italicized quotes.

Service Providers Supporting Families Impacted by Substance Use *April 3, 2019*

Key Themes

Lack of locally-relevant research to inform practice:

Service providers are currently using Downtown Eastside (DTES)-based data to inform their practice. This is problematic. For example, most people are smokers in Powell River, whereas most people inject in DTES, yet most harm reduction supplies available are syringes.

“We cannot apply learnings from DTES research to Powell River. We need our own research to reveal who’s using, where and how...are they middle-aged, males, working, Indigenous, women?”

More capacity-building opportunities needed:

There is a lack of community spaces and capacity-building opportunities for people with substance use disorders (PWSUD).

“Although small towns create their own social networks, there are no specific spaces for drug users to educate themselves with workshops, like VANDU”.

No space for people to just be:

There is no central space in town where PWSUDs can be. There are a few hotspots, but physical space options are mostly de-centralized due to stigma. Landlords evict, malls don’t let you in, employers don’t hire, security kicks you out of facilities. Some providers shared that they drive around all day looking for and supporting PWSUDs.

People who use drugs recreationally have no space for mutual support: *“There are recreational drug users coming to SUSTAIN [PR-based organization of people who use drugs who aren’t getting what they need, but it’s the only group out here.”*

Challenges specific to living and working in a rural/remote area:

There is a lack of post-recovery opportunities, i.e. employment, because many people know each other and the stigma is very high.

“It’s a huge barrier for anyone to make any changes to their lives. Seeking housing and employment are almost impossible because of the stigma.”

Outpatient > inpatient treatment for most people in recovery:

Providers found that it is challenging for their clients to re-engage with their communities after leaving residential care because it is often a substance-using community. Residential care can be counter-effective to learning how to live a recovery life in a world that is naturally stimulating.

“We need to reduce the shame and stigma of recovery. People need to stay in the communities where they live, work, play, heal, and recover.”

Role of families in outpatient treatment:

Families need greater supports to create a recovery environment for their loved ones.

“Recovery can be really isolating. People need to have access to meaningful things - like employment, family and friends - to keep them on a path of recovery.”

“Only 6-11% of people actually require in-patient care. Our health system needs to not only match the level of needs to the level of care required, but also help families support their loved ones through outpatient care.”

Barriers to accessing residential recovery:

For the small % of the population who do require residential recovery, service providers find it very challenging to get their clients into recovery homes, particularly in a rural/remote community. Some expressed that it is extremely difficult to have to continually inform people who are very sick that there is no other option than to wait. This is contributing to provider burnout and poor mental wellness.

“When the addict is ready, we need to grab them at that point.”

“We are booking in people despite very full schedules, but we need to take them in now.”

Barriers include: needing a separate referral for each program; lack of centralized intake process across BC and VCH; patients needing to wait weeks for beds; no place to go for people who have complex needs.

“Lots of people call [our recovery home] asking for help, but there are not enough beds. Many of these cases are too complex for us to treat. There needs to be a centralized system where a patient or their family can search based on level of needs.”

Gap in child and youth mental health and substance use supports and services:

Although there are community spaces for youth (12-24) to engage in activities as a protective factor of drug use, “they are only present in the richest areas of Powell River and it is not reaching the highest-risk youth population”.

“In previous studies, the government ‘copped out’ by reporting low numbers of youth affected. If more parents felt comfortable reporting to service providers, rather than be shamed and blamed, we might have a chance at policy change.”

There is one prevention worker in schools, but they are not equipped to effectively support youth experiencing addiction. HR capacity is needed.

“The crisis doesn’t discriminate. The younger generation is falling through the cracks”.

Patient confidentiality regulations:

Permission is needed from the individual in recovery to inform parents how they are doing, which puts many service providers in difficult situations of needing to balance the well-being of both their patient and the family member. Service providers must maintain confidentiality of the patient's case, while simultaneously assuring distressed families that their loved ones are alright.

"I'm forced to put up a roadblock between the family member and patient, maintaining confidentiality about my patient's case, while simultaneously assuring their distressed loved one that they're alright."

Centralization of resources:

Service providers emphasized the need for a centralized, online system that categorizes resources based on level and complexity of addiction and mental health needs. Data centralization is key to providing updated resources (helplines and support groups) for families coping with a loved one's active addiction.

Highest Hopes for the Community

- Community of practice in Powell River for supporting families (CAT already has own priority areas).
- Community hub for PWSUDs with intensive case management team; housing, employment, disability, mental health, senior supports; everything. A peer-led space for people to understand the recovery journey and showcase the possibilities of leading "normal" lives; thus, helping reduce stigma.
- ER Peer Navigator at Powell River Hospital to support PWSUD as they navigate the "clinical coldness" of the emergency department. Serve as an interpreter for their peers.
- Supports for people in early recovery. This is one of the most vulnerable groups due to high risk of relapse and fatal overdose.
- Increased prevention efforts. Raise awareness of the need through media.
- Resource binder for paramedics to offer when supporting substance use specific cases.
- Intertribal support programs to address effects of residential schools and intergenerational grief. *"Culture can be a meaningful way to keep them rooted in the community."*
- Skill-building workshops and job opportunities for people in recovery transitioning out of residential treatment.

Families with Loved Ones in Active Addiction

April 3, 2019

Key Themes

Gaps in clinical care:

Several participants shared that their loved ones had no problem doctor-shopping in Powell River. When one mom confronted their doctor about this, she was told that they couldn't share because of confidentiality, yet was offered no alternative for supporting neither mom nor patient.

Families expressed that they would like to see more repercussions for local doctors who prescribe without inquiring into the patient's history of drug use. In one participant's experience, *"the doctor prescribed me Dilaudid without even asking about my previous addictions – how are they not charged with malpractice?"*.

Both families and people with lived experience of drug use shared that it is too easy to convince doctors that they are healthy enough to be released. *"I went on a four-day bender, finally ended up in hospital, was released after convincing my doctor I was ok, then ended up in jail. You're not living up to the Hippocratic Oath when you're releasing people like that."*

"[My granddaughter] was in the psych ward only three days before she died by suicide. She got out because she was smart with her addiction. Told the doctor she was going to seek treatment and they released her. Three days later, she jumped off a building."

Correctional system needs to support a continuum of substance use care:

Because of the criminalization of people who use drugs, almost all PWSUDs end up in corrections at some point. Families expressed that their only relief and respite is when they loved ones go to jail, however, they do not feel that the correctional system supports them or their loved ones. For example, there is often no follow-up from probation officers.

"My son kept going to jail for theft under \$5,000, yet was never supported with job training after release. How else do you expect him to make money?"
"We know the penal system is flawed because people are treated so badly in there, they come out hardened."

Families recommend that, as much as possible, court-ordered addiction treatment be the sentence as they know that would have greatly benefited their loved ones instead of further entrenching them.

Small-town stigma:

PWSUDs "have a big scarlet letter on their resumes" for doing what they need to survive and not get dope-sick. Employers must be understanding towards substance use and recovery challenges – hire based on the person, not their criminal background.

Lack of supports for families:

Families called for more supports for their own wellbeing. *"I need to be told that it's okay to take care of myself and not pour all my efforts into looking after my child"*.

"Jail should not be the only place my kid can go for me to get respite or feel relief."

Social approach to recovery:

Families proposed that VCH and the City of Powell River implement the [San Patrignano \(Italy\) model](#), which takes a social, rather than a medicalized, approach to recovery. Families are calling for this model because it aims to heal the whole person, from building life skills to fostering a sense of positive self-identity.

Detoxing from drugs is not the priority, however, families also need to see a detox centre in every community in Powell River, which would drastically minimize the impacts of the ‘revolving door phenomenon’.

Highest Hopes for the Community

- No more waiting. Rapid access addiction care in Powell River - meet people as soon as they are ready.
- Trades training as a harm reduction intervention. Employment is a protective factor and needs to be offered after release from corrections.
- The correctional system to play a role in the continuum of substance use care.
- Safe supply of the drug(s) that the PWSUD is addicted to.
- Timely and accessible treatment available locally where people can stay for as long as they need.
- Detox centre in every community.
- In-community over residential treatment whenever possible.

Indigenous Families Impacted by Substance Use

April 4, 2019

We are grateful to members of Tla’amin Health for hosting and co-facilitating this dialogue session. Participants gathered from a variety of backgrounds, including: family members who’ve lost loved ones to substance use, family members coping with a loved one’s active addiction, people in recovery, and service providers supporting Indigenous families impacted by substance use.

Key Themes

Trauma-informed grief supports for *both* coping and bereaved families:

Coping is overlooked as a form of grief. Participants who have not lost loved ones do not receive trauma-informed grief supports. That is when the family is most vulnerable to overdose themselves. Support team needs to visit the loved one after a non-fatal overdose.

“Is there no support for me because he didn’t die? I went through severe depression and trauma watching my loved one go down this awful spiral. The first responders did nothing for me after he was revived.”

Many of the participants suffered from child apprehension. Lost contact with their children, who had their children apprehended.

“Our community is always in grief.”; “There is huge intergenerational grief. I see it, I feel it in my own family. It’ll take 7 generations to heal from what was done to us.”

Challenges for young people living in small communities:

One of the unique characteristics of this rural/remote community is that everyone knows a drug dealer and substances are normalized early on for most of Tla’amin’s young people.

“The dealers within the community are what makes me angry. In a small community like ours where there are dealers everywhere, our kids don’t have a chance. They don’t give flying shits about our people.”

Drug dealing an effect of colonization:

There was a lot of anger at the drug dealers themselves. However, participants also understood and expressed that most dealers deal out of necessity as it is their primary source of income, while some fund their own addiction. For Indigenous peoples in particular, drug dealing is a source of power and positive self-esteem in an environment of trauma. Many of the dealers in town suffer from poverty and intergenerational drug dealing and substance use.

“If we take dealing away from them, what would they have?”; “You are what you know- you see your father being a drug dealer, and you become it.”

Lack of communication and trust within the community:

“What we need in this community is to be open and honest about everything.”

It was quite profound when a young Indigenous man shared about his addiction and recovery in this large group. It was the first time most of them had gathered in this way to talk about such a subject, even though all of them are going through it.

Many people in the community who have been affected by addiction in the family for years were not aware of existing resources, including OAT, home detox in Powell River, referral process to intensive case management. Tla’amin Health staff were able to connect with these community members for follow-up.

“We have the resources but we need to build trust. Trust is what connects the Tla’amin community.”

Elders suffering from addiction:

Many of the community’s Elders are suffering from addiction at the end of life, in addition to the impacts of their loved ones’ addictions. The elderly need a healing centre.

Lack of Indigenous representation in the healthcare workforce:

Community suffering from poor clinical care resulting from compassion fatigue and burnout. They are also suffering from a lack of job opportunities, particularly for people in recovery.

“We need to hire our own people. Not settlers.”

“Us as a Nation, we’re rich in land but we need to look at healthcare now, not logging. There’s jobs and money in healthcare.”

Highest Hopes for the Community

- More opportunities to come together; provide mutual support and mentorship. More education about addiction, including the SMART recovery program.
- Support circle for people impacted by traumatic critical incidents. Local trauma team that works on weekends and evenings, rather than a nurse *“who gets half-paid and must remain on-call after work hours.”*
- Respite for families: *“Home detox destroyed me. 24/7 you don’t sleep.”*
- Indigenous men and women’s transitional outreach workers.
- More community-led advocacy and support initiatives, such as *“Healing of the Canoe”* curriculum for youth.
- Guaranteed employment for every Nation member who goes to treatment so that pursuing recovery does not affect livelihood.
- Low-barrier treatment with Indigenous teachings and practices. *“We have empty buildings here and can use the space”* for detox beds, offering recovery resources and naloxone training.
- Care center for the Elderly, particularly those suffering from addiction



“Our community needs to be unified because we are all related, we need to work through the division we’ve all experienced and focus on healing.”

Families Who Have Lost Loved Ones to Substance Use
April 5, 2019

Key Themes

“Early intervention would have saved my child”:

Family members in this session shared a common experience of losing loved ones who had started using drugs in early adolescence in response to mental health problems – most common were social anxiety and ADHD – all between the ages of 12-14. Programs are needed in school systems to support children and youth, including people whose parents are going through divorce. For example, one participant shared: *“in kindergarten, he was not learning the same way as everyone else, yet they put him through the same curriculum. In grades 3 and 4, he went up to the teacher every single time there were instructions to get them repeated. He should have received mental health supports right then and there.”*

“He wasn’t ‘bad’ enough to be recognized, but wasn’t ‘good’ enough to make friends or succeed in school.”

“Health care and education systems don’t detect or support high-functioning addicts.”

“Alcohol fits social anxiety like a glove.”

One participant shared that their child developed an alcohol addiction while growing up around their dad, who was also addicted to alcohol. Impacts of intergenerational substance use should not be overlooked.

Participants shared their beliefs of what may have contributed to their bereaved children’s substance use, including: medical interference in utero, negative events within the family and within schools that happened in grades 3 and 4, and genetics.

“Disadvantages can be made advantages at a young age, but by grade 12, you don’t fit in anywhere.”

“Everyone in town knows your kid is in trouble”:

In addition to the lack of intervention in school systems, social networks for young people are limited. In Powell River, many families have been settled for 3-4 generations. For a young person, experiencing shame and low self-esteem in front of people whose families all know each other is very difficult. One participant shared that their child felt a lot of shame and uncontrolled anxiety around their peers moving ahead, which led to their substance use and addiction.

Over-medicated at a young age:

ADHD was a common thread in the stories of all present. As teenagers, they were prescribed Ritalin, benzodiazepines, and anti-depressants.

“When you’re 14 and you take this, you’ll think that if a little makes you feel good, more will make you feel great. That’s how addiction started with my son.”

“Instead of medication at such an early age, figure out how they are learning and offer some alternative types of learning.”

After they developed substance use disorders, young people were widely started on the OAT, which families felt was more harmful than beneficial.

“He threw away his life on the never-ending methadone program.”

Challenges for people with poly-substance use and concurrent disorders:

“There needs to be a whole-person support system. Programs are available, but you need to be only a ‘little bit of an addict’ to get into them. They expect you to be a non-concurrent user”.

Failures of the criminal justice system:

Families were also frustrated at the lack of trauma-informed training and practice in the justice system. One member stated, *“the justice system did not help at all. If you’re going to take my son and throw him in jail, make sure he’s going to be doing something useful in there...if there was help when he needed it, he would’ve been a great citizen.”*

As a young person, instead of receiving the support they needed, they were further marginalized and shamed by the justice system, who sent a teenager to jail instead of treatment. Youth corrections needs improvement.

Lack of supports for the family after death

Participants shared about some positive supports, including the coroner and funeral home staff. However, there was an emphasis on how the stages of grief don’t happen in the order they’re understood to happen in, and therefore supports have not been available when needed. For example, police and victim services staff were cold in supporting in the days after. Government calling to collect student loans years after the death. There were lots of unanswered questions: one participant needed to know what substance killed her loved one, but needed to submit a report and cover the cost in order to request information from police.

Highest Hopes for the Community

- More care options. Holistic care that includes families.
- Greater family involvement in traditional care, particularly for young people. Families can provide a history and insights into the patient but aren’t traditionally included.
- Early intervention in school systems.
“If the school only knew, maybe they could’ve helped him (son) with the divorce at (age) 12”.
- Women and children’s treatment centers in Powell River, so people didn’t need to uproot their lives:
“They shouldn’t have to leave the city to get better, the kids grow up here, they should get better here.”
- Support groups for siblings who have lost loved ones to substance use.
- One place where bereaved families can call to inform that their loved one has died, and that agency can manage all practical business (i.e. interface with student loan office).

- Protect our youth and children from overprescribing.
- Rapid access to addiction treatment.
- No waitlists to recovery homes.

What's Working Well in Powell River? **Summary of Positives**

- Many participants offered resources, support, and education to one another by way of coming together.
- Sunshine Coast Treatment Services (Dr. Maguire's clinic), which runs the OAT program in the community.
- Intensive Case Management (ICM) team in town, who provides at-home detox services.
- Support groups, including Moms Stop the Harm, Al-Anon and SMART Recovery.
"It is so important to reach out because you get to a point where you as a sober family member behaves worse than the addicted member."
- Community Engagement Advisory Network (CEAN) by VCH, who helped a family member connect with a counsellor within a month.
- Coroner's service in Powell River.
- Consensus in all dialogue sessions that family counselling works well.
- Naloxone kits – a tool that family members could finally use instead of watch helplessly.
- Change in use of language; removing negative connotations associated with words like "addict".
- Celebration of recovery.

"I don't think that the system is uncaring, it just isn't pieced together."
- Family member who has lost a loved one