

# Not One More: After Her Daughter's Death, a Mother Grieves And Appeals for a New Approach to Addiction

My daughter, Laura, was a vibrant, witty and loving young woman who grew up in the Upper Valley, shopped at Dan and Whit's, studied at our libraries and attended our schools. She went on to college and earned her master's degree in library science. She served as the program director at the Sarah Doyle Women's Center at Brown University for five years. She worked at the University of California, Berkeley as executive assistant to the dean of Arts and Humanities.

In her free time, she was a writer, photographer and gifted musician. She had many friends whom she loved and who loved her; she kept in close touch with her family and had a wide circle of support. In other words, she was an intelligent, responsible young woman with a bright future. She was also a highly functional, very secretive addict.

I am a mother who lost her 38-year-old daughter this year to an accidental and deadly combination of drugs and alcohol. I'm also a relative newcomer to the almost daily media conversation about drugs, and must admit I wish I weren't a part of it now. My credentials are loss and grief beyond anything ever imagined or experienced in my lifetime.

When Laura was in her mid-20s and living in San Francisco, she experimented with several toxic substances, among them cocaine and black tar heroin, a cheap street drug that is easy to obtain. For her, drugs such as marijuana, alcohol and cocaine helped her overcome her social reserve. She also liked to snort heroin (she never used needles) in the privacy of her home to experience, in her words, "a little taste of heaven." Likely, she believed that she could control her habit and never believed it would kill her. With much personal effort and against the odds, she achieved sobriety for almost seven years.

I learned about the seriousness of my daughter's addictions and her relapse after she died. She displayed only one of the stereotypical characteristics of someone using alcohol and drugs: She lied about using them. Her basic instinct was to protect me from knowing that she was indulging again; she also needed to protect her drug habit. She undoubtedly experienced shame and self-recrimination when she slipped in and out of sobriety. Above all and ironically, she didn't want us, her family, to see her as an addict.

Adopted at age 2, Laura was at particular risk for developing this disease. She was genetically predisposed to addiction from both birth parents and suffered intermittent bouts of anxiety and depression throughout her life. Her death was a tragic intersection of internal and external events that, under other circumstances or experienced by another person, might not have been fatal. But, according to the coroner's report, mixing alcohol, cocaine and heroin during an all-night party suppressed her breathing and led to her death after she returned home. No one was there to help her.

Just a week before she died, I had visited Laura for a relaxed, very sweet vacation. During that time, I saw no evidence of drug use or addictive behavior — she was healthy, happy, excited about her life and the direction it was taking. She did not seem depressed or overly anxious. When I asked her how she was doing (code for "Are you drinking? Smoking pot? Taking drugs?"), she assured me she was trying to quit cigarettes, but was clean in all other respects. I believed her and trusted my own observations because I simply wanted her to be healthy. In retrospect, I was naive and pathetically ill informed.

I know now that far from being solely a behavioral problem, addiction is a neurological disorder, essentially a brain disease, affecting reward and motivation centers. Depending on the person's genetic and biological make-up as well as the quality and purity of the drug, death can be triggered by just one bad experience with heroin. I know that opioid prescription drugs are often the gateway to heroin use; pills lack the stigma of the street drug, but heroin is much cheaper and easier to obtain. I also know that marijuana, though not deadly or nearly as addictive, can be, for some teens and young adults, a stepping-stone to experimenting with more dangerous drugs. And I know only too well that a person who uses heroin, especially in combination with other drugs and alcohol, will experience cravings and symptoms that, without effective and ongoing treatment, can be lethal.

Prior to Laura's death, I imagined an addict as someone who had no control over her addiction and who stopped at nothing to maintain it. Those images included unemployment, homelessness, criminal behavior, child neglect and social dysfunction. But Laura did not fit this image of a hopeless junkie; quite the opposite. She had never lost a job, never been arrested, never been to rehab, never broken with her family or stolen from anyone. In fact, she was meticulous, organized, disciplined and attentive to her emotional and physical needs. She was also dedicated to her job and colleagues at Berkeley, where she was appreciated and respected. Laura's boss, the dean of Arts and Humanities, called me to express his personal sorrow at her death. "Laura had the ability to get along with everyone at every level of college life, from the custodians to the president," he said.

My daughter seemed to everyone — her friends, colleagues and family — to have her life together. What we didn't know is that on many weekends she partied hard. During the work week, however, she refrained from using drugs or alcohol. After several years of privately coping with her addictions, she underwent counseling to address her problem. Through this process, she was able to reflect on and redirect her life's course, and she stayed sober from ages 28 to 35.

But when she moved back to California in 2011, she felt the pull again. "I've been sober for a long time and I think I can drink again without getting hooked," she confided to a friend. For Laura, however, drinking led to drugs and soon she was in a pattern of using and quitting, using and quitting. She clearly liked to drink and take drugs recreationally, but she did not want to let them take over her life. Her intermittent depression and anxiety, which she talked about with few people, dovetailed dangerously with her desire for the relief and high that drugs provided. Sadly, I found out weeks after Laura's death that, while I was visiting her, she had reached out to a sobriety group for help because she felt she was starting to lose control. She was frightened. We will never know if she would be alive today had she lived long enough to take this crucial step toward recovery.

When I received the call from the deputy coroner in Berkeley that Laura had died under suspicious circumstances, the idea that her death was drug related seemed an impossibility, especially because I had just spent time with her and witnessed how healthy and upbeat she was. The autopsy and toxicology report took three months to complete and, during that entire time, despite mounting evidence from friends who knew her well, I implored everyone not to draw conclusions without solid evidence from the coroner. I tried to suspend my worst fears amid the torrent of grief that still has not abated. I dismissed her earlier drug use as an unlikely cause.

The toxicology report, however, detailed the presence of four toxic substances, including heroin. Blindsided and traumatized, I found no way to reconcile the Laura I thought I knew with the Laura whose life and death had become a mystery to me. In the weeks following her death, I was obsessed with the thought that I should have somehow known she had fallen back into addiction and that I should have found a way to help her. As her mother, I felt that I had failed to protect her, had failed to stave off the dangers that took her precious life. Although I don't believe I caused her death, I knew dangerously little about the power of her addiction and how strong a grip it had over her.

Now that six months have passed, I haven't fully grasped that my daughter is gone. I'm told this truth can take years to accept. That Laura realized she was out of control and sought help provides some degree of comfort, but really not very much and not for very long. In truth, there is no comfort to be found anywhere for this loss; the grief I feel is beyond description.

Several weeks after I received word of Laura's death, I posted a note on the Upper Valley Listserv asking if people knew of a group for grieving parents. Several people wrote to tell me about The Compassionate Friends, which meets at the Norwich Public Library every month. These parents, all of whom have lost children, understand without explanation the depth of this loss. Through this group, which has chapters nationwide and hosts a valuable website, [www.thecompassionatefriends.org](http://www.thecompassionatefriends.org), I've learned that I am not alone in losing my child to substance abuse. I had no idea how many of us there are.

For those whose children have died in this way, we must confront not only the loss of someone we loved dearly, but also the stigma that accompanies it. Many people still hold the false belief that drug addiction is not only a willful behavior but also one that deserves punishment. Our legal system has reinforced this idea for more than 50 years and continues to do so now. Rather than offering comprehensive treatment, rehabilitation and recovery programs to combat an intractable illness, we judge parents, blame and imprison drug users, offer inadequate treatment and underfund programs that could help them recover and stay well.

This draconian approach is beyond counter-intuitive — in fact, until we understand and treat addiction as the chronic and pernicious disease it is and commit to finding and funding innovative strategies for dealing with it, we can't hope to solve the grave problem it presents to all of us. Providing first responders and others with Narcan (Naloxone), a drug

that immediately reverses the effects of a heroin overdose, will certainly save some lives, but without ongoing support and treatment, these young people will most likely start using again. And the next overdose — perhaps a deadly one — may be just weeks, if not days away.

In the past, it was easy to associate drug and alcohol addiction with urban poverty, lack of education, violence and despair. No longer. According to school and community drug counselors in the Upper Valley, rates of addiction are skyrocketing. In Vermont and New Hampshire, the number of infants and children who cannot be cared for by their addicted parents has increased dramatically. In 2014, Vermont Gov. Peter Shumlin identified drug abuse as one of the most serious problems facing his state, widely viewed as an enclave of healthy, sustainable living. About 40 percent more Vermonters are seeking treatment for addiction today than a year ago, state health officials report. Dr. Harry Chen, Vermont's health commissioner, told *The New York Times* this past February: "Even if we ... double the number of people in treatment, for each person who seeks it, there are probably 10 others who need it." The truth is that almost every state is reporting exponential increases in fatal and near-fatal drug and alcohol poisoning, and all are scrambling to find solutions to the crisis.

Awakening to the possibility that the next child to overdose and die could be our own is a thought so terrifying that our natural inclination is to turn away from it. But we need, instead, to lean directly into it with all our collective weight.

My life is forever changed by my daughter's death. As a mother, it is my fervent wish that not one more life is lost to this crippling disease and not one more parent suffers this agony. We must above all be vigilant and not assume that our children are safe and healthy just because they appear to be doing well. We must not be afraid to ask them the hard questions, to share painful stories and to intervene if there is even a suspicion of drug use. We must become willing to agree that heroin addiction is a disease that can be treated and managed, and we must move from a position of condemnation and fear to one of compassion and action. Above all, we need to be willing to learn about and support research, facilities and treatment approaches that are proving successful. No parent ever wants to lose a child, especially in this cruel and senseless way.

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