

I am writing this recommendation on behalf of the Smerdon family, who I have been supporting for the last 5 months since the sad death of their son Tomas to suicide. At the time of his death, Tomas was 22, in good health and surrounded by a close and loving family who were invested in his future, as was Tom himself. Tom was working, had an active social life and a girlfriend. He has always been described to me as a happy young man, who had lots of friends and found it easy to get on with the people around him. The family have relayed to me that Tomas struggled emotionally following an accident involving his Brother Lewis, which saw Lewis paralysed and having to use a wheelchair. The family tried to get Tomas to talk about the accident, unsuccessfully.

Tomas was devastated by the accident, and as a result turned to substance abuse to deal with the negative feelings that he was experiencing. For 5 years in the period between 2012-2017, I was a specialist Substance Misuse Worker for Cwm Taf Youth Offending Service. I supported many young men who suffered from adverse life experiences, and they reported to me that they used substances, particularly cocaine as they believed that it would help with the negativity that came with these experiences. Cocaine can create intense feelings of euphoria, and the young people reported that they even felt invincible during use.

However, this intense high is short term and can wear off very quickly. The ‘comedown’ from cocaine can be rapid and severe, leaving users feeling languid and low in mood. Users generally take cocaine in high quantity to avoid the crash, which can then lead to paranoia, mania, dehydration and exhaustion. This pattern, happening over a prolonged time period can have a devastating effect on the user’s perception of self and what is going around them.

In my time supporting these young people, I experienced several of them attempting to take their own lives and being hospitalised. I cannot prove that there was a causal link between their use of cocaine and suicidal intentions, but all those young people were using frequently, giving suggestion that it may have been a proportionate factor in their mood and decision making. More research needs to be completed in this area.

From my training with the local authority, I gained an understanding of how cocaine can impact on mental health, especially during crucial developmental stages. Research that is older than 10 years suggests that substance misuse before the age of 18 can cause damage to the brain and central nervous system permanently, causing changes in the way the user thinks, feels and behaves. It is now understood that cocaine has a much more far

reaching effect and can cause changes in the brain at much later developmental stages in an individual’s lifespan.

My intention on writing this recommendation is to have some preventative literature and guidance for parents and families who have their children, or children in their care using cocaine regularly. The NHS would be an ideal place to start with these recommendations, especially for those accessing the mental health services, such as CAMHS. The possibility of cocaine being a factor in suicide and suicidal thoughts must be looked at more in-depth, as suicide amongst this population and age group is increasing dramatically, as is the regular use of Cocaine.

In my current role as Immediate family support co-ordinator for a bereavement service, I support families who experience sudden death and children and young people up to the age of 25. Between January 2018 and August 2019, I supported 52 families who lost children aged between 12-25 to suicide. Out of these 52 deaths, over half were male and were reportedly using substances, cocaine being prevalent for most in their use at the time of their death. It is my opinion that Cocaine use could have a causal link to suicide in young people.

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