



Many survivors are left holding a toxicology report, a medication history, or a pattern of drinking or drug use they cannot stop turning over. This handout draws on current research and peer facilitation experience to help survivors and the clinicians supporting them understand what a toxicology report actually shows, what the evidence says about medication and self-medication, and why a substance was so often part of a search for relief rather than a step toward death.

What a Toxicology Report Actually Tells You

- A toxicology report only records what was present in the body at death. It cannot tell you whether a substance caused the death, and national data from the [CDC National Violent Death Reporting System](#) shows fewer than half of suicide deaths are even tested for alcohol.
- Standard panels are often built around drugs of abuse rather than therapeutic medications, and [forensic toxicology guidance](#) allows labs to skip confirming a nonimpairing prescription drug someone took daily.
- Results typically take over a month to come back, and postmortem or backlogged cases often take longer, according to the [national toxicology lab survey](#). That wait is its own kind of grief, real before any report ever arrives.

The Medication Question and the Black Box Warning

- Since 2004 the FDA has required a boxed warning on antidepressants for increased suicidal thinking in young people, but the [FDA's own analysis](#) found the increase was small and that no suicides occurred in the trials that led to it. The FDA's language states plainly that the underlying illness carries the greater risk, not the medication.
- Supplements and over-the-counter products such as St. John's Wort can interact with psychiatric medications in ways that matter and may not appear on a standard toxicology screen at all.
- Fentanyl contamination in the illicit drug supply means someone may not have known what they were taking. The [National Institute on Drug Abuse](#) reports fentanyl pill seizures increased 2,300 times between 2017 and 2023.

When the Cause of Death Itself Is Not Clear

- When evidence about intent is genuinely mixed, a medical examiner may rule a death undetermined rather than suicide, which can feel like relief to one survivor and like an erasure to another.
- Survivors sitting with an undetermined ruling or real uncertainty about intent are not required to resolve that uncertainty in order to grieve well. Some questions do not close.
- Peer support with other survivors who understand exactly this kind of not knowing can matter more than continuing to search for a verdict the evidence itself cannot give.

Self-Medication, Blame, and What Helps

- Suicidologist Edwin Shneidman concluded suicide is driven by psychache, the unbearable psychological pain that builds until a person cannot find another way through it, not a desire to die. Substances were often reached for to quiet that pain, moving them from cause to symptom.
- Blaming a substance explains the surface of what happened without touching the deeper pain underneath it. When suicide and substance use are both part of a death, survivors often carry two stigmas at once, and research comparing suicide and drug-death mourning has found real differences in how blameworthiness is processed depending on the cause.
- If a survivor's own drinking or drug use has changed since the loss, that reaching makes just as much sense as anything above. It is a common response to grief, not a failure, and the SAMHSA National Helpline at 1-800-662-4357 offers free, confidential support around the clock.

Source

<https://sunflowersaftersuicide.com/substances-and-suicide-loss-when-pain-looks-for-relief/>