EPIDEMIC...

No. 6 Straight talk about kids, drugs and families from Straight, Inc.

SUICIDE

Teenage Suicide: Symptom or Disease?

A child using drugs is at risk — not just morally, but physically. Drug use left unchecked is a terminal disease — it kills. It kills violently and unexpectedly by automobile accidents, overdoses and suicide; and for that reason this issue of EPIDEMIC is about a very unpleasant subject...Teenage Suicide. There is no way to make the subject of adolescent suicide pleasant. Yet, it must be dealt with.

To the parent who thinks their teenager's drug use will go away, we say that it may just do that — but it may also take the child with it. If your child is using drugs or alcohol, PLEASE GET HELP.

Getting Straight:

A story from someone who tried...

My name is George, and I'm 20. I'm writing this story in the hope that I can save other teenagers and their families from going through what I did. And from what I put my family through.

I did some drugs while I was in high school, but not that much. Mainly I just wanted to be accepted by my friends. After graduation I went to work in a machine shop for awhile, then began installing car radios with a friend and his father. I began hanging around with some rough guys and started to get drunk 3 or 4 nights a week. Near the end I was spending $150 a week on pot and alcohol.

I was a real loner, and spent most of my time alone — thinking and writing poetry and prose. I would get high by myself all the time, to and from work, and then get drunk after work. For 5 months I did nothing but work, drink and sleep. I could be with friends and still feel lonely.

Naturally, with all my drinking, I was getting into trouble. My first DWI I was able to get out of, but my second arrest included leaving the scene of the accident and I hospitalized the other person. My parents kicked me out of the house after the second DWI — sick of being worried about me when I wouldn't come home and didn't call.

I was starting to feel guilty about my actions, but didn't know it at the time. On the surface I gave the appearance of being "reformed" — I was working every day and supposedly putting money away to pay my lawyer. I was really blowing all my money on drugs and alcohol and whatever girlfriend I had at the time. Inside I was really three different people: good on the surface, lonely inside and a party person with my friends. I began thinking of suicide and even made a list of the ways I could kill myself and make it look like an accident. I didn't want to hurt my family, but I was tired of being "me". I was scared and ashamed of my feelings and what I was doing, but didn't know how to talk to anyone about them.

My court date for the second DWI was looming ahead of me (I blew the first date and it was rescheduled). I began taking downers and pain killers to sleep and avoid the problems. I really didn't like myself — I knew I was a better person than this. Here were my parents thinking I was doing OK when really it was all lies. My court appearance was scheduled for a Monday morning. That Sunday night I couldn't sleep — I sat up all night thinking and cleaning my guns. (I grew up on a small farm in rural Texas, and hunted and fished since I was small.)

When Monday morning came I thought "Damn, I've got to kill myself. I wish I didn't have to do this." I was caught up in years' worth of lies that were all coming to a head because of this court appearance. I took my rifle, with one bullet, out to my childhood hideout in the barn. I didn't want to mess up the house and I didn't want to be found until it was over. I sat on the bunk for an hour and a half with the gun to my heart. I did alot of praying "Please, God, don't let me go to hell". I wanted to see my little sister (who died when she was 6) in heaven. When I finally pulled the trigger, the safety was on. I was alternately relieved and mad — I pushed the safety off. I sat for another hour and a half until I said "Here I go" and pulled the trigger.

It didn't hurt, at first, and I was conscious most of the time. My vision began to go in and out, with a bright, white light replacing sight. I thought, well, I'm not dead yet but I'll bleed to death. It got so hard to breathe and I could feel my blood seeping out of my body. It really smelled bad. I reached over to get a cigarette and could see the blood spurting out of me. I heard my grandfather come into the barn looking for me, but he didn't look where I was. It was 2 hours till they found me. By this time I wanted to live. My Mom came into the barn, looking, and I yelled to her "Don't come in!", but, of course, she did and found me. She screamed. The paramedics arrived real quick and found no pulse or heart beat. But I was still conscious, asking them to "help me".

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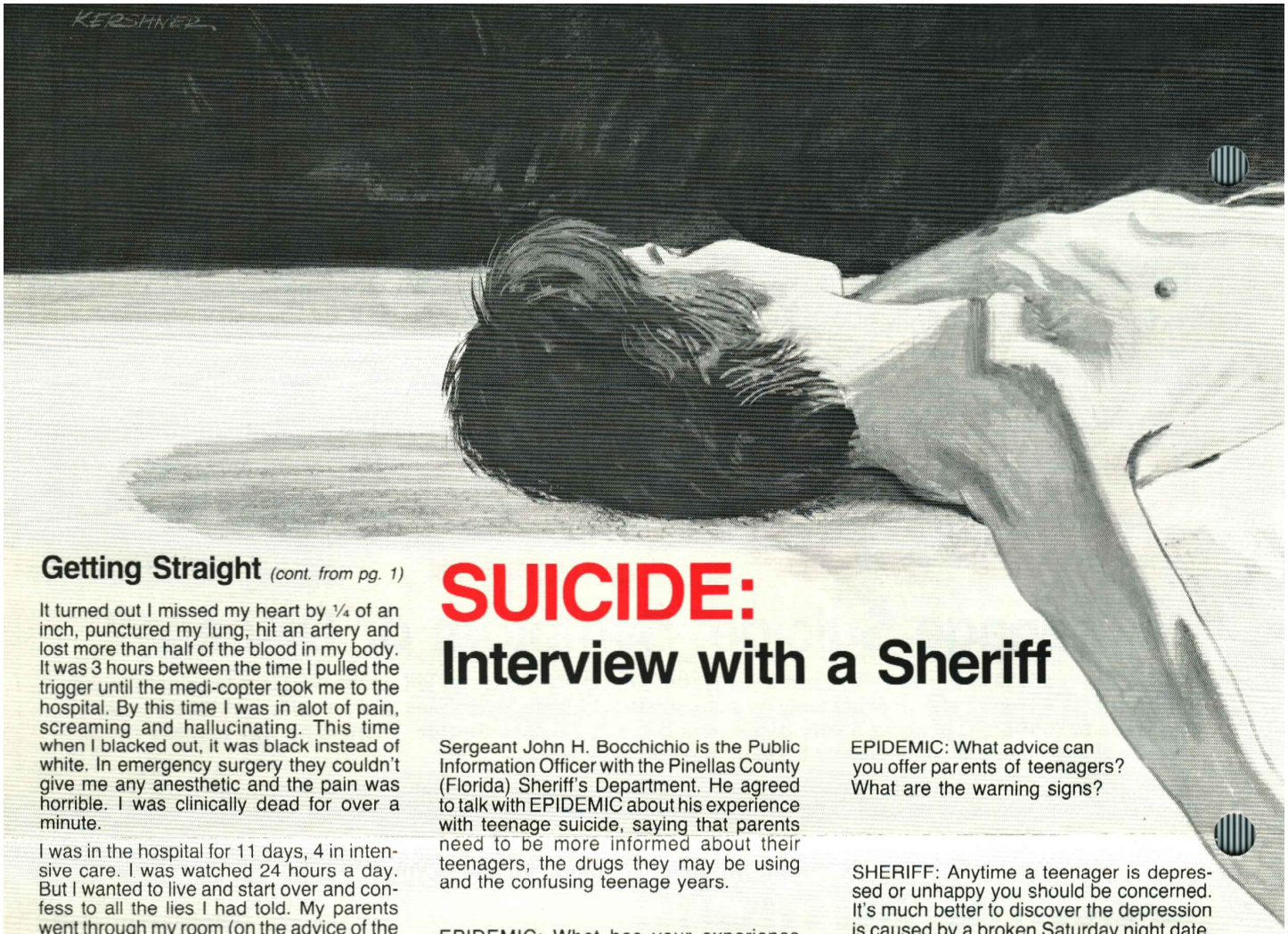

Getting Straight *(cont. from pg. 1)*

It turned out I missed my heart by ¼ of an inch, punctured my lung, hit an artery and lost more than half of the blood in my body. It was 3 hours between the time I pulled the trigger until the medi-copter took me to the hospital. By this time I was in alot of pain, screaming and hallucinating. This time when I blacked out, it was black instead of white. In emergency surgery they couldn't give me any anesthetic and the pain was horrible. I was clinically dead for over a minute.

I was in the hospital for 11 days, 4 in intensive care. I was watched 24 hours a day. But I wanted to live and start over and confess to all the lies I had told. My parents went through my room (on the advice of the psychiatrist I saw in the hospital) and found my pot. While I was still in the hospital my parents visited Straight in Florida, which they'd heard about from friends of theirs. When they came back, they gave me four choices. I could go into the county hospital, a psychiatric hospital, spend 2 years in jail for the DWI or go to Straight.

I came to Straight 3 weeks after getting out of the hospital. I figured it was the lesser of the four choices, that I could "con" my way out of here and go back to my old ways. But was I surprised! It wasn't anything like I expected and by my second day here I was ready to relate. I've been here now 114 days, I'm in 4th Phase and anxious to go home and begin living a real life. I won't be here one day more than necessary. I have job offers waiting for me and want to get my real estate license and go to aviation school. I want my old friends to see the "new" me, and to apologize to all the people I hurt.

Why did it all happen? I still don't have all the answers. I know I was never satisfied with myself — I knew I could be a better person. I'm pretty smart but didn't let it show because I don't want to be different. I just wanted to fit in. And I didn't know how to talk to anyone about my feelings. I just kept them all inside. If there's one thing I can say to parents, that's keep the lines of communication open — talk to your kids. Talk to your kids about your problems; let them know everyone has troubles. Don't let your kids close themselves off. It's life-threatening — I know.

SUICIDE:
Interview with a Sheriff

Sergeant John H. Bocchichio is the Public Information Officer with the Pinellas County (Florida) Sheriff's Department. He agreed to talk with EPIDEMIC about his experience with teenage suicide, saying that parents need to be more informed about their teenagers, the drugs they may be using and the confusing teenage years.

EPIDEMIC: What has your experience been with teenage suicide?

SHERIFF: We're fortunate in Pinellas County not to have had many teenage suicides, although I know the problem is greater in the larger cities and in other parts of the country. Unfortunately, I had a personal experience with a teenage suicide late last year when a friend of my son's killed himself with a sawed-off shotgun. This 16 year old male (I'll call him Bob) was working with another friend at a part-time job in a church kitchen. The friend was driving Bob home after work when Bob reached under the front seat, pulled out the gun and shot himself. He must have stashed the gun under the seat earlier, without the other boy's knowledge. He left a suicide note for his parents, which wasn't released to the Sheriff's office.

Using hindsight, I can see that something was troubling Bob. The few times I saw or spoke to him prior to his death he seemed unhappy — polite, but very quiet. He spoke in almost a monotone. My son later said that he had been giving away his possessions and taking money out of the bank to help friends make purchases. These are obvious signs of depression and thoughts of suicide, but he never spoke to anyone about how he was feeling, and no one noticed.

EPIDEMIC: What advice can you offer parents of teenagers? What are the warning signs?

SHERIFF: Anytime a teenager is depressed or unhappy you should be concerned. It's much better to discover the depression is caused by a broken Saturday night date, than to ignore the situation and never know. Any non-normal behavior is reason for suspicion — being overly protective of his or her activities (not willing to talk about new friends or interests) as well as the sudden dropping of formerly favored friends or pasttimes. Be particularly aware if your child begins giving away possessions — this is a clear warning sign that something is wrong.

My best advice to parents is to spend more time with your children. Talk with them — develop a sense of trust and get to be their friend as well as their parent. If your son comes home one night and says "I tried a marijuana cigarette and didn't like it", understand that he trusted you enough to tell you and reinforce this trust with understanding, not punishment. Get to know your children's friends and keep up to date on what's happening with teenagers — fads, trends in clothing and the newest "thrill" that's going around. Teenagers generally have to deal with more stress than adults, mainly because they're still maturing and haven't learned to deal effectively with the normal stress of growing up. Be aware of this — and get involved with your children's lives. Get as much information as you can — educate yourselves. I wish there were more publications like EPIDEMIC. Here at the Sheriff's Department we have literature available to parents on drugs, alcohol, etc. Take the time to learn about your teen-

ager's world. And, very important, watch your own alcohol and drug use. You can't expect a teenager to understand the dangers when he or she lives with parents who abuse these substances. Only you can set an example.

EPIDEMIC: What advice can you offer troubled teenagers?

SHERIFF: If you're troubled or upset, the best thing you can do is talk to someone. If you can't go to your parents, try a friend's parents. Talk to a close relative, a minister or rabbi, a mature friend — any responsible adult who you trust will try to understand and help you. As a youth living in today's world, you have been overly exposed to violence — through the newspapers, television and movies. Life can appear to be cheap when you're feeling depressed, and drugs will only worsen the depression. But life isn't cheap and a responsible adult will help you to realize the consequences of your actions and get you back on the road to healthy living. You'll still be your own person — but a person with a better understanding of the value of life, particularly your own. Each teenager's life is precious — you're the future of our country. Value yourself — or talk to someone who values you.

EPIDEMIC: Thank you Sergeant.

A Pediatrician's View

(cont. from pg. 4)

feelings with their parents when they were troubled);
11. availability of community resources to help with follow-up care of the adolescent after discharge from the hospital.

Any suicide attempt must be taken seriously. A tormented, depressed adolescent must be helped to believe that someone will listen empathetically to him or her, and will help the adolescent to deal with his or her feelings. The patient must be given hope that the depression and dejection will lift, and that help will be available for the patient and family. Psychotherapy and occasionally adjunctive anti-depressant medical therapy usually will be needed. The patient and family must be helped to diagnose and manage an underlying drug problem, as little may be accomplished to relieve the situation which precipitated the suicide attempt until this *primary* disorder has been addressed.

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SUICIDE:
A Pediatrician's View

by Richard H. Schwartz, MD, Medical Director,
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Adolescents and young adults are the only individuals in the United States for whom the death rate is rising: suicide as a cause of death during adolescense ranked fifth in 1964, third in 1978, and second in 1983. In addition, for every successful teenage suicide attempt there are 50 to 100 volitional, self-destructive acts which do not result in death, and one third of the adolescents who survive these attempts try to kill themselves again within two years. Although young women are three times more likely to attempt to take their own lives, because young men tend to use more violent means (firearms, hanging, jumping from heights or in front of moving vehicles) they are more likely to succeed.

Fleeting thoughts of suicide are almost a universal part of the adolescent experience, usually occurring during periods of depression associated with broken romances or conflicts with parents. Such thoughts may also accompany death of a loved one, separation from a best friend or neighborhood, an act of evil which affects someone close to the teenager, failure to achieve an intensely sought-after goal, self-perceived or actual physical imperfection or illness, loneliness, or boredom. We are just beginning to learn what it is that turns such fleeting thoughts into self-destructive actions.

Risk Factors

Most suicide attempts occur at home (73%), in the late afternoon or evening, and when a parent or sibling is nearby. Drug overdoses account for the vast majority of adolescent suicide attempts (pain medications 40%, valium 25%, and barbituates 17%), with self-inflicted lacerations of the wrist, hanging, and jumping from heights or in front of a moving vehicle accounting for most of the remainder.

While there is no typical profile of a suicidal adolescent, some risk factors are so often related to a suicide attempt that they should be watched for by parents and physicians. The two major types of behaviors which may signal an impending suicide attempt include those which evidence depression, and preoccupation with death.

Symptoms of depression include:
1. persistent apathy, boredom, loneliness, or dejection. The adolescent may express feelings of emptiness or profound sadness, and may turn away from a person with whom he or she had had a special relationship.
2. impaired concentration and scholastic underachievement.
3. eating disorders (overeating or poor appetite) or sleep disorders (difficulty falling asleep or excessive sleepiness during the day).
4. impaired communication. The young person may be unable to express, even to loved ones, the source of his or her distress, and/or unable to ask for or accept help when it is offered.

An adolescent's preoccupation with death may be expressed in repetitive statements such as "the family would be better off without me" or "life is a bummer." In addition, any youngster who has previously attempted suicide is at much greater risk for another attempt. Preparations for a suicide attempt may include giving away prized possessions such as valuables or collections of records or tapes, and any such gestures should be viewed with great suspicion by observant parents or physicians as a suicide attempt may occur soon afterward.

Parents of adolescents enrolled in a drug rehabilitation program such as Straight Inc. will recognize the symptoms of depression just cited as being similar to those of frequent drug use. In fact, 10% of adolescents who are admitted to a hospital for treatment following attempted suicide have traces of illicit drugs in their urine, and careful inquiry of all such adolescents reveals that many more are drug users, even though they have no traces of such drugs in their urine. Stated another way, 12% of 57 adolescents evaluated consecutively as new admissions to the Straight Inc. drug rehabilitation program in Virginia stated that they had tried to kill themselves at some point in their lives; this is approximately ten times the expected rate of suicide attempts for non-drug-using teenagers.

Finally, because many illicit drugs often have a depressant effect, their use can magnify endogenous feelings of depression, sadness, loneliness, and isolation. In addition, the drugs blunt feelings of fear and dull awareness of the consequences of actions. For this reason, use of such drugs often results in the teenager acting impetuously and without full realization of the implications of self-destructive acts. It is no wonder that drug use causes symptoms of depression and is often an antecedent of adolescent suicide attempts.

Management of a Suicidal Adolescent by the Physician

The initial assessment by the physician of an adolescent who has attempted suicide should include the identification of the following:
1. the feelings of sadness or hopelessness which preceded the suicide attempt;
2. the event which precipitated the suicide attempt (such as discontinuation of a relationship with a boyfriend or girlfriend, or conflict with a parent);
3. presence of a conduct disorder as evidenced by frequent episodes in which the adolescent behaved irresponsibly, failure to learn from adverse consequences, lying, stealing, promiscuity, running away, and/or academic underachievement;
4. drug use, as evidenced by the results of a urine toxicology test and a careful history;
5. bizarre behavior, which may be symptomatic of mental illness or drug use;
6. previous suicide attempts;
7. medical problems, especially previously unidentified pathologies;
8. reactions of family and friends to the suicide attempt;
9. stressful events in the adolescent's life in the past year, such as divorce, changing schools, loss of a good friend;
10. level of communication between parent(s) and child (only 10% of suicidal adolescents believed that they could share

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