



**AN IMPORTANT MESSAGE  
FROM ASSEMBLYWOMAN  
BARBARA  
CLARK**



Dear Friend,

The tragedy of suicide is somehow even more shocking and disturbing when a young person takes his or her own life. We usually think of youth as a time void of worries and filled with the joy of great expectations.

But we forget that adolescence is a time of great changes, physical, emotional and social. Youngsters who are not prepared for these changes can sometimes be overwhelmed.

Tragically, this problem is growing. Suicide has overtaken homicides as the second largest killer of youth between 15 and 24 years of age in our nation. Growing at triple the rate of the 1950's, suicide now claims the lives of more young men and women than cancer.

We have prepared this brochure to help people understand teen suicide, the first step towards recognizing and fighting this sorrowful problem. And because drug and alcohol abuse are often companions to teen suicide, we have included information on those problems as well. Hopefully, the sorrow of teen suicide will never touch you, your home or your community.

Sincerely,

*Barbara M. Clark*

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# HOTLINE NUMBERS

National Runaway Switchboard  
**1-800-621-4000**

Suicide Hotline  
**389-9608**

Alcohol Hotline  
**1-800-ALCALLS**

Cocaine Hotline  
**1-800-262-2463**

Child Abuse and Maltreatment  
Reporting Center  
**1-800-342-3720**

Runaway Hotline  
**1-800-231-6946**

Domestic Violence Hotline  
**1-800-942-6906**

Drug Reporting Hotline  
**1-800-GIVE-TIP**

Aids Hotline  
**1-800-462-1884**

# TEEN SUICIDE



## A Growing Tragedy

## WHY?

Possible contributing factors to adolescent suicide include:

- Stress from external sources.
- Fear of change and their ability to handle it.
- Problems dealing with physical and psychological changes.
- Loss of traditional support systems.
- Unrealistically high expectations.
- Unclear perception of death.

## WHO?

A student at risk often:

- has previously attempted suicide.
- has made a suicidal gesture.
- is socially isolated
- has a record of school failure or truancy.
- comes from a broken home.
- is highly perfectionistic, self critical with low self-esteem.
- has spoken of suicide, either of self or others.
- has a close friend who was a recent suicide.
- has experienced alcoholism or drug abuse.
- is not living at home.
- is a victim of domestic violence
- is preoccupied with death or dying.
- displays sudden disruptive or violent behavior.
- has deep depression or feelings of worthlessness.
- is withdrawn and uncommunicative.

In addition, the student at risk may have:

- Told others of plans to commit suicide.
- Made arrangements to give away possessions.
- Undergone marked changes in behavior.
- A background of hyperactivity.

## IF SOMEONE WANTS TO TALK:

- Listen
- Accept what is said, and treat it seriously.
- Do not give advice.
- Do not say everything will be all right.
- Do not back off or try to delay dealing with the person.
- Help the person explore feelings. Do not add to the person's guilt.
- Ask if the person is considering suicide if such information is not forthcoming. It is OK to talk about suicide, and it will not give the person an idea he or she has not thought of.
- Try to focus the problem.
- Help determine what needs to be done or changed.
- Help identify the resources needed to improve things.
- Make use of hotline phone numbers.
- Help the person recall how he or she used to cope.
- Get the person to agree to do something constructive to change things.
- Arrange with the person to be back in contact within a few hours. Offer yourself as a caring and concerned listener until professional assistance has been obtained.
- Trust your suspicions that the person may be self-destructive.
- Communicate your concern for the well-being of the person.
- Talk openly and freely and ask direct questions about the person's intentions.
- Encourage the person to seek help.
- Call the police if the situation is immediately life-threatening.
- Do not leave the person alone if you believe the risk of suicide is immediate.
- Do not swear secrecy to the suicidal person.
- Do not debate whether suicide is right or wrong.

The foregoing should not be considered a substitute for seeking professional treatment and guidance.

## RISK ASSESSMENT CHECKLIST

- Has the person recently withdrawn from therapeutic help?
- Has the person been abusing drugs or alcohol recently?
- Is there a history of suicide in the person's family?
- Is the person exhibiting marked hostility to those around him or her?
- Has the person's life become disorganized recently?
- Does the person drop in and out of school?
- Has the person become unusually depressed or anxious recently?
- Has a friend committed suicide recently?
- Has a relative committed suicide recently?
- Has the person threatened suicide, or spoken about it with friends or teachers?
- Is the person preoccupied with themes of death or dying?
- Has the person made previous suicide attempts?
- Does the person have trouble holding onto friends?
- Does the person have a "plan" for suicide, and has the person made preliminary arrangements?
- Has the person made "final arrangements?"
- Children of alcoholics are a high risk group.

Source: State Education Department

Young people faced with the problems of growing up sometimes see an escape in drugs. Drug abuse, however, only makes the troubles of adolescence seem even more severe. This chart can help you identify the symptoms and signs of drug abuse.

### MARIJUANA AND HASHISH

Sweet, burnt odor      Loss of interest  
Neglect of                      and motivation  
appearance                      Impaired memory

### ALCOHOL

Impaired muscle      Impaired judgement  
coordination                      Slurred speech

### STIMULANTS

(Amphetamines; Dextroamphetamine;  
Methamphetamine; Cocaine)

Excess activity                      Restlessness  
Irritability                              Anxiety  
Nervousness                              Depression  
Mood swings

### DEPRESSANTS

(Barbiturates; Sopor; Quaalude)

Drowsiness                              Slurred speech  
Confusion                              Constricted pupils  
Impaired judgement

### NARCOTICS

(Dilaudid; Percodan; Demerol;  
Methadone; Codeine; Morphine; Heroin)

Drowsiness                              Needle Marks  
Lethargy

### HALLUCINOGENS

(PCP; LSD; Mescaline; Psilocybin)

Slurred speech                              Aggression  
Blurred vision                              Illusions  
Incoordination                              Hallucinations  
Confusion, agitation                              Mood swings