Things to consider

1. The manner in which suicide is discussed can impact the reader or listener. Research shows that media reports on suicide can influence behavior and increase the risk that a person will die by suicide.

2. This risk increases when a story explicitly describes the suicide method, uses graphic or dramatic headlines or images, or repeatedly presents extensive coverage that sensationalizes or glamorizes a death.

3. Thoughtful coverage of suicide can encourage people who are vulnerable or at risk to seek help.

4. Talking about suicide gives others permission to describe how they feel and can help bring relief to a person who is depressed or thinking about taking their life. Talking provides an opportunity to discover options other than suicide, but it is important to carefully manage what is said.

SAY:
The victim “died by suicide.” A note from the deceased was found and is being reviewed by the medical examiner.

DON’T SAY:
The victim “committed suicide.” The victim left a suicide note.

DO THIS:
Present information without sensationalizing the suicide. Minimize the prominence of the story. Use a school, work or family photo that provides greater context on the person’s life.

DO THIS:
Acknowledge that suicide is a national public health issue. State how many people die each year and the age groups for which the number of deaths is increasing. Say that most people who die by suicide exhibit warning signs. Say that help is available, and people who have struggled with suicidal thoughts have been helped. Include or list resources where people can ask for help and get treatment.

SUICIDE

DO THIS:
Sensationalize a tragedy by publishing big or attention-grabbing headlines, giving prominent placement to the story, or publishing photos of grieving loved ones.

DON’T DO THIS:
Say that suicide is an epidemic, suicide is skyrocketing, or a suicide happened without warning.

MENTAL HEALTH

1. Mention a person’s mental health condition only when it is relevant to the story or discussion. Research shows that media reports on suicide can influence behavior and increase the risk that a person will die by suicide.

2. This risk increases when a story explicitly describes the suicide method, uses graphic or dramatic headlines or images, or repeatedly presents extensive coverage that sensationalizes or glamorizes a death.

3. Thoughtful coverage of suicide can encourage people who are vulnerable or at risk to seek help.

4. Talking about suicide gives others permission to describe how they feel and can help bring relief to a person who is depressed or thinking about taking their life. Talking provides an opportunity to discover options other than suicide, but it is important to carefully manage what is said.

SAY:
Mental health condition, mental health disorder, the mentally ill, is mentally ill

DON’T SAY:
A person with [a specific mental illness diagnosis, deranged, schizophrenic, a schizophrenic such as bipolar disorder, schizophrenia, etc.]

SHOWS OR EXHIBITS SIGNS OF [disorientation, depression, crazy, deranged, nuts, tapped, psycho paranoia, delusions, hallucinations, etc.]

Our words are important, and the words we use to describe people are especially important. Words can build up or tear down, and when not used with care, they can demean people even when we are trying to be respectful. This is why it is important to choose the right words or phrases when describing people.

This is true when talking with or writing about people who have mental health conditions, substance use conditions, or disabilities, including intellectual and/or developmental disabilities, and it is true when talking with people or writing about sexual orientation and gender identity.

As a general rule, when discussing or writing about mental health conditions, substance use conditions, or disabilities, we want to use “people-first” language that highlights the person, not the condition. But there are exceptions to this, because some people prefer “identity-first” language that refers to their condition or disability. This is why it is important to ask for a person’s language preferences. Likewise, when speaking with someone or writing about sexual orientation or gender identity, we want to ask for individual preferences.

The recommendations in this guide are intended to make it easier to talk with people, write about them and share their stories while avoiding language that offends, embarrasses, shames, or makes it harder for someone to acknowledge a condition and/or seek help. But this is only a guide. Remember — when we are not sure which word or phrase to use, it is always best to ask.
Things to consider

1. Addiction is a chronic medical condition. It is not an indication of a lack of morals, courage or willpower.
2. A substance use condition is a chronic disease, like type 2 diabetes or asthma. Like other diseases, it can be managed with treatment that is appropriate to the condition, such as medication, counseling, and/or behavioral therapies.
3. Treatment for substance use conditions, like treatment for other conditions, is sometimes met with setbacks. When this happens, the setback can be part of the treatment process.
4. Sharing success stories and highlighting that treatment is available can encourage people to seek help.

Say:
- a person with a substance use condition, has a substance use condition, or is in recovery
- medication used to assist individuals with a substance use condition, medication for opioid use disorder, or addiction treatment
- medication is a treatment tool, or medication is a crutch
- had a dirty drug screen

Don't say:
- addict, junkie, druggie, drug user, has a substance use disorder
- former addict/alcoholic, recovered addict/alcoholic, or reformed addict/alcohol
- opioid abuse disorder
- substance use, drug abuse, substance abuse
- non-compliant, bombed out, relapsed
- has a recurrance of symptoms, has a recurrance
- medication-assisted treatment, medication for addiction, or medication for opioid addiction
- does not take medication

Harm reduction

1. Harm reduction is a prevention strategy that helps to keep people safe and reduce the risk of infectious diseases until they can receive treatment.
2. By meeting people where they are and providing access to safer drug practices and supplies, harm reduction helps to prevent overdoses and reduces the risk of HIV, hepatitis C, and other infectious diseases.
3. Harm reduction helps to connect people with recovery support and treatment programs, as well as housing, employment and legal services.

According to the National Harm Reduction Coalition, harm reduction represents a “set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

Say:
- Person with a substance use condition has a substance use condition, person who uses substances

Do this:
- Respect individual decisions and goals. Engage people who use substances and seek their expertise when planning and evaluating programs.

Do this:
- Understand that each person and situation is different. Consider how someone’s upbringing and experiences may impact their willingness to seek help and engage with providers.

Do this:
- Focus on building relationships and trust with people who use substances.

Sexual orientation and gender identity

1. Do not assume you know someone’s pronoun preferences based on how they look.
2. Some people have a gender identity that is non-binary. Using the conventional pronouns “he” and “she” can have the effect of assigning a binary identity.
3. Preferences on pronouns can change over time. Asking for someone’s preferences ensures accuracy and can help to establish trust.
4. When appropriate, refer to sexual orientation or gender identity, not just to sexual orientation and gender identity. If such a reference is made, be clear about whether it is made with regard to sexual orientation, gender identity and expression, or all of these.

Say:
- "What’s your preferred name?"
- "What is your preferred pronoun?"
- "Are you gay?"
- "Are you cisgender?"
- "What is your gender identity?"
- "What is your sexual orientation?"
- "What is your pronoun preference?"

Don’t say:
- "That’s not the name on your name tag."
- "That’s not the name you use."
- "What’s the if something best describes you?"
- "Are you gay?"
- "It’s" or "he-she"