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**

**DON’T 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.

**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.

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.

**MENTAL HEALTH**

**SAY:**

mental health condition, mental health disorder, having a mental illness

**DON’T SAY:**

The mentally ill, is mentally ill

**MENTAL HEALTH**

**DO THIS:**

mention a person’s mental health condition only when it is relevant to the story or discussion. If the condition is not relevant, don’t mention it.

**DO THIS:**

Even with society’s growing awareness of mental health conditions, old perceptions and stereotypes remain. Our words should not dehumanize or be a barrier to people talking about mental health conditions or seeking help.

**DO THIS:**

Do not assume a link between mental illness and violence. People with mental illness are more likely to be victims than perpetrators.

**DO THIS:**

Mental illness is real. It cannot be wished away through positive thinking, and a person’s outward appearance and accomplishments are not good indicators of mental health.

**DO THIS:**

Say that a person with [a specific mental illness diagnosis, such as bipolar disorder, schizophrenia, etc.] shows or exhibits signs of [disorientation, depression, paranoia, delusions, hallucinations, etc.]
**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, person in recovery
- opioid use disorder
- medication used to assist individuals with a substance use condition, medication for opioid use disorder
- person arrested for a drug violation
- stayed substance-free, stayed clean
- tested positive

**DON’T SAY:**

- addict, junkie, druggie, drug user, user, has a substance use disorder
- former addict/alcoholic, recovered addict/alcoholic, reformed addict/alcoholic
- opioid abuse
- drug abuse, substance abuse, drug habit
- non-compliant, bomed out, relapsed
- medication-assisted treatment, medication for addiction, medication for opioid addiction
- drug offender
- had a dirty drug screen

**HARM REDUCTION**

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.”

1. Harm reduction is a person-centered prevention strategy that helps to keep people safe.
2. By meeting people where they are and providing access to safer drug practices and supplies, harm reduction helps to prevent overdose and reduces the risk of HIV, hepatitis C, and other infectious diseases.
3. Harm reduction connects people to services or resources that they desire, including basic needs, housing, treatment, etc.

**Disability**

- has a physical disability
- has a congenital disability
- a person with a substance use condition, has a substance use condition, medication for opioid use disorder
- a person with a substance use condition
- former addict/alcoholic, recovered addict/alcoholic, reformed addict/alcoholic
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**SEXUAL ORIENTATION AND GENDER IDENTITY**

1. Emphasize abilities over limitations. Mention a disability only if it is relevant to the story.
2. Do not assume that two people with the same disability or diagnosis have the same preferences about language. Many people prefer person-first language, which means they do not want to be defined by a disability. However, some people prefer identity-first language (“I am autistic”) to person-first language (“I am a person with autism”). This is why it is important to ask for a person’s preference.

**SAY:**

- has a disability
- has a disability, lives with a disability
- experienced a recurrence of symptoms, a reoccurrence
- medication is a treatment tool
- medication is a crutch
- person arrested for a drug violation
- stayed substance-free, stayed clean
- tested positive

**DON’T SAY:**

- is affected with...
- people/individuals with disabilities
- who use substances
- substance use
- medication is a crutch
- medication is a treatment tool
- non-compliant, bomed out, relapsed
- people who use substances
- has a substance use condition
- has a substance use condition, has a substance use condition, medication for opioid use disorder
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