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.

Words matter

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 demeant 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

Things to consider

1. 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.

2. 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.

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

4. 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.

SAY:
mental health condition, mental health disorder, the mentally ill, is mentally ill has a mental health condition, has a mental health disorder, has a mental illness 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.]

DON’T SAY:
MENTAL HEALTH 1 2 3 4
Things to consider

DO THIS: DO NOT DO THIS:

- Addiction is a chronic medical condition. It is not an indication of a lack of morals, courage or willpower.
- 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.
- 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.
- Sharing success stories and highlighting that treatment is available can encourage people to seek help.

SAY: DON'T SAY:

- a person with a substance use condition has a substance use disorder
- person in recovery
- former addict alcoholic, recovered addict alcoholic, reformed addict alcoholic
- opioid abuse
- substance use disorder
- drug abuse, substance abuse, drug habit
- living with an addiction
- battling/suffering from an addiction
- addressing the drug overdose crisis
- fighting the opioid crisis
- experienced a recurrence of symptoms, had a recurrence
- non-compliant, bombed out, relapsed
- medication used to assist individuals with a substance use condition, medication for opioid use disorder
- medication-assisted treatment, medication for addiction, medication for opioid addiction
- medication is a tool
- medication is a crutch
- person arrested for a drug violation
- drug offender
- stayed substance-free
- clean
- tested positive
- 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.”

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.

SAY: DON’T SAY:

- a person with a substance use condition has a substance use condition, person who uses substances
- addict, junkie, druggie, drug user, user, has a substance use disorder
- people/individuals with disabilities
- people who are handicapped or disabled
- has a disability, lives with a disability
- suffers from, is victim of, is challenged by, struggles with a disability
- uses a wheelchair uses a mobility chair
- confined to a wheelchair, wheelchair bound
- has a physical disability has a specific condition
- is quadriplegic/paraplegic/lame/crippled
- has an intellectual or cognitive disability
- is mentally retarded
- has a learning disability
- is learning disabled
- has Down syndrome
- is a Down’s kid/is a mongoloid
- has a congenital disability
- has a birth defect
- has autism/is on the autism spectrum
- is autistic
- has traumatic brain injury
- is brain damaged
- receives individualized or special education services
- is in special ed, is a special ed kid, is in sped
- succeeded, is successful
- overcame one’s disability, overcome barriers, overcome a disability
- is of short stature
- is a dwarf/midget
- is non-disabled/is a person without a disability
- normal, normal person
- communicates with eyes/synthetic speech/other means
- is mute/dumb/nonverbal
- has a vision impairment, has a visual impairment, limited
- blind (use only when a person has complete loss of sight)
- vision, low vision (use when a person is not legally or completely blind), legally blind (use when a person has almost complete loss of sight)
- Deaf, deaf, hard of hearing
- hearing impaired, the deaf, deafness
- accessible parking, accessible bathrooms
- handicapped parking, handicapped bathrooms

SEXUAL ORIENTATION AND GENDER IDENTITY

Do not assume you know someone’s pronunciation preferences based on how they look. Sharing your pronouns and asking others for theirs can establish trust. People’s pronouns may change over time, so be sure to share and ask regularly.

Some people do not identify as a man or a woman. Be open to using “they” or other non-binary pronouns when someone requests.

While often grouped under LGBTQIA+, sexual orientation and gender identity are separate and distinct. Do not combine them on intake questionnaires, etc.

Do not assume you know the gender of a person’s sexual or romantic partner(s) based on their sexual orientation. Always ask.

SAY: DON’T SAY:

- “What’s your preferred name?”
- “That isn’t the name on your name tag.”
- “How are you feeling?”
- “Why did you transition?”
- “Which of the following best describes you?” (straight, lesbian, gay, bisexual, asexual, not sure)
- “Are you gay?”
- “What are your pronouns?”
- “It” or “he/she”
Things to consider

1. Addiction is a chronic medical condition. It is not an indication of a lack of morals, courage or willpower.
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- medication for opioid use disorder
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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.

SAY:
- harm reduction
- harm reduction connects people to services or resources that they desire

DON’T SAY:
- “harm reduction”
- “treatment for addiction”
- “treatment for addiction is not working”
- “treatment for addiction is denied”
- “treatment for addiction is hard”
- “treatment for addiction is not accessible”

SEXUAL ORIENTATION AND GENDER IDENTITY

“SAY: DON’T SAY:
- "What’s your preferred name?" "That isn’t the name on your name tag."
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**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.

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