MISSOULA PUBLIC HEALTH

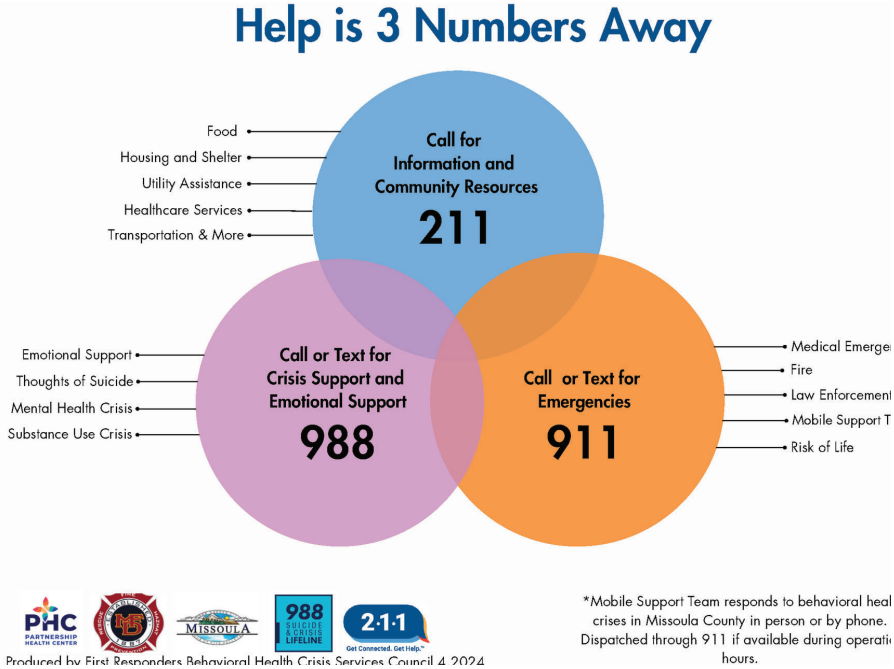
COMMUNICATING ABOUT SUICIDE & OVERDOSE

Media can be instrumental in saving lives, promoting resilience, dispelling myths, and encouraging help-seeking. Media and communication professionals can refer to this handy guide to ensure your communication about suicide and overdose incidents is responsible and informed. Thank you for teaming up with us to decrease harm and enable community members to access support services.

WHAT TO DO: THE BASICS

Whether reporting on suicide or overdose, here are some basic tips to keep in mind.

1. **Encourage Seeking Help:** Encourage individuals to seek help by presenting options and resources, like calling 988, 211, and/or 911 depending on the circumstances.
2. **Highlight Community Strengths:** Emphasize community-based solutions and everyone's role in preventing overdose and suicide, like having Narcan or taking suicide prevention training.
3. **Ensure Accuracy and Dispel Myths:** Ensure that what is being reported is accurate. Utilize local public health experts to fact-check.
4. **Offer Hope and Support:** Provide messages of hope and resilience, showcasing stories of recovery and community support.



WHAT TO AVOID:

1. **Avoid Sensationalism:** Steer clear of alarmist language or imagery that may trigger defensive reactions or resistance from the audience. For instance, instead of saying "skyrocketing rates" maybe say "increased rates" instead.
2. **Compromising Privacy and Dignity:** Refrain from disclosing unnecessary details or speculating on personal circumstances.
3. **Stigmatizing Terminology:** Use language that humanizes individuals and avoid using terms that may perpetuate stigma or shame associated with mental health or substance use issues. See language guides on next page.

IMAGES MATTER:

Different types of images have the power to either encourage seeking support and getting involved or to stigmatize further and dehumanize those impacted by suicide and overdose.

Photos or Images to Avoid:

1.Photos of drugs or paraphernalia (i.e. needles, spoons, pills, bag of powder).
2.Images of people using drugs.
3.Images of isolation, stress, or depression.
4.Images that only depict people of color or unhoused people.
5.Crime scenes or gurneys with bodies on them.

More Ideal Photos/Images to Include:

1. Images that reflect diverse communities positively and respectfully.
2. Visuals that depict individuals taking positive actions - giving or receiving help.
3. Images that convey a sense of belonging or community, a sense of hope, and healing and recovery.

ADVICE SPECIFIC TO REPORTING ABOUT OVERDOSE AND SUBSTANCE USE:

1. **Empower individuals to take proactive steps to prevent overdose and other harms:** Simply telling people to stop using drugs is ineffective. When reporting on overdose, it is an opportunity to discuss harm reduction strategies, such as:
   - Have Narcan (Naloxone) on hand. (List where to get it and local training opportunities).
   - If possible, use with others. Ask trusted people to check on you. Use a call service like Never Use Alone 1-877-696-1996.
   - Take it slow and avoid mixing drugs.
2. **Encourage seeking treatment, recovery, or harm reduction resources in the community:** They can call 988 or 211 for local resources. Inform readers about the efficacy of these interventions. There is hope and there is help out there!
3. **Remind Readers of the Good Samaritan Law**: If someone receives medical help for an overdose or alcohol poisoning, they cannot be charged for drug use, possession, or underage drinking.
4. **Move beyond scare tactics or fear-mongering:** It is important to raise awareness about the impact drugs have on our community, but not giving your audience practical steps to respond can contribute to feelings of helplessness and further stigmatize people who use drugs.

Use this	Not this	Because...
Person who uses drugs; person who injects drugs; person experiencing substance use disorder; person in recovery/long-term recovery	Addict; junkie; drug abuser; meth head; IV drug user	A person is a person first, and a behavior is something that can change. Terms like "addict" or "user" imply someone is "something" instead of someone.
Drug use; substance use disorder or addiction; used other than prescribed or misused	Drug abuse; habit or drug habit; problem use; non-compliant use	"The term "abuse" was found to have a high association with negative judgments and punishment." **Note:** Not everyone who uses substances uses problematically and/or has a substance use disorder, so the choice of the correct term depends on the context.
Substance-free; drug abstinent; not actively using; returned to use; sterile; used	Clean (could be in reference to someone not using or having a "clean" urinalysis); dirty (urinalysis or used syringe)	"Clean" and "dirty" are stigmatized terms and they imply that people who use drugs are diseased or dirty.

ADVICE SPECIFIC TO REPORTING ON SUICIDE AND MENTAL HEALTH:

Use this	Not this	Because...
Died by suicide/death by suicide/lost their life to suicide	Commit/ Committed Suicide	"Commit" implies suicide is a sin or crime, reinforcing stigma. Using neutral phrasing helps strip away the shame/blame.
Survived a suicide attempt or non-fatal suicide attempt	Unsuccessful or failed suicide	The notion of a "successful" suicide is inappropriate because it frames it as something positive.
(Name) is facing suicide/ thinking of suicide/ experiencing suicidal thoughts	(Name) is suicidal	Don't define someone by their experience with suicide. They are more than their suicidal thoughts.
They have or are living with schizophrenia/ bipolar disorder or experiencing mental illness	They are schizophrenic/ bipolar/ mentally ill	A person is not their illness. A person has an illness or lives with an illness. Use person first language.

1. **Avoid news coverage that may contribute to suicide contagion** (one suicide leading to others):
   - Avoid speculating on the cause of suicide -emphasize that suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors.
   - Resist engaging in repetitive or excessive reporting of suicide in the news.
   - Reporting 'how-to' descriptions of suicide is not helpful.
   - Avoid presenting suicide as a tool for accomplishing certain ends or glorifying suicide or persons who die by suicide.
2. **Normalize thoughts versus actions:** Thoughts of suicide are common and it's important to emphasize seeking help, rather than focusing on the act itself.
3. **Provide tools to have conversations about suicide:** Encourage participation in suicide prevention training (like Question, Persuade, Refer (QPR)) or give them ideas for starting a conversation with someone they are worried about.
4. **Encourage seeking mental health resources in the community:** They can call 988 or 211 for local resources.