

AOD Guidelines for Journalists

The evidence is clear. Reporting stories about deaths from drug use can counter-intuitively make it more attractive for people to use drugs, not less. It can also lead to knee-jerk policy responses that are not evidence-based and can be counterproductive. Media-driven policy-making has the potential to increase rather than decrease harm.

Journalists can help reduce drug-related harm by understanding the complex interaction between media reporting, drug policy and drug-related harm. To assist journalists in providing critical analysis of drug-related issues and events, which has the potential to help reduce harms from drug use, we have developed the following guidelines.

Note: In 2007, the *Australian Press Council (APC)* teamed up with the now-defunct *Australian National Council on Drugs (ANCD)* to circulate to newsrooms their combined guidelines for journalists reporting on alcohol and other drugs. That media release can be viewed [here](#). The *AOD Media Watch* guidelines expand on this material to address the broader media through a collaborative approach. Our focus is on the avoidance of stigma, accuracy in reporting, and (in accordance to our national drug strategy), minimising harm.

Stigmatisation

Stigma prevents people from seeking treatment. Only a small proportion of people experience extreme adverse effects from drugs, but when the community only sees extreme stories, that proportion of people can be stigmatised and discriminated against. This has been found to be a barrier to such people accessing AOD treatment in addition to other healthcare services, and also can deter people from seeking support from family and friends. For more information about the effects of stigma, please visit our [resources page](#).

Avoid stigmatising and outdated language. Since 1985, the principle of harm minimisation has formed the basis of Australia's National Drug Strategy. The language that health professionals use also aims to minimise harm to the individual. To this end, avoid derogatory terms such as addict, junkie, drug abuse, drug abuser, and use 'person first' language as much as possible. Just as we now say that a person 'lives with anorexia', 'experiences bipolar disorder' and 'lives with a disability', that language has also changed about drug use. This preferred language is reflected in the *Associated Press Stylebook*, as summarised [here](#).

Accuracy

Do not rush to 'identify' a substance or speculate on cause of overdose. All too frequently substances that have caused spates of overdoses at festivals and clubs are misidentified by various commentators before the results of a forensic toxicology analysis have been released. For example, media outlets reported that the drug behind 20 people suffering adverse effects in a Melbourne club in January 2017 was MDMA (or, in some reports, MDMA laced with GHB). In fact, as *AOD Media Watch* has reported, the drug was comprised of 25-C-NBOMe and 4-Fluoromethamphetamine, with only a very small amount of MDMA and no GHB. Also commonly misidentified, or muddled up, are flakka, bath salts, mephedrone, PCP and so-called 'liquid ecstasy'. Please contact *AOD Media Watch* for verification.

Provide balance. Always seek an expert to provide balance in a story when other sources are making claims of imminent threat to public safety, or are advocating for 'hardline', 'zero tolerance' approaches, or are targeting already stigmatised groups. *AOD Media Watch* is happy to help journalists connect with a range of experts, from clinicians to doctors, researchers and former law enforcement.



Avoid stereotypes. People from all walks of life use drugs. According to the *2013 National Drug Strategy Household Survey*, about eight million people aged 14 and over in Australia (43%) have ever used an illicit drug, and 2.9 million (16.0%) used an illicit drug in the 12 months before the survey. The proportion of people in Australia having used any illicit drug in the past 12 months has remained relatively stable over the past decade at around one in seven.

Acknowledge counterarguments. Responsibly report public debate about drug use and addiction. Bear in mind the arguments of those who point out that tobacco and alcohol use are another major aspect of the drug story. While there seems to be a temptation to follow every media mention of 'ice' with 'epidemic', both in terms of violence and harms alcohol is the most damaging substance.

Responsibility around harm

The harmful effects of any particular drug should not be exaggerated or minimised. *The Global Drug Survey* has published a guide, the *High-Way Code*, that explains the use and harms of individual substances.

Avoid detailed accounts of consumption methods, even though many young people are generally familiar with them.

Guard against any reporting which might encourage readers' experimentation with a drug, for example highlighting the 'glamour' of the dangers involved. Avoid reporting that might lead to experimentation with substances that are easily accessible by young people, such as volatile substances (glues and paints in aerosol cans).

Highlight elements of a story which convey the message that preventive measures against drug use do exist, and that people can be protected from the harmful consequences of their behaviours.

Outlining the chemical composition of a drug may be justified in some reports, but avoid providing any details which could assist its manufacture.

Do not quote the lethal dose of any particular drug.

Observe the procedure of reporting on mental health issues by adding a helpline at the end of your article, not only for those people experiencing drug and alcohol issues, but also their families and friends. Linking to the resources page of *Lives of Substance* will supply the reader with many options, including state-specific helplines.

Working with people who use drugs

Provide a reasonable timeframe. Fear of being splashed over the front page or the nightly news is a major barrier to potential involvement of people with lived experience of AOD use in your story. Seeking a same-day response provides people with no time to consider the implications of being involved in your story or seek clarification of what will be involved. The more lead time (and opportunities for sources to ask questions) you provide, the better.

Respect your sources. When you do have someone willing to share their story, provide them with an opportunity to review the content of your story before publication. Given the potential personal impacts for them, they should have the right to know what will be published and to correct anything that is factually incorrect or taken out of context. Alternatively, you might like to use one of the prerecorded interviews that fits with your story from *Lives of Substances* as a way to avoid exploiting people who use drugs whose capability to give consent might be impaired.

