



Reporting on alcohol & other drugs: Guidelines for Journalists

People who use AOD are entitled to the same rights as all others, including access to healthcare, welfare and safety.

Poor AOD reporting increases the risk of harm from AOD use by perpetuating stigma, discourages people from accessing AOD support services due to shame, and instigates knee-jerk policy responses without sufficient evidence. Journalists can help reduce AOD harms by understanding the complex interaction between media reporting, AOD policy and AOD harm.

To assist journalists in reducing AOD harms, we have developed the following guidelines based on four principles of good AOD reporting; the inclusion of people who use AOD, stigmatisation, accuracy and harm reduction.

Include people who use AOD

In reporting of AOD issues, it is essential that people who use AOD have influence over their own representation.

Ensure you have consent. Given the potential personal impacts of making information about a person's AOD use public, people you write about should know what you intend to publish

In 2007, the Australian Press Council (APC) teamed up with the now-defunct Australian National Council on Drugs (ANCD) to circulate their combined guidelines amongst journalists reporting on alcohol and other drugs (AOD).

In 2017, AOD Media Watch developed their own guidelines, building on the APC and ANCD through a critical debate amongst scientists, journalists and people who use AOD.

In 2019, Mindframe, a national government funded program supporting safe media reporting, portrayal and communication about suicide, mental health and AOD, drew upon the AOD Media Watch guidelines to produce their own AOD communication guidelines.

Following completion of a drug discourse analysis by members of the AOD Media Watch reference group, AOD Media Watch updated their guidelines in 2021.

about them and be given the chance to correct anything that is factually incorrect, taken out of context or private. This could mean offering opportunities for the people quoted and the specific AOD community in question to review and suggest changes before the story is published by, for instance, permitting sources to read their quotes.



If you want to write about AOD use but are unable to find a suitable interviewee, you might like to use a pre-recorded interview that fits with your story from Lives of Substances or Overdose Lifesavers. Unharm are another useful contact, having conducted StoryLab, an initiative involving training people who use AOD in talking to the media.

Provide a reasonable timeframe. Fear of being misrepresented is a major barrier to potential involvement of people who use AOD in your story. Seeking a same-day response provides people with no time to consider the implications of being involved in your story or to seek clarification of what will be involved. The more lead time and opportunities for engagement with sources, the better.

Stigmatisation

Stigma and structural inequalities are inter-linked and are primary drivers of AOD harms. People who experience harms from AOD use are often in difficult social circumstances. Be mindful of the structural inequalities that increase risk of AOD harms and do not attribute blame for these harms to people who use AOD. To counteract stigma, it is important to aim to empower people who use AOD, which requires acknowledging that drugs can have a positive or functional purpose for people who use them.

Stigma prevents people from seeking treatment. Only a small proportion of people experience extreme adverse effects from AOD, but when the public only sees extreme stories, AOD harms are misrepresented, and structural inequalities are reinforced. This type of reporting has been found to be a barrier to people accessing AOD treatment and other healthcare services, and can deter people from seeking support. For more information about the effects of stigma, please visit our resources page.

Avoid language with negative connotations. Use 'person first' language and do not use derogatory, de-personalising terms such as 'addict', 'junkie', or 'abuser'.

If reporting on young people and other disadvantaged people who use drugs, journalists should seek advice from youth, First Nations people, LGBTQIA+ and other such representatives AND experts when reporting on matters involving these groups.

Accuracy

Do not rush to 'identify' a substance or speculate on cause of overdose. Too frequently substances that have caused spates of overdoses at festivals and clubs are misidentified by 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 reported, the drug was a mix of 25-C-NBOMe and 4-Fluoromethamphetamine, with only a very small amount of MDMA and no GHB.

Misidentifying substances and speculating on the cause of overdose can increase harm. Different types of drugs require different harm reduction measures and incorrect identification can increase risk of harm. Misidentifying an opioid overdose as a benzodiazepine overdose, for example, may miss an opportunity to encourage potential consumers from having naloxone on hand.

Do not speculate on the 'street value' of drugs. This information is rarely accurate and merely serves to create sensationalist media exposure.



Seek expert opinion and review. To provide an accurate and balanced report, always seek an expert to review your work when it concerns AOD. This is of particular importance when a story's sources are making claims of imminent threat to public safety, or advocating for 'hard-line' or 'zero tolerance' approaches. AOD Media Watch is happy to help journalists connect with a range of experts, including clinicians, doctors, researchers, former law enforcement and people who use AOD.

Contextualise communications in relation to other substances. While there is a clear temptation to follow every sensationalist media mention of an ice or opioid 'epidemic', both in terms of violence and harms, alcohol is by far the most damaging substance consumed within Australia. When reporting on AOD harms it is important to acknowledge how different AOD harms compare.

Avoid stereotypes. People from all walks of life use AOD and cannot be reduced to simple tropes. 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.

Harm reduction

AOD Media Watch encourage authors to ground their work in a harm reduction approach, which recognises that **some people will not or cannot cease AOD use and should be supported to reduce the harms associated with their use.**

Harm reduction is a useful concept for AOD communication but can perpetuate inequality through a focus on the negative dimensions of AOD use. Harm reduction should be conceptualised as a process by which people who use AOD are enabled and empowered to maximise the benefits of as well as reduce harms relating to their AOD use. Harm reduction involves giving **more** resources to people who use drugs - not taking resources away. The creation of needle and syringe programs are an excellent example.

The harm reduction approach advocated for by AOD Media Watch does not attempt to influence drug supply or demand. Our approach does not emphasise legal harms, as legal harms are integral to the current structural inequalities exacerbating AOD harms, broadly.

Drug prohibition is responsible for most drug harms and drug markets continue to operate despite legal consequences. **A focus on discouraging drug market participants will likely alienate participants and miss an opportunity to disseminate real harm reduction.**

Add a helpline and/or links to other relevant harm reduction resources at the end of your article. Resources should target those people experiencing the AOD issue of focus and their families and friends. For generic AOD stories, linking to Erowid or Bluelight will supply readers with many harm reduction resources, while Lives of Substance can provide Australians with state-specific helplines. Linking to AOD-specific resources is also helpful. For example, Overdose Lifesavers provides Australia-specific harm reduction information pertaining to opioid use.

