## Best Practices and Recommendations for Ethical Reporting on Addiction

Reporting on Addiction

#### Why Reporting on Addiction Matters

Addiction is a chronically-relapsing brain disease that affects more than 23 million Americans, but only one in 10 of them receive the treatment they need. Addiction is treatable. Recovery is possible. Addiction is *not* a choice, but the language we as journalists use to describe the disease is.

Media coverage often does not reflect the complexity of addiction and recovery, and rarely presents solutions. Coverage that does not have a medical and public health perspective perpetuates stigma and discrimination. The current reporting on addiction has been shown to negatively affect individuals, create barriers to treatment and during recovery, and lead to harmful policies for people who use drugs, are seeking treatment, or are in recovery.

Our goal is to help journalists understand what those harmful narratives are and to find better ways to **Report on Addiction**.

#### **Checklist for Responsible Reporting on Addiction**

| <b>Report on Addiction as a Public Health Issue and a Chronically-Relapsing Brain Disease</b> . Describe addiction based on the current science.   |
|--|
| <b>Use Person-first Language.</b> Addiction is merely one aspect of an individual. Person-first language promotes accuracy and humanity in reporting, e.g. a person with a substance use disorder.   |
| <b>Include Treatment Resources.</b> One problem with current reporting is the lack of referral to solutions like treatment hotlines and websites. Use our story tag ( <i>listed in the sidebar</i> ). Consider including other local evidence-based community resources.                   |
| <b>Emphasize Hope</b> . Including stories of hope, healing and recovery tell a more complete narrative and acknowledge the many barriers people face when seeking evidence-based addiction treatment.  |
| <b>Ask an Expert</b> . Interview addiction medicine providers and experts that adhere to evidence-based approaches to treatment. Use our list of national resources ( <i>listed in the sidebar</i> ) to help support your reporting.   |
| Provide Context to Help Your Audience Understand the Difference Between Opinion and Fact. If you must use an opinion (e.g. quoting a politician), provide facts from an expert, peer reviewed research, or government source immediately after to prevent further discrimination and harm. |
| <b>Be Thoughtful about Image Selection</b> . Avoid images that show drug use or drug paraphernalia because they may provoke negative emotions in people who are in recovery.   |
| <b>Be Thoughtful about the Headline.</b> Use Person-first Language ( <i>above</i> ) to accurately convey the story and condition. Do not sensationalize.   |

Please refer to the table on page 2 for more details.



#### **Story Tag**

We recommend you include this push to resources at the beginning and/or end of your coverage when Reporting on Addiction:

Recovery from addiction is possible. For help, please call the free and confidential treatment referral hotline (1-800-662-HELP), or visit findtreatment.gov

If limited space, use this condensed version:

For help, call the free and confidential treatment referral hotline (1-800-662-HELP), or visit findtreatment.gov

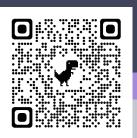
*Note*: Please include the hyperlink to findtreatment.gov when you can. In visual stories, please leave this story tag on the screen for at least 6 seconds.

### Find an Expert

RoA has compiled an Expert Database to serve as a source for journalists by curating a list of people with lived experience, addiction medicine and addiction science researchers located around the country who are all available to interview and consult your reporting. View our sortable database here.

# Best Practices and Recommendations for Ethical Reporting on Addiction

The following recommendations are based on a combination of the current AP Stylebook guidelines and our research, including national focus groups with medical experts, people with lived experience, activists and media members. Use this quick guide to Report on Addiction without perpetuating stigma.



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| AVOID:  | INSTEAD:  |
|---|---|
| Terms like "abuse", "problem" or "recreational use."*   | Use the terms "drug use" or "substance use."*   |
| Terms like "addict" or "junkie."*   | Use person-first language that centers their disease, e.g. "a person with a substance use disorder" or "a person who uses drugs."   |
| Terms like "problem", "disease", "illness" or "disorder" to describe addiction.   | Use chronically-relapsing brain disease is preferred; however, brain disease can be an adequate replacement.  |
| Terms like "addicted babies" and "crack babies."*   | Use "baby born to a mother who used drugs while pregnant." Babies cannot be born with an addiction because it is a behavioral disorder.   |
| Reductive narratives illustrated through phrases like "after they recovered", "kicked their addiction" or any other phrase that implies a "cure" for addiction. | Include context that helps your audience understand substance use disorders as lifelong medical conditions in which relapse is common. Addiction science is advancing, but there is currently no cure.  |
| Using quotes or opinions, especially for the sake of "balance," that are not based on scientific, medical evidence.   | Evaluate the news value of including a non-evidence-based opinion. If it is necessary to include false statements, provide your audience with the context of that scientific fact immediately following.  |
| Using images (especially stock images) of drugs, drug paraphernalia, or someone actively using drugs.   | Use photos of the physical facilities, communities and programs you are covering, of your sources, or of the experts you spoke with. Ask for permission before including or taking images to respect that clinics serve people who value their privacy. |

<sup>\*</sup> Indicates recommendations that align with AP Stylebook's current guidelines.

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