

# OVERDOSE CRISIS REPORTING STYLE GUIDE



Journalists play a vital role in educating the public, politicians, and policymakers during national emergencies threatening the public's health. This guide is an evidence-based resource to assist journalists in reporting responsibly, reliably, and accurately about the deadliest drug crisis in history.

## Tips and Information for Evidence-Based, Meaningful Reporting

**Use person-first language.** This language empowers individuals by putting the individual first and one aspect of their personhood second. Research shows that identifying people as "addicts" or "drug abusers" elicits prejudice and stigma. The Associated Press Stylebook recommends person-first language for a range of medical illnesses, including diabetes, schizophrenia, and substance use disorder (SUD). Journalists interviewing persons with SUD should always ask how they prefer to be identified.

**Harm reduction is health care.** Harm reduction is a public health strategy that helps people who use substances by "meeting them where they are at" and reducing the severity of the health and social consequences of their behavior. Global research has demonstrated these compassionate, non-judgmental approaches --such as overdose prevention sites, medication treatments, and syringe-exchange programs--are effective interventions in mitigating overdose deaths and substance use-related ailments. Harm reduction is not at odds with traditional abstinence-based approaches, and vice-versa. They exist together on a continuum of care.

**Use reputable, scientific sources.** It is important for journalists to interview credible experts who can clearly communicate the scientific consensus of their respective field. SUD and drug journalism has been dominated by crime reporters who quote judges, prosecutors, and law enforcement regarding public health issues. While experiences from the law enforcement community hold value, they do not have the scientific background necessary to prescribe policy solutions to medical illnesses. Quoting authority figures on matters outside their expertise risks amplifying inaccurate information to audiences.

**The overdose crisis is not limited to rural, white communities.** Rather than follow media trends, journalists must accurately communicate the epidemiology of the current overdose crisis. Contrary to popular belief, overdose deaths in black and Hispanic communities are rising faster than in white communities. In the last two decades, Native Americans have also seen the greatest increase in overdose deaths compared to other groups. Stories surrounding overdoses should include the voices of all impacted communities.

**Most Opioid Use Disorders do not stem from doctors overprescribing pain relievers to their patients.** Instead, illicit opioids that are not prescribed are driving the current crisis. In fact, majority of people who misuse opioids are actually not prescribed those drugs in the first place. Rather than focusing on doctors' prescriptions, journalists can frame the crisis as coming in three waves. The first wave began with influx in pharmaceutical opioids through the late '90s into the early 2000s. Around 2010, heroin overdoses steeply rose. Currently, the biggest driver of overdose deaths is illicitly manufactured fentanyl, often sold as heroin, which is different from pharmaceutical fentanyl. Additionally, many drug overdoses are caused by not just opioids, but from the combination of multiple drugs, known as polysubstance use.

**Jails and correctional settings are not a solution.** Jails and correctional settings throughout America do not provide adequate health care for SUDs. Unless a jail or correctional setting has dedicated physicians prescribing FDA-approved medications for treating SUD, it is unlikely the individual is truly being "treated." Aside from quoting individuals who claim jail or a correctional setting saved their life, journalists should ask which part(s) of their experience was therapeutic.

**The reasons for someone's unhealthy substance use is not obvious.** Be kind, non-judgmental, and build a relationship with sources. Do not assume individuals trust discussing their personal history or traumatic experiences with you. If substance use is relevant to the story, ask how their life was before developing a substance use disorder, what led them to their substance use and how it's impacted their life. Rather than framing mental health problems as only affecting individuals, be sure to expand the scope and include how policies are beyond one's control.

# LANGUAGE CONSIDERATIONS

## TIRED NARRATIVE

addicted babies  
addict, user, junkie  
opioid epidemic  
substance abuse disorder  
shooting gallery  
criminal, convict, felon  
clean/dirty needles clean/dirty drug test,

## INFORMED NARRATIVE

Neonatal Abstinence Syndrome  
person who uses substances  
overdose crisis  
substance use disorder  
overdose prevention site/supervised consumption site  
was incarcerated, experience with justice system  
used/unused syringe tested positive/negative for drugs

**Substance Use Disorder (SUD)** — Addiction is defined by the National Institute on Drug Abuse (NIDA) as: "A chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences." This differs from "physiological dependence," an inevitable outcome that results from the continued use of many medications-- not just opioids. Physical dependence lacks behavioral elements that are the hallmark of addiction, or substance use disorder.

**co-dependency** — This is a term that pathologizes normal human behavior in that if a loved one is struggling, it is only natural to want to help them. This term has no documented set of criteria nor is it a real diagnosis. While it may seem difficult to set healthy boundaries with loved ones, strategies like providing loving support, sterile syringes, safe housing, and overdose reversal drugs, can help people stay alive while navigating their SUD.

**drug courts** — The research on drug courts is mixed. There are over 3,100 different drug courts operating in America and they all vary in how they operate, often with little oversight. Drug courts tend to enforce an "abstinence-only" approach and judges have the power to prohibit participants from taking medications to assist in their recovery. Reporters must ask for evidence that supports claims that "drug courts work."

**drug-induced homicide** — This is when someone distributes a drug that results in a fatal overdose and is charged with manslaughter or homicide. There is no evidence that harsh prosecutions are an effective tool in the overdose crisis and journalists should ask law enforcement officials to back-up their claims on how such prosecutions are effective.

**fentanyl** — Fentanyl is a synthetic compound that is substantially more potent than heroin, oxycodone and other commonly-used opioids. Legally-prescribed fentanyl is used in both inpatient and outpatient settings to control severe pain. Illicitly-manufactured fentanyl is increasingly being mixed into street drugs and sold as heroin. Illicitly-manufactured fentanyl and its synthetic analogues are major drivers of many overdose deaths involving opioids. These overdoses can be effectively reversed using naloxone. However, rescue efforts must be initiated as quick as possible due to synthetic fentanyl's rapid onset of overdose symptoms.

**hitting rock bottom** — There is no scientific evidence backing up the idea that "hitting rock bottom" or experiencing extreme negative consequences is what prompts recovery. "Rock bottom" is a narrative device, not a scientific concept, because it can only be determined retrospectively.

**naloxone** — This is a medication that works as an opioid antagonist to reverse the effects of an opioid overdose while it's occurring. Naloxone is also known by its brandname Narcan, which should only be used if specifically referencing that brand. Using generic drug names prevents the appearance of preference for a single company.

**polysubstance** — The overdose crisis is not solely the result of opioids, it is also the result of polysubstance use, which is the simultaneous use of multiple substances which may include opioids, alcohol, meth, benzodiazepines, cocaine, or other substances. This drug-mixing increases the risk of overdose and an emphasis should be made to accurately reflect polysubstance use and not just opioid use.

**supervised consumption sites** — These are health service sites that are often state-run and serve as a public health intervention. The sites use harm reduction principles to help individuals manage their use in a multitude of dimensions. They prevent injection-related illness and diseases, assist in finding appropriate health and social services for clients while also preventing and reversing overdose. Do not refer to these places as shooting galleries, injecting centers, or drug dens.

The Changing the Narrative project produced this style guide and it is an initiative from the Health in Justice Action Lab at Northeastern University. This guide contains selected issues and there are even more guidelines available on our website. Please visit [www.changingthenarrative.news](http://www.changingthenarrative.news) for in-depth information on the rhetorical guidelines above. Reach out to us on twitter @changingthenarrative. and @HIJAction. Style Guide prepared by Katelyn McCreedy, Riley Robinson, Allison McBride, and Zachary Siegel.