

Media & Language

DE-STIGMATIZING LANGUAGE
AROUND SUBSTANCE USE AND
HARM REDUCTION REPORTING

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BC Centre for Disease Control
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MEDIA & LANGUAGE: De-stigmatizing Language around Substance Use and Harm Reduction Reporting

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Contents

Research Team, Acknowledgements, Citation	2
Abbreviations.....	4
KEY FINDINGS AND RECOMMENDATIONS.....	5
INTRODUCTION, AIM AND OBJECTIVES.....	7
METHODOLOGY.....	8
Input from people with lived and living experience of substance use.....	9
RESULTS	10
Figure 1. Overview of search results.....	11
Table 1. Summary of included articles	12
DISCUSSION.....	16
REFERENCES	22
APPENDICES	
Appendix i) Search strategies	25
Appendix ii) Interview guide for Focus Group with PWUD	28
Appendix iii) Table 2: Language recommendations from the evidence review	29

Abbreviations

Abbreviation	Meaning
ABC	Australian Broadcasting Corporation
AOD	Alcohol and Other Drugs
AP	Associated Press
APTN	Aboriginal Peoples Television Network
ART	Antiretroviral therapy
CBC	Canadian Broadcasting Corporation
CBSC	Canadian Broadcast Standards Council
CP	Canadian Press
PEEP	Professionals for Ethical Engagement of Peers
PLWH	People living with HIV/AIDS
PWUD	People who use drugs
SUD	Substance use disorder



PHOTO: #PEERLIFE

Key Findings and Recommendations

The **Media and Language** project aims to de-stigmatize media reporting around substance use and harm reduction in Canada. This report presents findings from a rapid evidence literature review and includes context provided by people with lived and living experience of substance use who reviewed the findings and shared perceptions of how the use of stigmatizing language and images in media impacts them.

1. There are currently no Canadian standards on substance use and harm reduction in news media reporting.
2. Best practice in substance use and harm reduction reporting should:
 - a. Move away from focusing on addiction as a matter of morality towards a more nuanced accumulation of biological, neurological and environmental factors. Viewing addiction as a matter of morality hinders preventive and rehabilitative policies and leads to discriminatory, enforcement focused measures.

Reframing addiction through the social determinants of health, as opposed to strictly as a disease or moral dilemma, considers the socio-structural environment that shapes substance use.
 - b. Use person-first language. This empowers individuals by focusing on their personhood, rather than their substance use.
 - c. Be cautious when sharing substance use and harm reduction narratives. Be wary of reporting on anything that may cause unnecessary harm to people with lived and living experience of substance use.
 - d. Ensure narratives do not exclusively focus on substance overdose and mortality as the sole issues surrounding substance use, and also include perspectives of recovery and contextual factors that shape substance use. This will provide a more balanced and realistic picture of substance use.
 - e. Avoid using stigmatizing imagery, exaggerated violence, criminalization, and overdose-related mortality. Media should not pathologize drug use, and instead, should incorporate the faces and stories of people who use drugs to communicate their real-world experiences.
3. Using de-stigmatizing language in substance use reporting fosters respect and positive public perception of people who use drugs. This, in turn, leads to improved policy intervention and advocacy.

4. Engagement of people with lived and living experience revealed that use of de-stigmatizing language result in feelings of empowerment and self-worth. They state that this has helped them make positive changes in their life.
5. De-stigmatizing language will take time. However, until a framework is established in principle, it cannot be widely implemented and practiced. Therefore, introducing person-first language and guidelines into the standards and principles of every media outlet at a provincial and national scale is a step in the right direction to de-stigmatise reporting around substance use and harm reduction.



EXAMPLE OF PEEP APPROVED IMAGES. PHOTO BY CHARLENE (PEEP)

Introduction

Whether it be newspapers, magazines, radio shows, internet, television, or films, media has changed how we communicate and perceive information and ideas. We depend on media as our means of ensuring we are up-to-date on current affairs both in our own communities and around the world. The words and language used in the media not only informs the public of current events, it also, both intentionally and unintentionally, has the power to influence the public on how to think and feel about what is portrayed. The ability for media to influence and shape public perception carries a significant weight of responsibility when talking about sensitive subjects like substance use and harm reduction.

Unfortunately, media has so far contributed towards the stigmatization of substance use and harm reduction reporting by using stereotypical and harmful images and words such as “addicts”, “junkies”, “drug abuse”, and “user” to describe people who use substances and those with substance use disorders (SUD). Such media descriptions stigmatize people who use drugs (PWUD) and creates an unrealistic, damaging representation that substance use is a public burden driven by crime, poverty, and deviance, rather than a public health concern.

Aim and Objectives

This project aims to de-stigmatize substance use and harm reduction reporting by encouraging journalists and media professionals to use person-first language and non-stigmatizing images in their reportage.

The main objectives of this study are to:

- conduct a rapid evidence literature review for resources and guides on substance use and harm reduction language for media (print, radio, TV, digital).
- assess the Canadian media landscape for existing standards set in place for journalists and editors on how to de-stigmatize reporting around substance use and harm reduction.
- summarize and evaluate the key themes in the identified resources and guides on best practice for substance use and harm reduction reporting.
- share and contextualize the perspectives of people with lived and living experience about the impact that the use of stigmatizing language and images in media has on the public and specifically on people who use drugs.

Methodology

This project set out to conduct a literature review in order to identify resources and guides, and existing standards in the Canadian media landscape. Thus it was determined that a traditional search engine such as Google Scholar was insufficient as it tends to yield primarily academic results and may miss media guides or resources, which is the focus of this project.

In order to access the grey literature needed to inform the focus of this project, a targeted database search was performed. Five search strategies were identified with the help of two librarians at the University of British Columbia (UBC). These identified search strategies are as follows:

1. UBC Online Library – Summon
2. Google – Boolean Search
3. Google Advanced Search
4. DuckDuckGo – Boolean Search
5. Media Site Search

Three Boolean search strings were also identified as follows:

- a) journalism AND language AND ‘substance*use’
- b) journalism AND (language (guide OR standard)) AND ‘substance*use’
- c) (journalism OR media) AND (‘substance use’ OR ‘drug use’) AND ‘person-first language’ AND (guide OR handbook OR manual)

Details of the search strategy and can be found in **Appendix i**). The duplicates from the search strategies were identified and removed before the articles were fully reviewed (see **figure 1**).

PEEP identified the most pertinent quotes for inclusion in this report which have been incorporated into the discussion. PEEP also took photos in their communities, discussed images that they think are most representative of their communities and submitted them for inclusion in this report as examples of non-stigmatizing images.

Input from people with lived and living experience of substance use

The draft report developed through the above process was shared with PEEP (Professionals for Ethical Engagement of Peers) with representation from across BC and supported by the BC Centre for Disease Control to provide regular consultation regarding harm reduction and substance use policies, programs and research. A focus group was held with PWUD in the community to explore the impact that stigmatizing language and images in the media has on people who use drugs. A semi-structured interview guide was developed (**Appendix ii**). The focus group participants were recruited through PEEP.

The meeting was recorded and transcribed verbatim by a third party, the transcripts were reviewed and relevant quotes were selected. PEEP identified the most pertinent quotes for inclusion in this report which have been incorporated into the discussion. PEEP also took photos in their communities, discussed images that they think are most representative of their communities and submitted them for inclusion in this report as examples of non-stigmatizing images.



EXAMPLE OF PEEP APPROVED IMAGES. PHOTO BY THE HOPE INITIATIVE FOUNDATION

Results

The following are the results of the five searches:

1. In the initial search on UBC Online Summon, 926 items were identified and reviewed. Of these 917 were excluded on review of the title, abstract and summary. Of the nine remaining, three were also found in other searches, thus six were included.
2. Google Boolean Search yielded 36 results, nine were found in other searches. Seven were excluded on basis of being irrelevant¹ after assessment of full text. Thus 20 were included.
3. Google Advanced Search yielded 12 results, nine were found in other searches. Two were excluded on the basis of being irrelevant after assessment of full text. Thus one was included.
4. DuckDuckGo search yielded 22 results, 18 were found in other searches. Two were excluded on the basis of being irrelevant after assessment of full text. Thus two were included.
5. Site searching of 15 major Canadian media outlets yielded 13 results, three were duplicates found in other searches. Thus 10 were included.

Figure 1 shows an overview of the search results.

A total of 39 articles were reviewed as part of the research process. The details of the articles included — title, author(s), type of literature and publication date are found in **Table 1**.

The highlights of the language recommendations from each of the articles on how to de-stigmatize substance use and harm reduction reporting in the literature studied are summarized in **Table 2** (See **Appendix iii**). Not all articles reviewed included recommendations. The second column in table 2 shows the article number as identified in Table 1.

¹ Did not inform the question at hand. Often times there was no clear distinction between guides for reporting on mental illnesses and reporting on substance use and harm reduction; it was all grouped as one.

Figure 1.

OVERVIEW OF SEARCH RESULTS

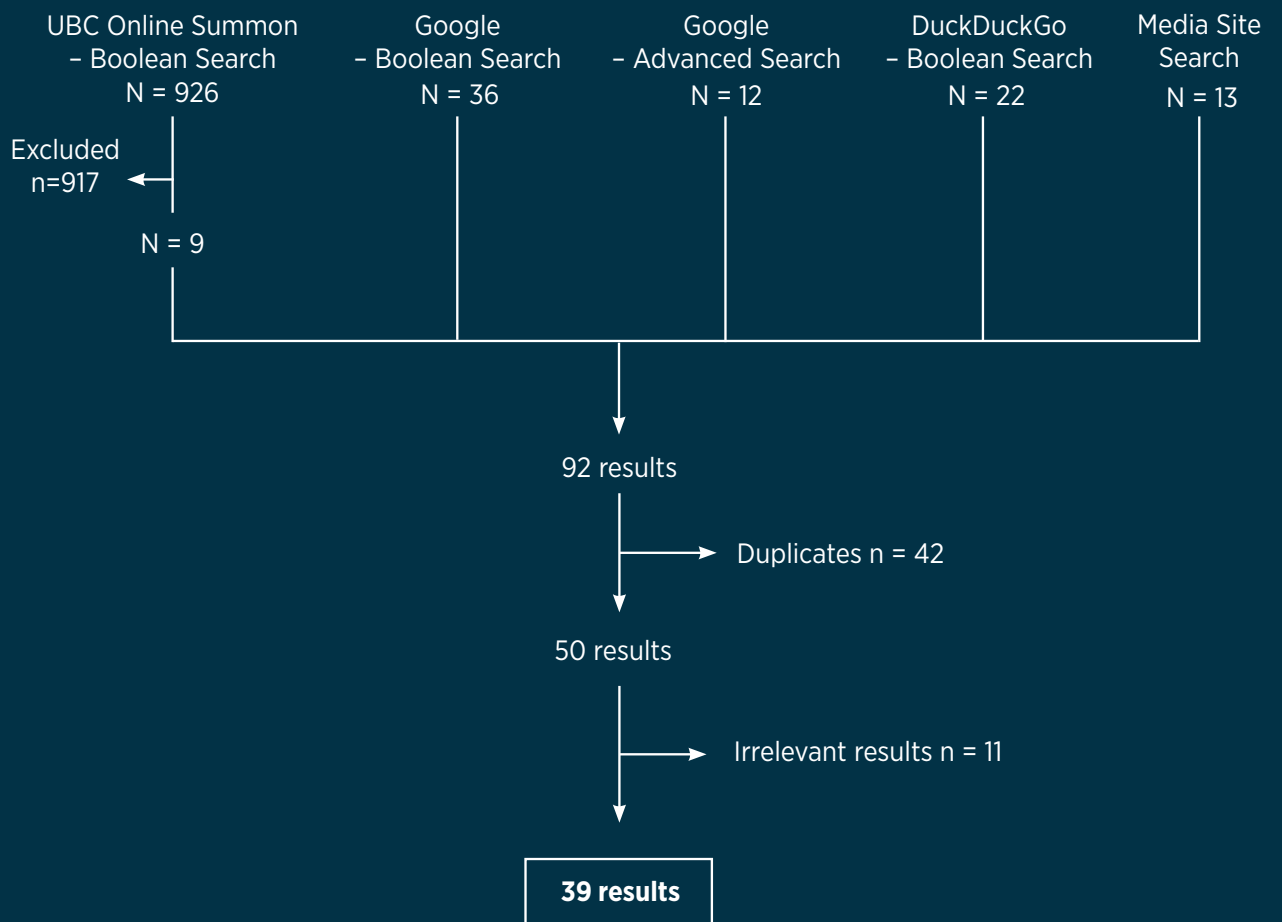


Table 1

Articles (n=39) included in the rapid evidence review

No.	Name	Author(s)	Type	Published
1	The ABC Style Guide (ABC, n.d.)	ABC (Australia)	Grey Literature	-
2	Language Matter (Addiction Policy Forum, n.d.)	Addiction Policy Forum	Grey Literature	-
3	Guidelines for Journalists (AOD Media Watch, 2016)	AOD Media Watch (Australia)	Grey Literature	2016
4	When we discuss the crisis of opioid overdose, the words we use matter ^a (Arntsen, 2019)	Arntsen, Emily	Online article, News@ Northwestern US	2019
5	Key Principles for the Reporting of Drug Issues (Blood & McCallum, 2005)	Blood R Warwick; McCallum Kerry	Report	2005
6	Canadian Broadcast Standards Council: Code of Ethics ^a (Canadian Association of Broadcasters, 2002)	Canadian Broadcast Standards Council – Accountable Journalism	Grey Literature	2002
7	Canadian Association of Broadcasters Violence Code ^b (Canadian Broadcast Standards Council, 1993)	Canadian Broadcast Standards Council	Grey Literature	1993
8	Journalistic Independence Code ^b (Canadian Broadcast Standards Council, 2008)	Canadian Broadcast Standards Council	Grey Literature	2008
9	Stigma and Discrimination (Canadian Mental Health Association, n.d.)	Canadian Mental Health Association	Grey Literature	-
10	Journalistic Standards and Practices ^b (CBC Radio, n.d.)	CBC Radio, Canada	Grey Literature	-
11	CBC Television Manual for Program Standards and Practices ^b (CBC Television, 2012)	CBC Television, Canada	Grey Literature	2012

^a These articles were reviewed as part of the research process to inform the subject matter at hand.

^b These articles were reviewed as part of the research process. They did not contribute to language recommendation.

No.	Name	Author(s)	Type	Published
12	Women and Opioids – Media Guide (Centre of Excellence for Women’s Health (CEWH), 2018)	Centre of Excellence for Women’s Health (CEWH) in partnership with the Canada FASD Research Network	Grey Literature	2018
13	The stigmatization of ‘ice’ and under-reporting of meth/amphetamine use in general population surveys: A case study from Australia (Chalmers et al., 2016)	Chalmers, Jenny; Lancaster, Kari; Hughes, Caitlin	Journal article International Journal of Drug Policy – Elsevier	2016
14	Editorial Standards and Policies ^b (CTV News, n.d.)	CTV News, Canada	Grey Literature	-
15	Journalistic Principles and Practices ^b (Global News, n.d.)	Global News, Canada	Grey Literature	-
16	Free Your Mind: Put people before problems as you write about drugs (Heisel, 2017)	Heisel, William	Online article Centre for Health Journalism	2017
17	Reducing Stigma Toward Substance Use and Recovery (Hope By The Sea, 2018)	Hope by the Sea, US	Blog Grey Literature	2018
18	Using Person-First Language across the Continuum of Care for Substance Use Disorders & other Addictions: Words Matter to Reduce Stigma (Kenter et al., 2017)	Kenter, Rachael; Roberts, Evi; Frohnapfel-Hasson, Stacey	Grey Literature	2017
19	How to write about addiction without promoting stigma and bias: 4 tips for journalists (Lomangino, 2016)	Lomangino, Kevin	Online article Health News Review	2016
20	Overdose Crisis Reporting Style Guide – Changing the Narrative (McCreedy et al., 2019)	McCreedy, Katelyn; Robinson, Riley; McBride Allison; Siegel, Zachary	Grey Literature	2019
21	Language Matters (Mental Health Commission of Canada, 2019)	Mental Health Commission of Canada, Health Canada	Grey Literature	-

No.	Name	Author(s)	Type	Published
22	Data on Opioid Crisis Detailed by Researchers at Johns Hopkins Bloomberg School of Public Health (Stigmatizing Language in News Media Coverage of the Opioid Epidemic: Implications for Public Health) (Mental Health Weekly Digest, 2019)	Mental Health Weekly Digest, NewsRX	News article	2019
23	The Diversity Style Guide – Mental Illness, Substance Abuse and Suicide (Chapter 12) (“Mental Illness, Substance Abuse and Suicide,” 2018)	Kanigel, Rachele	Book chapter	2018
24	Disability Language Style Guide (National Center on Disability and Journalism, 2018)	National Center on Disability and Journalism, US	Grey Literature	2018
25	Words Matter – Terms to Use and Avoid When Talking About Addiction (National Institute on Drug Abuse, 2020)	National Institute on Drug Abuse, US	Grey Literature	2020
26	A Communications Guide on Behavioral Health and Intellectual / Development Disabilities (North Carolina Council of Community Programs, n.d.)	North Carolina Council of Community Programs, US	Grey Literature	-
27	Opioid Addiction: A Glossary of Common Terms (O’Neill, 2019)	O’Neill, Kate, Vermont, US	Online article SevenDaysvt	2019
28	From Sin to Sickness: A Qualitative Content Analysis of Four Major American Newspapers’ Representations of Alcoholism (Platt, 2010)	Platt, Amy	Thesis	2010
29	Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways – A Resource for Canadian Health Professional Organizations and their Membership (Public Health Agency of Canada, 2020)	Public Health Agency of Canada	Grey Literature	2020
30	RTDNA Code of Journalistic Ethics ^b (Radio Television Digital News Association RTDNA, 2016)	RTDNA Canada	Grey Literature	-
31	Why We Should Say Someone Is A ‘Person with an Addiction,’ Not an Addict ^a (Szalavitz, 2017)	Szalavitz, Maia	Online article National Public Radio (NPR)	2017
32	The Canadian Press Style guide (The Canadian Press, 2018) ^b	The Canadian Press	Grey Literature	2018

No.	Name	Author(s)	Type	Published
33	Journalism Resource Guide on Behavioral Health (The Carter Centre and Mental Health, 2015)	The Carter Centre and Mental Health	Grey Literature	2015
34	Multiculturalism Matters: Perspectives and Guides About Diversity for Media Makers (The Diversity Committee of the Department of Journalism & Media Communication & Colorado State University, 2016)	The Diversity Committee of the Department of Journalism & Media Communication & Colorado State University, US	Grey Literature	2016
35	Editorial Code of Conduct ^b (The Globe and Mail, n.d.)	The Globe and Mail, Canada	Grey Literature	-
36	Journalistic Standards Guide ^b (Toronto Star, 2018)	Toronto Star, Canada	Grey Literature	2018
37	Dealing with the Stigma of Drugs – A Guide for Journalists (UK Drug Policy Commission, 2012)	UK Drug Policy and Commission	Grey Literature	2012
38	Inclusive Language Guidelines (WGBH, 2019)	West Great Blue Hill Radio Station, (US)	Grey Literature	2019
39	Junkie, Addict or Person with a Substance Use Disorder? Language in journalism (Woo, 2018)	Woo, Andrea, Canada	Journal article Visions: BC's Mental Health and Substance Use Journal	2018

^a These articles were reviewed as part of the research process to inform the subject matter at hand.

^b These articles were reviewed as part of the research process. They did not contribute to language recommendation.

Discussion

In both academic and grey literature, common themes included recognizing the power of words, its effect on public perception, and the need to change the language around substance use and harm reduction reporting. The need to pay attention to the socio-structural effects of language comes as a result of studies that stress the use of stigmatizing language in reporting is counterproductive and extremely damaging towards marginalized populations.

In an article by Amy Platt, which studied the representation of alcoholism in four major American newspapers, it was found that the media focused more on the morality of addiction rather than on the disease model of addiction (Platt, 2010). Whereas the disease model of addiction implies that a person has

a medical concern that requires specific treatment and intervention to manage the issue, the morality framework characterizes substance use and addiction as a moralistic shortcoming or voluntary choice. This inaccurate portrayal of substance use as immoral and pathological greatly influences public perception of PWUD, and ultimately hinders future development of rehabilitative policies while simultaneously promoting punitive measures, such as incarceration.

However, while peers such as PEEP agree that addiction is a health issue, neither the morality of addiction nor the disease model of addiction is fully acceptable because there are individuals who use substances but are not dependent.

Think about all the people that use drugs in the world. It's just a small group that are homeless on the streets, really, in the big picture. The majority of overdoses, over 80 percent are happening in private residences...There's so many people that have homes and jobs that do drugs.

In both academic and grey literature, common themes included recognizing the power of words, its effect on public perception, and the need to change the language around substance use and harm reduction reporting.

People who use substances are also perceived negatively from a social standpoint and are often dislocated from other meaningful outlets that provide a sense of purpose (Alexander 2017). PEEP recommend describing substance use without a need for normative comments and encourage understanding of context. For example, one peer said:

They downplay the fact that there's no support. There are no bathrooms. There's no housing. There's no mental health support as there should be... They downplay the importance of medication. They downplay the importance of people having options...They downplay all of that.

This is supported by evidence from an article by Chalmers et al. which discusses some of the hidden effects of stigmatizing coverage. They found that increased stigmatizing media coverage about a particular drug, accompanied by growing negative public perception and support, leads to people under-reporting their use of that drug, thus deterring people from seeking the help they need, and forcing them to use in unsafe methods or areas (Chalmers et al., 2016).

According to PEEP, it has also shifted perception and standards of care when PWUD present in clinics or hospitals. For example, one peer shared:

[PWUD] are treated like shit automatically. Automatically. Or if they don't look like a drug user at first, they're treated nicely. But as soon as [providers] open up their file and see their background, again, they're treated like shit.

The evidence presented in this report illustrates the critical need for person-first and destigmatizing language in the media. Person-first language empowers an individual based on their individuality, rather than characterizing them by their medical condition (McCreedy et al., 2019) or by an action e.g. injection drug user. For example, “a person with addiction” offers a humane, empowering portrayal of a human living with a medical issue that can be treated — this is entirely different from the connotation carried by the word’s “addict” or “junkie”. Use of person-first and de-stigmatizing language in reporting helps paint a more accurate picture of PWUD, fosters more compassionate public perception, creates room for evidence-based policy development around harm reduction, and encourages PWUD to seek the support they need (Woo, 2018).

The evidence presented in this report illustrates the critical need for person-first and destigmatizing language in the media.

The negative effects of stigmatizing language are not novel, and in fact, have been oppressing marginalized groups of people on a wide scale. Stigma and discrimination have significantly influenced public perception of HIV and people living with HIV/AIDS (PLWH). Beginning in the 1980's when HIV was first medically identified in North America, and, coincidentally, homophobia was at its peak, HIV was associated with male homosexuality; to have HIV was supposed evidence that the patient was gay or had sex with a man (Pepin, 2011). While we now know the inaccuracy of this claim, and that HIV affects people regardless of their sexual orientation, misinformation fueled by discriminatory attitudes spread rampant through the use of television and newspaper headlines that reinforced negative views of HIV/AIDS and PLWH. For example, media headlines reported on HIV using language such as “the gay cancer” and “illness infects homosexual men and drug addicts” (Markova et al., 1987).

The devastating effects of inaccurate representation of HIV and PLWH are still felt today, with the damage of misinformation skewing public perception and perpetuating fear-driven myths about HIV that lead to discrimination. In addition to PLWH being deeply discredited and continuing to suffer great prejudice, evidence has also found that stigma discourages PLWH from life-saving services, including antiretroviral therapy (ART) and HIV-testing. This example continues to serve as a pertinent reminder that inappropriate

media descriptions serve to oppress vulnerable populations. Actions need to be taken to ensure that similar consequences are prevented from happening when describing PWUD in media.

Engaging with and talking to PWUD is a powerful tool that cultivates respect and provides the public and policy makers with invaluable insight of the struggles they experience. This mutual line of respect and communication will foster an environment of collective growth towards better understanding of the socio-structural aspects of substance use and development of effective preventative and rehabilitative programs.

However, we see a gap when it comes to media standards and principles regarding substance use and harm reduction reporting. The Canadian Press (CP) Stylebook, which serves as a guide for journalists and editors on how to accurately and appropriately report, currently does not provide a foundation on proper substance use reporting terminology.

Similarly, the Canadian Broadcast Standards Council (CBSC), that governs standards and codes for television and radio broadcasting, discusses stigmatized topics like the negative effects of sex-role stereotyping and how to report on violence, but provides no guidelines when it comes to substance use and harm reduction reporting (Canadian Association of Broadcasters, 2002).

EXAMPLE OF PEEP APPROVED IMAGES. PHOTO BY THE HOPE INITIATIVE FOUNDATION



PEEP agrees that the introduction of guidelines around appropriate reporting will play a key role in reducing stigma. One peer shared:

It's really around building the capacity and ensuring that reporters have the knowledge. So, I believe [current reporting practices are] driven by ignorance and stigma. I believe that's why they report the way that they do.

Site searching and review of 15 Canadian media outlets' principles and standards revealed the same gap. The Canadian Broadcasting Corporation (CBC), Globe and Mail, CTV News, Global News, and Toronto Star discuss accuracy, fairness, and responsibility in reporting. They all discuss how to cover suicide, war, and terrorism, however, they fail to address the need to de-stigmatize substance use and harm reduction reporting.

It is concerning that Canadian media outlets do not have guidelines around reporting on substance use despite widely available recommendations and documents from other jurisdictions around this issue. Our search found multiple national and international guides with recommendations on reporting on substance use. Examples include the "Disability Language Style Guide" from the National Centre of Disability and Journalism (National Center on Disability and Journalism, 2018), the AOD Media Watch Guidelines for Journalists (AOD Media Watch, 2016), the UK Drug Policy Commission's guide for journalists to deal with the stigma of drugs (UK Drug Policy Commission, 2012), the Carter Center's "Journalism Resource Guide for Behavioral Health" (The Carter Centre and Mental Health, 2015), The ABC Style Guide (ABC, n.d.), WGBH's (a public radio-station) inclusive language guidelines (WGBH, 2019), "Changing the Narrative" style guide (McCreedy et al., 2019), and Rachele Kanigel's "The Diversity Style Guide: A Journalist's Handbook" ("Mental Illness, Substance Abuse and Suicide," 2018). The guides highlight the need to use person-first language as a way to accurately describe PWUD and to create an environment that is conducive to seeking help rather than being punitive in nature. The use of stigmatizing and pejorative language fosters that punitive environment.

It is concerning that Canadian media outlets do not have guidelines around reporting on substance use despite widely available recommendations and documents from other jurisdictions around this issue.

The guidelines above highlight the need to use person first language but also discuss an appropriate reporting process. Media needs to be careful not to cause people with lived/living experiences unnecessary harm when reporting on them. This includes making sure they fully understand what you as a reporter are trying to achieve with the interview/story and that their experiences will be accurately represented in the manner they want (AOD Media Watch, 2016). They should also be aware of the magnitude of the reporting outcome, such as the possible negative consequence of having their life and personal struggles available for public scrutiny ("Mental Illness, Substance Abuse and Suicide," 2018). The guidelines also discuss how the focus of such narratives should be on treatment and recovery rather than solely the overdose aspect in order to provide a more accurate, and balanced perspective of lived experiences. It also warns against



EXAMPLE OF PEEP APPROVED IMAGES. PHOTO BY CHERI (PEEP)

glorifying cases of overdose in provocative detail without providing accurate information and context (Blood & McCallum, 2005).

The guidelines also recommend avoiding stigmatizing imagery such as used needles and individuals being carried on stretchers and in ambulances (Centre of Excellence for Women's Health (CEWH), 2018). Frequently videos used during news reports and Coroners updates about the illicit drug toxicity deaths depict paramedics providing cardio pulmonary resuscitation in an alleyway

and hence dehumanizing the individual who has suffered an overdose. As Brown states 'stigma and dehumanization take root when we fail to take the perspective of the affected person' (Brown 2020). PEEP supported the need to use images which showed 'real people' and the community in a more positive light as demonstrated by the following quotes:

I'd like to see nicer pictures of real people that use – that aren't in the friggin' alleys, that have a family or who are working or playing music like Paul said or doing some art, you know.

They don't ever do an article about, how a bunch of drug users formed the biggest [peer] organization in Canada and have been successful in employing peers all over the province. They don't talk about those drug users. They only talk about the ones that they see in alleys.

Exploring the diversity of demographics of PWUD and their underlying stories and the stories of family members and loved ones showcases the reality of the situation and has the ability to change public perception. Successful examples of campaigns include Changing the Narrative created by moms Stop the Harm which is a network of Canadian families impacted by substance use. This campaign offers expert sources such as people with lived and living experience to inform media and news articles. Such campaigns help to de-stigmatize substance use reporting and lead to appropriate interventions and wider public acceptance.

The Associated Press (AP), which provides news to over 15,000 media outlets around the world, made changes to its stylebook in 2017 to move towards person-first language when reporting on substance use. The AP stylebook recommends avoiding stigmatizing words like "addicts, junkies, crackhead, alcoholic, abuser, user, and drunk" unless they are part of a quote or in the name of an organization. It also recommends avoiding using the terms "addiction" and "dependence" interchangeably (Woo, 2018) since addiction usually refers to a disorder or a disease and has a moralistic undertone, whereas

dependence does not, such as in the case of cancer patients who take prescribed painkillers or babies born to mothers who use drugs.

Despite these changes to existing guidelines, many media outlets still do not adhere to using non-stigmatizing language. One main reason for not doing so is because person-first language can be “wordy” (Lomangino, 2016) e.g. person with a substance use disorder and person in-recovery are chunkier phrases than words like “addict” and “reformed addict”.

According to PEEP, language that is not person-first is oppressive and promotes stigmatization. The use of person-first language can also affect how people who use drugs perceive themselves and hence reduce self-stigma/internalized stigma as demonstrated by the following quote:

I put up posters all over my office. I'm really pro-person-first language because it helps me with a lot of stuff. It was engrained in my head that I was an “addict”. That I was a dirty person, selfish and all of this shit. And then when I started changing the language [it started changing] how I viewed myself as a person.

Maia Szalavitz, a journalist and author who writes about addiction and drugs recommends using the appropriate DSM terminology and to be wary of the context in which it is used in (Szalavitz, 2017). Szalavitz states: “For years, people with addiction have wondered when the media... would stop reducing us to mere “addicts” and speak of us in the more respectful and accurate “person first” language that has become common for people with other diseases and disorders” (Szalavitz, 2017).

De-stigmatizing language is fluid and will take time to become a natural part of the reporting process.

The evidence and recommendations set forth in this report emphasize the negative effects of stigmatizing language on the individual and society and should be used as a platform for media language surrounding substance use and PWUD. Adopting the guidance discussed here into most, if not every, media outlets’ set of standards and principles is a key starting point to addressing and reducing stigma on substance use. In addition, Canadian Broadcast Standards Council (CBSC) and Canadian Press (CP) are called upon to follow Associated Press’s (AP) suit and address the gap in Canadian publishing standards when it comes to substance use and harm reduction reporting.

As awareness of the power of language and how it can be used to positively influence public perception and understanding increases, so too will the prevalence of person first language when describing substance use. While it will take time for these practices to be fully integrated in language and communication, journalists and members of the media play a critical role in helping to expedite the process of reshaping how we as a society think, and speak, about substance use.



EXAMPLE OF PEEP APPROVED IMAGES. PHOTO BY CHARLENE (PEEP)

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(# in Table 1.)

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Appendix i) Search strategies

1. UBC Online Library – Summon

We used the three Boolean formulas to search UBC Online Library's search tool "Summon".

The search was then filtered for articles with the following restrictions:

- Publications conducted in the past 20 years, January 1st 2000 to February 2020;
- English language;
- Certain content type, such as conference proceedings;
- CDs, audio/video material, sound proceedings, and transcripts were excluded; and,
- Subject terms (addiction, alcohol, communication, drug abuse, drug use, drugs, journalism, mass communication, mass media, media, public health, social work, substance use, substance related disorders, substance abuse, violence) were then added to further narrow the search.

Using the three Boolean formulas, three different searches were conducted on UBC Online Library:

1. journalism AND language AND 'substance*use'
 - o (yielding 354 results with four relevant results)
2. journalism AND (language (guide OR standard)) AND 'substance*use'
 - o (yielding 500 results with four relevant results)
3. (journalism OR media) AND ('substance use' OR 'drug use') AND 'person-first language' AND (guide OR handbook OR manual)
 - o (yielding 72 results with one relevant result)

Using the aforementioned subject terms, 926 articles were reviewed on the basis of title and abstract/summary to determine the most relevant results.

2. Google – Boolean Search

Using the same three Boolean formulas, three different searches were conducted on Google.

1. journalism AND language AND 'substance*use'
 - o (yielding one result page with no relevant results)
2. journalism AND (language (guide OR standard)) AND 'substance*use'
 - o (yielding 18 result pages with 12 relevant results)
3. (journalism OR media) AND ('substance use' OR 'drug use') AND 'person-first language' AND (guide OR handbook OR manual)
 - o (yielding 17 result pages with 24 relevant results)

Google Advanced Search

On Google Advanced Search, two different searches were conducted:

1. Style guide journalism drug OR addiction OR substance OR use OR substance OR abuse OR alcohol OR opioid OR stigma OR overdose OR harm OR reduction OR addict OR junkie 'person first'
 - o (yielding 10 result pages with nine relevant results)
2. Style guide handbook standard journalism media reporting drug OR addiction OR substance OR use OR substance OR abuse OR alcohol OR opioid OR stigma OR overdose OR harm OR reduction OR addict OR junkie 'person-first language' 'person first language'
 - o (yielding nine result pages with three relevant results)

3. DuckDuckGo – Boolean Search

Using the same three Boolean formulas, three different searches were conducted on the DuckDuckGo search engine.

1. journalism AND language AND 'substance*use'
 - o (yielding four result pages with five relevant results)
2. journalism AND (language (guide OR standard)) AND 'substance*use'
 - o (yielding five result pages with five relevant results)
3. (journalism OR media) AND ('substance use' OR 'drug use') AND 'person-first language' AND (guide OR handbook OR manual)
 - o (yielding four result pages with 12 relevant results)

Relevance of each article for inclusion from each of the searches was then assessed by title and review of the summary/abstract.

4. Media Site Search

We searched the individual websites of 15 major Canadian media outlets to determine if their set of codes provided results about substance use and harm reduction reporting. The major outlets were: Canadian Broadcasting Corporation (CBC), Global News, Globe and Mail, CTV News, Canadian Press, Canadian Broadcast Standards Council (CBSC), Aboriginal Peoples Television Network (APTN), National Post, Montreal Gazette, Calgary Herald, The Vancouver Sun, The Province, Toronto Sun, Edmonton Journal and Toronto Star.

Various combinations of different key words were used to search the sites such as “standard and practice,” “standard practice and code of ethics” and “news ethics principles”. Ultimately, “standard practice news ethics principles” yielded the most focused results on site searching. These combinations yielded a total of 13 results from individual searches of the 15 aforementioned media outlets websites.

We searched the individual websites of 15 major Canadian media outlets to determine if their set of codes provided results about substance use and harm reduction reporting.



Appendix ii) Interview guide for Focus Group with PWUD

1. Do you feel the media is stigmatizing in the way they portray substance use and people who use substances?
 - a. If so – how/in what way?
 - b. Do you have any examples from your own experiences, or examples you have heard from others you would like to share?
2. Are there particular words used in the media to describe substance use or people who use substances that you find offensive or want to see changed?
 - a. How do these words make you feel?
 - b. Why do you think the words are used by the media?
 - i. Do you think the media intends to certain public perceptions?
3. Are there images used in the media that you find offensive?
 - a. Can you describe the distressing pictures/images?
 - b. What is about the images that are distressing?
 - c. How does it affect you when you see them?
4. Do you think the media downplays any important messages regarding substance use?
5. [The Media Language Report will be first circulated prior to the focus group] Are there any other items you feel are important additions to the Report?
6. When describing substance use and people who use drugs, why do you think some folks struggle with recurrent use?
 - a. Do the media reflect the realities of why people continue to use substances?
 - b. How could the media better reflect/describe these challenges?
7. Are there situations where individuals who use drugs do not seek healthcare or other services because of stigma?
 - a. What are the barriers?
 - b. What could have improved the situation?
 - c. How do the media perpetuate this stigma?
8. Person-first language is often used to empower the individual rather than to describe their medical condition. I.e. 'a person with addiction' rather than 'an addict'.
 - a. Do you use person-first language colloquially in the community/with your peers?
 - b. Do you think the principles of person-first language is important and if so, why?
9. What other suggestions do you have for improving media portrayal of substance use?

Appendix iii) Table 2

Language recommendations from the articles in the rapid evidence review

No.	Table 1	Name	Author(s), Date
1	1	The ABC Style Guide	ABC, n.d.
	Recommendations: <ul style="list-style-type: none"> • Use “drug use” as it is a more accurate and less judgmental term than “drug abuse” or “misuse.” 		
2	2	Language Matter	Addiction Policy Forum, n.d.
	Recommendations: <ul style="list-style-type: none"> • Use “substance use disorder” instead of “substance abuse.” • Use “individual with a substance use disorder” instead of “addict, junkie, drug abuser, druggie.” • Use “in-recovery; in-remission” instead “clean; staying clean.” • Use “has a substance use disorder” instead of “drug habit.” • Use “positive drug test; currently using substances” instead of “dirty drug test.” 		
3	3	Guidelines for Journalists	AOD Media Watch, 2016
	Recommendations: <ul style="list-style-type: none"> • Avoid stigmatizing and outdated language as it prevents people from seeking treatment. • Provide balance to the story. 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 stigmatized groups. • Do not rush to ‘identify’ a substance or speculate on cause of overdose. Make sure you have your facts before reporting. • 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. • Provide a reasonable timeframe when working with people who use drugs. Don’t expect a same day reply as the fear of having their deep, personal experiences splashed all over the page for the world to see is daunting. Give them time to consider the implications of being involved in your story or to seek clarification. • Respect your source. Give them the opportunity to review the content so their story is accurately represented. • 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. 		

No.	Table 1	Name	Author(s), Date
	5	Key Principles for the Reporting of Drug Issues	Blood & McCallum, 2005
4	<p>Recommendations:</p> <ul style="list-style-type: none"> • Mentions the Australian Press Council Guidelines, which are follows; • Responsibly report public debate about drug use and addiction. • The harmful effects of any particular drug should not be exaggerated or minimized. • Avoid detailed accounts of consumption methods, even though many young people are generally familiar with them. • 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. • Guard against any reporting which might encourage readers' experimentation with a drug, for example highlighting the 'glamour' of the dangers involved. • Highlight elements of a story which convey the message that preventive measures against drug abuse do exist, and that people can be protected from the harmful consequences of their addictive behaviors. • Bear in mind the arguments of those who point out that tobacco and alcohol use and addiction are another major aspect of the drug story. 		
	9	Stigma and Discrimination	Canadian Mental Health Association, n.d.
5	<p>Recommendations:</p> <ul style="list-style-type: none"> • Avoid using terms like "addict" and "substance abuser." Use "a person has a substance use condition" or "a person has lived experience of substance use." 		
	12	Women and Opioids – Media Guide	CEWH, 2018
6	<p>Recommendations:</p> <ul style="list-style-type: none"> • Use "person-first" language that refers to the person before their condition or behavior, e.g., person with an opioid use disorder. (Avoid terms like "addict" and "junkie"). Person-first language recognizes that a person's condition, illness, or behaviour is only one aspect of who they are and not a defining characteristic. • Avoid words and phrases such as "suffering from" and "victim of." Instead, phrases like "has a history of", "working to recover from", "living with", or "experiences" emphasize people's strengths and capacity for change. • Talk to a diversity of women with lived experience, frontline workers, and academic experts to better understand trends and the context of women's opioid use. • Show stories of women and their children receiving support and care together. • Use accurate language to describe the effects of opioids on newborns and women. E.g., babies may be "born experiencing withdrawal symptoms" or "have been exposed to substances in utero" (avoid phrases like "born addicted to heroin" or "addicted babies"). • When possible, include up-to-date local/national resources where readers/viewers can find support, treatment, and information. • Avoid regularly or repeatedly using triggering images such as photos of people who have overdosed or sick babies. 		

No.	Table 1	Name	Author(s), Date	
7	13	The stigmatization of 'ice' and under-reporting of meth/amphetamine use in general population surveys: A case study from Australia	Chalmers et al., 2016	
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Increased stigmatizing coverage around a particular drug, by terming it as an epidemic often and accompanied by increased public concern leads to under-reporting of that drug use by people. This becomes a hindrance for people seeking the necessary help they need. • The study suggests that policy makers and media should avoid stigmatization of drugs, particularly during periods of heightened concern so the people can seek necessary help without being stigmatized. 			
8	16	Free Your Mind: Put people before problems as you write about drugs	Heisel, 2017	
	<p>Recommendations:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Terms to avoid;</p> <ul style="list-style-type: none"> • Addict • Drug abuser • Junkie • Drug abuse • Substance abuse • Drug habit • Clean drug test • Dirty drug test • Getting clean • Substance abuse • Substitution </td> <td style="vertical-align: top;"> <p>Terms to use instead;</p> <ul style="list-style-type: none"> • Substance use disorder • Someone experiencing a drug or alcohol problem • Testing positive or negative for a particular drug • Someone with a drug addiction • Someone recovering from a drug addiction • Person with a Substance Use Disorder • Negative toxicology screen • Not currently using substances • Person who is currently using substances • Person in recovery • Medication-assisted treatment </td> </tr> </table>			<p>Terms to avoid;</p> <ul style="list-style-type: none"> • Addict • Drug abuser • Junkie • Drug abuse • Substance abuse • Drug habit • Clean drug test • Dirty drug test • Getting clean • Substance abuse • Substitution
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9	17	Reducing Stigma Toward Substance Use and Recovery	Hope By The Sea, 2018	
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Journalists should avoid the use of terms like “addict,” “alcoholic,” “substance abuser,” “opioid addict,” “relapse,” “medication assisted treatment.” • Terms like “medication assisted recovery,” “person with a substance use disorder,” “person with an alcohol use disorder,” “person with an opioid use disorder,” “long-term recovery,” “pharmacotherapy” can be used by journalists. 			

No.	Table 1	Name	Author(s), Date
10	18	Using Person-First Language across the Continuum of Care for Substance Use Disorders & other Addictions: Words Matter to Reduce Stigma	Kenter et al., 2017
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Avoid terms like “addict, abuser, junkie, degenerate gambler.” These terms are demeaning because they label a person by his/her illness. Instead use “person in active addiction,” “person with a substance misuse disorder,” “person experiencing an alcohol/drug/gambling problem,” “patient (if referring to an individual receiving treatment services).” • Avoid using the term “abuse.” Because it is a clinical diagnosis in the DSMIV and ICD10, it is stigmatizing because: (1) it negates the fact that addictive disorders are a medical condition; (2) it blames the illness solely on the individual with the illness, ignoring environmental and genetic factors, as well as the ability of substances to alter brain chemistry; (3) it absolves those selling and promoting addictive substances of any wrong doing; and (4) it feeds into the stigma experienced not only by individuals with addictive disorders, but also family members and the addiction treatment field. Instead use “misuse,” “harmful use,” “inappropriate use,” “hazardous use,” “problem use,” or “risky use.” • Avoid using “clean” and “dirty” (when referring to drug test results) because they associate illness symptoms (i.e. positive drug tests) with filth. Instead use, “substance-free.” • Avoid using terms like “habit” or “drug habit.” Calling addictive disorders a habit denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior. Instead use “substance use disorder,” “alcohol and drug disorder,” “active addiction,” “gambling disorder.” • Avoid using the term “user.” The term is stigmatizing because it labels a person by his/her behavior. It is also misleading because the term “user” has come to refer to one who is engaged in risky misuse of substances, but “use” alone is not necessarily problematic. Instead use “person who misuses alcohol/ drugs” or “person engaged in risky use of substances.” 		
11	19	How to write about addiction without promoting stigma and bias: 4 tips for journalists	Lomangino, 2016
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Use “person first” language. “Addict” is not an appropriate term. Using slurs like “junkie” or “druggie” or “crackhead” is even more problematic: unless people with addiction use these terms to refer to themselves. • Use appropriate. • Recognize that babies cannot be “born addicted.” Avoid using this terminology as it leads to maltreatment of the babies and the women who become pregnant while actively addicted or who are in maintenance treatment. • Don’t use “clean” to refer to people in recovery. We don’t say that people in remission from cancer are “clean,” nor do we call a negative HIV test “clean.” We don’t call people who have active cancer “dirty”— nor should we use such loaded language to refer to those who have drug problems. If you want to refer to someone whose drug problem has been resolved, “in recovery” or “formerly addicted” are preferable to “clean.” (“Sober” is sometimes OK for alcohol recovery, but it’s not preferred by many because there are some people in recovery from illegal drug addictions and even alcoholism who drink alcohol moderately.) 		

No.	Table 1	Name	Author(s), Date
12	20	Overdose Crisis Reporting Style Guide – Changing the Narrative	McCreeley et al., 2019
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Use person-first language. This language empowers individuals by putting the individual first and one aspect of their personhood second. Interviewing persons with substance use disorder (SUD) should always ask how they prefer to be identified. • Use reputable, scientific sources. PWUD and drug journalism have been dominated by crime reporters who quote judges, prosecutors, and law enforcement regarding public health issues. It is important for journalists to interview credible experts who can clearly communicate the scientific consensus of their respective field. • Use “Neonatal Abstinence Syndrome” instead of “addicted babies.” • Use “person who uses substances” instead of “addict, user, junkie.” • Use “overdose crisis” instead of “opioid epidemic.” • Use “substance use disorder” instead of “substance abuse disorder.” • Use “overdose prevention site/supervised consumption site” instead of “shooting gallery.” • Use “was incarcerated, experience with justice system” instead of “criminal, convict, felon.” • Use “used/unused syringe tested positive/negative for drugs” instead of “clean/dirty needles clean/dirty drug test.” 		
13	21	Language Matters	Mental Health Commission of Canada, 2019
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Instead of “substance abuse,” use “substance use” or “substance use disorder.” • Instead of using “he is an addict/junkie,” say “he lives with a substance use problem (or disorder).” 		
14	22	Data on Opioid Crisis Detailed by Researchers at Johns Hopkins Bloomberg School of Public Health (Stigmatizing Language in News Media Coverage of the Opioid Epidemic: Implications for Public Health)	Mental Health Weekly Digest, 2019
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Stigmatizing words such as ‘addict’ and ‘substance abuser’ increase public stigma towards people who use illicit drugs. This stigma acts as a hindrance towards developing public health solutions for the problem and also decreases willingness to seek treatment. • The article states that it is a public health priority to establish journalistic standards to de-stigmatize the language of addiction. 		

No.	Table 1	Name	Author(s), Date
15	23	The Diversity Style Guide – Mental Illness, Substance Abuse and Suicide (Chapter 12)	Mental Illness, Substance Abuse and Suicide, 2018
		<p>Recommendations:</p> <ul style="list-style-type: none"> • Tips for media personnel on how to interview people who currently or previously used drugs: • Be clear with your sources about what you are trying to achieve with the interview. • Always adopt a friendly tone with people when you are conducting a phone or face-to-face interview. • Be aware that that person may not have been interviewed before. • Put yourself in the source’s shoes; imagine you are being asked to talk about something in your personal life that you found traumatic. Sometimes people may get emotional when recalling their experiences – just be patient and be sensitive to topics that might be distressing for them. • If anything is confusing or controversial, check with the interviewee. Make sure you have understood their response properly and if necessary, read back the quotes and change material so that both sides are happy. This is not the same as giving copy approval but remember that the interviewee is doing you a favor, so respect them and make sure everyone is happy with the final interview. • Ask the interviewee what they would like to get across, too. It’s very easy to only talk about the bad experiences but you should always give people a chance to tell you about their successes and achievements as well. Don’t paint anyone as a “hopeless case” – because no one ever is. • Leave your judgments at the door. People who have used drugs have often engaged in behaviors that they may not be proud of; don’t let your personal feelings about what they’ve done interfere with your reporting or writing. 	
16	24	Disability Language Style Guide	National Center on Disability and Journalism, 2018
		<p>Recommendations:</p> <ul style="list-style-type: none"> • It is preferable to refer to someone who harmfully uses drugs as “someone with a drug addiction.” Use “recovering” or “in recovery from” to refer to someone trying to overcome active addiction, that is, “someone recovering from a methamphetamine addiction.” • It’s best to avoid using “clean” and “dirty” with regard to drug test results, according to the (ABC, n.d.). When referring to a drug test, state that the person “tested positive for (drug).” • Use the word “misuse” in place of “abuse” when describing harmful drug usage. 	
17	25	Words Matter – Terms to Use and Avoid When Talking About Addiction	National Institute on Drug Abuse, 2020
		<p>Recommendations:</p> <ul style="list-style-type: none"> • Avoid the use of terms like “addict,” “user,” “substance or drug abuser,” “junkie,” “alcoholic,” drunk,” substance dependence,” “former addict,” “reformed addict.” • Instead use “person with opioid use disorder (OUD)/SUD or person with opioid addiction,” “patient,” “person in recovery or long-term recovery,” “unhealthy, harmful, or hazardous alcohol use,” “person with alcohol use disorder,” • Avoid the use of the term “addicted babies.” Instead use the following; <ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances 	

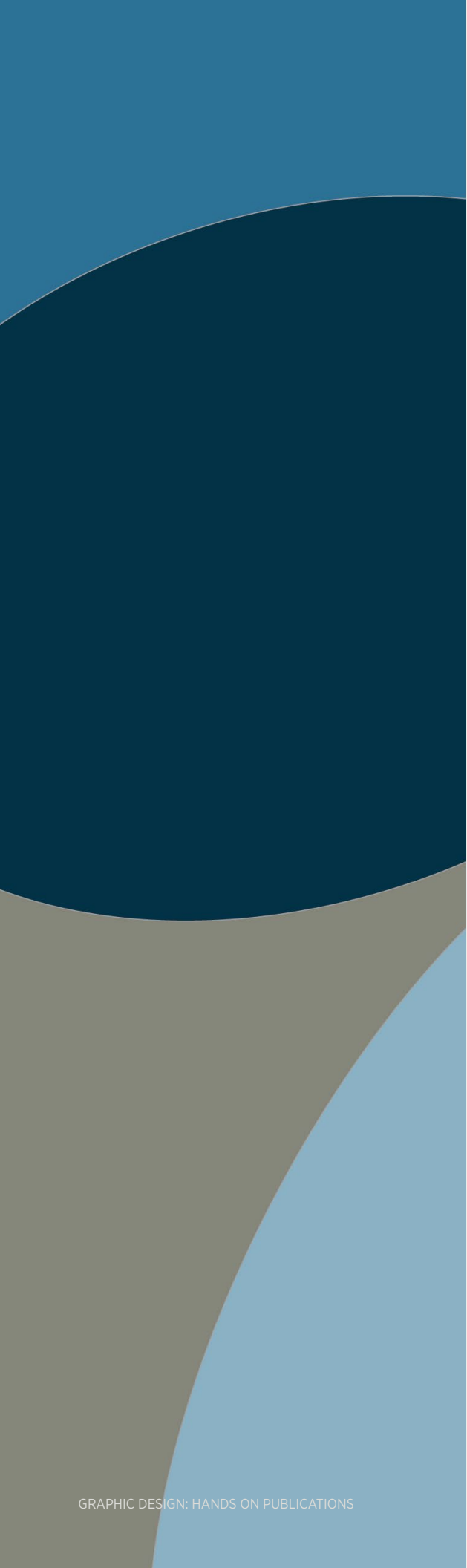
No.	Table 1	Name	Author(s), Date
		<p><i>No. 17 recommendations continued:</i></p> <ul style="list-style-type: none"> • Avoid using the term “habit.” Instead use “substance use disorder” or “drug addiction.” • Avoid the use of the term “abuse.” Use the term “use” for illicit drugs and “misuse, used other than prescribed” for prescription medications. • Avoid the use of phrase “opioid substitution replacement therapy.” Instead use “opioid agonist therapy,” “medication treatment opioid use disorder,” “pharmacotherapy.” • Avoid the use of the term “clean.” Use “testing negative” for toxicology screen results. For non-toxicology purposes, use “being in remission or recovery,” “abstinent from drugs,” “not drinking or taking drugs,” “not currently or actively using drugs.” • Avoid the use of the term “dirty.” Use “testing positive” for toxicology screen results. For non-toxicology purposes, use “person who uses drugs.” 	
18	26	A Communications Guide on Behavioral Health and Intellectual / Development Disabilities	North Carolina Council of Community Programs, n.d.
19	27	Opioid Addiction: A Glossary of Common Terms	O’Neill, 2019

No.	Table 1	Name	Author(s), Date
20	28	From Sin to Sickness: A Qualitative Content Analysis of Four Major American Newspapers' Representations of Alcoholism	Platt, 2010
	<p>Recommendations:</p> <ul style="list-style-type: none"> • To focus more on the 'disease' model of addiction than the 'morality' model of addiction; meaning the media needs to highlight addiction as a disease for the audience than as a moral decision one makes on their own volition. • Focusing on the morality model acts as a hindrance towards preventive policy development and leads to punitive measures rather than treatment measures. 		
21	29	Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways – A Resource for Canadian Health Professional Organizations and their Membership	Public Health Agency of Canada, 2020
	<p>Recommendations:</p> <ul style="list-style-type: none"> • Avoid using terms such as “drug users” and “drugs abusers.” Use non-stigmatizing terms such as “people who use substances,” “people who actively use drugs,” “people with a substance disorder (context dependent).” • Avoid the term “addict(s)”. Use “people living with a substance use disorder” or “people with living experience of a substance use disorder” instead. • Avoid the term “injector(s).” Use “people who inject drugs” instead. • Avoid the term “alcoholic(s).” Use “people with alcohol use disorder” instead. • Avoid terms like “binger-users” and “binge-drinkers.” Use “people who engage in heavy episodic drinking instead.” • Avoid the term “recreational substance user.” Try using “people who use substances for non-medical reasons (in some context)” or “people who occasionally use substances (in some context).” • Avoid terms like “junkies,” “potheads,” “crackheads,” etc. • Avoid terms like “former drug addicts” and “ex-addicts.” Use “people with lived experience of substance use [disorder],” “people who have used substances,” “people who formerly used substances,” “people who have a history of substance use” instead. • Avoid the term “recovering addict.” Use “people in recovery [from a substance use disorder].” • Avoid using “former alcoholic”. Use “people with lived experience of alcohol use disorder.” • Avoid terms like “substance abuse,” “substance misuse,” “substance habit.” Use “substance use,” “substance use disorder” instead. • Use “alcohol use disorder” instead of “alcoholism.” • Use “substances used” instead of “drug of choice.” • Use “medical/non-medical substance use” or “occasional/regular/daily substance use” instead of “recreational substance use (in some contexts).” • Avoid terms like “strung out,” “hopped-up,” “blasted,” “ripped,” “loaded,” “hammered,” “blitzed,” etc. Use “using substances,” “intoxicated, inebriated,” “binge drinking, heavy episodic drinking” instead. • Avoid using “prescription/drug opioid abuse.” Use “use of prescription drugs” instead. • Avoid using “prescription/drug opioid misuse.” Use “use of prescription drugs/opioids not prescribed to the individual.” • Avoid using phrases like “non-adherence/compliance” and “[use] against medical advice.” Instead use “use of prescription drugs/opioids in a manner other than as directed by a health professional.” 		

No.	Table 1	Name	Author(s), Date
		<p data-bbox="272 264 669 296"><i>No. 21 recommendations continued:</i></p> <ul data-bbox="272 302 1450 1016" style="list-style-type: none"> • Avoid terms like “relapse, lapse,” “slip,” “on/off the wagon,” “used again,” “setback.” Use “recurrence of substance use,” “recurrence of substance use disorder [symptoms]” instead. • Avoid terms like “black market,” “illicit drug market,” “illicit drugs/opioids,” “street drugs.” Instead use “illegal supply drug market,” “unregulated market/substances,” “illegally obtained drugs/opioids,” “diverted prescription drugs/opioids,” “illegally produced drugs/opioids.” • Use “alcohol” instead of “booze,” “methamphetamine” instead of “ice,” “heroin” instead of “dope,” “ecstasy, MDMA” instead of “molly” and “cannabis” instead of “dope, weed, marijuana.” • Use “negative drug test,” “drug free” instead of “clean drug test.” • Use “positive drug test” instead of “dirty drug test” or “failed drug test.” • Use “substance use disorder (mild/moderate/severe)” or “dependence” instead of “addiction (in some contexts).” • Use “opioid agonist treatment,” “opioid agonist therapy,” and “opioid maintenance therapy” instead of “replacement therapy,” “substitution therapy,” “liquid handcuffs,” and “medication assisted therapy.” • Instead of saying “non-compliant,” “unmotivated,” “resistant,” use “opted not to [receive care/particular service], “[the person is] choosing not to [receive care/particular service],” “[the person is] experiencing barriers to accessing services,” “not ready at this time to consider recovery options,” “[choosing to] engage in lower-risk use.” • Use “direct service/care providers” instead of “front-line workers.” • Use “addressing/taking action/responding to” instead of “combatting/fighting/tackling.” • Use “supporting people who use substances” instead of “war (on drugs).” 	
22	33	Journalism Resource Guide on Behavioral Health	The Carter Centre and Mental Health, 2015
23	34	Multiculturalism Matters: Perspectives and Guides About Diversity for Media Makers	The Diversity Committee of the Department of Journalism & Media Communication & Colorado State University, 2016
		<ul data-bbox="272 1780 1299 1812" style="list-style-type: none"> • Avoid the use of “addict,” “alcoholic.” Use “experiencing a drug/alcohol problem” instead. 	

No.	Table 1	Name	Author(s), Date
24	37	Dealing with the Stigma of Drugs – A Guide for Journalists	UK Drug Policy Commission, 2012
	<ul style="list-style-type: none"> • Avoid using junkie/crackhead/ smackhead/pothead. Use dependent drug user/service user. For example, X is dependent on xyz. This is to remind the audience that the person has not always been a drug user, and has the potential to recover. • Avoid using “drugs shame”. Use “drug tragedy” instead because the ‘shame’ of addiction is a reason why people with drug problems – and their families – often do not seek help. • Avoid mentioning someone’s past drug use unless it is relevant to the story. • Avoid using “reformed junkie/addict”. Avoid suggesting that being dependent on drugs is a moral failing. • Avoid using hopeless junkie/addict. A dependent drug user may at times feel they have no hope of recovery, but in general this should not be reinforced in reporting, unless their lack of hope is the specific point being made. • Ensure anonymity when it comes to photographs and images. The stigma attached to addiction makes it difficult for people to speak up. Therefore, ensure their identity is protected. • Make sure to get the individual’s consent. • Be careful with your captions. A good image can be ruined by a careless caption. Be sensitive, accurate and fair. 		
25	38	Inclusive Language Guidelines	WGBH, 2019
	<ul style="list-style-type: none"> • Instead of using “addict,” use “person with a substance use disorder” or “person with a serious substance use disorder.” • Instead of using “addicted to,” use “has an ___ use disorder,” “has a serious ___ use disorder,” “has a substance use disorder involving ___” or “is struggling with ___ addiction.” • Instead of using “alcoholic,” use “person with an alcohol use disorder,” person with a substance use disorder involving alcohol” or “person struggling with alcohol addiction.” • Instead of using “clean,” use “abstinent.” • Instead of using “clean screen,” use “negative screen,” “substance-free” or “testing negative for substance use.” • Instead of using “dirty,” use “actively using” or “positive for substance use.” • Instead of using “dirty screen,” use “positive screen” or “testing positive for substance use.” • Instead of using “drug abuse,” “substance abuse,” “drug habit,” use “substance use disorder” or “compulsive or regular substance use.” • Instead of using “drug abuser,” “substance abuser,” use “person with a substance use disorder,” “person who uses drugs (if not qualified as a disorder)” or “person struggling with addiction.” • Instead of using “former/reformed addict,” “former/reformed alcoholic,” use “person in recovery” or “person in long-term recovery.” • Instead of using “opioid replacement,” “methadone maintenance,” use “treatment, treatment involving medication use” or “medication-assisted treatment.” • Instead of using “recreational/casual/ experimental users,” use “people who use drugs for non-medical reasons,” “people starting to use drugs” or “people who are new to drug use.” • When using terms like “Alcoholics Anonymous, Narcotics Anonymous... etc.,” take care to avoid divulging an individual’s participation in a named 12-step program. 		

No.	Table 1	Name	Author(s), Date
26	39	Junkie, Addict or Person with a Substance Use Disorder? Language in journalism	Woo, 2018
		<ul style="list-style-type: none"> • Using terms such as ‘abuser’ puts the blame on the individual rather than focusing on the disease, leading to punitive measures from both medical professionals and policies set in place. • Recommends following the AP style guide i.e. avoid words such as “alcoholic,” “addict,” “user” and “abuser” unless they are used in a quote or are part of an organization’s name. 	



BC Centre for Disease Control
Provincial Health Services Authority

